MEMORANDUM TO THE MINISTER OF HEALTH

Additional Public Health Advice to Travellers in the Context of Coronavirus

Conseils de santé publique supplémentaires aux voyageurs dans le contexte du coronavirus

SUMMARY

- The purpose of this memorandum is to seek your concurrence on additional public health advice to travelers returning from Hubei province and the rest of China in the context of the outbreak of coronavirus.

- On February 4, 2020 the Special Advisory Committee (SAC) on Coronavirus met and proposed recommendations to the Conference of Deputy Ministers of Health.

- SAC believes that jurisdictions should publicly communicate to all travellers to Canada who have been in Hubei province within the last 14 days, and advise them to self-isolate (away from work and school) for a period of 14 days upon their arrival, monitor themselves and their children closely, and report any symptoms to local public health.

- SAC members also recommended providing all travellers from China with information handouts to inform them on what to do if they become sick. These are already being made available in airports for travelers from Hubei province.

- These recommendations were supported by all provincial/territorial Deputy Ministers.

BACKGROUND:

China has been taking extraordinary measures since January 23, 2020, to contain the spread of the Coronavirus. The effectiveness of these measures are unknown, but we may expect to gain critical insights in the next one to two weeks. In the meantime, the number of cases of coronavirus are increasing significantly day over day. To date, most
confirmed cases and the majority of deaths remain in Hubei province (67%). The global public health objective remains one of containment to prevent further spread outside China.

Over the past week, the Special Advisory Committee (SAC) on Coronavirus has met a number of times to discuss recommendations on advice for asymptomatic travellers coming to Canada on commercial flights who have been in Hubei province and China. Their discussions have been based on the latest scientific information on Coronavirus and the evolving international situation.

SAC members have emphasized the need to have a consistent policy approach and messaging across jurisdictions on advice to travellers. On February 4, 2020, SAC recommended a staged approach to public health measures for returning travellers from Hubei and China to the Conference of Deputy Ministers of Health for consideration and approval.

SAC believes that jurisdictions should publicly communicate to all travellers to Canada who have been in Hubei province within the last 14 days, and advise them to self-isolate (away from work and school) for a period of 14 days upon their arrival, monitor themselves and their children closely, and report any symptoms to local public health. SAC members also recommended providing all passengers from China with the information handouts already being made available in airports.

The proposed approach would entail common messages across jurisdictions, updating the handout to provide advice to travellers from Hubei with self-isolation advice, and share current information handouts with travellers from China. Provincial/territorial Deputy Ministers support this step and believe it aligns with the latest information on the outbreak and international measures.

CONSIDERATIONS:

There is a need to maintain public trust in Canada’s response to the Coronavirus. Currently there are perceived differences between advice to travelers from Hubei province on commercial flights and planned measures for repatriation of Canadians from Wuhan, China. Proceeding with the proposed SAC approach would allow governments to demonstrate closer alignment between the two sets of travellers from Hubei province.

The explanation for the differential approach takes into account that individuals coming directly from Wuhan, a city under stringent quarantine measures, have been living in a highly affected area of China over an extended period of time. Their risk of exposure
and potential illness is increased compared to other recent travellers coming to Canada from other parts of Hubei and the rest of China.

Canadians may question a voluntary approach since there is no ability to enforce or ensure compliance. However, there is anecdotal evidence that individuals who have returned from Hubei are already self-isolating. We could expect that most individuals would be compliant, given concern and anxiety associated with the Coronavirus.

There are approximately 70 passengers per day arriving from Hubei province, with the majority arriving at Pearson International Airport.

An alternative option would be to order self-isolation under the Quarantine Act, but this would require additional resources from local public health to undertake active monitoring of each individual and an Emergency Order. If this approach were to be extended to China, it would be unsustainable given the volume of travelers (approximately 20,000 travelers a week). A voluntary self-isolation places less pressure on public health resources.

Provinces and territories have shared feedback that members of the Canadian Chinese community are looking for guidance and they will welcome this advice.

Adding this additional measure, may send the signal to Canadians that the government believes that the risk within Canada is changing and other measures are necessary. It will be important to underscore that this is not the case, these measures are prudent and precautionary. This is a further measure to support prevention of spread in Canada in light of the significant increase of cases in China.

Providing information handouts to all travelers from China could be done to raise public awareness and to ensure any travelers from China who subsequently become sick after entering Canada would know what to do.

There will be a need to explain to federal employees working in airports that notwithstanding this change in posture, the risk remains low.

Work is underway to develop common messages and questions and answers to support consistent communication across jurisdictions, assuming you support proceeding with these measures. We understand that Global Affairs Canada is changing their travel
advice to advise all Canadians to leave China if their presence is not essential, which could be imminent. While a federal Ministerial announcement is not recommended, you may wish to share this with the public through your interaction with the media. In turn, we will update all public information to advise Canadians of this change.

RECOMMENDATION:

It is recommended that you consider expanded advice for travellers coming into Canada from Hubei province, and China, in the context of the coronavirus outbreak. These measures include:

- Public communications, including handouts at international airports, recommending that all travellers who have visited Hubei province in the last 14 days self-isolate by observing social distancing measures, such as staying away from work and school, and report any symptoms to local public health.
- Provide travelers from China information handouts already being made available in airports.

You may wish to discuss this with some of your key Cabinet colleagues.

[Signature]

President

[Signature]

Chief Public Health Officer

I, __________________________, concur with the recommendation. __________________________

Minister of Health

Date

I, __________________________, do not concur with the recommendation. __________________________

Minister of Health

Date
MECS# 20-102167-990

Branch Head: Stephen Bent, Director General, Office of Strategic Policy and Planning
Telephone: 613-948-3249
The Honourable Sylvia Jones  
Solicitor General  
Ministry of the Solicitor General  
18th Floor, 25 Grosvenor Street  
Toronto, Ontario M7A 1Y6

Request for Assistance from the Ontario Provincial Police

Dear Ms. Jones:

As part of the Government of Canada response to the 2019 novel coronavirus outbreak, I am writing to request support from the Ontario Provincial Police (OPP) related to the repatriation of Canadians from Hubei Province, China, and their subsequent isolation at Canadian Forces Base (CFB) Trenton. The Government of Canada is working with a range of partners to organise the safe arrival and associated processing of these Canadians, including health screening/monitoring and the potential issuance of quarantine orders under the Quarantine Act. The partnership between the Public Health Agency of Canada (PHAC) and the Province of Ontario is critical to this operation.

Support from the OPP is requested at CFB Trenton, beginning February 5, 2020, ending on or before March 31, 2020. The Department of National Defence confirmed that OPP officers will be able to exercise their peace officer powers at CFB Trenton. According to the Quarantine Act, a peace officer shall provide any assistance that an officer under this Act may request for the purpose of administering or enforcing the Act. Specifically, OPP officers would support PHAC's on site quarantine officers on a 24/7 basis to enforce any quarantine orders. At least one peace officer would be on site and others available on call as needed.

In addition, OPP would undertake any required routine law-enforcement on CFB Trenton for both isolated and non-isolated civilians. Regarding the latter, PHAC will also be engaging security services, whose primary role will be to maintain order and security on premises, but will not have the authority to detain individuals.
Given the foregoing, I am respectfully requesting that, as Solicitor General for Ontario, you authorize the provision of OPP assistance to the response operation. Thank you.

Yours sincerely,

The Honourable Patty Hajdu, P.C., M.P.
Toronto Pearson International Airport Visit Scenario Note

With

The Honourable Patty Hajdu, P.C., M.P., Minister of Health

February 11, 2020
TORONTO PEARSON INTERNATIONAL AIRPORT VISIT SCENARIO NOTE

Date: February 11, 2020
Guest: The Honourable Patty Hajdu, P.C., M.P., Minister of Health

Toronto Pearson International Airport: 6301 Silver Dart Dr, Mississauga, ON L5P 1B2

Contacts

PHAC

Henry Koo
Regional Director, Ontario Region
(416) 575-3935 (cell)

Suchita Jain
Regional Manager, Public and Travel Health, Ontario Region
(647) 618-4961 (cell)

Frances Rubio
Regional Manager, Policy, Planning and Intergovernmental Affairs
(613) 816-2479 (cell)

Driver
Graham Dawes
TORONTO PEARSON INTERNATIONAL AIRPORT VISIT SCENARIO NOTE

Tuesday, February 11, 2020:

02:15 PM Arrival at Toronto Pearson International Airport, Terminal 3 (Arrivals)

The Minister will be met by representatives from PHAC (Henry Koo, Suchita Jain and Frances Rubio) and escorted to the PHAC Main Office.

    Location: Subway, Terminal 3, Arrivals Level (Canada Arrivals)

02:15 PM – 02:35 PM Meeting with PHAC Ontario Region representatives

The Minister will meet with representatives to discuss enhanced screening measures and answer any questions.

    Location: PHAC Main Office, Terminal 3 (public area)

02:35 PM – 02:45 PM Travel to CBSA screening/immigration area for arriving travellers

02:45 PM – 03:00 PM Walk through of enhanced border measures for novel coronavirus

The Minister will be led through the screening area as if a traveller, visiting the CBSA checkpoint (Primary Inspection Line), the Designated Screening Area for any ill travellers that have visited Hubei province and the final CBSA checkpoint where PHAC Information Officers are stationed.

03:00 PM – 03:10 PM Travel to Terminal 3, Departures Level*

The Minister will be escorted from the arrivals area within the non-public CBSA screening/immigration of Terminal 3 to the Terminal 3 Departures security line by Suchita Jain (PHAC), who has unrestricted access to the airport. The Canadian Air Transport Security Authority (CATSA) has confirmed that the Minister will be fast-tracked through the Terminal 3 security line.

*Note: timing is based on bringing carry-on luggage only (no checked bags)

04:15 PM Depart for Ottawa – Flight WS 3123 (Terminal 3)
Terminal 3, Level 1, Arrivals
Meeting Area: Subway, Public area
Vancouver International Airport Visit Scenario Note

With

The Honourable Patty Hajdu, P.C., M.P., Minister of Health

February 17, 2020
VANCOUVER INTERNATIONAL AIRPORT VISIT SCENARIO NOTE

Date: February 17, 2020
Guest: The Honourable Patty Hajdu, P.C., M.P., Minister of Health

Vancouver International Airport: 3211 Grant McConachie Way, Richmond, BC V7B 0A4

Contacts

PHAC

Michael Spowart
Regional Director, Western Region (604) 369-6339 (cell)

Raman Sandhu
Quarantine Officer, Public and Travel Health, Western Region (604) 220-3017 (cell)

Driver: Shawn Parhar
Regional Manager, Travelling Public Program, Western Region (604) 999-5570 (cell)

Vehicle Type: 2020 Mitsibushi Outlander
License Plate: KD797M
VANCOUVER INTERNATIONAL AIRPORT VISIT SCENARIO NOTE

Monday, February 17, 2020:

7:00AM – 1:00PM  Scenario note for the Minister's morning is being prepared by MO and will be provided to Shawn Parhar (driver) in advance

Tour of PHAC Enhanced Border Measures Operation at YVR

(Minister + 2 and possibly Provincial Minister + 2 plus three PHAC Staff – Raman Sandhu, Shawn Parhar and Michael Spowart) – Need final numbers and all names

NOTE: All those going on the tour must have valid Government Issued ID (e.g. Passport, Drivers License etc.)

1:00PM – 1:10PM  Arrival at Vancouver International Airport (US Departures Alaska Airways Entrance – closest to PHAC Quarantine Office)

  •  See attached YVR map with Ministerial visit locations identified

The Minister met by PHAC representatives (Michael Spowart, Regional Director and Raman Sandhu, Quarantine Officer) at the door entry (and just to note, Mickey Leung will then take vehicle and Shawn Parhar will join the Airport visit) and Minister escorted to the PHAC YVR Quarantine Office (to drop coat and bags)

1:10PM – 1:25PM  Meeting with PHAC Western Region Staff deployed to Airport as Screening Officers, Public Information Officers and Briefing/Liaison Officers for Enhanced Border Measures

  Location: CBSA Boardroom B (next door to PHAC Quarantine Office)

1:25PM – 1:30PM  Walking from Boardroom to CBSA International Arrivals Hall

  •  See attached Arrivals Hall Map

  with Tour locations and photo Ops indicated
1:30 PM – 2:00 PM
Walk through of enhanced border measures for novel coronavirus &
and three photo opportunities

The Minister will be led through, from aircraft arrival gate to customs
exit, to obtain the traveller experience and interaction with the PHAC
presence at the airport

**Detailed Tour Itinerary:**

- **We will pass through Arrivals Hall and proceeding directly to an
  Arrivals Gate to see the PHAC Information Stands;**
- **Proceed through passenger corridor to access point to the Arrivals
  Hall, where there is a photo opportunity of the full Hall as backdrop
  (see Annex sample photo)**
- **Descend into the Arrivals Hall to the kiosk level and see where the
  PHAC Screening Officers are located alongside CBSA Screening
  Officers and proceed to the right to the designated Kiosk area
  where there is another photo opportunity with the kiosk and open to
  the Hubei question (see Annex sample photo)**
- **Proceed now left across Arrivals Hall to view the private
  Assessment room for those passengers indicating Yes to having
  been in Hubei Province and meeting aspects of the criteria of
  concern – this is where CBSA and PHAC Screening Officers
  proceed with the Enhanced Screening**
- **Just steps beyond the assessment room is the PHAC Traveller
  Information Kiosk where the Minister will see the Kiosk and PHAC
  Public Information Officers, where there is another photo
  opportunity (see Annex sample photo)**
- **Tour ends and we will exit the Arrivals Hall area where PHAC staff
  will be waiting with all ministerial delegation bags and belongings**

02:00 PM – 02:10 PM
Travel to Domestic Departures Area

The Minister and her staff will be escorted to Domestic Departures by
Michael Spowart.

03:25 PM
Depart for Ottawa – Flight AC120
Suggested responses:

The Public Health Agency of Canada (PHAC) is working diligently with local and provincial partners to make individuals at the Nav Canada Centre as comfortable as possible. Regular updates will be provided throughout the quarantine period. For example, was an update provided in a letter yesterday at dinner time.

The Canadian Red Cross is also available to discuss what types of supports, resources and supplies are available for all individuals at Nav Canada Centre and can be contacted at 1-855-797-8875.

We will review suggestions provided by constituent on the type of information that is of interest. We want to be as transparent as possible, but need to protect privacy of travellers currently in quarantine. We are also regularly updating the information on PHAC website, which includes statements from the Chief Public Health Officer (Canada.ca/coronavirus)

Daily health assessments are planned for the remainder of the quarantine period. If anyone becomes ill with symptoms of COVID-19 during their stay, they will be further assessed by a health professional. A medical examination, including a swab and laboratory tests would be conducted as appropriate.

At this time, asymptomatic travellers are not being swabbed. PHAC is currently working with Provincial counterparts to consider appropriate protocols for broader testing, including collection of samples.

We encourage individuals to raise questions related to their health assessments with nursing staff.

The anticipated end of the quarantine is March 6th. Should anyone become symptomatic or be a close contact of someone symptomatic that will impact end dates for implicated individuals but would not be expected to impact everyone at the NavCan Centre.

Adherence to personal protective equipment (PPE) while outside will be important to reduce exposure risk.
Sent from my iPhone

On Feb 23, 2020, at 11:12 AM, Hajdu, Patty - Personal <[redacted]> wrote:

See below. It would be good to address the questions of the constituent.

Please send responses to me and I can share with [redacted] personally.

Patty

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From: [redacted]
Date: February 23, 2020 at 10:37:03 AM EST
To: [redacted]
Cc: [redacted]
Subject: Re: Cornwall Quarantine Site

I am glad that you are home and hope your ordeal will end well and soon. I want to thank you for your tremendous good humoured and patience through this whole nightmare.

my constituent raises some important issues here re communicating. This is now out of our Consular Affairs hands and into the Health arena. Over to you for consideration.

Copying [redacted] who has been working on your case from the consular side just for her information.

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From: [redacted]
Date: February 23, 2020 at 9:28:04 AM EST
To: [redacted]
Subject: Fwd: Cornwall Quarantine Site

I'm copying you on an email to Health Canada. We have not been given any contact names at the Ministry so I've directed it to a general email box for the Coronavirus.

and I have made it back to Canada (Cornwall quarantine site). Thankfully, we are both still physically well. The staff on the evacuation and here in Cornwall have been very kind, I doubt we are a fun group to deal with. What was an inconvenience, became a grind and is more like an ordeal now.

Thanks for your continuing support.
Begin forwarded message:

From: [Redacted]
Date: February 23, 2020 at 9:18:12 AM EST
To: phac.info.aspc@canada.ca
Cc: [Redacted]
Subject: Cornwall Quarantine Site

We are hoping that Health Canada will maximize transparency over the course of the quarantine. As the persons most directly affected by the quarantine, some form of daily reporting by Health Canada to us would seem appropriate. Reporting on whether quarantine members are symptomatic or positive test results (numbers not names) should be shared. Also, any compliance failures in the quarantine should be disclosed so that we can assess the risk to which we are subject while in quarantine. I assume the Red Cross reports to Health Canada on such things, at least daily.

In addition we have the following questions:

1. Please confirm that the quarantine is scheduled to end as of the end of March 5, and that we will be released on March 6.

2. We are being health screened twice a day. Please definitively confirm whether we (as a group) will be subject to swab testing under the following scenarios (i) if no quarantined persons are symptomatic or (ii) if one or more passengers develop symptoms.

3. If some non-symptomatic quarantine members desire the option of swab tests, can that be accommodated? For example members that are concerned about infecting “at risk” persons at home following release may want greater certainty about infection.

If any swab testing is to be done, it should be done well in advance of the quarantine end date so that results are received without any extension of the quarantine. We do not want a repeat of the delay that occurred on the Diamond Princess.

Please appreciate that our back to back quarantines and repatriation have been extremely stressful. Apart from the loss of personal freedom, it is the uncertainty of not knowing whether one is infected, the consequences of infection, the timing of quarantine and it’s processes that is wearing us down. Providing some
certainty around process would be helpful and consistent with your obligations to us as the authority imposing the quarantine.

Best regards
KEY MESSAGES – MINISTER OF HEALTH

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 subsequently made a determination that a novel coronavirus (referred to as 2019-nCoV) is responsible for cases of pneumonia in the Wuhan outbreak. As a result, countries in the region, as well as the United States, have implemented border measures to prevent the spread of 2019-nCoV.

These messages have been developed for use by the Minister of Health and are complemented by a package of evergreen Media Lines and Questions and Answers.

Minister’s Messages:

- The health and safety of Canadians is my top priority.

- The Government of Canada is actively monitoring the outbreak and is in close contact with international partners, including the World Health Organization.

- While the risk of the disease spreading to Canada is considered low, the Public Health Agency of Canada is analyzing any potential risks to Canadians.

- Currently, there are no reports of cases in Canada of this novel coronavirus, and we are not aware of any cases involving Canadians overseas.

- Based on the latest information we have, there is also no clear evidence that this virus is easily transmitted between people.

- However, it is possible that there may be limited human-to-human spread.

- In the coming days, we will be taking additional measures at the border out of an abundance of caution. This includes:
  - signage at the Toronto, Montreal and Vancouver international airports reminding international travellers to inform a Border Services Officer if they are experiencing flu-like symptoms; and
  - an additional health screening question to be added to electronic kiosks in the airport.

- I want to remind Canadians that, along with the provinces and territories, we have multiple systems in place to identify, prevent and control the spread of serious infectious diseases in Canada.

- We will keep the public informed as the situation evolves.
CALL WITH SECRETARY MATT HANCOCK

Secretary of State for Health and Social Care, United Kingdom

Date/Time: Monday, February 24 10:00 (TBC)

Dial-in Information: Telephone Number: XX; passcode XX (to follow)

Context and Strategic Objectives:

Biographical Information

Matt Hancock was appointed Secretary of State for Health and Social Care in July 2018, with a portfolio including primary care, prevention and early intervention, health protection and improvement, public health system, international health policy and new models of care. The U.K. undertook a Cabinet Shuffle on February 13, in which Secretary Hancock retained his position. Secretary Hancock is a member of the Conservative Party, serving as Member of Parliament for West Suffolk since 2010. Previously, Secretary Hancock served in a number of middle-ranking ministerial positions from September 2013 to 2018, as well as Secretary of State for Digital, Culture, Media and Sport from January 2018 to July 2018. Before joining politics, Secretary Hancock worked as an economist for the Bank of England.
Points to Register

Introductory

- Thank Secretary Hancock for taking the time to have a call to discuss the latest on COVID-19.

Canada has taken a proactive approach to risk communications to support our response to the COVID-19 outbreak, and to minimize illness among Canadians by ensuring they have timely and accurate information about the risk in Canada and abroad and about how they can protect themselves. As part of that approach:

- Provinces and territories are proactively announcing new probable cases and holding regular press conferences to provide updates

- Statements and news releases to the media are issued to support announcements and provide information on Government of Canada actions, with media and technical briefings held as appropriate with Minister and the Chief Public Health Officer.
- A dedicated website, Canada.ca/coronavirus, is updated daily with the latest information.

- A dedicated toll-free information line and email address have been set up to answer questions from the public as well as paid social media (advertising) is being used to complement unpaid social media to provide messaging and re-direct to the website.

- Public opinion research has been conducted to assess Canadians’ knowledge of the virus and understanding of what they can do to protect their health. Results will be used for the next phase of advertising and communications messaging.

- We have taken a proactive and transparent approach to communicating the repatriation of Canadians to Canada from China and Japan with 14-day quarantine periods in two Ontario locations.
**Background**

Situation Update on COVID-19 (To Date)

The U.K has **nine (9) confirmed cases** – up from the eight (8) cases previously reported. The Department of Health and Social Care announced the additional case on February 12 and noted that the individual acquired the virus in China. This appears to be the first coronavirus case in London. As of February 21, eight (8) out of nine (9) patients have been discharged.
Risk Communications Approach

Material Transfer Agreements (MTA)

This reflects Canada’s own practice for MTAs used in an emergency situation, and Canada can support sharing examples of such simplified MTAs as best practices for the WHO to share with other Member States.
FOR CONCURRENCE

MEMORANDUM TO THE MINISTER OF HEALTH

Tabling in Parliament of Orders in Council P.C. 2020-70 and P.C. 2020-71 made pursuant to section 58 of the Quarantine Act

SUMMARY

- The purpose of this memorandum is to seek your concurrence to table two Orders in Council, entitled Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (P.C. 2020-70) and Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Persons Not on Government Flight) (P.C. 2020-71) made under Section 58 of the Quarantine Act (Appendix A).

- Section 61 of the Act stipulates that Orders made under sections 58 to 60 be tabled in both Houses of Parliament within 15 days after an Order has been signed. As the due dates fall during a break week, it is recommended that tabling take place by Friday, February 28, 2020.

BACKGROUND:

In response to the outbreak of the novel coronavirus in Hubei province in China, and pursuant to Section 58 of the Quarantine Act, three Orders in Council were made to date to protect the health of exposed travellers as well as the health and safety of the general public from the COVID-19 coronavirus disease outbreak through heightened oversight of all individuals arriving to Canada from areas with a high contagion risk and as part of the Government of Canada’s action to bring Canadians home.

Section 58 of the Quarantine Act stipulates that, if certain conditions are met, the Governor in Council may make an emergency order prohibiting individuals from entering Canada or subjecting additional conditions on individuals entering Canada.

The first Order, entitled Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order (P.C. 2020-59) was made on February 3, 2020 and tabled on February 18, 2020.

Orders P.C. 2020-70 and P.C. 2020-71 made on February 17 and 19, 2020 respectively, set out specific requirements for travellers arriving into Canada from affected countries based on an assessment of risk.
CONSIDERATIONS:
By tabling these Orders in Council, you will meet your obligations as set out in Section 61 of the Quarantine Act. Each order and explanatory note will also be published in the Canada Gazette within 23 days after signing, pursuant to Section 61 of the Act. Additional tabling packages will be prepared for any future Orders in Council.

COMMUNICATIONS IMPLICATIONS:
Given the high level of awareness and proactive outreach to date to Parliamentarians and the media regarding the repatriation efforts, it is expected that tabling of these Orders in Council will generate some attention.

RECOMMENDATIONS/CONCLUSION:
It is recommended that you indicate your concurrence with tabling of these Orders by signing and checking “I concur” block below, and signing the tabling letters (Appendix B).

☐ I do not concur
☐ I concur

______________________________  ________________________________
President                             Chief Public Health Officer

______________________________
Minister                             Date

Contact: Dr. Theresa Tam
Telephone: 613-957-0316

Attachments
Appendix A – Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in
Canada Order (P.C. 2020-70) and Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Persons Not on Government Flight) (P.C. 2020-71)
Appendix B –Tabling letters for the Clerk of the House of Commons and Clerk of the Senate in both official languages
Mr. Charles Robert  
Clerk of the House of Commons  
West Block, Room 233-C  
House of Commons  
Ottawa, Ontario K1A 0A6  

Dear Mr. Robert:  

In accordance with section 61 of the Quarantine Act, I would like to present two Orders in Council, entitled *Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (P.C. 2020-70)* and *Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Persons Not on Government Flight) (P.C. 2020-71)* created pursuant to section 58 of the Quarantine Act.  

For the purpose of tabling in the House of Commons and referral to the Standing Committee on Health, please find enclosed two copies of each of the Orders in both official languages.  

Yours sincerely,  

The Honourable Patty Hajdu, P.C., M.P  

Enclosures
Monsieur Charles Robert
Greffier de la Chambre des communes
Édifice de l'ouest, bureau 233-C
Chambre des communes
Ottawa (Ontario) K1A 0A6

Monsieur Robert,

Conformément à l'article 61 de la Loi sur la mise en quarantaine, vous trouverez ci-joint deux décrets intitulés Décret visant la réduction du risque d'exposition à la maladie à coronavirus COVID-19 au Canada (P.C. 2020-70) et Décret visant la réduction du risque d'exposition à la maladie à coronavirus COVID-19 au Canada (personnes absentes d'un vol gouvernemental) (P.C. 2020-71) créé en vertu de l'article 58 de la Loi sur la mise en quarantaine.

Pour le dépôt à la Chambre des communes et pour présentation devant le Comité permanent de la santé, deux copies de chaque Décret dans les deux langues officielles ont été ajoutées en annexe.

Veuillez agréer, Monsieur Robert, mes salutations distinguées.

L'honorable Patty Hajdu, C.P., députée

Pièces jointes
Mr. Richard Denis  
Interim Clerk of the Senate and Clerk of the Parliaments  
2 Rideau St., Room A408  
Ottawa, ON K1A 0A4

Dear Mr. Denis:

In accordance with section 61 of the Quarantine Act, I would like to present two Orders in Council, entitled Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (P.C. 2020-70) and Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Persons Not on Government Flight) (P.C. 2020-71) created pursuant to section 58 of the Quarantine Act.

For the purpose of tabling in the Senate and referral to an appropriate committee, please find enclosed two copies of each of the Orders in both official languages.

Yours sincerely,

The Honourable Patty Hajdu, P.C., M.P.

Enclosures
Monsieur Richard Denis
Greffier du Sénat et Greffier des Parlements intérimaire
2, rue Rideau
Bureau A408
Ottawa (Ontario) K1A 0A4

Monsieur Denis,

Conformément à l'article 61 de la Loi sur la mise en quarantaine, vous trouverez ci-joint deux Décret intitulés Décret visant la réduction du risque d'exposition à la maladie à coronavirus COVID-19 au Canada (P.C. 2020-70) et Décret visant la réduction du risque d'exposition à la maladie à coronavirus COVID-19 au Canada (personnes absentes d'un vol gouvernemental) (P.C. 2020-71) créé en vertu de l'article 58 de la Loi sur la mise en quarantaine.

Pour le dépôt au Sénat et pour présentation devant le comité approprié, deux copies de chaque Décret dans les deux langues officielles ont été ajoutées en annexe.

Veuillez agréer, Monsieur Denis, mes salutations distinguées.

L'honorable Patty Hajdu, C.P., députée

Pièces jointes
Whereas the Governor in Council is of the opinion that

(a) there is an outbreak of a communicable disease, namely COVID-19 coronavirus disease, in certain foreign countries;

(b) the introduction or spread of the disease would pose an imminent and severe risk to public health in Canada;

(c) the entry of persons who have recently been in those foreign countries may introduce or contribute to the spread of the disease in Canada; and

(d) no reasonable alternatives to prevent the introduction or spread of the disease are available;

Therefore, Her Excellency the Governor General in Council, on the recommendation of the Minister of Health, pursuant to section 58 of the Quarantine Act, makes the annexed Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order.
Attendu que la gouverneure en conseil est d'avis :

a) que certains pays étrangers sont aux prises avec l'apparition d'une maladie transmissible, soit la maladie à coronavirus COVID-19;

b) que l'introduction ou la propagation de cette maladie présenterait un danger grave et imminent pour la santé publique au Canada;

c) que l'entrée au Canada des personnes qui ont récemment séjourné dans ces pays favoriserait l'introduction ou la propagation de la maladie au Canada;

d) qu'il n'existe aucune autre solution raisonnable permettant de prévenir l'introduction ou la propagation de la maladie au Canada,

À ces causes, sur recommandation de la ministre de la Santé et en vertu de l'article 58 de la Loi sur la mise en quarantaine, Son Excellence la Gouverneure générale en conseil prend le Décret visant la réduction du risque d'exposition à la maladie à coronavirus COVID-19 au Canada, ci-après.
Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order

Interpretation

1. The following definitions apply in this Order.

Chief Public Health Officer means the Chief Public Health Officer appointed under subsection 6(1) of the Public Health Agency of Canada Act. (administrateur en chef)

quarantine facility means a place that is designated as a quarantine facility under section 7 of the Quarantine Act or that is deemed to be designated as a quarantine facility under subsection 8(2) of that Act. (installation de quarantaine)

Requirements

2. (1) Any person who arrives in Canada, directly or indirectly from a foreign country in which there is an outbreak of COVID-19 coronavirus disease, by means of a flight that is organized by the Government of Canada or a foreign government for the purpose of transporting persons from the foreign country who have or may have been exposed to that disease, and who enters Canada must

(a) board any means of transportation provided by the Government of Canada for the purpose of transporting them to a quarantine facility chosen by the Chief Public Health Officer, including at any time during the 14-day period referred to in paragraph (b);

(b) remain at the quarantine facility until the expiry of the 14-day period that begins on the day on which they arrive at the quarantine facility; and

(c) while the person remains at the quarantine facility, undergo any health assessments that a quarantine officer requires.

Transfer

(2) If the Chief Public Health Officer determines that it is necessary to transfer a person who remains at a quarantine facility under subsection (1) to another quarantine facility, the 14-day period referred to in paragraph (1)(b) is calculated from the day on which they arrived at the first quarantine facility to which they were transported after their arrival in Canada.
Non-application — paras. 2(1)(a) and (b)

3 (1) The requirements referred to in paragraphs 2(1)(a) and (b) do not apply to

(a) a person who is taken to a health care facility that is outside the quarantine facility referred to in paragraph 2(1)(a), for the duration of their stay at the health care facility;

(b) a person who, during their stay at a health care facility that is outside the quarantine facility referred to in paragraph 2(1)(a),

(i) becomes the subject of a provincial or local public health order that is inconsistent with those requirements, or

(ii) is diagnosed with COVID-19 coronavirus disease;

(c) a person to whom the Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order applies;

(d) a person for whom those requirements are inconsistent with another requirement imposed on them under the Quarantine Act; or

(e) a person if the Chief Public Health Officer determines that the person does not pose a risk of significant harm to public health.

Non-application — P.C. 2020-0059

(2) The Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order does not apply to any person who arrives by aircraft at Canadian Forces Base Trenton, directly or indirectly from Hubei province, China, on or after the day on which this Order is made.

Choice of quarantine facility

4 In choosing a quarantine facility for the purposes of this Order, the Chief Public Health Officer must consider the following factors:

(a) the risk to public health posed by COVID-19 coronavirus disease;

(b) the feasibility of controlling access to and egress from the quarantine facility;

(c) the capacity of the quarantine facility;

(d) the feasibility of isolating persons; and

(e) any other factor that the Chief Public Health Officer considers relevant.
Décret visant la réduction du risque d’exposition à la maladie à coronavirus COVID-19 au Canada

Définitions

1 Les définitions qui suivent s’appliquent au présent décret.

administrateur en chef L’administrateur en chef de la santé publique, nommé en application du paragraphe 6(1) de la Loi sur l’Agence de la santé publique du Canada. (Chief Public Health Officer)

installation de quarantaine Lieu désigné comme installation de quarantaine en vertu de l’article 7 de la Loi sur la mise en quarantaine ou réputé désigné comme installation de quarantaine en application du paragraphe 8(2) de cette loi. (quarantine facility)

Obligations

2 (1) Toute personne qui arrive au Canada, avec ou sans escale, en provenance d’un pays étranger qui est aux prises avec l’apparition de la maladie à coronavirus COVID-19, sur un vol organisé par le gouvernement du Canada ou un gouvernement étranger pour transporter des personnes d’un autre pays qui ont été ou ont pu être exposées à la maladie, et qui entre au Canada est tenue :

a) de prendre tout moyen de transport fourni par le gouvernement du Canada pour l’amener à une installation de quarantaine choisie par l’administrateur en chef, notamment durant la période de quatorze jours visée à l’alinéa b);

b) de rester à l’installation de quarantaine durant une période de quatorze jours commençant le jour de son arrivée à l’installation;

c) de subir, pendant qu’elle reste à l’installation, tout contrôle médical exigé par l’agent de quarantaine.

Transfert

(2) Si l’administrateur en chef détermine qu’il est nécessaire de transférer une personne qui reste à une installation de quarantaine en application du paragraphe (1) dans une autre installation, la période de quatorze jours visée à l’alinéa (1)b) est calculée à partir du jour où la personne est arrivée à la première installation de quarantaine où elle a été amenée suivant son arrivée au Canada.
Powers and obligations

5 For greater certainty, this Order does not affect any of the powers and obligations set out in the Quarantine Act.

Effective period

6 This Order has effect for the period beginning on the day on which it is made and ending on April 30, 2020.
Non-application — alinéas 2(1)a et b)

3 (1) Les obligations prévues aux alinéas 2(1)a et b) ne s’appliquent pas à la personne :

a) qui séjourne dans un établissement de santé situé à l’extérieur de l’installation de quarantaine visée à l’alinéa 2(1)a;

b) qui, alors qu’elle séjourne dans un établissement de santé situé à l’extérieur de l’installation de quarantaine visée à l’alinéa 2(1)a :

(i) soit fait l’objet d’une ordonnance de santé publique provinciale ou locale qui est incompatible avec ces obligations,

(ii) soit reçoit un diagnostic de maladie à coronavirus COVID-19;

c) à qui s’applique le Décret visant la réduction du risque d’exposition à la maladie respiratoire aigüe 2019-nCoV au Canada;

d) à qui est imposée, sous le régime de la Loi sur la mise en quarantaine, une obligation qui est incompatible;

e) qui, selon l’administrateur en chef, ne présente pas de danger grave pour la santé publique.

Non-application — C.P. 2020-0059

(2) Le Décret visant la réduction du risque d’exposition à la maladie respiratoire aigüe 2019-nCoV au Canada ne s’applique pas aux personnes qui arrivent à la Base des Forces canadiennes Trenton par aéronef, en provenance de la province de Hubei en Chine, avec ou sans escale, le ou après le jour de la prise du présent décret.

Choix d’une installation de quarantaine

4 Lorsqu’il choisit une installation de quarantaine aux fins du présent décret, l’administrateur en chef tient compte des facteurs suivants :

a) le danger pour la santé publique que présente la maladie à coronavirus COVID-19;

b) la faisabilité de contrôler les allées et venues à l’installation;

c) la capacité de l’installation;

d) la faisabilité d’isoler des personnes;

e) tout autre facteur qu’il juge pertinent.
Pouvoirs et obligations

5 Il est entendu que le présent décret ne porte pas atteinte aux pouvoirs et aux obligations prévus par la *Loi sur la mise en quarantaine*.

Durée

6 Le présent décret est en vigueur pendant la période commençant le jour de sa prise et se terminant le 30 avril 2020.
Attendu que la gouverneure en conseil est d'avis :

a) que certains pays étrangers sont aux prises avec l'apparition d'une maladie transmissible, soit la maladie à coronavirus COVID-19;

b) que l'introduction ou la propagation de cette maladie présenterait un danger grave et imminent pour la santé publique au Canada;

c) que l'entrée au Canada des personnes qui ont récemment séjourné dans ces pays favoriserait l'introduction ou la propagation de la maladie au Canada;

d) qu'il n'existe aucune autre solution raisonnable permettant de prévenir l'introduction ou la propagation de la maladie au Canada,

À ces causes, sur recommandation de la ministre de la Santé et en vertu de l'article 58 de la Loi sur la mise en quarantaine, Son Excellence la Gouverneure générale en conseil prend le Décret visant la réduction du risque d'exposition à la maladie à coronavirus COVID-19 au Canada (personnes absentes d'un vol gouvernemental), ci-après.
Whereas the Governor in Council is of the opinion that

(a) there is an outbreak of a communicable disease, namely COVID-19 coronavirus disease, in certain foreign countries;

(b) the introduction or spread of the disease would pose an imminent and severe risk to public health in Canada;

(c) the entry into Canada of persons who have recently been in those foreign countries may introduce or contribute to the spread of the disease in Canada; and

(d) no reasonable alternatives to prevent the introduction or spread of the disease are available;

Therefore, Her Excellency the Governor General in Council, on the recommendation of the Minister of Health, pursuant to section 58 of the Quarantine Act, makes the annexed Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Persons Not on Government Flight).
Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Persons Not on Government Flight)

Definition of Chief Public Health Officer

1 In this Order, Chief Public Health Officer means the Chief Public Health Officer appointed under subsection 6(1) of the Public Health Agency of Canada Act.

Persons entering Canada

2 (1) Any person who meets either of the following conditions and who enters Canada must comply with the requirements set out in subsection (2):

(a) the person was in a foreign country in which there is, or was, an outbreak of COVID-19 coronavirus disease and was offered the opportunity to leave the country on a flight organized by the Government of Canada or a foreign government but did not board the flight; or

(b) the person was on board, in a foreign country, a means of transportation in which there is, or was, an outbreak of COVID-19 coronavirus disease but was not offered the opportunity to leave the country on a flight organized by the Government of Canada or a foreign government.

Requirements

(2) For the purposes of subsection (1), the requirements are:

(a) to disclose the facts referred to in paragraph (1)(a) or (b), as the case may be, to a screening officer at the entry point; and

(b) if a screening officer or quarantine officer determines that the person is not exhibiting symptoms of COVID-19 coronavirus disease,

(i) to remain in isolation, in accordance with instructions provided by a quarantine officer and at a place determined by the Chief Public Health Officer, until the expiry of the 14-day period that begins on the day on which the person enters Canada, and

(ii) within 24 hours after entering Canada, to contact the public health authority specified by a quarantine officer, in the manner specified by the quarantine officer.

Factors to be considered

(3) In determining a place for the purposes of subparagraph (2)(b)(i), the Chief Public Health Officer must consider the following factors:

(a) the risk to public health posed by COVID-19 coronavirus disease;

(b) the feasibility of isolating the person at the place;

(c) the proximity of the place to the entry point; and

(d) any other factor that the Chief Public Health Officer considers relevant.
Additional requirements

3 A person who is required to remain in isolation must

(a) in the time and manner specified by the public health authority that they are required to contact under subparagraph 2(2)(b)(ii),

(i) measure their body temperature,

(ii) record the measurements, and

(iii) report the measurements to the authority;

(b) answer any questions about their body temperature or symptoms that they are asked by an official of the public health authority; and

(c) if they develop any symptom of COVID-19 coronavirus disease, immediately report the symptom to the public health authority and follow any instructions provided by the authority.

Non-application — medical emergency

4 (1) The requirement for a person to remain in isolation does not apply for the duration of any medical emergency that requires them to visit a health care facility.

Non-application — other grounds

(2) The requirement to remain in isolation, as well as the requirements set out in section 3, do not apply to a person if

(a) during their stay at a health care facility, the person

(i) becomes the subject of a provincial or local public health order that is inconsistent with those requirements, or

(ii) is diagnosed with COVID-19 coronavirus disease;

(b) those requirements are inconsistent with another requirement imposed on the person under the Quarantine Act; or

(c) the Chief Public Health Officer determines that the person does not pose a risk of significant harm to public health.

Powers and obligations

5 For greater certainty, this Order does not affect any of the powers and obligations set out in the Quarantine Act.

Effective period

6 This Order has effect for the period beginning on the day on which it is made and ending on April 30, 2020.
Décret visant la réduction du risque d'exposition à la maladie à coronavirus COVID-19 au Canada (personnes absentes d'un vol gouvernemental)

Définition d'administrateur en chef

1 Dans le présent décret, administrateur en chef s'entend de l'administrateur en chef de la santé publique, nommé en application du paragraphe 6(1) de la Loi sur l'Agence de la santé publique du Canada.

Personnes qui entrent au Canada

2 (1) Toute personne qui remplit l'une des conditions ci-après et qui entre au Canada est tenue de remplir les obligations prévues au paragraphe (2):

a) elle se trouvait dans un pays étranger qui est ou était aux prises avec l'apparition de la maladie à coronavirus COVID-19 et s'est vu offrir la possibilité de quitter ce pays à bord d'un vol organisé par le gouvernement du Canada ou un gouvernement étranger, mais n'a pas pris ce vol;

b) elle s'est trouvée, dans un pays étranger, à bord d'un moyen de transport qui est ou était aux prises avec l'apparition de la maladie à coronavirus COVID-19, mais ne s'est pas vu offrir la possibilité de quitter ce pays à bord d'un vol organisé par le gouvernement du Canada ou un gouvernement étranger.

Obligations

(2) Pour l'application du paragraphe (1), les obligations sont les suivantes :

a) déclarer les faits décrits aux alinéas (1)a) ou b), selon le cas, à un agent de contrôle au point d'entrée;

b) dans le cas où un agent de contrôle ou un agent de quarantaine établit que la personne visée ne présente pas de symptômes de la maladie à coronavirus COVID-19 :

(i) rester isolée conformément aux instructions d'un agent de quarantaine à un lieu fixé par l'administrateur en chef, et ce jusqu'à l'expiration de la période de quatorze jours commençant le jour de son entrée au Canada,

(ii) contacter, au plus tard vingt-quatre heures après son entrée au Canada, l'autorité sanitaire précisée par un agent de quarantaine, selon les modalités précisées par ce dernier.

Facteurs à prendre en compte

(3) Lorsqu'il fixe un lieu pour l'application du sous-alinéa (2)b)(i), l'administrateur en chef tient compte des facteurs suivants :

a) le danger pour la santé publique que présente la maladie à coronavirus COVID-19;

b) la faisabilité d'isoler la personne visée à ce lieu;

c) la proximité du lieu par rapport au point d'entrée;

d) tout autre facteur qu'il juge pertinent.
Autres obligations

3 La personne qui est tenue de rester isolée doit faire ce qui suit :

a) selon les modalités précisées par l'autorité sanitaire qu'elle est tenue de contacter en application du sous-alinéa 2(2)b)(ii) :

(i) prendre sa température corporelle,

(ii) consigner les résultats,

(iii) déclarer les résultats à l'autorité sanitaire;

b) répondre à toute question d'un fonctionnaire de l'autorité sanitaire au sujet de sa température corporelle ou de ses symptômes;

c) dans le cas où elle manifeste tout symptôme de la maladie à coronavirus COVID-19, signaler immédiatement le symptôme à l'autorité sanitaire et suivre les directives de celle-ci, le cas échéant.

Non-application — urgence médicale

4 (1) L'obligation de rester isolée ne s'applique pas durant une urgence médicale qui force la personne visée à se rendre à un établissement de santé.

Non-application — autres motifs

(2) L'obligation de rester isolée ainsi que les obligations prévues à l'article 3 ne s'appliquent pas dans les cas suivants :

a) si, alors qu'elle séjourne dans un établissement de santé, la personne visée :

(i) soit fait l'objet d'une ordonnance de santé publique provinciale ou locale qui est incompatible avec ces obligations,

(ii) soit reçoit un diagnostic de maladie à coronavirus COVID-19;

b) une obligation incompatible avec ces obligations lui est imposée sous le régime de la Loi sur la mise en quarantaine;

c) l'administrateur en chef détermine qu'elle ne présente pas de danger grave pour la santé publique.

Pouvoirs et obligations

5 Il est entendu que le présent décret ne porte pas atteinte aux pouvoirs et aux obligations prévus par la Loi sur la mise en quarantaine.

Durée

6 Le présent décret s'applique pendant la période commençant le jour de sa prise et se terminant le 30 avril 2020.
G7 HEALTH MINISTERS CALL  
2019 NOVEL CORONAVIRUS  
FEBRUARY 3, 2020: 9:00 – 10:00AM EST  

Dial-in Information: Telephone Number: 1-517-222-9286 | Passcode:  

Context and Objectives  

- On January 30th, the World Health Organization (WHO) declared the 2019 Novel Coronavirus (2019-nCoV) outbreak a Public Health Emergency of International Concern (PHEIC) for several reasons, including new evidence of human-to-human transmission beyond China, concern over of spread to low-capacity-high risk countries, and the rapid increase in cases. Since then, countries have increased public health measures to prevent and reduce the spread of the infection, including some countries (United States, Australia and New Zealand) temporarily banning entry to noncitizens who have recently travelled to China.  

- The United States Secretary of Health and Human Services (HHS) Alex Azar has called this meeting of the G7 Health Ministers to discuss the countries’ response to the 2019-nCoV outbreak.  

- In the interest of keeping the call an intimate discussion among Health Ministers, only principals and necessary support staff from the core G7 countries are asked to join.  

- The call is an opportunity to share information on the outbreak including countries’ public health measures and repatriation of citizens. It is not an official G7 call and no joint communications products are being planned for release post-call.  

- There was a Global Health Security Action Group (GHSAG) of senior officials from the Global Health Security Initiative (G7 countries plus Mexico and the European Union) call on February 1st, which focused on repatriation protocols with quarantine a key topic. A table summarizing actions taken among G7 countries can be found in Appendix A.
Biographical Information

France – Dr. Agnès Buzyn Ministre des solidarités et de la santé

Dr. Agnès Buzyn was appointed Minister for Solidarity and Health on May 17, 2017. Prior to this role, she served as the president of the French National Authority for Health. She spent a large part of her career as an academic hematologist and clinician at the University Paris Descartes-Necker Hospital, where from 1992-2011 she headed the adult hematology intensive care and bone marrow transplants unit. From 2002-2006, Minister Buzyn was the director of a research team on tumor immunology at the National Institute of Health and Medical Reasearch-Institut Cochin-Paris Descartes. Her research activities have focused on bone marrow transplants, acute lymphocytic leukemia and chronic myeloid leukemia. Minister Buzyn received an M.D. from University Pierre-and-Marie-Curie in Paris and a Ph.D in immunology from the University Paris Descartes. She maintains hours at the hematology clinic at Saint-Antoine Hospital.

Germany – Jens Spahn, Minister of Health

Jens Spahn was appointed as Germany’s Federal Minister of Health on March 14, 2018. He was first elected to the German Bundestag (Parliament) in 2002. Minister Spahn earned a Master of Arts in political science at the University of Hagen in 2017. Minister Spahn lives with his husband in Berlin.

In December 2018, Minister Spahn ran unsuccessfully for the leadership of the Christian Democratic Union of Germany (CDU) after Germany’s Chancellor and leader of the CDU, Angela Merkel, announced that she would not seek re-election as party leader, but would remain as chancellor until the end of her term in 2021.

Despite finishing third out of three candidates, Minister Spahn continues to champion more conservative positions, such as supporting a cap on the number of refugees allowed into the country and demanding to impose a burqa ban. This is in contrast to Chancellor Merkel, as well as new CDU leader Annegret Kramp-Karrenbauer, who believe in a more open approach to the European refugee crisis. Minister Spahn cowrote the book App your health – the benefits of digital medicine.
Italy – Roberto Speranza, Minister of Health

Mr. Roberto Speranza was appointed Minister of Health on September 5, 2019 as part of Prime Minister (PM) Giuseppe Conte's Cabinet under his second government term. Minister Speranza is the only government minister of Liberi e Uguali (LeU), the left-wing party which separated from the Democratic Party (PD) in 2017, in PM Conte’s coalition government. He replaces Giulia Grillo of the Five Star Movement party (M5S), who oversaw a series of confusing U-turns on vaccination law in the country. Minister Speranza graduated with a degree in Political Science and subsequently obtained a Doctorate in History of Mediterranean Europe.

Japan – Katsunobu Kato, Minister of Health, Labour and Welfare

Minister Katsunobu Kato was appointed as Minister of Health, Labour and Welfare, on September 11, 2019 following a cabinet shuffle by Prime Minister (PM) Shinzo Abe. Minister Kato held this position in a previous PM Abe Cabinet. In addition to holding the title of Minister of Health, Labour and Welfare he is also Minister for Working-style Reform; Minister in Charge of the Abduction Issue; and Minister of State for the Abduction Issue. Minister Kato belongs to the ruling Liberal Democratic Party (LDP) and is a graduate of the University of Tokyo with a Bachelor of Economics degree.

United Kingdom – Matt Hancock, Secretary of State for Health and Social Care

Minister Matt Hancock was appointed Secretary of State for Health and Social Care in July 2018, with a portfolio including primary care, prevention and early intervention, health protection and improvement, public health system, international health policy and new models of care. Minister Hancock is a member of Conservative Party, serving as Member of Parliament for West Suffolk since 2010.

Previously, Minister Hancock served in a number of middle-ranking ministerial positions from September 2013 to 2018, as well as Secretary of State for Digital, Culture, Media and Sport from January 2018 to July 2018. Before joining politics, Minister Hancock worked as an economist for the Bank of England.
United States – Secretary Alex Azar, Health and Human Services

Alex Azar was confirmed as Secretary of HHS in January 2018. Prior to this, he held leadership positions at the pharmaceutical company Eli Lilly, including President of Lilly USA, its largest division. Mr. Azar holds a B.A. in economics and government from Dartmouth College and a Doctor of Jurisprudence from Yale University. Secretary Azar’s priorities are value-based health care, health insurance reform, drug pricing and ending the opioid crisis. Health security is also a topic of keen interest. Mr. Azar also served in HHS in the George W. Bush Administration as General Counsel and as Deputy Secretary, where he supervised all operations, led regulatory development and approval and advanced the U.S. efforts on pharmaceutical and medical device innovation.

Secretary Azar was brought in to HHS based on his reputation as an able administrator who could establish order in the department. He has cultivated a close working relationship with President Trump by loyally implementing the President’s policies; for example, once the President indicated his support for importing lower cost drugs from Canada, Secretary Azar reversed his previous opposition to the policy.
POINTS TO REGISTER
G7 HEALTH MINISTERS CALL
2019 NOVEL CORONAVIRUS
FEBRUARY 3, 2020: 9:00 – 10:00AM EST

Introduction

- Canada would like to thank the US for its leadership within the G7 in convening this call. This current outbreak reinforces the need for strong health systems, and for our continued attention.

- G7 leadership, coordination and where possible, alignment in preparation and response to such events is invaluable not only to our respective citizens but also to the global community. Working together is important to limit the spread of infection, including sharing data and biological material for research purposes.

- Canada is actively monitoring the outbreak and has implemented public health measures in line with the World Health Organization’s guidance and advice. There are currently four confirmed cases in Canada are linked to travel to Wuhan and none of the individuals remain in hospital. Our current risk assessment considers both likelihood and impact of infection and the risk to Canada remains low.

- Canada stands ready to continue to work together with our G7 partners on critical global health threats. I cannot stress enough the importance for communication, coordination and collaboration on preventing and reducing the spread of this outbreak.

Measures Taken in Canada

- Canada response to the outbreak to date has been a whole of government approach, including working very closely with our provincial and territorial jurisdictions to track the spread of the virus. Our health system has been mobilized to support a response to the cases of illness in Canada and national guidance has been shared.

- There has been tremendous progress over the past 16 years to strengthen Canada’s public health system and how we prepare for infectious disease outbreaks. We have learned, not only from SARS, but also from the H1N1 pandemic and more recently, the Ebola outbreak in Democratic Republic of Congo and we will learn from this outbreak.

- Some important improvements Canada has made since SARS include:
  - The creation of the Public Health Agency of Canada to provide clear federal leadership during a response
  - Established a Chief Public Health Officer as an authoritative voice to all Canadians during public health events
- Enhanced federal/provincial/territorial collaboration through a formal network of public health experts, the Public Health Network Council
- Strengthened coordination within the federal government, including through the creation of the Government Operations Centre

- Significant effort has been expended in the past decade to refine planning and establish clear protocols and processes and our preparedness has enabled us to respond quickly and efficiently. Our health system is working exactly as it should. We have been able to detect cases in Canada, treat them appropriately, and quickly share information across jurisdictions to limit the spread of the virus.

- Some of the key measures Canada has implemented include enhanced screening at three airports – Toronto, Vancouver and Montreal - that accept flights from China. This is our first line of defence as individuals return to Canada from China. Information on screens are telling individuals to self-identify to a border services agent if they are experiencing the novel coronavirus symptoms.

- A health screening question has been added to the electronic kiosks at these 3 airports asking travellers if they have been to Hubei province. Travellers are also provided information about what they should do if they subsequently experience any symptoms with procedures established to refer travellers to local public health as required. We will also be expanding health screening to an additional 7 airports across Canada.

- Canada has also updated its travel health notice to level 3 to avoid all non-essential travel to all of China.

- We have implemented a risk communication approach. Our Chief Public Health Officer is providing exceptional leadership and has been holding regular media availability and taking interviews to counter misinformation and discrimination. She has also regularly convened provincial and territorial counterparts to share information and diagnostic capacity, and develop guidance on outbreak management.

- We are also working with existing partners both within Canada and internationally, including the WHO, to pursue research studies to characterize the virus, develop animal models, and explore candidate vaccines that can contribute to the international vaccine development efforts. It is also important to work constructively in engaging China.

- Our efforts will continue to be guided by the situation as it unfolds and as we learn more about the virus and how to effectively respond to it.
Repatriation of Canadians

- The health and safety of all Canadians—both those we are bringing home from China and those in Canada—is our top priority.

- We are taking action to return Canadians home from Hubei Province, China, while ensuring that appropriate measures are in place to prevent and limit the spread of the novel coronavirus.

- Canadian officials are working with officials in China to obtain the authorizations to proceed with an evacuation of Canadian citizens from Wuhan. China requires all departing passengers to pass through a health screening. Canadians showing novel coronavirus symptoms will not be allowed to board the plane, which aligns with the latest recommendations from the WHO.

- In addition, a Canadian health team will conduct health assessments on the ground before individuals board the plane, to ensure that they are fit to fly and are not showing any symptoms.

- We will also use an emergency order under our Quarantine Act to keep the passengers and support team from the plane at our CFB Trenton Base for 14 days for health assessment and social services support.

- It would be helpful to know more about other G7 countries’ experience in evacuating their citizens and the steps they have taken or plan to take to monitor, prevent and reduce the spread of infection from those being repatriated.

Responsive: Sending Public Health Experts to Support China

- Canada has yet to consider sending public health experts to support China.
Background

G7 Global Health Security

Health emergencies, including pandemics, continue to pose some of the greatest threats to global health, the global economy and global security. In response to the unprecedented Ebola Virus Disease Outbreak (EVD) in West Africa in 2014, global health security has emerged as an area with strong support around the G7 and G20 tables, highlighting the need for all countries to work together and be well-prepared to respond to potential outbreaks.

In recent years, G7 countries have made a number of commitments to strengthen global health security, including efforts to prevent and fight the spread of infectious diseases, mitigate biological threats and enhance border management and cross border collaboration. G7 action has included recognition of WHO’s important coordinating role, as well as support to strengthen the WHO Health Emergencies Programme and its Contingency Fund for Emergencies (CFE) and the International Health Regulations (IHR).

Efforts to bolster health systems are particularly important for global health security, as a fragile health system in one country can be a threat to all. The G7 galvanized efforts to advance global health security by accelerating support to strengthen health systems following the 2014 EVD outbreak. The May 2018 re-emergence of Ebola in the Democratic Republic of the Congo and the 2019-nCoV outbreak demonstrate the need for continued leadership and vigilance on this issue by all actors, including the G7.

Note: For 2020, the G7 Presidency is held by the US.

Global Health Security Initiative (GHSI)

The Global Health Security Initiative (GHSI) is an informal, international partnership among G7 countries plus Mexico and the European Union. The network aims to strengthen health preparedness and response globally to threats of biological, chemical, radio-nuclear (CBRN) terrorism and pandemic influenza. The WHO serves as an expert advisor.

A Global Health Security Action Group (GHSAG) of senior officials develops and implements concrete actions to improve global health security. It also serves as a network of rapid communication/reaction in the event of a crisis, connecting senior management of GHSI countries to their counterparts in a timely fashion during a public health emergency. Since the beginning of the 2019-nCoV outbreak, the exchange of information through this network has enabled Canada to quickly understand measures implemented by our key partners and use this information to inform our own national decision-making.
2019 Novel Coronavirus infection outbreak

As of February 2, 2020, there were 14,411 confirmed cases in mainland China, including 2,110 severe cases and 304 deaths. Outside China, there are 146 confirmed cases in 23 countries and one confirmed death (Philippines). There is an increase in evidence of human-to-human transmission, including in Germany, Japan, Taiwan, Thailand, United States and Vietnam.

On January 30th, the World Health Organization (WHO) declared the 2019-nCoV outbreak a Public Health Emergency of International Concern (PHEIC) stemming from new evidence of human-to-human transmission beyond China. The WHO issued advice as Temporary Recommendations under the International Health Regulations 2005 (IHR) for public health measures to monitor, prevent and reduce the spread of infection. On February 1st, the WHO reported the first infection of a healthcare worker to occur outside China (France) and the first instance of a case being exported from a country other than China (a case from Japan carried the virus to South Korea).

Overview - Canada

Four 2019-nCoV infections have been confirmed in Canada (3 in Ontario, 1 in British Columbia), all associated with travel from Wuhan. Contact tracing and public health management for all confirmed cases are being undertaken by relevant provincial and local public health officials. PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. Further identification of imported cases of 2019-nCoV in Canada is expected.

Canada has updated its travel health notice to level 3 to avoid all non-essential travel to all of China and has implemented enhanced screening measures at Vancouver, Toronto and Montreal airports for all travelers that have been in the province of Hubei, China in the previous 14 days and is expanding health screening to 7 additional airports. Individuals with this travel history are asked questions about their health, and those that are unwell will be referred to a Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information handouts on symptoms to monitor as well as contact information on who to call if they develop symptoms. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada.

The Federal Provincial Territorial (FPT) Response Plan for Biological Events has been activated to coordinate domestic preparedness and response to 2019-nCoV. A FPT Special Advisory Committee (SAC) on 2019-nCoV is meeting twice a week. The Government of Canada also continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV with the Chief Public Health Officer and Deputy Chief Public Health Officer providing regular media availability and interviews.
Canada has secured a plane for Canadians in the Wuhan area who have requested consular assistance to come back to Canada with a targeted departure date of February 6th. Emergency evacuation of vulnerable Canadian Based Staff and dependent children from Canada’s missions in the mainland China is underway.

The assessment of public health risk in Canada remains low.

**Overview - United States**

As of February 2nd, the US Centers for Disease Control and Prevention (US CDC) has confirmed 7 cases of 2019-nCoV infection, with the media reporting one case being the result of human-to-human transmission. The US CDC has expanded entry screening of passengers on direct and connecting flights from China to 20 major airports with 300 personnel deployed to assist with the screening. The US CDC has also updated its travel notice raising the alert to avoid all travel to all of mainland China. Beginning February 2nd, the US will be temporarily banning entry to all noncitizens arriving from China.

Other options for coordinating support to China may be raised during the call.

On January 29th, a flight carrying approximately 200 American citizens from Wuhan arrived in California via a refueling stop in Alaska. Further details on the evacuation and quarantine protocol can be found in **Appendix B**. The US is arranging extra evacuation flights from Wuhan with capacity for private US citizens, on or about February 3rd.

On January 29th, US President Donald Trump announced the formation of the President’s Coronavirus Task Force. Members of the Task Force have been meeting on a daily basis since Monday. The Task Force will lead the Administration’s efforts to monitor, contain, and mitigate the spread of the virus, while ensuring that the American people have the most accurate and up-to-date health and travel information. The Task Force is led by Secretary Azar, and is coordinated through the National Security Council. It is composed of subject matter experts from the White House and several US Government agencies.
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G7 HEALTH MINISTERS CALL
2019 NOVEL CORONAVIRUS
Wednesday, 12 February - 10:00-11:00 EST

Dial-in Information: Telephone Number: +1-517-308-1722; passcode

Context and Objectives

- This is a follow up to the February 3 call with the G7 Health Ministers during which Ministers noted the importance of the G7’s unified support to China in light of the 2019 nCoV outbreak but also expressed a wish to get additional information from non-Chinese experts to be deployed on the ground in China. During the call, Ministers agreed to identify experts who could be sent on an international mission to China. Full readout of the February 3 call is attached in ANNEX A.

- Following the February 3 call, this common public messaging was agreed to:

  "There was an informal discussion among core countries of the G7 to continue ongoing efforts to share information in response to the coronavirus outbreak and consider ways to assist global efforts. Countries exchanged their current understanding of the epidemiology of the virus and practices being taken by each country to protect their people and the global community. It was a good exchange that represents a commitment on the part of the countries to support the People’s Republic of China and the international community in better understanding and combatting the outbreak, working together and recognizing the rapidly-changing situation."

- Similar to the approach taken on February 3, only principals and necessary support staff from the core G7 countries will participate in this call:

- On February 9, the WHO sent an advance team of international experts to investigate the coronavirus outbreak, led by a Canadian epidemiologist Dr. Bryce Aylward. The mission seeks to identify the origin; case management; infectious disease, control, and therapeutics; lab and diagnostics; and, R&D and community engagement/social aspects. PHAC is considering additional candidates to put forward to the WHO.
ANNEX C.

- Last week, the WHO launched a US$675 million 2019-nCoV Strategic Preparedness and Response Plan to implement priority public health measures, particularly in the most vulnerable countries, for a period from February-April 2020. The WHO is calling on the international community to contribute, with contributions from US, UK, Japan, Bill and Melinda Gates Foundation, and Wellcome Trust. GAC has announced $2 million contribution to WHO. Separately, the WHO will convene a global research and innovation forum on February 11-12 in Geneva to set priorities and fast track the development and evaluation of effective diagnostic tests, vaccines and medicines.

Biographical Information

United States – Secretary Alex Azar, Health and Human Services

Alex Azar was confirmed as Secretary of HHS in January 2018. Prior to this, he held leadership positions at the pharmaceutical company Eli Lilly, including President of Lilly USA, its largest division. Mr. Azar holds a B.A. in economics and government from Dartmouth College and a Doctor of Jurisprudence from Yale University. Secretary Azar’s priorities are value-based health care, health insurance reform, drug pricing and ending the opioid crisis. Health security is also a topic of keen interest. Mr. Azar also served in HHS in the George W. Bush Administration as General Counsel and as Deputy Secretary, where he supervised all operations, led regulatory development and approval and advanced the U.S. efforts on pharmaceutical and medical device innovation.

Secretary Azar was brought in to HHS based on his reputation as an able administrator who could establish order in the department. He has cultivated a close working relationship with President Trump by loyally implementing the President’s policies; for example, once the President indicated his support for importing lower cost drugs from Canada, Secretary Azar reversed his previous opposition to the policy.

France – Dr. Agnès Buzyn Ministre des solidarités et de la santé

Dr. Agnès Buzyn was appointed Minister for Solidarity and Health on May 17, 2017. Prior to this role, she served as the president of the French National Authority for Health. She spent a large part of her career as an academic hematologist and clinician at the University Paris Descartes-Necker Hospital, where from 1992-2011 she headed the adult hematology intensive care and bone marrow transplants unit. From 2002-2006, Minister Buzyn was the director of a research team on tumor immunology at the National Institute of
Health and Medical Reasearch-Institut Cochin-Paris Descartes. Her research activities have focused on bone marrow transplants, acute lymphocytic leukemia and chronic myeloid leukemia. Minister Buzyn received an M.D. from University Pierre-and-Marie-Curie in Paris and a Ph.D in immunology from the University Paris Descartes. She maintains hours at the hematology clinic at Saint-Antoine Hospital.

**Germany – Jens Spahn, Minister of Health**

Jens Spahn was appointed as Germany’s Federal Minister of Health on March 14, 2018. He was first elected to the German Bundestag (Parliament) in 2002. Minister Spahn earned a Master of Arts in political science at the University of Hagen in 2017. Minister Spahn lives with his husband in Berlin.

In December 2018, Minister Spahn ran unsuccessfully for the leadership of the Christian Democratic Union of Germany (CDU) after Germany’s Chancellor and leader of the CDU, Angela Merkel, announced that she would not seek re-election as party leader, but would remain as chancellor until the end of her term in 2021.

Despite finishing third out of three candidates, Minister Spahn continues to champion more conservative positions, such as supporting a cap on the number of refugees allowed into the country and demanding to impose a burqa ban. This is in contrast to Chancellor Merkel, as well as new CDU leader Annegret Kramp-Karrenbauer, who believe in a more open approach to the European refugee crisis. Minister Spahn co-wrote the book *App your health – the benefits of digital medicine.*

**Italy – Roberto Speranza, Minister of Health**

Mr. Roberto Speranza was appointed Minister of Health on September 5, 2019 as part of Prime Minister (PM) Giuseppe Conte’s Cabinet under his second government term. Minister Speranza is the only government minister of Liberi e Uguali (LeU), the left-wing party which separated from the Democratic Party (PD) in 2017, in PM Conte’s coalition government. He replaces Giulia Grillo of the Five Star Movement party (M5S), who oversaw a series of confusing U-turns on vaccination law in the country. Minister Speranza has a Doctorate in History of Mediterranean Europe.

**Japan – Katsunobu Kato, Minister of Health, Labour and Welfare**

Minister Katsunobu Kato was appointed as Minister of Health, Labour and Welfare, on September 11, 2019 following a cabinet shuffle by Prime Minister (PM) Shinzo Abe. Minister Kato held this position in a previous PM Abe Cabinet. In addition to holding the title of Minister of Health, Labour and Welfare he is also Minister for Working-style Reform; Minister in Charge of the Abduction Issue; and Minister of State for the Abduction Issue. Minister Kato belongs to the ruling Liberal Democratic Party (LDP) and is a graduate of the University of Tokyo with a Bachelor of Economics degree.
United Kingdom – Matt Hancock, Secretary of State for Health and Social Care

Minister Matt Hancock was appointed Secretary of State for Health and Social Care in July 2018, with a portfolio including primary care, prevention and early intervention, health protection and improvement, public health system, international health policy and new models of care. Minister Hancock is a member of Conservative Party, serving as Member of Parliament for West Suffolk since 2010.

Previously, Minister Hancock served in a number of middle-ranking ministerial positions from September 2013 to 2018, as well as Secretary of State for Digital, Culture, Media and Sport from January 2018 to July 2018. Before joining politics, Minister Hancock worked as an economist for the Bank of England.
Introduction

- I welcome this opportunity for us to again exchange views on the current crisis.
- I cannot stress enough the importance of communication, coordination and collaboration on preventing and reducing the spread of this outbreak.

Updates on Measures Taken in Canada

- We continue to monitor the outbreak and impact on Canadians. There are now seven confirmed cases in Canada, and our current assessment is that the risk to Canadians remains low.
- Our travel advice remains at level 3 - avoid all non-essential travel to China and all travel to Hubei Province.
- Enhanced screening measures have been implemented in 10 Canadian airports. We are also now advising all travelers to Canada who have been in Hubei province in the last 14 days to voluntarily self-isolate for a period of 14 days from the time they departed Hubei province. They are also being asked to contact their public health authority within 24 hours of arrival in Canada.
- Canada is also contributing to global efforts to contain the outbreak through a rapid research funding opportunity, which we have launched. It includes a focus on medical countermeasures, anti-virals, vaccines and social science research on combatting misinformation and stigma.
- A total of 398 Canadians have returned from Wuhan through two Government-of-Canada chartered planes, and through another a flight led by the United States. Individuals will stay in isolation at our military base in Trenton, ON, for 14 days, to reduce the risk of spread of the virus.
- Of all the travellers, none of the travellers showed visible signs of illness during the flight or since their arrival, and none have become ill with coronavirus since arrival.
- Canada is also in contact with the Canadians aboard the Diamond Princess luxury ship. Chief Public Health Officer, Dr. Theresa Tam, has provided a letter with public health advice to the Canadians on board to stay in the quarantine.
• Canada will also be sending a medical liaison to work closely with officials in Japan’s Ministry of Health and provide medical support to Canadians aboard the ship.

• We remain concerned about social anxiety, misinformation, and discrimination in the Chinese-Canadian community associated with the coronavirus. We are continuing our science-based, measured, highly coordinated and transparent approach with Canadians.

Considerations for Assistance

• Canada has donated personal protective equipment to China.

• We welcome the launch of the WHO Strategic Preparedness and Response Plan and the WHO’s guidance on the public health measures that all countries should be implementing to detect, prevent and reduce the spread of the outbreak.

• Canada has contributed $2 million to the World Health Organization to help vulnerable countries prepare and, if necessary, respond to coronavirus events.

• We are pleased to see that a WHO-led mission to China has begun to deploy there.

• A Canadian epidemiologist, Dr. Bruce Aylward, is leading the WHO advance team of experts to China this week. We are currently looking to identify additional experts from Canada to participate in the international mission.

Public Messaging on the G7 coordination

• Agree with the approach to develop a high-level, reactive messaging for press inquiries.

Responsive Line – Sample Sharing of Influenza Viruses

• Sample sharing and associated benefits is a complicated technical issue that warrants further discussion among senior officials.
Background

G7 Global Health Security

Health emergencies, including pandemics, continue to pose some of the greatest threats to global health, the global economy and global security. In response to the unprecedented Ebola Virus Disease Outbreak (EVD) in West Africa in 2014, global health security has emerged as an area with strong support around the G7 and G20 tables, highlighting the need for all countries to work together and be well-prepared to respond to potential outbreaks.

In recent years, G7 countries have made a number of commitments to strengthen global health security, including efforts to prevent and fight the spread of infectious diseases, mitigate biological threats and enhance border management and global collaboration. G7 action has included recognition of WHO’s important coordinating role, as well as support to strengthen the WHO Health Emergencies Programme and its Contingency Fund for Emergencies (CFE) and the International Health Regulations (IHR).

Efforts to bolster health systems are particularly important for global health security, as a fragile health system in one country can be a threat to all. The G7 galvanized efforts to advance global health security by accelerating support to strengthen health systems following the 2014 EVD outbreak. The May 2018 re-emergence of Ebola in the Democratic Republic of the Congo and the 2019-nCoV outbreak demonstrate the need for continued leadership and vigilance on this issue by all actors, including the G7.

Note: For 2020, the G7 Presidency is held by the US.

2019 Novel Coronavirus infection outbreak

As of February 10, 2020, there were 40235 cases in China, including 909 deaths. Outside China, there are 319 confirmed cases in 24 countries and two confirmed deaths (Philippines and Hong Kong). There is an increase in evidence of human-to-human transmission, including in Germany, Japan, Taiwan, Thailand, United States, United Kingdom, France and Vietnam.

On January 30th, the World Health Organization (WHO) declared the 2019 Novel Coronavirus (2019-nCoV) outbreak a Public Health Emergency of International Concern (PHEIC) for several reasons, including new evidence of human-to-human transmission beyond China, concern over of spread to low-capacity-high risk countries, and the rapid increase in cases. Since then, countries have increased public health measures to prevent and reduce the spread of the infection, including some countries (United States, Australia and New Zealand) temporarily banning entry to noncitizens who have recently travelled to China.

The WHO is working with partners to strengthen global diagnostic capacity for 2019-nCoV detection to improve surveillance and track the spread of disease, and activated a network of specialized referral laboratories. On February 5, the WHO launched a 2019-
nCoV Strategic Preparedness and Response Plan, estimating response costs at US$675 million and calling on countries to provide funding to counter the virus. The WHO has announced that the UK, Japan, and the United States have provided funding to this plan.

As of February 11, the Minister of International Development announced Canada’s contribution of $2 million to the World Health Organization to help vulnerable countries prepare and, if necessary, respond to coronavirus events.

The WHO has dispatched an advance team of experts to Beijing on February 10 to investigate the coronavirus. A Canadian epidemiologist, Dr. Bruce Aylward, is leading this team, who has previously overseen international campaigns to fight Ebola and polio. PHAC is considering additional experts from Canada who could be deployed to the WHO mission, which will run for 10 to 14 days, depending on the final terms of reference. The WHO has offers for deployment from several partners, such as the US, Germany, Russia, Japan, Korea and Singapore.

On February 11-12, 2020, the WHO will convene a global research and innovation forum, in collaboration with the Global Research Collaboration for Infectious Disease Preparedness, to mobilize international action in response to the new coronavirus, covering a broad spectrum of research areas including epidemiology, clinical care, vaccines, therapeutics, diagnostics, and animal health. All G7 countries are members of the Global Research Collaboration for Infectious Disease Preparedness.

**Sample Sharing of Influenza Viruses**

In the early 2000s when bird flu was emerging in South-East Asia, this led to broader discussions, and eventually, the development of the Pandemic Influenza Preparedness Framework (PIP) for the sharing of influenza viruses and access to vaccines and other benefits. This agreement outlines core principles for the sharing of influenza viruses of pandemic potential and was built upon an existing network of influenza labs. There are no international mechanisms that cover the sharing of pathogens other that influenza viruses of pandemic potential. If countries are requesting samples of the coronavirus for research and diagnostics, this is something that a simplified MTA is often used for (such as for the Zika outbreak).

There have been conversations about potentially expanding PIP to include seasonal influenza viruses and/or other high threat pathogens. There have also been discussions about potentially creating a parallel system based on the PIP model. Pathogen sharing more broadly remains a major challenge which was also raised recently at the World Health Organization’s Executive Board meeting (WHO EB) in early February.

Canada has not ratified the Nagoya Protocol (neither has the US). They stated that they thought the nCoV represented an opportunity to develop a pathogen sharing system under the Nagoya protocol and noted inefficient systems currently in place have
deterred pathogen sharing and the development of products.

Overview - Canada

Seven 2019-nCoV infections have been confirmed in Canada (3 in Ontario, 4 in British Columbia), with six confirmed to be associated with travel from Wuhan. Contact tracing and public health management for all confirmed cases are being undertaken by relevant provincial and local public health officials. PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. Further identification of imported cases of 2019-nCoV in Canada is expected.

As of February 9, 2020, as part of enhanced screening measures in place at 10 International Airports (Vancouver, Toronto, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City), travelers who have been in the province of Hubei, China in the prior 14 days will be advised to contact their local public health authority within 24 hours of arriving in Canada, and to self-isolate and monitor for symptoms of 2019-nCoV for 14 days after leaving the province of Hubei, China. Travelers from mainland China will be asked to self-monitor for symptoms of 2019-nCoV and avoid public spaces for 14 days after leaving mainland China, and to self isolate and contact local public health if symptoms develop.

Enhanced border measures include on-screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

The Federal Provincial Territorial (FPT) Response Plan for Biological Events has been activated to coordinate domestic preparedness and response to 2019-nCoV. A FPT Special Advisory Committee on 2019-nCoV is meeting twice a week. The Government of Canada also continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV with the Chief Public Health Officer and Deputy Chief Public Health Officer providing regular media availability and interviews.

Canada is also contributing to global R&D efforts to contain the outbreak through the Canadian 2019-nCoV Rapid Research Funding Opportunity. The funding application will be launched during the week of February 10 with objectives to strengthen the understanding of nCoV’s impact on individuals and communities and to provide evidence to inform clinical and public health responses and decision-making. Grant applicants may receive up to $1M over two years for research on medical countermeasures and up to $500K over two years for social and policy countermeasures research. The funding opportunity is a collaboration between the Canadian Institutes of Health Research, the International Development Research Centre, the Natural Sciences and Engineering

Repatriation of Canadians from Wuhan

On February 6, the first assisted repatriation flight of 174 Canadians departed Wuhan, China. The flight arrived at Canadian Forces Base (CFB) Trenton on February 7. None of the passengers on board showed any symptoms of coronavirus. A second repatriation flight provided by the US departed Wuhan on February 6 carrying 39 Canadians. Upon arrival in Trenton, all repatriated Canadians will spend 14 days in isolation, under quarantine to ensure no further transmission of 2019-nCoV within Canada. A second charter flight is being arranged with projected departure on February 11, 2020.

Japanese Cruise Ship

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for 2019-nCoV. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 7th, 7 Canadian passengers were confirmed to have 2019-nCoV infection, and were transferred to a designated hospital in Japan for further assessment and care as required. Two Canadians who disembarked prior to the establishment of quarantine have been contacted. These individuals are not reporting any symptoms and have been advised to follow any instructions provided by the health authorities where they are located. They currently reside outside of Canada with no intention to return to Canada in the next 14 days. Through official channels (International Health Regulations National Focal Point) the country where they currently reside (Hong Kong) has been advised of their status to facilitate appropriate public health follow up. The cruise ship remains under quarantine, and further Canadians may be identified as 2019-nCoV cases as testing is completed, or before the quarantine ends (February 4 +14Days).

As of February 11th, Canada has identified a senior medical official to act as medical liaison on the ground in Japan. This official will work closely with Japanese officials from the Ministry of Health as well as provide support to Canadians aboard the cruise ship. It is expected that the liaison will be deployed this week.

China – Overview

China continues to implement strict measures to contain the outbreak, including increased forced quarantine, restrictions on movement, mandatory health checks and prolonged closure of businesses/government offices. Districts and villages are being placed under household restrictions, allowing only one member of the household to leave every 2-3 days to buy supplies.
As of February 3, 1,400 medical staff from the armed forces are tasked with treating patients in Huoshenshan Hospital in Wuhan. Huoshenshan Hospital, with a capacity of 1,000 beds, is a makeshift hospital built to treat patients infected with the virus. Another makeshift hospital, Leishenshan Hospital, has also been constructed with a capacity of 1,500 beds.

The China-Japan Friendship Hospital in Beijing will begin clinical trials on 270 mildly and moderately ill patients infected with the novel coronavirus using an experimental drug from the United States claimed to have successfully treated a case in the US. The Phase III clinical trial will run from 3 Feb to 27 April.

China CDC has called on the provincial governments to establish psychological assistance hotlines, to provide the public with psychological support, psychological counseling and other services to prevent and mitigate the psychological distress caused by the outbreak.
G7 HEALTH MINISTERS CALL
2019 NOVEL CORONAVIRUS
Wednesday, 12 February - 10:00-11:00 EST

Dial-in Information:

Context and Objectives

- Following the February 3 call, this common public messaging was agreed to:

  - Similar to the approach taken on February 3, only principals and necessary support staff from the core G7 countries will participate in this call. An overview of the G7 countries’ individual responses to the 2019-nCoV outbreak can be found in ANNEX B.

  - On February 9, the WHO sent an advance team of international experts to investigate the coronavirus outbreak, led by a Canadian epidemiologist Dr. Bryce Aylward. The mission seeks to identify the origin; case management; infectious disease, control, and therapeutics; lab and diagnostics; and, R&D and community engagement/social aspects. PHAC is considering additional candidates to put forward to the WHO.

  - A full letter is attached in ANNEX C.

  - Last week, the WHO launched a US$675 million 2019-nCoV Strategic Preparedness and Response Plan to implement priority public health measures, particularly in the most vulnerable countries, for a period from February-April 2020. The WHO is calling on the international community to contribute, with contributions from US, UK, Japan, Bill and Melinda Gates Foundation, and Wellcome Trust. GAC has announced $2 million contribution to WHO. Separately, the WHO will convene a global research and innovation forum on February 11-12 in Geneva to set priorities and fast track the development and evaluation of effective diagnostic tests, vaccines and medicines.

Biographical Information

United States – Secretary Alex Azar, Health and Human Services
Alex Azar was confirmed as Secretary of HHS in January 2018. Prior to this, he held leadership positions at the pharmaceutical company Eli Lilly, including President of Lilly USA, its largest division. Mr. Azar holds a B.A. in economics and government from Dartmouth College and a Doctor of Jurisprudence from Yale University. Secretary Azar’s priorities are value-based health care, health insurance reform, drug pricing and ending the opioid crisis. Health security is also a topic of keen interest. Mr. Azar also served in HHS in the George W. Bush Administration as General Counsel and as Deputy Secretary, where he supervised all operations, led regulatory development and approval and advanced the U.S. efforts on pharmaceutical and medical device innovation.

France – Dr. Agnès Buzyn Ministre des solidarités et de la santé

Dr. Agnès Buzyn was appointed Minister for Solidarity and Health on May 17, 2017. Prior to this role, she served as the president of the French National Authority for Health. She spent a large part of her career as an academic hematologist and clinician at the University Paris Descartes-Necker Hospital, where from 1992-2011 she headed the adult hematology intensive care and bone marrow transplants unit. From 2002-2006, Minister Buzyn was the director of a research team on tumor immunology at the National Institute of Health and Medical Research-Institut Cochin-Paris Descartes. Her research activities have focused on bone marrow transplants, acute lymphocytic leukemia and chronic myeloid leukemia. Minister Buzyn received an M.D. from University Pierre-and-Marie-Curie in Paris and a Ph.D in immunology from the University Paris Descartes. She maintains hours at the hematology clinic at Saint-Antoine Hospital.

Germany – Jens Spahn, Minister of Health

Jens Spahn was appointed as Germany’s Federal Minister of Health on March 14, 2018. He was first elected to the German Bundestag (Parliament) in 2002. Minister Spahn earned a Master of Arts in political science at the University of Hagen in 2017. Minister Spahn lives with his husband in Berlin.

In December 2018, Minister Spahn ran unsuccessfully for the leadership of the Christian Democratic Union of Germany (CDU) after Germany’s Chancellor and leader of the CDU, Angela Merkel, announced that she would not seek re-election as party leader, but would remain as chancellor until the end of her term in 2021.

Minister Spahn co-wrote the book *App your health – the benefits of digital medicine.*

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Mr. Roberto Speranza was appointed Minister of Health on September 5, 2019 as part of Prime Minister (PM) Giuseppe Conte’s Cabinet under his second government term. Minister Speranza is the only government minister of Liberi e Uguali (LeU), the left-wing party which separated from the Democratic Party (PD) in 2017, in PM Conte’s coalition government. Minister Speranza has a Doctorate in History of Mediterranean Europe.

**Japan – Katsunobu Kato, Minister of Health, Labour and Welfare**

Minister Katsunobu Kato was appointed as Minister of Health, Labour and Welfare, on September 11, 2019 following a cabinet shuffle by Prime Minister (PM) Shinzo Abe. Minister Kato held this position in a previous PM Abe Cabinet. In addition to holding the title of Minister of Health, Labour and Welfare he is also Minister for Working-style Reform; Minister in Charge of the Abduction Issue; and Minister of State for the Abduction Issue. Minister Kato belongs to the ruling Liberal Democratic Party (LDP) and is a graduate of the University of Tokyo with a Bachelor of Economics degree.

**United Kingdom – Matt Hancock, Secretary of State for Health and Social Care**

Minister Matt Hancock was appointed Secretary of State for Health and Social Care in July 2018, with a portfolio including primary care, prevention and early intervention, health protection and improvement, public health system, international health policy and new models of care. Minister Hancock is a member of Conservative Party, serving as Member of Parliament for West Suffolk since 2010.

Previously, Minister Hancock served in a number of middle-ranking ministerial positions from September 2013 to 2018, as well as Secretary of State for Digital, Culture, Media and Sport from January 2018 to July 2018. Before joining politics, Minister Hancock worked as an economist for the Bank of England.
INTRODUCTION

- I welcome this opportunity for us to again exchange views on the current crisis.

- I cannot stress enough the importance of communication, coordination and collaboration on preventing and reducing the spread of this outbreak.

UPDATES ON MEASURES TAKEN IN CANADA

- We continue to monitor the outbreak and impact on Canadians. There are now seven confirmed cases in Canada, and our current assessment is that the risk to Canadians remains low.

- Our travel advice remains at level 3 - avoid all non-essential travel to China and all travel to Hubei Province.

- Enhanced screening measures have been implemented in 10 Canadian airports. We are also now advising all travelers to Canada who have been in Hubei province in the last 14 days to voluntarily self-isolate for a period of 14 days from the time they departed Hubei province. They are also being asked to contact their public health authority within 24 hours of arrival in Canada.

- Canada is also contributing to global efforts to contain the outbreak through a rapid research funding opportunity, which we have launched. It includes a focus on medical countermeasures, anti-virals, vaccines and social science research on combatting misinformation and stigma.

- A total of 398 Canadians have returned from Wuhan through two Government-of-Canada chartered planes, and through another a flight led by the United States. Individuals will stay in isolation at our military base in Trenton, ON, for 14 days, to reduce the risk of spread of the virus.

- Of all the travellers, none of the travellers showed visible signs of illness during the flight or since their arrival, and none have become ill with coronavirus since arrival.

- Canada is also in contact with the Canadians aboard the Diamond Princess luxury ship. Chief Public Health Officer, Dr. Theresa Tam, has provided a letter with public health advice to the Canadians on board to stay in the quarantine.
• Canada will also be sending a medical liaison to work closely with officials in Japan’s Ministry of Health and provide medical support to Canadians aboard the ship.

• We remain concerned about social anxiety, misinformation, and discrimination in the Chinese-Canadian community associated with the coronavirus. We are continuing our science-based, measured, highly coordinated and transparent approach with Canadians.

Considerations for Assistance

• Canada has donated personal protective equipment to China.

• We welcome the launch of the WHO Strategic Preparedness and Response Plan and the WHO’s guidance on the public health measures that all countries should be implementing to detect, prevent and reduce the spread of the outbreak.

• Canada has contributed $2 million to the World Health Organization to help vulnerable countries prepare and, if necessary, respond to coronavirus events.

• We are pleased to see that a WHO-led mission to China has begun to deploy there.

• A Canadian epidemiologist, Dr. Bruce Aylward, is leading the WHO advance team of experts to China this week. We are currently looking to identify additional experts from Canada to participate in the international mission.

Public Messaging on the G7 coordination

• Agree with the approach to develop a high-level, reactive messaging for press inquiries.

Responsive Line – Sample Sharing of Influenza Viruses

• Sample sharing and associated benefits is a complicated technical issue that warrants further discussion among senior officials.
Background

G7 Global Health Security

Health emergencies, including pandemics, continue to pose some of the greatest threats to global health, the global economy and global security. In response to the unprecedented Ebola Virus Disease Outbreak (EVD) in West Africa in 2014, global health security has emerged as an area with strong support around the G7 and G20 tables, highlighting the need for all countries to work together and be well-prepared to respond to potential outbreaks.

In recent years, G7 countries have made a number of commitments to strengthen global health security, including efforts to prevent and fight the spread of infectious diseases, mitigate biological threats and enhance border management and global collaboration. G7 action has included recognition of WHO’s important coordinating role, as well as support to strengthen the WHO Health Emergencies Programme and its Contingency Fund for Emergencies (CFE) and the International Health Regulations (IHR).

Efforts to bolster health systems are particularly important for global health security, as a fragile health system in one country can be a threat to all. The G7 galvanized efforts to advance global health security by accelerating support to strengthen health systems following the 2014 EVD outbreak. The May 2018 re-emergence of Ebola in the Democratic Republic of the Congo and the 2019-nCoV outbreak demonstrate the need for continued leadership and vigilance on this issue by all actors, including the G7.

Note: For 2020, the G7 Presidency is held by the US.

2019 Novel Coronavirus infection outbreak

As of February 10, 2020, there were 40235 cases in China, including 909 deaths. Outside China, there are 319 confirmed cases in 24 countries and two confirmed deaths (Philippines and Hong Kong). There is an increase in evidence of human-to-human transmission, including in Germany, Japan, Taiwan, Thailand, United States, United Kingdom, France and Vietnam.

On January 30th, the World Health Organization (WHO) declared the 2019 Novel Coronavirus (2019-nCoV) outbreak a Public Health Emergency of International Concern (PHEIC) for several reasons, including new evidence of human-to-human transmission beyond China, concern over of spread to low-capacity-high risk countries, and the rapid increase in cases. Since then, countries have increased public health measures to prevent and reduce the spread of the infection, including some countries (United States, Australia and New Zealand) temporarily banning entry to noncitizens who have recently travelled to China.

The WHO is working with partners to strengthen global diagnostic capacity for 2019-nCoV detection to improve surveillance and track the spread of disease, and activated a network of specialized referral laboratories. On February 5, the WHO launched a 2019-
nCoV Strategic Preparedness and Response Plan, estimating response costs at US$675 million and calling on countries to provide funding to counter the virus. The WHO has announced that the UK, Japan, and the United States have provided funding to this plan.

As of February 11, the Minister of International Development announced Canada’s contribution of $2 million to the World Health Organization to help vulnerable countries prepare and, if necessary, respond to coronavirus events.

The WHO has dispatched an advance team of experts to Beijing on February 10 to investigate the coronavirus. A Canadian epidemiologist, Dr. Bruce Aylward, is leading this team, who has previously overseen international campaigns to fight Ebola and polio. PHAC is considering additional experts from Canada who could be deployed to the WHO mission, which will run for 10 to 14 days, depending on the final terms of reference. The WHO has offers for deployment from several partners, such as the US, Germany, Russia, Japan, Korea and Singapore.

On February 11-12, 2020, the WHO will convene a global research and innovation forum, in collaboration with the Global Research Collaboration for Infectious Disease Preparedness, to mobilize international action in response to the new coronavirus, covering a broad spectrum of research areas including epidemiology, clinical care, vaccines, therapeutics, diagnostics, and animal health. All G7 countries are members of the Global Research Collaboration for Infectious Disease Preparedness.

**Sample Sharing of Influenza Viruses**

This led to broader discussions, and eventually, the development of the *Pandemic Influenza Preparedness Framework (PIP) for the sharing of influenza viruses and access to vaccines and other benefits*. This agreement outlines core principles for the sharing of influenza viruses of pandemic potential and was built upon an existing network of influenza labs. There are no international mechanisms that cover the sharing of pathogens other that influenza viruses of pandemic potential. If countries are requesting samples of the coronavirus for research and diagnostics, this is something that a simplified MTA is often used for (such as for the Zika outbreak).

There have been conversations about potentially expanding PIP to include seasonal influenza viruses and/or other high threat pathogens. There have also been discussions about potentially creating a parallel system based on the PIP model. Pathogen sharing more broadly remains a major challenge which was also raised recently at the World Health Organization’s Executive Board meeting (WHO EB) in early February.

In an intervention during the WHO EB, [Canada has not ratified the Nagoya Protocol (neither has the US). They stated that they thought the nCoV represented an opportunity to develop a pathogen sharing system under the Nagoya protocol and noted inefficient systems currently in place have deterred pathogen sharing and the development of products.](#)
On February 6, the first assisted repatriation flight of 174 Canadians departed Wuhan, China. The flight arrived at Canadian Forces Base (CFB) Trenton on February 7. None of the passengers on board showed any symptoms of coronavirus. A second repatriation flight provided by the US departed Wuhan on February 6 carrying 39 Canadians. Upon arrival in Trenton, all repatriated Canadians will spend 14 days in isolation, under quarantine to ensure no further transmission of 2019-nCoV within Canada. A second charter flight is being arranged with projected departure on February 11, 2020.

**Japanese Cruise Ship**

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for 2019-nCoV. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 7th, 7 Canadian passengers were confirmed to have 2019-nCoV infection, and were transferred to a designated hospital in Japan for further assessment and care as required. Two Canadians who disembarked prior to the establishment of quarantine have been contacted. These individuals are not reporting any symptoms and have been advised to follow any instructions provided by the health authorities where they are located. They currently reside outside of Canada with no intention to return to Canada in the next 14 days. Through official channels (International Health Regulations National Focal Point) the country where they currently reside (Hong Kong) has been advised of their status to facilitate appropriate public health follow up. The cruise ship remains under quarantine, and further Canadians may be identified as 2019-nCoV cases as testing is completed, or before the quarantine ends (February 4 +14Days).

As of February 11th, Canada has identified a senior medical official to act as medical liaison on the ground in Japan. This official will work closely with Japanese officials from the Ministry of Health as well as provide support to Canadians aboard the cruise ship. It is expected that the liaison will be deployed this week.

**China – Overview**

China continues to implement strict measures to contain the outbreak, including increased forced quarantine, restrictions on movement, mandatory health checks and prolonged closure of businesses/government offices. Districts and villages are being placed under household restrictions, allowing only one member of the household to leave every 2-3 days to buy supplies.

As of February 3, 1,400 medical staff from the armed forces are tasked with treating patients in Huoshenshan Hospital in Wuhan. Huoshenshan Hospital, with a capacity of 1,000 beds, is a makeshift hospital built to treat patients infected with the virus. Second makeshift hospital, Leishenshan Hospital, has also been constructed with a capacity of 1,500 beds.
China CDC has called on the provincial governments to establish psychological assistance hotlines, to provide the public with psychological support, psychological counseling and other services to prevent and mitigate the psychological distress caused by the outbreak.
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<th>Board of Directors</th>
<th>Treasury &amp; Board Measures</th>
<th>Registration &amp; Approvals</th>
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Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (2019-nCoV) outbreak in China
Date: February 10, 2020, 1300 EST

Health Portfolio Operations Centres - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Key Points

- **Case count as of February 10, 2020:**
  - 7 cases of 2019 Novel Coronavirus have been confirmed in Canada (ON=3, BC=4).
  - 40,171 cases of 2019-nCoV pneumonia, with 908 deaths have been reported from mainland China.
  - 450 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China and aboard an international conveyance in Japan.

- **Repatriation:**
  - As of February 8, 257 individuals were in quarantine at Canadian Forces Base (CFB) Trenton, with none reporting symptoms associated with 2019-nCoV.
  - Members of the Canadian Armed Forces medical staff, a Government of Canada employee and 5 flight crew members were assessed as not at risk of exposure to 2019-nCoV and have been released from quarantine.
  - Another Government of Canada chartered flight is expected to arrive at CFB Trenton on February 11.

- **International conveyances:**
  - As of February 10, 8 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have 2019-nCoV infections.

- **Laboratory testing:**
  - As of February 10, NML has undertaken testing for 367 persons under investigation for 2019-nCoV in Canada, 7 have tested positive, 301 have tested negative, with results of 59 tests still pending.

- **Returning travellers:**
  - As of February 8, 1258 travelers have identified as returning from Hubei Province, with 49 referred for further assessment. Of those, 46 were released with an educational hand-out and 3 were issued an order for a medical exam.

- **Risk assessment:**
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV in Mainland China, 10 February 2020

Figure 2. World-wide distribution of reported confirmed cases of 2019-nCoV, 10 February 2020

Note: The information supplementing these graphs haves been collected by the Hong Kong Center of Health Protection and governmental source
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<thead>
<tr>
<th>Region / Country</th>
<th>Confirmed cases</th>
<th>Deaths</th>
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<td>40,171</td>
<td>908</td>
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<td></td>
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<td>Canada (7), USA (12)</td>
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<tr>
<td><strong>International conveyance</strong></td>
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<tr>
<td>Japan</td>
<td>135</td>
<td>0</td>
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</tbody>
</table>

1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia, while WHO consider confirmed case to be “a case with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms”

* Including asymptomatic cases

**Situation Overview**

**Canada**

As of February 10, 2020, 7 cases of 2019-nCoV infection have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region / Province</th>
<th>Confirmed cases</th>
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<tbody>
<tr>
<td>Ontario</td>
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</tr>
<tr>
<td>British Columbia</td>
<td>4</td>
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</tbody>
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On February 7, 2020, two chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base Trenton. All repatriated passengers remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publicly reported on Canada.ca website.
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the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order").

As of February 8, 2020, 257 individuals (includes repatriated travelers, crew and parents/guardians who have joined children) were in quarantine at Canadian Forces Base Trenton, with none reporting symptoms associated with 2019-nCoV. One individual has been hospitalized for medical conditions unrelated to 2019-nCoV and also remains asymptomatic.

Members of the Canadian Armed Forces medical staff, a Government of Canada employee and 5 flight crew members were assessed as not at risk of exposure to 2019-nCoV and have been released from quarantine.

Another Government of Canada chartered flight is expected to arrive at CFB Trenton on February 11, 2020.

China

As of 24:00 CST on February 9, 2020 (11:00 EST, February 8, 2020), 40,171 cases of 2019-nCoV pneumonia, including 908 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China. Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 74% (29,631) of 2019-nCoV cases reported in China, and 96% (871) of China's death toll.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

As of February 10, 2020, 450 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China.

As of February 9, 2020, locally acquired 2019-nCoV infections have been confirmed in 12 regions: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, United Kingdom and United Arab Emirates.

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for 2019-nCoV. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 10, 135 crew/passengers were confirmed to have 2019-nCoV infections, including 8 Canadian passengers, and were transferred to a designated hospital in Japan for further assessment and care as required. The cruise ship remains under quarantine,
and further Canadian 2019-nCoV cases may be identified as additional testing is completed, or before the quarantine ends (February 4 +14Days).

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)

The 2019-nCoV outbreak in China was declared a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.

The US Centers for Disease Control and Prevention (US CDC)

As of February 9, 2020, the USA has identified 12 cases of 2019-nCoV infection.

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

GAC officials continue to work with officials in China facilitate assisted departure/repatriation of Canadian citizens from Wuhan, China to Canada.

Since February 4, Canada has deployed approximately 16 tonnes of personal protective equipment to China to support ongoing response to the outbreak.
Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

As of February 9, 2020, as part of enhanced screening measures\(^2\) in place at 10 International Airports (Vancouver, Toronto, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City), travelers who have been in the province of Hubei, China in the last 14 days will be advised to contact their local public health authority within 24 hours of arriving in Canada, and to self-isolate and monitor for symptoms of 2019-nCoV for 14 days after leaving the province of Hubei, China. Travelers from mainland China will be asked to self monitor for symptoms of 2019-nCoV and avoid public spaces for 14 days after leaving mainland China, and to self isolate and contact local public health if symptoms develop.

As of February 8, 2020, 1258 travelers have identified as returning from Hubei Province, with 49 referred for further assessment by a quarantine officer. Of those, 46 were

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
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released with an educational handout and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 10, 2020, NML has undertaken testing for 367 persons under investigation for 2019-nCoV in Canada, 7 have tested positive, 301 have tested negative, with results of 59 tests still pending.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on 2019-nCoV are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners3 to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

Communications:

The toll free 2019-nCoV information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:

• Steven Sternthal

The next update will be provided on February 11, 2020.

Any significant developments will be communicated sooner as necessary.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
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Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 12, 2020, 1330 EST

Health Portfolio Operations Centres - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- On February 11, WHO officially named the disease COVID-19, short for “coronavirus disease 2019” and named the causative virus SARS-CoV-2.
- Case count as of February 12, 2020:
  - Canada: 7 cases of COVID-19 have been confirmed (ON=3, BC=4).
  - Globally: 45,172 confirmed cases of COVID-19, including 1115 deaths.
    - Mainland China: 44,653 cases of COVID-19 pneumonia, with 1113 deaths.
    - Rest of the World: 519 cases of COVID-19 infections, with two deaths.
- Repatriation:
  - As of February 12, 441 individuals (includes repatriated travelers, crew and parents/guardians who have joined children) were in quarantine at Canadian Forces Base Trenton.
  - Members of the Canadian Armed Forces medical staff, a Government of Canada employee and 25 flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine. An additional 30 individuals are expected to be released on February 12.
- International conveyances:
  - As of February 12, 10 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections.
  - Of the 10 Canadian cases, three are in critical condition, one in serious condition and six are in a stable condition.
  - At least 4 Canadians have been identified as close contacts and will require an extended quarantine (beyond February 19, exact date to be determined).
  - Japan is planning to disembark at-risk passengers under quarantine onshore.
- Laboratory testing:
  - As of February 12, NML has undertaken testing for 410 persons under investigation for COVID-19 in Canada, 7 have tested positive, 340 have tested negative, with results of 63 tests still pending.
- Returning travellers:
  - As of February 10, 1391 travelers have identified as returning from Hubei Province, with 55 referred for further assessment. Of those, 52 were released with an educational hand-out and 3 were issued an order for a medical exam.
- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 12 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 12 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
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<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
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</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td></td>
<td></td>
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<tr>
<td><strong>Asia (outside mainland China)</strong></td>
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<td>Cambodia (1), Hong Kong SAR (50*), India (3), Japan (28*), Macao SAR (10), Malaysia (18), Nepal (1), Philippines (3), Singapore (47*), South Korea (28), Sri Lanka (1), Taiwan (18), Thailand (33), Vietnam (15)</td>
<td>44,653</td>
<td>1113</td>
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<td>Canada (7), USA (13)</td>
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<tr>
<td><strong>International conveyance</strong></td>
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<tr>
<td>Diamond Princess cruise, Japan</td>
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1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia, while WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”
* Including asymptomatic cases
* Cases identified on international conveyances are reported in a separated category

**Situation Overview**

**Canada**

As of February 12, 2020, 7 cases of COVID-19 infection have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
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</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
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On February 7, 2020, two chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. On February 11, the final assisted repatriation flight arrived at CFB Trenton with 222 passengers, including 186 returning Canadian citizens and an additional 36 flight crew, medical personnel and

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
consular staff. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order’).

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 12, 2020, 441 individuals (includes repatriated travelers, crew and parents/guardians who have joined children) were in quarantine at Canadian Forces Base Trenton. Two individuals were transferred to the Emergency Medical Assistance Team (EMAT) for medical evaluation with sampling sent to MERT. Both tested negative for COVID-19. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

Members of the Canadian Armed Forces medical staff, a Government of Canada employee and 25 flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine. An additional 30 individuals are expected to be released on February 12.

China

As of 24:00 CST on February 11, 2020 (11:00 EST, February 11, 2020), 44,653 cases of COVID-19 pneumonia, including 1113 deaths have been reported across all provinces in mainland China. Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 75% (33,366) of COVID-19 cases reported in China, and 96% (1068) of China’s death toll.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

As of February 12, 2020, 519 cases of COVID-19 infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China. No new countries reported cases of COVID-19 in the past 24 hours.

Locally acquired COVID-19 infections have been confirmed in 12 countries: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, United Kingdom and United Arab Emirates.
For Internal use within the federal health portfolio, government of Canada and provincial/territorial governments

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 12, 175 crew/passengers were confirmed to have COVID-19 infections, including 10 Canadian passengers, and were transferred to a designated hospital in Japan for further assessment and care as required. Of the 10 Canadians receiving medical care, three Canadians are in critical condition, one in serious condition, and six are in a stable condition. Japan is planning to disembark at-risk passengers under quarantine onshore. The cruise ship remains under quarantine, and further Canadian COVID-19 cases may be identified as additional testing is completed, or before the quarantine ends on February 19. At least 4 Canadians have been identified as close contacts of recent cases and will require an extended quarantine (beyond February 19).

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)


On February 11 and 12, WHO is convening a global research and innovation forum to mobilize international action and enable identification of key knowledge gaps and research priorities to contribute to the control of COVID-19.

The US Centers for Disease Control and Prevention (US CDC)

As of February 11, 2020, the USA has identified 13 cases of COVID-19 infection.

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

**Canadian Preparedness and Response:**

**Global Affairs Canada (GAC):**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Since February 4, Canada has deployed approximately 16 tonnes of personal protective equipment to China to support ongoing response to the outbreak.

**Public Safety Canada (PS):**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

**Health Portfolio (HP):**

Health Canada's Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

**Public Health Agency of Canada (PHAC):**

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

As of February 9, 2020, as part of enhanced screening measures\(^2\) in place at 10 International Airports (Vancouver, Toronto, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City).

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\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

As of February 10, 2020, 1391 travelers have identified as returning from Hubei Province, with 55 referred for further assessment by a quarantine officer. Of those, 52 were released with an educational handout and 3 were issued an order for a further medical exam.

Enhanced screening and notification data for major Canadian airports, February 10, 2020

<table>
<thead>
<tr>
<th>Location</th>
<th>Travelers from Hubei* (source: CBSA)</th>
<th>Referred for assessment (source: OBTH)</th>
<th>Orders issued (source: OBTH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montreal (YUL)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Toronto (YYZ)</td>
<td>47</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Vancouver (YVR)</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Calgary (YYC)</td>
<td>12</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Edmonton (YEG)</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ottawa (YOW)</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quebec City (YQB)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Winnipeg (YWG)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Toronto City (YTZ)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Halifax (YHZ)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total February 10</td>
<td>75</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total since January 22</td>
<td>1391</td>
<td>55</td>
<td>3</td>
</tr>
</tbody>
</table>

* Travelers that answered ‘Yes’ to the enhanced screening question “Have you been to Hubei, China in the past 14 days” at major Canadian airports

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 12, 2020, NML has undertaken testing for 410 persons under investigation for COVID-19 in Canada, 7 have tested positive, 340 have tested negative, with results of 63 tests still pending. The last update reported publically on the Canada.ca website was on February 8, 2020 and reported 191 negative cases and 7 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.
PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

**Communications:**

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**
- Steven Sternthal

**The next update will be provided on February 13, 2020.**

Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 17, 2020, 1340 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- Case count as of February 17, 2020:
  o Canada: 8 confirmed cases of COVID-19 (ON=3, BC=5).
  o Globally: 71,429 confirmed cases of COVID-19, including 1,775 deaths.
    ▪ Mainland China: 70,548 cases of COVID-19 pneumonia, with 1,770 deaths.
    ▪ Rest of the World: 881 laboratory confirmed cases of COVID-19 infections, with 5 deaths.
- Repatriation:
  o As of February 16, 413 individuals, including repatriated travelers, Government of Canada employees and parents/guardians who have joined children, are in quarantine.
  o Samples from 14 individuals were tested by the NML Microbiological Emergency Response Team (MERT), 13 are negative for COVID-19 and testing is in progress for the last sample.
  o As of February 16, a total of 69 individuals have been released from quarantine.
- International conveyances:
  o As of February 17, 32 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections.
    ▪ Of those, 21 are hospitalized, two are in critical condition, the remainder are in stable condition
    ▪ Quarantine is expected to end on February 19, but at least 4 Canadians have been identified as close contacts and will require an extended quarantine.
    ▪ Canada is preparing for the repatriation of asymptomatic Canadians.
  o On February 14, a passenger onboard the Westerdam cruise liner docked in Cambodia tested positive for COVID-19. Contact tracing has been initiated.
- Laboratory testing:
  o As of February 17, NML has undertaken testing for 461 persons under investigation for COVID-19 in Canada, 8 have tested positive, 405 have tested negative, with results of 48 tests still pending.
- Returning travellers:
  o As of February 14, 1,587 travelers have identified as returning from Hubei Province, with 61 referred for further assessment. Of those, 58 were released with an educational hand-out and 3 were issued an order for a medical exam.
- Risk assessment:
  o Public health risk within Canada remains low.
  o Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 17 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 17 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>70,548</td>
<td>1,770</td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td>332*</td>
<td>4</td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (60), India (3), Japan (53*), Macao SAR (10), Malaysia (22**), Nepal (1), Philippines (3), Singapore (77), South Korea (30), Sri Lanka (1), Taiwan (20), Thailand (35), Vietnam (16)</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Oceania</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Egypt (1)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Middle East</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>United Arab Emirates (9)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Europe</td>
<td>47</td>
<td>1</td>
</tr>
<tr>
<td>Belgium (1), Finland (1), France (12), Germany (16*), Italy (3), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>North America</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Canada (8), USA (15)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>International conveyance</td>
<td>454</td>
<td>0</td>
</tr>
<tr>
<td>Diamond Princess cruise, Japan</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Westerdam cruise, Cambodia**</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia (including clinically diagnosed cases without a laboratory confirmation for COVID-19 in Hubei Province), while WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”
* Including 2 asymptomatic cases
** Cases identified on international conveyances are reported in a separate category
*** In order to be consistent with other reporting products, the COVID-19 case that travelled on the Westerdam cruise ship is reported under Malaysia case count.

**Situation Overview**

Canada

As of February 17, 8 cases of COVID-19 infections have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Province</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>5</td>
</tr>
</tbody>
</table>

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publicly reported on Canada.ca website.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Repatriation
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ('Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order').

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 16, 413 individuals (includes 400 repatriated travelers, 8 Government of Canada employees and 5 parents/guardians who have joined children) were in quarantine at CFB Trenton. The number of individuals in quarantine is subject to change as persons are released from quarantine, or if they are transferred for medical reasons. Health assessments have been completed for all individuals in quarantine. Samples from 14 individuals were sent for testing by the MERT, 13 are negative for COVID-19 and testing is in progress for the last sample. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

As of February 16, a total of 69 individuals including members of the Canadian Armed Forces (CAF) medical staff, Government of Canada employees and flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine.

China
As of 24:00 CST on February 16, 2020 (11:00 EST, February 16, 2020), China has reported 70,548 cases of COVID-19 pneumonia across all provinces in mainland China, including 1,770 deaths and 10,644 cases in serious condition (15%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 82% (58,182) of COVID-19 cases reported in China, and 96% (1,696) of China’s death toll.

On February 12, Hubei Province started reporting clinically diagnosed cases in addition to laboratory-confirmed cases of COVID-19, which resulted in a sharp increase in the number of newly reported cases.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Figure 3. Reported cases of COVID-19 from Hubei province and the rest of China as of February 16, 2020

International
As of February 17, 2020, 881 cases of COVID-19 infections, with 5 deaths (in France, Hong Kong, Japan, the Philippines and Taiwan), have been confirmed in 28 countries/jurisdictions outside of mainland China and on international conveyances.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 12 other countries: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, United Kingdom and United Arab Emirates.

Cruise ship – Japan
On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 17, 454 crew/passengers were confirmed to have COVID-19 infections, including 32 Canadian passengers and were transferred to a designated hospital in Japan for further assessment and care as required. Of the 32 Canadian cases, 21 are hospitalized, two are in critical condition, the remainder are in stable condition. One additional Canadian is hospitalized for other medical reasons and three Canadians are hospitalized for compassionate reasons.

The cruise ship remains under quarantine, and further Canadian COVID-19 cases may be identified as additional testing is completed, or before the quarantine ends on February 19. Quarantine will be reset for anyone who was in close contact (i.e. roommate) with a
confirmed case, as well as for all crew. At least 4 Canadians have been identified as close contacts of recent cases and will require an extended quarantine (beyond February 19).

Since February 14, Japan is proceeding with a phased voluntary disembarkation approach that prioritizes passengers from vulnerable groups. Passengers from vulnerable groups are offered the option to disembark and fulfill the remainder of their quarantine in a government-identified facility. As of February 14, 11 individuals (no Canadian citizens among them) disembarked under the voluntary disembarkation.

As of February 17, Canada's offer of repatriation to Canada by chartered flight was accepted by 156 Canadian citizens and declined by 50. The plane chartered to repatriate Canadians is scheduled to arrive in Japan late on the morning of February 18 and leave at on February 19. The aircraft will fly passengers from Japan to CFB Trenton, where they will be assessed and transported onward to the NAV Canada Training Institute in Cornwall, Ontario, where they will undergo a further 14-day period of quarantine.

**Cruise ship – Cambodia**

On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On 14 February, 145 passengers from the cruise ship flew on a chartered flight to Kuala Lumpur, Malaysia. On February 15, one of those passengers tested positive for COVID-19. Contact tracing was initiated by Malaysian authorities who identified 24 Canadian citizens who were on the same flight and who had subsequently returned to Canada. On February 16, Malaysian authorities shared the contact information with Canada (under Article 44 of the International Health Regulations (2005)) and follow up is underway.

**Risk Assessment:**

PHAC's assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

**World Health Organization (WHO)**
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

United States

The evacuation of 330 US citizens quarantined on the Diamond Princess cruise ship at the Port of Yokohama, Japan was completed on February 16 and 17, 2020. Passengers were screened prior to departure and were repatriated on two chartered planes. Passengers will be quarantined in the US upon arrival.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Since February 4, Canada has deployed approximately 16 tonnes of personal protective equipment to China to support ongoing response to the outbreak.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada's Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.
Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel). On February 12, a revised version was posted with information updates and a description of the latest screening measures for travellers returning from Hubei Province and from mainland China (excluding Hubei Province).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

From 22 Jan to 13 Feb, 55,598 travelers arrived directly from mainland China to Canada. As of February 14, 1,587 travelers have identified as returning from Hubei Province, with 61 referred for further assessment by a quarantine officer. Of those, 58 were released with an educational handout and 3 were issued an order for a further medical exam.

<table>
<thead>
<tr>
<th></th>
<th>Travelers from Hubei*</th>
<th>Referred for assessment</th>
<th>Orders issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(source: CBSA)</td>
<td>(source: OBTH)</td>
<td>(source: OBTH)</td>
</tr>
<tr>
<td>Montreal (YUL)</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Toronto (YYZ)</td>
<td>50</td>
<td>1</td>
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<tr>
<td>Vancouver (YVR)</td>
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<tr>
<td>Calgary (YYC)</td>
<td>13</td>
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<td>Edmonton (YEG)</td>
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<tr>
<td>Ottawa (YOW)</td>
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<td>Quebec City (YQB)</td>
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</tr>
<tr>
<td>Winnipeg (YWG)</td>
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</tr>
<tr>
<td>Toronto City (YTZ)</td>
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<td>0</td>
</tr>
<tr>
<td>Halifax (YHZ)</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Total February 14</strong></td>
<td><strong>77</strong></td>
<td><strong>2</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Total since January 22</strong></td>
<td><strong>1,587</strong></td>
<td><strong>61</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

* Travelers that answered ‘Yes’ to the enhanced screening question *’Have you been to Hubei, China in the past 14 days’* at major Canadian airports

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

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\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

As of February 17, NML has undertaken testing for 461 persons under investigation for COVID-19 in Canada, 8 have tested positive, 405 have tested negative, with results of 48 tests still pending. The last update reported publically on the Canada.ca website was on February 16, 2020 and reported 350 negative cases and 8 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

Communications:

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:

- Nicolas Palanque

The next update will be provided on February 18, 2020. Any significant developments will be communicated sooner as necessary.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 20, 2020, 1330 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- Case count as of February 20, 2020:
  - Canada: 8 confirmed cases of COVID-19 (ON=3, BC=5).
  - Globally: 75,763 confirmed cases of COVID-19, including 2,129 deaths.
    - Mainland China: 74,576 cases of COVID-19 pneumonia, with 2,118 deaths.
    - Rest of the World: 1,187 laboratory confirmed cases of COVID-19 infections, with 11 deaths.

- Repatriation:
  - As of February 19, 413 individuals, including repatriated travelers, Government of Canada employees and parents/guardians who have joined children, are in quarantine.
    - Samples from 18 individuals were tested by the NML Microbiological Emergency Response Team (MERT), 17 are negative for COVID-19 and one test is in progress.
    - Quarantine is anticipated to end on February 21 and 25.
  - The plane repatriating passengers of the Diamond Princess cruise ship in Japan (Canada 3) has departed Japan with 129 passengers, 18 crew and 7 Government officials. It is expected to arrive at CFB Trenton at 01:45 EST on February 21.

- International conveyances:
  - As of February 18, 48 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections.
    - Quarantine period has ended. At least 15 Canadians are potentially impacted by extension of quarantine.
  - On February 15, a passenger onboard the Westerdam cruise liner docked in Cambodia tested positive for COVID-19. Contact tracing has been initiated.
    - Approximately 126 Canadians have started to return home via commercial means.
    - Upon arrival in Canada, these individuals are asked to limit their contact with others and to contact their local public health authority.

- Laboratory testing:
  - As of February 20, NML has undertaken testing for 495 persons under investigation for COVID-19 in Canada, 8 have tested positive, 427 have tested negative, with results of 60 tests still pending.

- Returning travellers:
  - As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment and 3 were issued an order for a medical exam.

- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 20 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 20 February 2020

Global COVID-19 Outbreak

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source
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<table>
<thead>
<tr>
<th>Mainland China</th>
<th>Confirmed† cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (67), India (3), Japan (84*), Macao SAR (10), Malaysia (22**), Nepal (1), Philippines (3), Singapore (85), South Korea (104), Sri Lanka (1), Taiwan (24), Thailand (35), Vietnam (16)</td>
<td>74,576</td>
<td>2,118</td>
</tr>
<tr>
<td>Oceania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (15)</td>
<td>15</td>
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<td></td>
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<tr>
<td>Egypt (1)</td>
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<td>Middle East</td>
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<tr>
<td>Iran (2), United Arab Emirates (9)</td>
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<td>2</td>
</tr>
<tr>
<td>Europe</td>
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</tr>
<tr>
<td>Belgium (1), Finland (1), France (12), Germany (16*), Italy (3), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
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<td>North America</td>
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<tr>
<td>International conveyance</td>
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</tr>
<tr>
<td>Diamond Princess cruise, Japan</td>
<td>634</td>
<td>2</td>
</tr>
</tbody>
</table>

† Confirmed case definition might differ based on the country. Between February 12 and 18, confirmed cases in Hubei Province included cases of pneumonia clinically diagnosed without a laboratory confirmation for COVID-19. On February 19, Hubei Province stopped reporting clinically diagnosed pneumonia cases and went back to reporting laboratory confirmed pneumonia cases only. WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.”
* Including 2 asymptomatic cases
** In order to be consistent with other reporting product, the COVID-19 case that travelled on the Westerdam cruise ship is reported under Malaysia case count.

Situation Overview

Canada

As of February 20, 8 cases of COVID-19 infections have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
</tr>
<tr>
<td>British Columbia</td>
</tr>
</tbody>
</table>

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
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One confirmed case in British Columbia and two in Ontario have recovered from their COVID-19 infection. This is indicated by the resolution of symptoms, followed by two successive negative test results 24 hours apart.

Repatriation – Trenton
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Acute Respiratory Disease in Canada Order’).

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratoy to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 19, 413 individuals (includes 400 repatriated travelers, 8 Government of Canada employees and 5 parents/guardians who have joined children) are in quarantine at CFB Trenton. Samples from 18 individuals were sent for testing by the MERT, 17 are negative for COVID-19 and one test is in progress. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

As of February 19, a total of 69 individuals including members of the Canadian Armed Forces (CAF) medical staff, Government of Canada employees and flight crew members were assessed pursuant to an Emergency Order under the Quarantine Act and are not at risk of exposure to COVID-19 and have been released from quarantine. Individuals under quarantine from Canada 1 and US 4 (including repatriated travelers, Government of Canada employees and parents/guardians who have joined children) are scheduled to be released from quarantine on February 21 at 06:30 EST and 12:30 EST respectively.

Repatriation – Cornwall
The repatriation operation for Canadians on the Diamond Princess is currently underway. The plane has departed Japan with 129 passengers, 18 crew and 7 Government officials. It is expected to arrive at CFB Trenton at 01:45 EST on February 21. Five Canadians have refused to be tested by Japanese authorities. They would have been allowed on Canada 3 if they passed medical and appropriate risk mitigation measures are in place for this type of scenario.

The aircraft will fly passengers from Japan to CFB Trenton, where they will be assessed and transported onward to the NAV Canada Training Institute (NAVCAN) in Cornwall, Ontario. All repatriated passengers will remain in isolation at NAVCAN for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Acute Respiratory Disease in Canada Order’).

The plane repatriating passengers of the Diamond Princess cruise ship in Japan is scheduled to arrive at CFB Trenton at 01:20 EST on February 21. Contingency plans are being developed should the flight be delayed and the arrival at CFB Trenton coincides or conflicts with plans to release Canada 1 evacuees from quarantine.
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China

As of 24:00 China Standard Time on February 19, 2020 (11:00 EST, February 19, 2020), China has reported 74,576 cases (+391 since yesterday) of COVID-19 pneumonia across all provinces in mainland China, including 2,118 deaths (+114 since yesterday) and 11,864 cases in serious condition (16%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (62,031) of COVID-19 cases reported in China, and 96% (2,029) of China’s death toll.

On February 19, Hubei Province stopped reporting clinically diagnosed cases and went back to reporting laboratory confirmed cases only, which explains the decrease in the number of new cases reported. At this time it is difficult to confirm whether the outbreak in China has stabilized.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.

Figure 3. Reported cases of COVID-2019 from Hubei province and the rest of China as of February 19, 2020

International

As of February 20, 2020, 1,187 cases (+114 since yesterday) of COVID-19 infections, have been confirmed in 29 (+1) countries/jurisdictions outside of mainland China and on international conveyances. A total of 11 (+5) deaths have been confirmed in France (1), Hong Kong (2), Iran (2), Japan (3), Korea (1), the Philippines (1), and Taiwan (1).

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 13 other countries: Australia, Egypt, France, Germany, Japan, Republic of Korea, Malaysia, Singapore, Thailand, United Arab Emirates, United Kingdom, USA, and Vietnam.
Cruise ship – Japan

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 20, 634 crew/passengers (+13 since yesterday) were confirmed to have COVID-19 infections, including 48 Canadian passengers (+1 since yesterday). Of those, 34 are hospitalised, two are in critical condition and the remainder are in stable condition. One Canadian who previously tested positive has been released after two negative tests. Eleven additional Canadians are hospitalized for other medical reasons, including one in critical condition. Three Canadians are hospitalized for compassionate reasons.

Quarantine period ended on February 19 but at least 15 Canadians are potentially impacted by extension of quarantine for having been in close contact with a confirmed case. Disembarkation of passengers having completed quarantine began on February 19. As of February 20, a total of 717 passengers left the ship including 11 (+4) Canadians. The disembarkation is due to be completed on February 21. All Canadians have been warned that if they leave the ship they will no longer be eligible for repatriation by the Government of Canada. Disembarked passengers are asked to stay home for 14 days unless absolutely necessary, to ensure general hygiene measures and to self-monitor health condition on a daily basis.

The repatriation operation for Canadians on the Diamond Princess is currently underway. As of 21:47 EST on February 19, there are 203 Canadians on the flight manifest for Canada 3. Seven personnel from GAC and CAF will be on board as well as the flight crew. The aircraft will fly passengers from Japan to CFB Trenton, where they will be assessed and transported onward to the NAV Canada Training Institute in Cornwall, Ontario, where they will undergo a further 14-day period of quarantine.

Cruise ship – Cambodia

On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On February 15, one passenger tested positive for COVID-19. As of February 19, approximately 145 Canadians remain in Phnom Penh, Cambodia. These Canadians are being confined in their hotel rooms until Cambodian authorities have tested them for COVID-19. Of the 271 Canadians passengers, approximately 126 have started to return home via commercial means. Malaysian authorities shared contact information with Canada (under Article 44 of the International Health Regulations (2005)). Upon arrival in Canada, these individuals are being asked to limit their contact with others and to contact their local public health authority within 24 hours of arriving in Canada. Contact information has been shared with provincial and territorial public health authorities to facilitate to follow-up of these individuals.
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Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

United States (U.S.)

On February 11, the U.S. Department of State raised its travel advisory level 2 – Exercise Increased Caution due to the novel coronavirus in Macau and Hong Kong.

On February 19, the U.S. Center for Disease Control and Prevention issued a Level 1 Travel Notices (Practice Usual Precautions) for Hong Kong and Japan.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Public Safety Canada (PS)

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Japan.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.
Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP)

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

Starting February 19, the following additional measures have been implemented:
- Travelers arriving from the Province of Hubei, China will be asked to complete a form to gather their contact information.
- Surgical mask kits will be distributed to asymptomatic travelers. The kit will include instruction how and when to use the surgical mask and how to proceed if the traveler starts to feel ill during the rest of their travel.

CBSA reports that from January 22 to February 18, 57,676 travelers arrived directly from China Mainland to Canada. As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment by a quarantine officer. Of those, 60 were released with an educational handout and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 20, NML has undertaken testing for 495 persons under investigation for COVID-19 in Canada, 8 have tested positive, 427 have tested negative, with results of 60 tests still pending. The last update reported publicly on the Canada.ca website was on February 16, 2020 and reported 350 negative cases and 8 positive cases of COVID-19.

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\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

**Communications:**

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Nicolas Palanque, Event Manager

**The next update will be provided on February 21, 2020.**
Any significant developments will be communicated sooner as necessary.

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\(^{3}\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China
Date: February 5, 2020

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) has increased its activation to Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Public health risk within Canada remains low.
Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

Update - Quick Stats as of February 5, 2020

Canada
5 cases of 2019 Novel Coronavirus have been confirmed in Canada.

<table>
<thead>
<tr>
<th></th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>2</td>
</tr>
</tbody>
</table>

International

24324 cases of 2019-nCoV pneumonia, with 490 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

217 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China.
Global distribution of confirmed 2019-nCoV cases, as of February 4, 2020 at 9:00 AM EST.

This map was produced by the Public Health Agency of Canada on February 4, 2020.

<table>
<thead>
<tr>
<th>Region Description</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>24324</td>
<td>490</td>
</tr>
<tr>
<td>Asia (outside mainland China – Hong Kong SAR, Macao SAR, Taiwan, Japan, Korea, Thailand, Singapore, Vietnam, Nepal, Malaysia, Sri Lanka, Cambodia, Philippines, India)</td>
<td>157</td>
<td>2</td>
</tr>
<tr>
<td>Middle East (United Arab Emirates)</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Australia</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Europe (France, Germany, Finland, United Kingdom (UK), Italy, Sweden, Spain, Belgium)</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Russia</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>North America (Canada, USA)</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>
Situation Overview:

Canada

On February 4, 2020, a 2019-nCoV infection was identified in British Columbia in an individual who had direct contact with family members who had traveled from Wuhan. The individual is in stable condition and is in isolation and being monitored at home. This represents the first locally acquired 2019-nCoV infection identified in Canada.

Five cases of 2019-nCoV infections have now been reported in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

A Government of Canada assisted departure/repatriation flight from Wuhan, China will arrive in Canada on February 7, 2020. The flight will stop in Vancouver to refuel, and will then continue on to Canadian Forces Base (CFB) Trenton. Due to increased risk of exposure to 2019-nCoV in Wuhan or province of Hubei, passengers on that flight will spend 14 days in isolation at CFB Trenton under quarantine to ensure no further transmission of 2019-nCoV within Canada.

China

As of 24:00 CST on February 4, 2020 (11:00 EST, February 3, 2020), 24324 cases of 2019-nCoV pneumonia, with 490 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 68 % (16678) of cases of 2019-nCoV pneumonia, and 98 % (479) of deaths.

99 % of all cases identified globally have been in mainland China.
China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

As of February 5, 2020, 217 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China (Hong
Kong Special Administrative Region (SAR) 21 with one death, Macao SAR 10, Taiwan 11, Japan 19, Korea 18, Thailand 25, Singapore 24, Vietnam 10, Nepal 1, Malaysia 10, United States 11, Australia 13, France 6, Canada 5, Germany 10, Sri Lanka 1, Cambodia 1, United Arab Emirates 5, Finland 1, Philippines 3 with 1 death), India 3, Italy 2, UK 2, Russia 2, Sweden 1, Spain 1, Belgium 1).

As of February 5, 2020, locally acquired 2019-nCoV infections in contacts of travelers from Hubei province have been confirmed in Germany, Japan, Taiwan, Thailand, Vietnam, South Korea, France, Hong Kong, USA, Singapore, and Canada.

**Risk Assessment:**

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The WHO situation report for February 5, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

**World Health Organization (WHO)**

The 2019-nCoV outbreak in China was declared to be a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.

**The US Centers for Disease Control and Prevention (US CDC)**

As of February 5, 2020, the USA has identified eleven cases 2019-nCoV infection, nine cases in individuals with a history of travel to Wuhan, and two cases in close contacts of travel related cases.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30th.

**Canadian Preparedness to Respond:**

**Global Affairs Canada (GAC):**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

GAC officials continue to work with officials in China facilitate assisted departure/repatriation of Canadian citizens from Wuhan, China to Canada on February 7, 2020.

**Public Safety Canada (PS):**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental planning for the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

**Health Portfolio (HP):**

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (eg federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centres (RECC) remain activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.
Public Health Agency of Canada (PHAC):

PHAC has issued an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order’) that requires all repatriated passengers remain in isolation at CFB Trenton for 14 days for health monitoring.

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Effective February 1, 2020, enhanced screening measures\(^1\) for travelers who have been in the province of Hubei, China in the prior 14 days, have been expanded to include Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City airports (in addition to Vancouver, Toronto and Montreal). Individuals with this travel history are asked questions about their health, and those that are unwell will be referred to a PHAC Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information on symptoms to monitor as well as contact information on who to call if they develop symptoms. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada\(^2\).

As of February 3, 2020, 771 travelers have identified as returning from Hubei Province, with 44 referred for further assessment by a quarantine officer. Of those, 41 were released with an educational hand-out and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

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\(^1\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer, who will undertake a more detailed assessment of the traveler’s symptoms, travel history and possible exposure to an infectious disease. If necessary, the Quarantine Officer will take appropriate measures to address the potential public health risk.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

As of February 5, 2020, NML has undertaken testing for 169 persons under investigation for 2019-nCoV in Canada, 4 have tested positive, 163 have tested negative, with results of 2 tests still pending.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on 2019-nCoV are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

**Communications:**

The toll free 2019-nCoV information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Steven Sternthal

**The next update will be provided on February 6, 2020.**

Any significant developments will be communicated sooner as necessary.

\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (2019-nCoV) outbreak in China
Date: February 11, 2020, 1530 EST

Health Portfolio Operations Centres - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Key Points
- On February 11, WHO announced the official name of the novel coronavirus to be COVID-19.
- Case count as of February 11, 2020:
  - 7 cases of 2019 Novel Coronavirus have been confirmed in Canada (ON=3, BC=4).
  - 42,638 cases of 2019-nCoV pneumonia, with 1016 deaths have been reported from mainland China.
  - 473 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China and aboard an international conveyance.
- Repatriation:
  - On February 11, the final assisted repatriation flight arrived at Canadian Forces Base (CFB) Trenton with 222 passengers (186 returning Canadian citizens and 36 flight crew, medical personnel and consular staff). None of the passengers on board showed any symptoms of Coronavirus.
  - As of February 8, 257 individuals were in quarantine at Canadian Forces Base (CFB) Trenton. Current numbers are being collated.
  - On February 10, two individuals were transferred to the Emergency Medical Assistance Team (EMAT) for medical evaluation. Both tested negative for 2019-nCoV. All other individuals are not reporting symptoms associated with 2019-nCoV.
  - Members of the Canadian Armed Forces medical staff, a Government of Canada employee and 25 flight crew members were assessed as not at risk of exposure to 2019-nCoV and have been released from quarantine.
- International conveyances:
  - As of February 10, 8 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have 2019-nCoV infections.
- Laboratory testing:
  - As of February 11, NML has undertaken testing for 383 persons under investigation for 2019-nCoV in Canada, 7 have tested positive, 304 have tested negative, with results of 72 tests still pending.
- Returning travellers:
  - As of February 9, 1316 travelers have identified as returning from Hubei Province, with 51 referred for further assessment. Of those, 48 were released with an educational hand-out and 3 were issued an order for a medical exam.
- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel.
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Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV in Mainland China, 11 February 2020

Figure 2. World-wide distribution of reported confirmed cases of 2019-nCoV, 11 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
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<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mainland China</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (49*), India (3), Japan (28*), Macao SAR (10), Malaysia (18), Nepal (1), Philippines (3), Singapore (45*), South Korea (28), Sri Lanka (1), Taiwan (18), Thailand (32), Vietnam (15)</td>
<td>42,638</td>
<td>1016</td>
</tr>
<tr>
<td><strong>Asia (outside mainland China)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oceania</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (15)</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td><strong>Middle East</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Arab Emirates (8)</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td><strong>Europe</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium (1), Finland (1), France (11), Germany (14), Italy (3), United Kingdom (8), Russia (2), Spain (2), Sweden (1)</td>
<td>43</td>
<td>0</td>
</tr>
<tr>
<td><strong>North America</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada (7), USA (13)</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td><strong>International conveyance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diamond Princess cruise, Japan</td>
<td>135</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia, while WHO consider confirmed case to be “a case with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms”

* Including asymptomatic cases

4 Cases identified on international conveyances are reported in a separated category

**Situation Overview**

**Canada**

As of February 11, 2020, 7 cases of 2019-nCoV infection have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>4</td>
</tr>
</tbody>
</table>

On February 7, 2020, two chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. On February 10, the final assisted repatriation flight departed Wuhan, China, and arrived at CFB Trenton on February 11 with 222 passengers, including 186 returning Canadian citizens and an

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
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additional 36 flight crew, medical personnel and consular staff. None of the passengers on board showed any symptoms of 2019-nCoV. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order").

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 8, 2020, 257 individuals (includes repatriated travelers, crew and parents/guardians who have joined children) were in quarantine at Canadian Forces Base Trenton. Current numbers are being collated. Two individuals were transferred to the Emergency Medical Assistance Team (EMAT) for medical evaluation with sampling sent to MERT. Both tested negative for 2019-nCoV. All other individuals are not reporting symptoms associated with 2019-nCoV. One individual has been hospitalized for medical conditions unrelated to 2019-nCoV and also remains asymptomatic.

Members of the Canadian Armed Forces medical staff, a Government of Canada employee and 25 flight crew members were assessed as not at risk of exposure to 2019-nCoV and have been released from quarantine.

China

As of 24:00 CST on February 10, 2020 (11:00 EST, February 10, 2020), 42,638 cases of 2019-nCoV pneumonia, including 1016 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China. Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 74% (31,728) of 2019-nCoV cases reported in China, and 96% (974) of China's death toll.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

As of February 11, 2020, 473 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China. No new countries reported cases of 2019-nCoV in the past 24 hours.

As of February 10, 2020, locally acquired 2019-nCoV infections have been confirmed in 12 regions: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, United Kingdom and United Arab Emirates.

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong
tested positive for 2019-nCoV. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 10, 135 crew/passengers were confirmed to have 2019-nCoV infections, including 8 Canadian passengers, and were transferred to a designated hospital in Japan for further assessment and care as required. The cruise ship remains under quarantine, and further Canadian 2019-nCoV cases may be identified as additional testing is completed, or before the quarantine ends (February 4 +14Days).

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)

The 2019-nCoV outbreak in China was declared a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.

On February 11 and 12, WHO is convening a global research and innovation forum to mobilize international action and enable identification of key knowledge gaps and research priorities to contribute to the control of 2019-nCoV.

On February 11, WHO announced the official name of the novel coronavirus to be COVID-19, short for “coronavirus disease 2019”.

The US Centers for Disease Control and Prevention (US CDC)

As of February 11, 2020, the USA has identified 13 cases of 2019-nCoV infection.

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)
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GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Since February 4, Canada has deployed approximately 16 tonnes of personal protective equipment to China to support ongoing response to the outbreak.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

As of February 9, 2020, as part of enhanced screening measures\(^2\) in place at 10 International Airports (Vancouver, Toronto, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City), travelers who have been in the province of Hubei, China in the last 14 days will be advised to contact their local public health authority within 24 hours of arriving in Canada, and to self-isolate and monitor for symptoms of 2019-nCoV for 14 days after leaving the province of Hubei, China. Travelers from

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
mainland China will be asked to self monitor for symptoms of 2019-nCoV and avoid public spaces for 14 days after leaving mainland China, and to self isolate and contact local public health if symptoms develop.

As of February 9, 2020, 1316 travelers have identified as returning from Hubei Province, with 51 referred for further assessment by a quarantine officer. Of those, 48 were released with an educational handout and 3 were issued an order for a further medical exam.

Enhanced screening and notification data for major Canadian airports, February 9, 2020

<table>
<thead>
<tr>
<th>Travelers from Hubei* (source: CBSA)</th>
<th>Referred for assessment (source: OBTH)</th>
<th>Orders issued (source: OBTH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montreal (YUL)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Toronto (YYZ)</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Vancouver (YVR)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Calgary (YYC)</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Edmonton (YEG)</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Ottawa (YOW)</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Quebec City (YQB)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Winnipeg (YWG)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Toronto City (YTZ)</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Halifax (YHZ)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total February 9</strong></td>
<td><strong>58</strong></td>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>Total since January 22</strong></td>
<td><strong>1316</strong></td>
<td><strong>51</strong></td>
</tr>
</tbody>
</table>

* Travelers that answered ‘Yes’ to the enhanced screening question “Have you been to Hubei, China in the past 14 days” at major Canadian airports

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 11, 2020, PHAC’s National Microbiology Laboratory (NML) has undertaken testing for 383 persons under investigation for 2019-nCoV in Canada, 7 have tested positive, 304 have tested negative, with results of 72 tests still pending. The last update reported publically on the Canada.ca website was on February 8, 2020 and reported 191 negative cases and 7 positive cases of 2019-nCoV.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on 2019-nCoV are meeting by teleconference twice weekly.
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PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

**Communications:**

The toll free 2019-nCoV information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Steven Sternthal

The next update will be provided on February 12, 2020.

Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China
Date: February 3, 2020

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) has increased its activation to Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Assessment of public health risk within Canada remains low. Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

Update - Quick Stats as of February 3, 2020
Canada

4 cases of 2019 Novel Coronavirus have been confirmed in Canada.

<table>
<thead>
<tr>
<th></th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>1</td>
</tr>
</tbody>
</table>
International

17205 cases of 2019-nCoV pneumonia, with 361 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

181 cases of 2019-nCoV infection, with one death, have been confirmed in 26 countries/jurisdictions outside of mainland China.

<table>
<thead>
<tr>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>17205</td>
</tr>
</tbody>
</table>
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia (outside mainland China – Hong Kong SAR, Macao SAR, Taiwan, Japan, Korea, Thailand, Singapore, Vietnam, Nepal, Malaysia, Sri Lanka, Cambodia, Philippines, India)</td>
<td>124</td>
<td>1</td>
</tr>
<tr>
<td>Middle East (United Arab Emirates)</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Australia</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Europe (France, Germany, Finland, United Kingdom UK, Italy, Sweden, Spain)</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Russia</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>North America (Canada, USA)</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>

**Situation Overview:**

**Canada**

As of February 3, 2020, four Canadian cases of 2019-nCoV infection have been identified, all associated with travel from China. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

Further identification of imported cases of 2019-nCoV in Canada is expected.

**China**

As of 24:00 CST on February 2, 2020 (11:00 EST, February 2, 2020), 17,205 cases of 2019-nCoV pneumonia, with 361 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 11,177 cases (65%) of 2019-nCoV pneumonia, and 350 deaths (97%).
China continues to introduce and enforce exceptional measures to reduce spread of the virus, including exit screening, transportation shutdowns, suspension of visitor visas, school closures, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of large public gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.

**International**

As of February 3, 2020, 181 cases of 2019-nCoV infection, with one death, have been confirmed in 26 countries/jurisdictions outside of mainland China (Hong Kong Special Administrative Region (SAR) 15, Macao SAR 8, Taiwan 10, Japan 15, Korea 15, Thailand 19, Singapore 18, Vietnam 8, Nepal 1, Malaysia 8, United States 11, Australia 12, France 6, Canada 4, Germany 10, Sri Lanka 1, Cambodia 1, United Arab Emirates 5, Finland 1, Philippines 2 with 1 death), India 3, Italy 2, UK 2, Russia 2, Sweden 1, Spain 1).

To date, only six countries outside of mainland China have identified locally acquired 2019-nCoV infections following exposure to a traveler from Wuhan: Germany, Japan, Taiwan, Thailand, Vietnam and the US.

Multiple countries across Asia, Europe, the Middle East and North America have implemented varying levels of enhanced public health measures including travel advisories/restrictions, entry screening and monitoring of travelers from Wuhan, the province of Hubei or China in efforts to limit imported cases and prevent further transmission within their jurisdictions.

Multiple countries including Canada, the United States, Japan, Australia, New Zealand, some European states (including France and Germany) have repatriated, or are planning repatriation, of their citizens from China.

**Risk Assessment:**

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low.
Public health risk for travelers to China is now assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The WHO situation report for February 2, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

**World Health Organization (WHO)**

The 2019-nCoV outbreak in China was declared to be a Public health emergency of international concern (PHEIC) on January 30, 2020.

WHO has launched a new information platform called WHO Information Network for Epidemics (EPI-WIN). EPIWIN began the week of 27 January 27, 2020 to establish connections to health care and travel and tourism sectors, and will work with food and agriculture and business/employer sectors the week of 3 February 3, 2020.

**The US Centers for Disease Control and Prevention (US CDC)**

As of February 3, 2020, the USA has identified eleven cases 2019-nCoV infection, nine cases in individuals with a history of travel to Wuhan, and two cases in close contacts of travel related cases.

On 31 January 2020, CDC issued a 14 day Federal Quarantine Order to U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30th.

On January 31, 2020, the US declared a public health emergency (PHE) to aid the nation’s healthcare community in responding to 2019-nCoV. This declaration enables the US CDC Director to access the Infectious Diseases Rapid Response Reserve funds or apply for an Emergency Use Authorization for medical countermeasures needed for the public health response.

On 31 January 2020, US CDC released a Health Alert Network (HAN) update including interim guidance for clinicians caring for patients with 2019-nCoV, and
for public health officials on the evaluation and testing of patients under investigation (PUIs) for 2019-nCoV, and updated infection prevention and control guidance specific to 2019-nCoV. Also on January 31, 2020, the President of the United States signed a presidential “Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus“.

The European Centre for Disease Prevention and Control (ECDC)

On February 1, 2020, ECDC released technical guidance to European Union/European Economic Area (EU/EEA) healthcare facilities and healthcare providers on infection prevention and control measures during the management of suspected and confirmed cases of 2019-nCoV infection.

Canadian Preparedness to Respond:

Global Affairs Canada (GAC)

As of January 29, 2020, GAC recommends Canadians to avoid all travel to the province of Hubei and to avoid non-essential travel to China.

GAC officials continue to work with officials in China facilitate assisted departure/repatriation of Canadian citizens from Wuhan, China to Canada.

Public Safety Canada (PS):

On January 31, 2020, the Government of Canada Operations Centre (GOC) activated to Level 3 – Coordination of Federal Response.

The GOC is supporting coordination of interdepartmental planning for the assisted departure/repatriation of Canadian citizens from Wuhan, China. Comprehensive planning between key Departments and Agencies, including GAC, PHAC, the Canada Border Services Agency (CBSA) and the Canadian Armed Forces (CAF) will cover the entire repatriation process from start to finish.
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including a 14 day quarantine period for repatriated passengers after arrival in Canada.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (eg federal employees at airports, at missions in China). PSOHP employees have supported approximately 70 shift briefings of CBSA Border Screening Officers (BSOs).

The Health Portfolio Regional Emergency Coordination Centres (RECC) are activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

On January 30, 2020, PHAC updated its Level 3 Travel Health Notice for all of China (avoid non-essential travel) to include the statement that the WHO has declared the outbreak to be a Public Health Emergency of International Concern (PHEIC).

Effective February 1, 2020, enhanced screening measures\(^1\) for travelers who have been in the province of Hubei, China in the prior 14 days, have been

\(^{1}\) On screen messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms.

Electronic kiosks now include a question to identify travelers from Hubei province.

Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
expanded to include Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City airports (in addition to Vancouver, Toronto and Montreal). Individuals with this travel history are asked questions about their health, and those that are unwell will be referred to a PHAC Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information on symptoms to monitor as well as contact information on who to call if they develop symptoms. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada².

As of February 2, 2020, 680 travelers have identified as returning from Hubei Province, with 40 referred for further assessment by a quarantine officer. Of those, 37 were released with an educational hand-out and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. As of February 3, 2020, NML has undertaken testing for 140 persons under investigation for 2019-nCoV in Canada, 4 have tested positive and 136 have tested negative.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. A FPT Special Advisory Committee (SAC) on 2019-nCoV is currently meeting by teleconference every one to two days.

² When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
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PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

Communications:

As of January 30, 2020, a toll free telephone line (1-833-784-4397) has been available from 7 a.m. to midnight EST, 7 days a week, to answer 2019-nCoV related questions from the general public. Service Canada agents respond to an average of 90 calls daily, using Questions and Answers that are updated daily.

The Chief Public Health Officer of Canada, the Deputy Chief Public Health Officer and other PHAC senior officials continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:
- Steven Sternthal

The next update will be provided on February 4, 2020.
Any significant developments will be communicated sooner as necessary.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China
Date: February 4, 2020

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) has increased its activation to Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Public health risk within Canada remains low. Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

Update - Quick Stats as of February 4, 2020

Canada

4 cases of 2019 Novel Coronavirus have been confirmed in Canada.

<table>
<thead>
<tr>
<th></th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>1</td>
</tr>
</tbody>
</table>

International

20438 cases of 2019-nCoV pneumonia, with 425 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

191 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China.
Global distribution of confirmed 2019-nCoV cases, as of February 4, 2020 at 9:00 AM EST.

This map was produced by the Public Health Agency of Canada on February 4, 2020.

Note: Fifteen confirmed 2019-nCoV cases were reported in Hong Kong, ten in Macau and twenty four in Singapore (not visible).

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>20438</td>
<td>425</td>
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<td>Asia (outside mainland China – Hong Kong SAR, Macao SAR, Taiwan, Japan, Korea, Thailand, Singapore, Vietnam, Nepal, Malaysia, Sri Lanka, Cambodia, Philippines, India)</td>
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<td>2</td>
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<tr>
<td>Middle East (United Arab Emirates)</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Australia</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Europe (France, Germany, Finland, United Kingdom (UK), Italy, Sweden, Spain, Belgium)</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Russia</td>
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<td>0</td>
</tr>
<tr>
<td>North America (Canada, USA)</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Situation Overview:

Canada

Four cases of 2019-nCoV infections have been reported in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

Further identification of 2019-nCoV in Canada is expected.

China

As of 24:00 CST on February 3, 2020 (11:00 EST, February 3, 2020), 20438 cases of 2019-nCoV pneumonia, with 425 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 66 % (13522) of cases of 2019-nCoV pneumonia, and 97 % (414) of deaths.

China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

As of February 3, 2020, 191 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China (Hong Kong Special Administrative Region (SAR) 17 with one death, Macao SAR 10, Taiwan 10, Japan 15, Korea 16, Thailand 19, Singapore 18, Vietnam 10, Nepal 1, Malaysia 10, United States 11, Australia 12, France 6, Canada 4, Germany 10, Sri Lanka 1, Cambodia 1, United Arab Emirates 5, Finland 1, Philippines 2 with 1 death), India 3, Italy 2, UK 2, Russia 2, Sweden 1, Spain 1, Belgium 1).

As of February 4, 2020, locally acquired 2019-nCoV infections in contacts of travelers from Hubei province have been confirmed in Germany, Japan, Taiwan, Thailand, Vietnam, South Korea, France, Hong Kong, USA, and Singapore.
Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The WHO situation report for February 4, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)

The 2019-nCoV outbreak in China was declared to be a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.

The US Centers for Disease Control and Prevention (US CDC)

As of February 4, 2020, the USA has identified eleven cases 2019-nCoV infection, nine cases in individuals with a history of travel to Wuhan, and two cases in close contacts of travel related cases.

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30th.

Canadian Preparedness to Respond:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.
GAC officials continue to work with officials in China facilitate assisted
departure/repatriation of Canadian citizens from Wuhan, China to Canada on
February 6, 2020.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level
3 – Coordination of Federal Response, to support interdepartmental planning for
the assisted departure/repatriation of Canadian citizens from Wuhan, China on
February 6, 2020.

The GOC is convening weekly teleconferences of relevant federal partners to
share information, identify and address issues, and support ongoing coordination
of activities.

Public Safety Communications is convening daily Government of Canada
Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP)
continues to develop and distribute appropriate occupational health advice for
federal workers, including annexes for specific groups as required (eg federal
employees at airports, at missions in China). PSOHP employees have supported
approximately 70 shift briefings of CBSA Border Screening Officers (BSOs).

The Health Portfolio Regional Emergency Coordination Centres (RECC) remain
activated in Québec, Ontario and Western regions to support activities related to
2019-nCoV in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-
essential travel).
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF
CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Effective February 1, 2020, enhanced screening measures\(^1\) for travelers who have been in the province of Hubei, China in the prior 14 days, have been expanded to include Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City airports (in addition to Vancouver, Toronto and Montreal). Individuals with this travel history are asked questions about their health, and those that are unwell will be referred to a PHAC Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information on symptoms to monitor as well as contact information on who to call if they develop symptoms. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada\(^2\).

As of February 2, 2020, 680 travelers have identified as returning from Hubei Province, with 40 referred for further assessment by a quarantine officer. Of those, 37 were released with an educational hand-out and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. As of February 4, 2020, NML has undertaken testing for 149 persons under investigation for 2019-nCoV in Canada, 4 have tested positive and 145 have tested negative.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. A FPT Special Advisory Committee (SAC) on 2019-nCoV is currently meeting by teleconference every one to two days.

\(^1\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer, who will undertake a more detailed assessment of the traveler’s symptoms, travel history and possible exposure to an infectious disease. If necessary, the Quarantine Officer will take appropriate measures to address the potential public health risk.
PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

**Communications:**

The toll free 2019-nCoV information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Steven Sternthal

*The next update will be provided on February 5, 2020.*

Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China
Date: February 6, 2020

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) has increased its activation to Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Public health risk within Canada remains low. Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

Update - Quick Stats as of February 6, 2020

Canada

5 cases of 2019 Novel Coronavirus have been confirmed in Canada.

<table>
<thead>
<tr>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
</tr>
<tr>
<td>British Columbia</td>
</tr>
</tbody>
</table>

International

28018 cases of 2019-nCoV pneumonia, with 563 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

262 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>28018</td>
<td>563</td>
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<tr>
<td>Asia (outside mainland China – Hong Kong SAR, Macao SAR, Taiwan, Japan, Korea, Thailand, Singapore, Vietnam, Nepal, Malaysia, Sri Lanka, Cambodia, Philippines, India)</td>
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<td>2</td>
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<tr>
<td>Middle East (United Arab Emirates)</td>
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<tr>
<td>Australia</td>
<td>14</td>
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<tr>
<td>Europe (France, Germany, Finland, United Kingdom (UK), Italy, Sweden, Spain, Belgium)</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Russia</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>North America (Canada, USA)</td>
<td>17</td>
<td>0</td>
</tr>
</tbody>
</table>

**Situation Overview:**

**Canada**

As of February 6, 2020, five cases of 2019-nCoV infection have been confirmed in Canada. Contact tracing and testing of close contacts of the fifth case are currently underway.

Five cases of 2019-nCoV infection have now been reported in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

A Government of Canada assisted departure flight has departed Wuhan, China and will arrive at Canadian Forces Base (CFB) Trenton in the early morning of February 7, 2020. Another group of Canadians who are being provided assisted departure via a US-led flight will also arrive at CFB Trenton in the morning of February 7. Due to increased risk of exposure to 2019-nCoV in Wuhan or the province of Hubei, passengers on these flights will spend 14 days in isolation at CFB Trenton under quarantine to ensure no further transmission of 2019-nCoV within Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

China

As of 24:00 CST on February 5, 2020 (11:00 EST, February 4, 2020), 28018 cases of 2019-nCoV pneumonia, with 563 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 70 % (19665) of cases of 2019-nCoV pneumonia, and 97.5 % (549) of deaths.

99 % of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for 2019-nCoV. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 5th, 2 Canadian passengers were confirmed to have 2019-nCoV infection, and were transferred to a designated hospital in Japan for further assessment and care as required. Two Canadians who disembarked prior to the establishment of quarantine are now being traced to determine their health status. The cruise ship remains under quarantine, and further Canadians may be identified as 2019-nCoV cases as testing is completed, or before the quarantine ends (February 4 +14Days).

As of February 6, 2020, 262 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China (Hong Kong Special Administrative Region (SAR) 22 with one death, Macao SAR 10, Taiwan 13, Japan 46*, Korea 23, Thailand 25, Singapore 28, Vietnam 10, Nepal 1, Malaysia 12, United States 12, Australia 14, France 6, Canada 5, Germany 12*, Sri Lanka 1, Cambodia 1, United Arab Emirates 5, Finland 1, Philippines 3 with 1 death), India 3, Italy 2, UK 2, Russia 2, Sweden 1, Spain 1, Belgium 1).

*asymptomatic cases now included
As of February 6, 2020, cases of 2019-nCoV transmission outside of China have been identified in Germany, Japan, Taiwan, Thailand, Vietnam, South Korea, France, Hong Kong, USA, Singapore, Malaysia, Spain, UK and Canada.

**Risk Assessment:**

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The WHO situation report for February 6, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

**World Health Organization (WHO)**

The 2019-nCoV outbreak in China was declared to be a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.

**The US Centers for Disease Control and Prevention (US CDC)**

As of February 6, 2020, the USA has identified 12 cases 2019-nCoV infection.

A 14 day Federal Quarantine Order remains in place for US citizens repatriated from Wuhan, China to March Air Reserve Base on January 30th.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

**Canadian Preparedness to Respond:**

**Global Affairs Canada (GAC):**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

GAC officials continue to work with officials in China facilitate assisted departure/repatriation of Canadian citizens from Wuhan, China to Canada on February 7, 2020.

**Public Safety Canada (PS):**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental activities for the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

**Health Portfolio (HP):**

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (eg federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centres (RECC) remain activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.
Public Health Agency of Canada (PHAC):

PHAC has issued an Emergency Order made under the authority of section 58 of the Quarantine Act ('Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order') that requires all repatriated passengers remain in isolation at CFB Trenton for 14 days for health monitoring.

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Effective February 1, 2020, enhanced screening measures\(^1\) for travelers who have been in the province of Hubei, China in the prior 14 days, have been expanded to include Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City airports (in addition to Vancouver, Toronto and Montreal). Individuals with this travel history are asked questions about their health, and those that are unwell will be referred to a PHAC Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information on symptoms to monitor as well as contact information on who to call if they develop symptoms. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada\(^2\).

As of February 5, 2020, 1046 travelers have identified as returning from Hubei Province, with 46 referred for further assessment by a quarantine officer. Of those, 43 were released with an educational hand-out and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

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\(^1\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer, who will undertake a more detailed assessment of the traveler’s symptoms, travel history and possible exposure to an infectious disease. If necessary, the Quarantine Officer will take appropriate measures to address the potential public health risk.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

As of February 6, 2020, NML has undertaken testing for 196 persons under investigation for 2019-nCoV in Canada, 5 have tested positive, 163 have tested negative, with results of 28 tests still pending.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on 2019-nCoV are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

Communications:

The toll free 2019-nCoV information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:
- Steven Sternthal

The next update will be provided on February 7, 2020.
Any significant developments will be communicated sooner as necessary.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (2019-nCoV) outbreak in China
Date: February 7, 2020, 1230 EST

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Public health risk within Canada remains low.
Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

Update - Quick Stats as of February 7, 2020

Canada

5 cases of 2019 Novel Coronavirus have been confirmed in Canada and 2 probable cases are pending laboratory confirmation by the National Microbiology Laboratory.

<table>
<thead>
<tr>
<th></th>
<th>Confirmed cases</th>
<th>Probable case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
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<td>0</td>
</tr>
<tr>
<td>British Columbia</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

International

31,161 cases of 2019-nCoV pneumonia, with 636 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

320 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China and international conveyance.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV in Mainland China, 7 February 2020

Figure 2. World-wide distribution of reported confirmed cases of 2019-nCoV, 7 February 2020

Note: The information supplementing these graphs have been collected by the Hong Kong Center of Health Protection and governmental source
## FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mainland China</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (25*), India (3), Japan (25*), Macao SAR (10), Malaysia (15), Nepal (1), Philippines (3), Singapore (30*), South Korea (24), Sri Lanka (1), Taiwan (16), Thailand (25), Vietnam (12)</td>
<td>31,161</td>
<td>636</td>
</tr>
<tr>
<td><strong>Oceania</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (15)</td>
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<td></td>
</tr>
<tr>
<td><strong>Middle East</strong></td>
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<td></td>
</tr>
<tr>
<td>United Arab Emirates (5)</td>
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<td></td>
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<tr>
<td><strong>Europe</strong></td>
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<td></td>
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<tr>
<td>Belgium (1), France (6), Finland (1), Germany (13), Italy (3), United Kingdom (3), Russia (2), Spain (1), Sweden (1)</td>
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<td>2</td>
</tr>
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<td><strong>North America</strong></td>
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</tr>
<tr>
<td>Canada (5), USA (12)</td>
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</tr>
<tr>
<td><strong>International conveyance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Including asymptomatic cases
* Cases identified on international conveyances are reported in a separate category

### Situation Overview:

#### Canada

As of February 7, 2020, 5 cases of 2019-nCoV infection have been confirmed in Canada and 2 probable cases are pending laboratory confirmation by the National Microbiology Laboratory. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

On February 6, the first assisted repatriation flight of 174 Canadians departed Wuhan, China. The flight arrived at Canadian Forces Base (CFB) Trenton on February 7. None of the passengers on board showed any symptoms of coronavirus. A second repatriation flight provided by the US departed Wuhan on February 6 carrying 39 Canadians. The Government of Canada has chartered a plane that is currently transporting those 39 passengers onward to CFB Trenton. Upon arrival in Trenton, all repatriated Canadians will spend 14 days in isolation, under quarantine to ensure no further transmission of 2019-nCoV within Canada. A second charter flight is being arranged with projected departure on February 11, 2020.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

China

As of 24:00 CST on February 6, 2020 (11:00 EST, February 5, 2020), 31,161 cases of 2019-nCoV infection, including 636 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 71% (22,112) of cases of 2019-nCoV infection, and 97% (618) of deaths.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for 2019-nCoV. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 7, seven Canadian passengers were confirmed to have 2019 nCoV infection, and were transferred to a designated hospital in Japan for further assessment and care as required. Two Canadians who disembarked prior to the establishment of quarantine have been contacted and are not reporting symptoms. The cruise ship remains under quarantine, and further Canadian 2019-nCoV cases may be identified as additional testing is completed, or before the quarantine ends (February 4 +14 Days).

As of February 7, 2020, 320 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China.

As of February 6, 2020, locally acquired 2019-nCoV infections have been confirmed in 11 regions: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, and the United Kingdom.

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The WHO situation report for February 6, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.
International Preparedness and Response:

World Health Organization (WHO)

The 2019-nCoV outbreak in China was declared a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.

The US Centers for Disease Control and Prevention (US CDC)

As of February 7, 2020, the USA has identified 12 cases 2019-nCoV infection.

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30.

Canadian Preparedness to Respond:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

GAC officials continue to work with officials in China facilitate assisted departure/repatriation of Canadian citizens from Wuhan, China to Canada.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental planning for the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).
The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

**Public Health Agency of Canada (PHAC):**

PHAC has issued an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order’) that requires all repatriated passengers remain in isolation at CFB Trenton for 14 days for health monitoring.

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Effective February 1, 2020, enhanced screening measures\(^1\) for travelers who have been in the province of Hubei, China in the prior 14 days, have been implemented in 10 International Airports (Vancouver, Toronto, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City). Individuals with this travel history are asked questions about their health, and those that are unwell will be referred to a PHAC Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information on symptoms to monitor and are advised to limit their contact with others for a total of 14 days from the date they left Hubei. In addition, they are advised to contact the local public health authority in their province or territory within 24 hours of arriving in Canada. All travelers 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. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada\(^2\).

As of February 6, 2020, 1046 travelers have identified as returning from Hubei Province, with 46 referred for further assessment by a quarantine officer. Of those, 43 were released with an educational hand-out and 3 were issued an order for a further medical exam.

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\(^1\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer, who will undertake a more detailed assessment of the traveler’s symptoms, travel history and possible exposure to an infectious disease. If necessary, the Quarantine Officer will take appropriate measures to address the potential public health risk.
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PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. As of February 7, 2020, NML has undertaken testing for 237 persons under investigation for 2019-nCoV in Canada, 5 have tested positive, 187 have tested negative, with results of 45 tests still pending.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on 2019-nCoV are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

**Communications:**

The toll free 2019-nCoV information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Steven Sternthal

The next update will be provided on February 10, 2020. Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
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Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (2019-nCoV) outbreak in China
Date: February 9, 2020, 1230 EST

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Public health risk within Canada remains low.
Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

Update - Quick Stats as of February 9, 2020

Canada

7 cases of 2019 Novel Coronavirus have been confirmed in Canada

<table>
<thead>
<tr>
<th>Province</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>4</td>
</tr>
</tbody>
</table>

International

37,198 cases of 2019-nCoV pneumonia, with 811 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

363 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China and aboard an international conveyance in Japan.
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Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV in Mainland China, 9 February 2020

Figure 2. World-wide distribution of reported confirmed cases of 2019-nCoV, 9 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source
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<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mainland China</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (29*), India (3), Japan (25**), Macao SAR (10), Malaysia (17), Nepal (1), Philippines (3), Singapore (40*), South Korea (25), Sri Lanka (1), Taiwan (18), Thailand (32), Vietnam (14)</td>
<td>37,198</td>
<td>811</td>
</tr>
<tr>
<td><strong>Oceania</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Middle East</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Arab Emirates (7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Europe</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium (1), France (11), Finland (1), Germany (16), Italy (3), United Kingdom (3), Russia (2), Spain (1), Sweden (1)</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td><strong>North America</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada (7), USA (12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>International conveyance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>64</td>
<td>0</td>
</tr>
</tbody>
</table>

* Including asymptomatic cases
* Cases identified on international conveyances are reported in a separated category

**Situation Overview:**

**Canada**

As of February 9, 2020, 7 cases of 2019-nCoV infection have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

On February 7, 2020, two chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base Trenton. All repatriated passengers remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (*Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order*).

As of February 8, 2020, 257 individuals (includes repatriated travelers, crew and parents/guardians who have joined children) were in quarantine at Canadian Forces Base Trenton, with none reporting symptoms associated with 2019-nCoV. One individual has been hospitalized for medical conditions unrelated to 2019-nCoV and also remains asymptomatic.
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Another Government of Canada chartered flight is expected to arrive at CFB Trenton on February 11, 2020.

China

As of 24:00 CST on February 8, 2020 (11:00 EST, February 7, 2020), 37,198 cases of 2019-nCoV infection, including 811 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 73% (27,100) of cases of 2019-nCoV infection, and 96% (780) of deaths.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

International

As of February 9, 2020, 363 cases of 2019-nCoV infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China.

As of February 8, 2020, locally acquired 2019-nCoV infections have been confirmed in 11 regions: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, and the United Kingdom.

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for 2019-nCoV. The cruise manifest included 251 passengers and 4 crew holding Canadian passports.

As of February 9, seven Canadian passengers were confirmed to have 2019 nCoV infection, and were transferred to a designated hospital in Japan for further assessment and care as required. Two Canadians who disembarked prior to the establishment of quarantine have been located in Hong Kong, and referred to Hong Kong public health authorities via the International Health Regulations (IHR) National Focal Point (NFP). The cruise ship remains under quarantine, and further Canadian 2019-nCoV cases may be identified as additional testing is completed, or before the quarantine ends (February 4 +14Days).

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on February 2, 2020, remains low. Public health risk for travelers
to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

**World Health Organization (WHO)**

The 2019-nCoV outbreak in China was declared a Public Health Emergency of International Concern (PHEIC) on January 30, 2020.

**The US Centers for Disease Control and Prevention (US CDC)**

As of February 9, 2020, the USA has identified 12 cases of 2019-nCoV infection.

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30.

**Canadian Preparedness and Response:**

**Global Affairs Canada (GAC)**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

GAC officials continue to work with officials in China facilitate assisted departure/repatriation of Canadian citizens from Wuhan, China to Canada.

**Public Safety Canada (PS):**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

As of February 9, 2020, as part of enhanced screening measures\(^1\) in place at 10 International Airports (Vancouver, Toronto, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Billy Bishop and Quebec City), travelers who have been in the province of Hubei, China in the prior 14 days will be advised to contact their local public health authority within 24 hours of arriving in Canada, and to self-isolate and monitor for symptoms of 2019-nCoV for 14 days after leaving the province of Hubei, China. Travelers from mainland China will be asked to self-monitor for symptoms of 2019-nCoV and avoid public spaces for 14 days after leaving mainland China, and to self isolate and contact local public health if symptoms develop.

As of February 8, 2020, 1258 travelers have identified as returning from Hubei Province, with 49 referred for further assessment by a quarantine officer. Of those, 46 were released with an educational hand-out and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. As of February 9, 2020, NML has undertaken testing for 341 persons under investigation for 2019-nCoV in Canada, 7 have tested positive, 240 have tested negative, with results of 94 tests still pending.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV.

\(^1\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
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The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on 2019-nCoV are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^2\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

**Communications:**

The toll free 2019-nCoV information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Matthew Chan

**The next update will be provided on February 10, 2020.**

Any significant developments will be communicated sooner as necessary.

\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, Increased vigilance and readiness, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)’s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.

Date: 1300h EST on January 17, 2020

Key Points:
- On January 18, 2020, the Wuhan Municipal Health Commission announced that 4 additional cases of 2019-nCoV pneumonia had been identified in Wuhan on January 16, 2020. All four cases were noted to be hospitalized in stable condition.
- On January 17, 2020, Thailand’s Ministry of Public Health announced a second laboratory confirmed case of 2019-nCoV in a 74y woman with history of travel from Wuhan, bringing the total number of confirmed 2019-nCoV Wuhan travel-related cases to three (Thailand 2, Japan 1).
- Further identification of isolated travel related 2019-nCoV cases in other countries may be expected and does not necessarily represent a significant shift in the public health risk associated with the novel coronavirus.
- The potential for human to human spread of and source of exposure to the 2019-nCoV remain the focus of ongoing investigations. Potential person to person transmission between a husband, who worked within the Hua Nan Seafood Market, and his wife, who had no exposure to the market has been identified. Media sources have also reported the less likely possibility of person to person spread in another 3 person cluster of Wuhan cases (a father, son and nephew) who all worked within the seafood market.
While it is possible that there may be limited person to person spread of the 2019-nCoV, there has been no clear evidence of sustained or ongoing person to person spread of the virus. Specifically, there have been no new cases identified in the follow up of 763 contacts of the initial 41 cases in Wuhan, and no cases identified in health care workers.

Investigation of the source of exposure to the 2019-nCoV is ongoing.

As of January 13, 2020, 2 individuals with respiratory symptoms and a history of travel from Wuhan have tested negative for 2019-nCoV within Canada.

Further identification of travelers from Wuhan with respiratory symptoms/illness and associated testing for the 2019-nCoV infection within Canada should be expected.

PHAC continues to follow the emergence of the 2019-nCoV identified in Wuhan, China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.

The assessment of the public health risk to Canada remains low.

**Situation Overview:**

**Wuhan, China**

- On January 18, 2020, the Wuhan Municipal Health Commission announced that 4 additional cases of 2019-nCoV pneumonia had been identified in Wuhan on January 16, 2020. These cases were noted to have developed symptoms between January 5 to 8, 2020. All four cases were noted to be hospitalized in stable condition. Further investigation and contact tracing of these new cases is underway.

- As of January 18, 2020, the Wuhan Municipal Health Commission has identified 45 cases of pneumonia caused by 2019-nCoV, with 5 cases identified as severe, and two deaths, both in older individuals with pre-existing medical conditions. Fifteen cases have been identified as cured and discharged.

- As of January 14, 2020, 763 contacts have been identified, with 665 cleared and 98 under ongoing follow-up.

- No new cases have been identified among contacts or in healthcare workers.

- Chinese authorities continue to investigate the source of the 2019-nCoV and its linkage to Wuhan South China Seafood City (also called
the South China Seafood Wholesale Market and the Hua Nan Seafood Market).

- Although the 2019-nCoV has been identified, significant additional information is still required to fully understand how the disease is transmitted and the severity of illness it causes in humans.

**International**

- On January 17, 2020, Thailand’s Ministry of Public Health Authorities announced a second laboratory confirmed case of 2019-nCoV in a 74y woman with history of travel from Wuhan. The individual has been quarantined since arrival in Thailand on January 13, 2020.

- On 15 January 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported a laboratory confirmed case of 2019-nCoV infection in an individual with a history of travel to Wuhan. The individual has since recovered.

- On January 13, 2020, Thailand’s Ministry of Public Health and the World Health Organization (WHO) reported the first confirmed case of the 2019-nCoV infection in a traveler to Thailand from Wuhan. The individual is hospitalized and stable.

- The source of exposure for these travel related cases remains under investigation.

- Increased vigilance, including health screening at borders for travelers from Wuhan continues in the Hong Kong Special Administration Region (SAR), Macau SAR and multiple other regional jurisdictions (eg Singapore, South Korea, Taiwan, Thailand) in closer proximity to Wuhan.

**Canada**

- As of January 13, 2020, the Public Health Ontario (PHO) Laboratory has tested 2 individuals with respiratory illness and a history of travel from Wuhan with no evidence of 2019-nCoV infection found in either individual.

**Risk Assessment:**

- PHAC’s assessment of public health risk to Canada associated with 2019-nCoV in Wuhan, China was updated as of January 14, 2020, to consider the potential for exposure beyond the Hua Nan seafood market and
limited human-to-human transmission. The overall risk to Canadian Travelers and to Canada remains low.

- On January 9, 2020 the European Centre for Disease Prevention and Control (ECDC) published a Threat Assessment Brief for the European Union/European Economic Area (EU/EEA), noting low risk of introduction and further spread of pneumonia cases possibly associated to a novel coronavirus within the EU and low risk to travelers.
- A WHO risk assessment of January 5, 2020 found that there is limited information to determine the overall risk, noting that their existing recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply, and advising against the application of any travel or trade restrictions on China.

**International Preparedness and Response:**

**World Health Organization (WHO)**

- The WHO is actively engaged in international preparedness and response and continues to communicate regarding the emergence of the 2019-nCoV in China and the travel related cases now identified in Thailand and Japan.
- With the announcement of the travel related case identified in Japan on January 16, 2020, the WHO noted that currently available information about 2019-2019-nCoV is insufficient to draw definitive conclusions about how it is transmitted, clinical features of disease, the extent to which it has spread, or its source. They further note that additional cases in other countries are likely, and encourage all countries to continue preparedness activities.
- The WHO has issued a series of technical documents for the 2019-nCoV, including case definitions, laboratory guidance, clinical management for suspect cases, etc.
- On 10 January, the WHO issued an advice for international travel and trade in relation to the outbreak of pneumonia caused by the 2019-nCoV in China advising travellers to practice usual precautions to reduce the general risk of acute respiratory infections while travelling in or from affected areas.
- The WHO advises against the application of any travel or trade restrictions on China based on the information currently available.
The US Centers for Disease Control and Prevention (US CDC)

- On 16 January 2020, the US CDC updated information on their website to note that while most of the patients in the outbreak reportedly had some link to a large seafood and animal market, some patients had not, suggesting that some limited person-to-person spread may be occurring.
- On January 13, 2020, the US CDC published a preliminary risk assessment stating that the risk for 2019-nCoV in the U.S is considered low based on the current available information.
- On January 14, 2020, the US CDC revised its Travel Health Notice to note that limited person-to-person spread may be possible, and to include information on the exported case to Thailand.
- On January 8, 2020, the US CDC issued a Health Alert Network (HAN) Health Advisory regarding the outbreak in Wuhan and providing relevant information and guidance to health care providers.

The European Centre for Disease Prevention and Control (ECDC)

- On 16 January 2020, ECDC posted its protocol for testing suspect cases of 2019-nCoV.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):

- The NML has capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests, based on the availability of the genetic sequence of the 2019-nCoV.
- The Travel Health Notice Level 1 (Novel Coronavirus in Wuhan, China) is being updated to include information about recently identified travel-related cases in Thailand and Japan, and the potential for limited human to human transmission.
- The Canada Border Services Agency (CBSA) is engaged, and routine traveler screening procedures are in place.

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1 Specifically, CBSA border services officers will contact a PHAC Quarantine Officer if they encounter an ill traveler from China with symptoms of concern, namely fever, cough or difficulty breathing. PHAC Quarantine Officers will perform a risk assessment that includes questions on
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- Messages for being prepared for display in CBSA arrival halls in Vancouver, Toronto and Montreal to raise awareness of travelers to report to a border agent if they are ill on arrival in Canada, and to tell their health care providers about their travel if they become ill after arrival.
- There are no direct flights from Wuhan to Canada.
- Enhanced border measures are not being recommended at this time.
- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and clinical management.
- PHAC is convening weekly teleconferences of the CCMOH to share information and coordinate activities.
- PHAC is engaged with provincial/territorial public health partners and relevant expert groups to assess and update relevant technical guidance to support rapid identification, diagnosis, and public health management of respiratory illness in travelers from Wuhan.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners² to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.
- PHAC will convene weekly teleconferences of relevant federal partners to share information and coordinate activities as required.

Communications:
- New web content for coronaviruses, including the newly identified coronavirus, is in development and media lines are being updated and shared with FPT partners as required.

travel history over the past 21 days (e.g. was traveler in Wuhan, did traveler visit live animal/seafood market, was traveler in contact with animals or another ill traveler from Wuhan). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.

² World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Approved by:

- Howard Njoo

The next update will be provided on January 18, 2020. Any significant developments will be communicated sooner as necessary.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, Increased vigilance and readiness, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)'s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.

Date: 1300h EST on January 18, 2020

Key Points:
- On January 19, 2020, the Wuhan Municipal Health Commission (WMHC) announced that 21 additional cases of 2019-nCoV pneumonia had been identified in Wuhan, bringing their total case count of pneumonia caused by 2019-nCoV to 62, with 8 cases currently identified as severe, and two deaths.
- Additional cases are expected to be identified in coming days as WMHC is expanding the scope of their search within Wuhan for suspected cases.
- As of January 17, 2020, the total number of confirmed 2019-nCoV Wuhan travel-related cases is three (Thailand 2, Japan 1).
- Further identification of isolated travel related 2019-nCoV cases in other countries may be expected and does not necessarily represent a significant shift in the public health risk associated with the novel coronavirus.
- On January 17, 2020, the US Centers for Disease Control and Prevention (US CDC) announced implementation of entry screening for symptoms associated with 2019-nCoV in travelers from Wuhan to the United States at three U.S. airports that receive most of the travelers from Wuhan,
China, via direct (San Francisco (SFO), New York (JFK)), or connecting flights (Los Angeles (LAX)).

- There are no direct flights from Wuhan to Canada and number of travelers to Canada from Wuhan via connecting flights (into Toronto, Montreal and Vancouver International airports) have been historically low.

- In the coming week, Canada will augment its existing entry screening procedures:
  - To include messaging on arrivals screens at Toronto, Montreal and Vancouver International airports reminding travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms.
  - To add a health screening question to electronic kiosks.

- As of January 17, 2020, 3 individuals with respiratory symptoms and a history of travel from Wuhan have tested negative for 2019-nCoV within Canada.

- Further identification of travelers from Wuhan with respiratory symptoms/illness and associated testing for the 2019-nCoV infection within Canada and the US may be expected.

- The potential for human to human spread, extent of spread, and the source of 2019-nCoV remain the key foci of ongoing investigations. As expected with a new pathogen, the information necessary to answer these questions will only emerge over time (weeks to months).

- In the absence of definitive information, ongoing public speculation is tending to focus on the more severe end of the spectrum of illness, transmission, extent and source of spread.

- While it is possible that there may be limited person to person spread of the 2019-nCoV, there has been no evidence of sustained or ongoing person to person spread of the virus.

- In the follow up of 763 contacts of Wuhan cases, including health care workers, there have been no secondary infections reported.

- Although most of the original Wuhan cases were reported to be linked to the Hua Nan Seafood Market, some were not, including travel related cases more recently identified in Thailand and Japan. Investigation of the source of the 2019-nCoV exposure is ongoing.

- Researchers from the United Kingdom have recently used modelling studies to hypothesize that the extent of transmission within Wuhan is greater than has been reported.
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- Implementation of increased public health vigilance in multiple regional jurisdictions with high volumes of travel from Wuhan (eg: Hong Kong Special Administration Region (SAR), Macau SAR, Taiwan, Singapore, South Korea, Japan, Thailand, Malaysia etc) have thus far identified only 2 travel related cases in Thailand and 1 in Japan.
- PHAC continues to follow the emergence of the 2019-nCoV identified in Wuhan, China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.
- The assessment of the public health risk to Canada remains low.

**Situation Overview:**

**Wuhan, China**

- On January 19, 2020, the Wuhan Municipal Health Commission announced that 17 additional cases of 2019-nCoV pneumonia had been identified in Wuhan on January 17, 2020. These cases were. Three cases were identified as severe, with the rest noted to be stable. All newly identified cases are hospitalized.
- On January 18, 2020, the WMHC announced 4 additional cases of 2019-nCoV pneumonia in Wuhan, all four were hospitalized in stable condition.
- The Wuhan Municipal Health Commission has now identified 62 cases of pneumonia caused by 2019-nCoV, with 8 cases identified as severe, and two deaths. Nineteen cases have been identified as cured and discharged.
- As of January 14, 2020, 763 contacts of the initial cluster of cases have been identified, with 681 cleared and 82 under ongoing follow-up. No related cases were identified among close contacts.
- Further investigation and contact tracing of new cases is underway.

**International**

- On January 17, 2020, Thailand’s Ministry of Public Health Authorities announced a second laboratory confirmed case of 2019-nCoV in a traveler from Wuhan. The individual has been quarantined since arrival in Thailand on January 13, 2020. This case is unrelated to the first travel related case reported from Thailand on January 13, 2020. Both cases were noted to be quarantined and stable.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERITORIAL GOVERNMENTS

- On 15 January 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported a laboratory confirmed case of 2019-nCoV infection in an individual with a history of travel to Wuhan. The individual has since recovered.

- Increased public health vigilance, including health screening at borders for travelers from Wuhan in the Hong Kong Special Administration Region (SAR), Macau SAR and multiple other regional jurisdictions (eg Taiwan, Singapore, South Korea, Japan, Thailand, Malaysia etc) in closer proximity to Wuhan, and now in the US, will continue given the high volume of travel expected during the upcoming Lunar New Year holidays.

Canada

- As of January 17, 2020, the Public Health Ontario (PHO) Laboratory has tested 3 individuals with respiratory illness and a history of travel from Wuhan with no evidence of 2019-nCoV infection found in either individual. Negative results have been confirmed by PHAC’s National Microbiology Laboratory (NML).

Risk Assessment:

- PHAC’s assessment of public health risk to Canada associated with 2019-nCoV in Wuhan, China was updated as of January 14, 2020, to consider the potential for exposure beyond the Hua Nan seafood market and limited human-to-human transmission. The overall risk to Canadian travelers and to Canada remains low.

International Preparedness and Response:

World Health Organization (WHO)

- The WHO is actively engaged in international preparedness and response and continues to communicate regarding the emergence of the 2019-nCoV in China and the travel related cases now identified in Thailand and Japan.

- On January 16, 2020, the Pan American Health Organization/World Health Organization (PAHO/WHO) issued an Epidemiological Alert recommending that Member States ensure that health care workers
have access to up to date information on 2019-nCoV, be familiar with the principles and procedures for handling 2019-nCoV infections, and be trained to inquire about a patient’s travel history in order to connect this information with clinical data.

- With the announcement of the travel related case identified in Japan on January 16, 2020, the WHO noted that currently available information about 2019-2019-nCoV is insufficient to draw definitive conclusions about how it is transmitted, the clinical features of disease, the extent to which it has spread, or its source. They further note that additional cases in other countries are likely, and encourage all countries to continue preparedness activities.
- The WHO has issued a series of technical documents for the 2019-nCoV, including case definitions, laboratory guidance, clinical management for suspect cases, etc.
- On 10 January, 2020, the WHO issued an advice for international travel and trade in relation to the outbreak of pneumonia caused by the 2019-nCoV in China advising travellers to practice usual precautions to reduce the general risk of acute respiratory infections while travelling in or from affected areas.
- The WHO advises against the application of any travel or trade restrictions on China based on the information currently available.

The US Centers for Disease Control and Prevention (US CDC)

- On January 17, 2020, the US Centers for Disease Control and Prevention (US CDC) announced implementation of entry screening for symptoms associated with 2019-nCoV in travelers from Wuhan to the United States at three U.S. airports that receive most of the travelers from Wuhan, China (San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports).
- On January 13, 2020, the US CDC published a preliminary risk assessment stating that the risk for 2019-nCoV in the U.S is considered low based on the current available information.
- On January 14, 2020, the US CDC revised its Travel Health Notice to note that limited person-to-person spread may be possible, and to include information on the exported case to Thailand.
- On January 17, 2020, the US CDC updated its Health Alert Network (HAN) Health Advisory regarding the outbreak in Wuhan and providing relevant information and interim guidance to health care providers.
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The European Centre for Disease Prevention and Control (ECDC)

- On January 9, 2020 the European Centre for Disease Prevention and Control (ECDC) published a Threat Assessment Brief for the European Union/European Economic Area (EU/EEA), noting low risk of introduction and further spread of pneumonia cases possibly associated to a novel coronavirus within the EU and low risk to travelers.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):

- On January 17, 2020, PHAC updated its Travel Health Notice Level 1 (Novel Coronavirus in Wuhan, China) to include information about recently identified travel-related cases in Thailand and Japan, and the potential for limited human to human transmission.
- There are no direct flights from Wuhan to Canada. Indirect flights (one or more connections) from Wuhan to Canada arrive via Toronto, Montreal or Vancouver International airports, with historically low numbers of travelers.
- The Canada Border Services Agency (CBSA) is engaged, and standard traveler screening procedures are in place to prevent the introduction and spread of communicable diseases into Canada. ¹
- In the coming week, existing screening procedures will be augmented to include messaging on arrivals screens at Toronto, Montreal and Vancouver International airports reminding travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms and an additional health screening question will be added to electronic kiosks.

¹ When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- PHAC’s National Microbiology Laboratory (NML) has capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests, based on the genetic sequence of the 2019-nCoV. They are working in close collaboration with provincial/territorial public health laboratories via the Canadian Public Health Laboratory Network (CPHLN).
- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.
- PHAC is convening weekly teleconferences of the CCMOH to share information and coordinate activities.
- PHAC is engaged with provincial/territorial public health partners and relevant expert groups to assess and update relevant technical guidance to support rapid identification, diagnosis, and public health management of respiratory illness in travelers from Wuhan. Existing or interim guidance from PHAC and the WHO has already been provided.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^2\) to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.
- PHAC will convene weekly teleconferences of relevant federal partners to share information and coordinate activities as required.

**Communications:**
- New web content for coronaviruses, including the newly identified coronavirus, is in development and media lines are being updated and shared with FPT partners as required.

**Approved by:**
- Howard Njoo

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\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
The next update will be provided on January 20, 2020.
Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China
Date: January 29, 2020

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) has increased its activation to Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Assessment of public health risk within Canada remains low.

Update - Quick Stats as of January 29, 2020
Canada

3 cases of 2019 Novel Coronavirus have been confirmed in Canada.

<table>
<thead>
<tr>
<th></th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>2</td>
</tr>
<tr>
<td>British Columbia</td>
<td>1</td>
</tr>
</tbody>
</table>
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International

5974 cases of 2019-nCoV pneumonia, with 132 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

92 cases of 2019-nCoV infection have been confirmed in 18 countries/jurisdictions outside of mainland China.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>5974</td>
<td>132</td>
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<tr>
<td>Asia (outside mainland China – Hong Kong SAR, Macao SAR, Taiwan, Japan, Korea, Thailand, Singapore, Vietnam, Nepal, Malaysia, Sri Lanka, Cambodia)</td>
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</tr>
<tr>
<td>Middle East (United Arab Emirates)</td>
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</tr>
<tr>
<td>Australia</td>
<td>6</td>
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</tr>
<tr>
<td>Europe (France, Germany)</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>North America (Canada, USA)</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

Situation Overview:

Canada

Three 2019-nCoV infections have been identified in Canada, all associated with travel from Wuhan. One individual is in stable condition in hospital and two are being monitored, in self-isolation at home.

Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

Further identification of imported cases of 2019-nCoV in Canada is expected.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

China

As of 24:00 CST on January 28, 2020 (11:00 EST, January 27, 2020), 5974 cases of 2019-nCoV pneumonia, with 132 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- 59,990 close contacts are being followed.
- Hubei Province remains the epicentre of the outbreak, accounting for 3554 cases of 2019-nCoV pneumonia, and 125 deaths.

China continues to introduce and enforce exceptional measures to reduce spread of the virus, including exit screening, transportation shutdowns, suspension of visitor visas, school closures, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of large public gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.

International

As of 18:00 HKT on January 29, 2020, 05:00 EST, January 25, 2020), 92 cases of 2019-nCoV infection have been confirmed in 18 countries/jurisdictions outside of mainland China (Hong Kong Special Administrative Region (SAR) 10, Macao SAR 7, Taiwan 8, Japan 7, Korea 4, Thailand 14, Singapore 7, Vietnam 2, Nepal 1, Malaysia 7, United States 5, Australia 6, France 4, Canada 3, Germany 4, Sri Lanka 1, Cambodia 1, United Arab Emirates 1).

2019-nCoV cases identified outside of mainland China have typically been associated with travel from Wuhan. However, locally acquired 2019-nCoV infections have now been confirmed in Germany, Japan and Taiwan.

On January 30, 2020, the Hong Kong Government will limit cross-border travel with mainland China by closing railways, reducing bus services, and reducing air flights by half. Issuance of new visas to individual mainland tourists will also be suspended and government employees have been ordered to work from home.

Multiple countries including Canada and the USA are advising travelers to avoid non-essential travel to Wuhan due to transportation shutdowns and quarantine measures implemented to control the ongoing 2019-nCoV outbreak.
As of January 29, 2020, Japan and the USA have repatriated their citizens from Wuhan via chartered air flights. Multiple other countries including Australia, New Zealand, some European states (including France and Germany) have signaled their intentions to repatriate their citizens in the coming days.

**Risk Assessment:**
The WHO situation report for January 28, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

PHAC's assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on January 24, 2020, remains low.

**International Preparedness and Response:**

**World Health Organization (WHO)**
A WHO Emergency Committee will meet again on January 30, 2020 to reconsider declaration of a public health emergency of international concern (PHEIC) for the 2019-nCoV outbreak in China. The committee last met on January 22 and 23, and did not declare a PHEIC at that time.

On January 27, 2020, WHO updated their advice for international traffic, confirming human-to-human transmission largely in Wuhan city, but also some other places in China and internationally. WHO has requested countries with ongoing transmission to implement measures to limit the risk of exportation or importation of the disease such as exit screening at international airports; screening at domestic airports, railway station, and bus stations as necessary; and to implement health information campaigns at points of entry. For countries without transmission, the WHO did not discourage temperature screening at entry points but advised it should be accompanied by messaging. WHO advised against the application of any restrictions of international traffic based on the information currently available on this event.

The WHO situation report for January 28, 2020 announced the launch of a Global 2019-nCoV Clinical Data Platform to allow Member States to contribute anonymized clinical data in order to inform the public health clinical response.
The US Centers for Disease Control and Prevention (US CDC)

As of January 29, 2020, the USA has identified five imported 2019-nCoV infections.

On January 28, 2020, the US CDC announced expansion of entry screening of passengers on direct and connecting flights from China to 20 major airports.

On January 26, 2020, the US CDC updated their risk assessment to state that although human to human spread of 2019-nCoV has not occurred within the USA, it is likely to occur to some extent and that human to human spread can happen on a continuum. The US CDC acknowledged that 2019-nCoV is a public health threat, but based on the current information, considered the risk to the American population to be low.

On January 26, 2020, the US CDC updated its travel health notice for Wuhan City, raising the alert from Level 3 Avoid Nonessential Travel for Hubei Province, including Wuhan, to Level 3 Avoid all Non-essential travel to all of Mainland China.

The European Centre for Disease Prevention and Control (ECDC)

On 28 January, ECDC issued a statement following the report of a confirmed case of 2019-nCoV in Germany. ECDC assessed it as likely that there will be more imported cases in Europe and that it can be expected to see limited local transmission in Europe, noting that a single case in Europe does not change the overall picture for Europe, nor does it change their assessment of a moderate likelihood of importation of cases of 2019-nCoV to the European Union (EU)/European Economic Area (EEA). ECDC urged EU/EEA countries to ensure that timely and rigorous infection prevention and control measures are applied for any suspect 2019-nCoV cases, in order to prevent further spread in the community and healthcare settings.

On January 28, 2020, the ECDC released a statement regarding the first confirmed German case and three subsequent associated cases. The first case had reported close contact with a visitor from China during their stay in Germany.
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The close contact has previously visited relatives from the Wuhan area. The three additional cases are employees at the same company as the first case. ECDC stated that limited local transmission in Europe is expected.

**Canadian Preparedness to Respond:**

**Global Affairs Canada (GAC)**

On January 29, 2020, Global Affairs Canada (GAC) announced that it is planning to repatriate Canadians from the province of Hubei in China.

GAC has updated its China safety risk level to “avoid all travel” to the province of Hubei, including the cities of Wuhan, Huanggang and Ezhou, due to the imposition of heavy travel restrictions in order to limit the spread of a novel coronavirus, recommending that all Canadians check the Travel Advice and Advisories for China before travel.

On January 26, 2020, GAC updated the Hong Kong, Taiwan and Macao country pages to include safety information with regards to city closures in China and also linking to the 2019-nCoV Travel Health Notice.

**Health Portfolio (HP):**

Health Canada’s Public Service Occupational Health Program is developing and distributing appropriate occupational health advice for federal workers, including annexes for specific groups (eg federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centres (RECC) are activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

**Public Health Agency of Canada (PHAC):**
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On January 27, 2020, PHAC updated its Level 2 (follow enhanced health precautions) Travel Health Notice to recommend Canadians avoid all travel to Hubei province, China due to safety and security risks associated with exceptional measures being implemented to contain further spread of 2019-nCoV.

On January 29, 2020, enhanced border measures\(^1\) in place at Vancouver, Toronto and Montreal airports to augment standard traveler screening procedures in place to prevent the introduction and spread of communicable diseases into Canada\(^2\) were expanded to identify travelers from the Province of Hubei, China.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to 2019-nCoV. A FPT Special Advisory Committee (SAC) on 2019-nCoV first met on January 28\(^{th}\), and will next meet by teleconference on January 30, 2020.

\(^1\) On screen messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks now include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

A PHAC-convened weekly teleconferences of relevant federal partners to share information and coordinate activities was held on January 27, 2020. Ongoing coordination calls are convened as necessary to address specific issues.

**Communications:**

The Chief Public Health Officer of Canada, the Deputy Chief Public Health Officer and other PHAC senior officials are providing media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**
- Howard Njoo

The next update will be provided on January 30, 2020. Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China
Date: January 30, 2020

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) has increased its activation to Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Assessment of public health risk within Canada remains low.

Update - Quick Stats as of January 30, 2020
Canada

3 cases of 2019 Novel Coronavirus have been confirmed in Canada.

<table>
<thead>
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<tr>
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</tr>
<tr>
<td>British Columbia</td>
<td>1</td>
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</tbody>
</table>
International

Global distribution of confirmed 2019-nCoV cases, as of January 30, 2020 at 11:42 AM EST.

7711 cases of 2019-nCoV pneumonia, with 170 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

105 cases of 2019-nCoV infection have been confirmed in 21 countries/jurisdictions outside of mainland China.

<table>
<thead>
<tr>
<th></th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>7711</td>
<td>170</td>
</tr>
<tr>
<td>Asia (outside mainland China – Hong Kong SAR, Macao SAR, Taiwan, Japan, Korea, Thailand, Singapore, Vietnam, Nepal, Malaysia, Sri Lanka, Cambodia, Philippines, India)</td>
<td>76</td>
<td>0</td>
</tr>
</tbody>
</table>

Prepared by: B. Raymond
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<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
<th>Recoveries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle East (United Arab Emirates)</td>
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<tr>
<td>Australia</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Europe (France, Germany, Finland)</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>North America (Canada, USA)</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

**Situation Overview:**

**Canada**

Three 2019-nCoV infections have been identified in Canada, all associated with travel from Wuhan. One individual is in stable condition in hospital and two are being monitored, in self-isolation at home. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials. Further identification of imported cases of 2019-nCoV in Canada is expected.

**China**

As of 24:00 CST on January 29, 2020 (11:00 EST, January 28, 2020), 7711 cases of 2019-nCoV pneumonia, with 170 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.
- 81,947 contacts are being followed.
- Hubei Province remains the epicentre of the outbreak, accounting for 4586 cases of 2019-nCoV pneumonia, and 125 deaths.

China continues to introduce and enforce exceptional measures to reduce spread of the virus, including exit screening, transportation shutdowns, suspension of visitor visas, school closures, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of large public gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.
International

As of 18:00 HKT on January 30, 2020, 05:00 EST, January 30, 2020), 105 cases of 2019-nCoV infection have been confirmed in 21 countries/jurisdictions outside of mainland China (Hong Kong Special Administrative Region (SAR) 10, Macao SAR 7, Taiwan 8, Japan 9, Korea 4, Thailand 14, Singapore 10, Vietnam 2, Nepal 1, Malaysia 7, United States 5, Australia 7, France 5, Canada 3, Germany 4, Sri Lanka 1, Cambodia 1, United Arab Emirates 4, Finland 1, Philippines 1, India 1).

To date, locally acquired 2019-nCoV infections have been confirmed in only three countries outside of mainland China: Germany, Japan and Taiwan.

Multiple countries across Asia, Europe, the Middle East and North America have implemented varying levels of enhanced public health measures including travel advisories/restrictions, entry screening and monitoring of travelers from Wuhan, the province of Hubei or China in efforts to limit imported cases and prevent further transmission within their jurisdictions.

Multiple countries including Canada, the United States, Japan, Australia, New Zealand, some European states (including France and Germany) have repatriated, or are planning repatriation, of their citizens from China.

Risk Assessment:

The WHO situation report for January 28, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on January 30, 2020, remains low.

International Preparedness and Response:

World Health Organization (WHO)

On January 30, 2020, the Director General of the WHO declared the 2019-nCoV outbreak in China to be a public health emergency of international concern
(PHEIC). Recommendations for countries or areas with ongoing transmission of the novel coronavirus 2019-nCoV (currently People’s Republic of China), for countries/areas without transmission of the novel coronavirus 2019-nCoV, and for the global community will follow.

The US Centers for Disease Control and Prevention (US CDC)

As of January 30, 2020, the USA has identified five imported 2019-nCoV infections.

On January 28, 2020, the US CDC announced expansion of entry screening of passengers on direct and connecting flights from China to 20 major airports.

On January 26, 2020, the US CDC updated its travel health notice for Wuhan City, raising the alert from Level 3 Avoid Nonessential Travel for Hubei Province, including Wuhan, to Level 3 Avoid all Non-essential travel to all of Mainland China.

The European Centre for Disease Prevention and Control (ECDC)

On January 30, 2020, the ECDC revised their algorithm for management of contact of probable and confirmed 2019-nCoV cases in light of recently identified asymptomatic and local transmission cases.

On January 28, 2020, ECDC communicated its expectation that further imported cases will be identified in Europe, with the potential for limited local transmission. ECDC urged European Union (EU)/European Economic Area (EEA) countries to ensure that timely and rigorous infection prevention and control measures are applied for any suspect 2019-nCoV cases, in order to prevent further spread in the community and healthcare settings.

Canadian Preparedness to Respond:

Global Affairs Canada (GAC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

As of January 30, 2020, Canada has secured a plane for Canadians in the Wuhan area who have requested consular assistance to come back to Canada. Canadian officials are working with officials in China to obtain the authorizations to proceed with a departure.

GAC has updated its China safety risk level to “avoid all travel” to the province of Hubei, including the cities of Wuhan, Huanggang and Ezhou, due to the imposition of heavy travel restrictions in order to limit the spread of a novel coronavirus, recommending that all Canadians check the Travel Advice and Advisories for China before travel.

**Health Portfolio (HP):**

Health Canada’s Public Service Occupational Health Program is developing and distributing appropriate occupational health advice for federal workers, including annexes for specific groups (eg federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centres (RECC) are activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

**Public Health Agency of Canada (PHAC):**

On January 29, 2020, PHAC updated its Travel Health Notice to Level 3 for all of China (avoid non-essential travel).

As of January 29, 2020, enhanced screening measures\(^1\) at airports (Vancouver, Toronto and Montreal) were expanded to all travelers that have been in the province of Hubei, China in the previous 14 days. Individuals with this travel

\(^1\) On screen messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms.

Electronic kiosks now include a question to identify travelers from Hubei province.

Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
history are asked questions about their health, and those that are unwell will be referred to a PHAC Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information on symptoms to monitor as well as contact information on who to call if they develop symptoms. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada\(^2\).

PHAC's National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. As of January 30, 2020, NML has undertaken testing for 101 persons under investigation for 2019-nCoV in Canada, 3 have tested positive, 58 have tested negative, and 40 results remain pending.


PHAC is engaging with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.

\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

The next PHAC-convened weekly teleconference of relevant federal partners to share information and coordinate activities will be held on January 31, 2020. Ongoing coordination calls are convened as necessary to address specific issues.

**Communications:**

The Chief Public Health Officer of Canada, the Deputy Chief Public Health Officer and other PHAC senior officials continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Steven Sternthal

The next update will be provided on January 31, 2020.

Any significant developments will be communicated sooner as necessary.
Event Name: Emergence of novel coronavirus (2019-nCoV) in China
Date: January 31, 2020

Health Portfolio Operations Centres - Activation Status:
The Health Portfolio Operations Centre (HPOC) has increased its activation to Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (2019-nCoV) in China.

Assessment of public health risk within Canada remains low.

Update - Quick Stats as of January 31, 2020

Canada

4 cases of 2019 Novel Coronavirus have been confirmed in Canada.

<table>
<thead>
<tr>
<th>Province</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>1</td>
</tr>
</tbody>
</table>
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International

9692 cases of 2019-nCoV pneumonia, with 213 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

132 cases of 2019-nCoV infection have been confirmed in 24 countries/jurisdictions outside of mainland China.

<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>9692</td>
<td>213</td>
</tr>
<tr>
<td>Asia (outside mainland China – Hong Kong SAR, Macao SAR, Taiwan, Japan, Korea, Thailand, Singapore, Vietnam, Nepal, Malaysia, Sri Lanka, Cambodia, Philippines, India)</td>
<td>92</td>
<td>0</td>
</tr>
</tbody>
</table>
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle East (United Arab Emirates)</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Australia</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Europe (France, Germany, Finland, United Kingdom UK, Italy)</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Russia</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>North America (Canada, USA)</td>
<td>10</td>
<td>0</td>
</tr>
</tbody>
</table>

**Situation Overview:**

**Canada**

On January 31, 2020, a fourth Canadian confirmed case of 2019-nCoV infection was identified in Ontario in a traveler from Wuhan. The individual was asymptomatic during travel, is currently self-isolating and being monitored by local public health. All Canadian cases identified to date have been associated with travel from China. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials. Further identification of imported cases of 2019-nCoV in Canada is expected.

**China**

As of 24:00 CST on January 30, 2020 (11:00 EST, January 29, 2020), 9692 cases of 2019-nCoV pneumonia, with 213 deaths have been reported from 31 provinces (autonomous regions and municipalities) in mainland China.

- 102,427 contacts are being followed.
- Hubei Province remains the epicentre of the outbreak, accounting for 5806 cases of 2019-nCoV pneumonia, and 204 deaths.

China continues to introduce and enforce exceptional measures to reduce spread of the virus, including exit screening, transportation shutdowns, suspension of visitor visas, school closures, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of
large public gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.

**International**

As of January 31, 2020, 132 cases of 2019-nCoV infection have been confirmed in 24 countries/jurisdictions outside of mainland China (Hong Kong Special Administrative Region (SAR) 12, Macao SAR 7, Taiwan 9, Japan 12, Korea 7, Thailand 14, Singapore 13, Vietnam 5, Nepal 1, Malaysia 8, United States 6, Australia 9, France 6, Canada 4, Germany 4, Sri Lanka 1, Cambodia 1, United Arab Emirates 4, Finland 1, Philippines 1, India 1, Italy 2, UK 2, Russia 2).

To date, only six countries outside of mainland China have identified locally acquired 2019-nCoV infections: Germany, Japan, Taiwan, Thailand, Vietnam and the US.

Multiple countries across Asia, Europe, the Middle East and North America have implemented varying levels of enhanced public health measures including travel advisories/restrictions, entry screening and monitoring of travelers from Wuhan, the province of Hubei or China in efforts to limit imported cases and prevent further transmission within their jurisdictions.

Multiple countries including Canada, the United States, Japan, Australia, New Zealand, some European states (including France and Germany) have repatriated, or are planning repatriation, of their citizens from China.

**Risk Assessment:**

The WHO situation report for January 28, 2020 continues to assess the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.

PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on January 30, 2020, remains low.
International Preparedness and Response:

World Health Organization (WHO)

On January 30, 2020, the Director General of the WHO declared the 2019-nCoV outbreak in China to be a public health emergency of international concern (PHEIC), stating "This is the time for facts, not fear. This is the time for science, not rumours. This is the time for solidarity, not stigma."

Key themes of the recommendations to China, other countries and the global community include:

- Avoidance of measures that unnecessarily interfere with international travel and trade
- Strengthened preparedness plans to identify, isolate and care for cases, and prevent transmission
- Support to countries with weaker health systems
- Accelerated development of vaccines, therapeutics and diagnostics
- Counteracting the spread of rumours and misinformation
- Sharing of data, knowledge and experience
- Working together in the spirit of solidarity and cooperation

The US Centers for Disease Control and Prevention (US CDC)

As of January 31, 2020, the USA has identified six cases 2019-nCoV infection. Five cases were identified in individuals with a history of travel to Wuhan. The sixth case is the spouse of a travel-imported case, and represents the first case of 2019-nCoV transmitted person to person in the US.

On January 28, 2020, the US CDC announced expansion of entry screening of passengers on direct and connecting flights from China to 20 major airports.

On January 26, 2020, the US CDC updated its travel health notice for Wuhan City, raising the alert from Level 3 Avoid Nonessential Travel for Hubei Province, including Wuhan, to Level 3 Avoid all Non-essential travel to all of Mainland China.

The European Centre for Disease Prevention and Control (ECDC)
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On January 28, 2020, ECDC communicated its expectation that further imported cases will be identified in Europe, with the potential for limited local transmission. ECDC urged European Union (EU)/European Economic Area (EEA) countries to ensure that timely and rigorous infection prevention and control measures are applied for any suspect 2019-nCoV cases, in order to prevent further spread in the community and healthcare settings.

Canadian Preparedness to Respond:

Global Affairs Canada (GAC)

As of January 31, 2020, planning continues to transport Canadians in the Wuhan area who have requested consular assistance to come back to Canada. Canadian officials are working with officials in China to obtain the authorizations to proceed with a departure.

GAC has updated its China safety risk level to “avoid all travel” to the province of Hubei, including the cities of Wuhan, Huanggang and Ezhou, due to the imposition of heavy travel restrictions in order to limit the spread of a novel coronavirus, recommending that all Canadians check the Travel Advice and Advisories for China before travel.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (eg federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centres (RECC) are activated in Québec, Ontario and Western regions to support activities related to 2019-nCoV in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):
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On January 30, 2020, PHAC updated its Level 3 Travel Health Notice for all of China (avoid non-essential travel) to include the statement that the WHO has declared the outbreak to be a Public Health Emergency of International Concern (PHEIC).

As of January 29, 2020, enhanced screening measures\(^1\) at airports (Vancouver, Toronto and Montreal) were expanded to all travelers that have been in the province of Hubei, China in the previous 14 days. Individuals with this travel history are asked questions about their health, and those that are unwell will be referred to a PHAC Quarantine Officer (Central Notification System) for further assessment. Asymptomatic travelers are provided information on symptoms to monitor as well as contact information on who to call if they develop symptoms. These measures complement routine traveler screening procedures already in place to prevent the introduction and spread of communicable disease into Canada\(^2\).

As of January 29, 2020, 405 travelers have identified as returning from Hubei Province, with 28 referred for further assessment by a quarantine officer. Of those, 25 were released with an educational hand-out and 3 were issued an order for a further medical exam.

\(^1\) On screen messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks now include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt. As of January 31, 2020, NML has undertaken testing for 117 persons under investigation for 2019-nCoV in Canada, 4 have tested positive, 93 have tested negative, and 20 results remain pending.


PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding 2019-nCoV.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners3 to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.

A weekly teleconference of relevant federal partners to share information and coordinate activities was held on January 31, 2020. Ongoing coordination calls are convened as necessary to address specific issues.

Communications:

The Chief Public Health Officer of Canada, the Deputy Chief Public Health Officer and other PHAC senior officials continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:

- Steven Sterenthal

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
The next update will be provided on February 3, 2020.
Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, Increased vigilance and readiness, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)’s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.

Date: January 15, 2020

Key Points:
- On January 15, 2020, the Wuhan Municipal Health Commission released limited additional information related to the cases of pneumonia caused by the novel coronavirus:
  o the cases are mostly male, middle-aged or elderly
  o primary symptoms are fever and cough, usually mild in the early stages, but more likely to be severe or progress to severe in individuals with underlying disease
  o most cases reported visiting South China seafood market prior to illness
  o some environmental samples from the Wuhan South China Seafood City (also called the South China Seafood Wholesale Market and the Hua Nan Seafood Market) have tested positive for the novel coronavirus
  o potential human to human transmission has been identified from a husband, who worked within the Huanan Seafood Market and developed symptoms first, to his wife, who had no exposure to the market.
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- Media sources have reported the possibility of person to person spread in another 3 person cluster of Wuhan cases (a father, son and nephew) who all worked within the seafood market. However, it is considered more likely that all three individuals were exposed within the market.
- While it is possible that there may be limited person to person spread of the novel coronavirus, there has been no sustained or ongoing person to person spread of the virus. Specifically, there have been no new cases identified in the follow up of 763 contacts of the initial 41 cases in Wuhan, and no cases identified in health care workers.
- Thailand has confirmed one case of the new coronavirus (novel coronavirus, nCoV) in a traveler from Wuhan, China.
- Further identification of isolated travel related novel coronavirus cases in other countries may be expected and does not necessarily represent a significant shift in the public health risk associated with the novel coronavirus.
- As of January 13, 2020, 2 individuals with respiratory symptoms and a history of travel from Wuhan have been tested for the novel coronavirus within Canada, with no evidence of nCoV infection detected.
- Further identification of travelers from Wuhan with respiratory symptoms/illness and associated testing for the novel coronavirus within Canada should be expected.
- PHAC continues to follow the emergence of the novel coronavirus identified in Wuhan, China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.
- The assessment of the public health risk to Canada remains low.

Situation Overview:

Wuhan, China
- As of January 15, 2020, the Wuhan Municipal Health Commission has identified 41 cases of pneumonia caused by a new coronavirus infection (novel coronavirus, nCoV), with 6 cases identified as severe, and one death in an individual with multiple pre-existing medical conditions. Seven cases have been identified as cured and discharged.
- As of January 14, 2020, 763 contacts have been identified, with 450 cleared and 313 under ongoing follow-up.
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- No new cases have been identified among contacts or in healthcare workers.
- Chinese authorities continue to investigate the source of the novel coronavirus and its linkage to Wuhan South China Seafood City (also called the South China Seafood Wholesale Market and the Hua Nan Seafood Market).
- Genetic sequence of the novel coronavirus was published on January 10, 2020.
- Although the genetic sequence of the newly identified coronavirus has now been published, significant additional information is still required to fully understand how the disease is transmitted and the severity of illness it causes in humans.

International

- On January 13, 2020, Thailand’s Ministry of Public Health and the World Health Organization (WHO) reported the first confirmed case of the novel coronavirus (nCoV) infection in a traveler to Thailand from Wuhan. The individual is hospitalized and stable.
- The traveler’s source of exposure is under investigation.
- Increased vigilance, including health screening at borders for travelers from Wuhan continues in the Hong Kong Special Administration Region (SAR), Macau SAR and multiple other jurisdictions (e.g. Singapore, South Korea, Taiwan, Thailand) in closer proximity to Wuhan. Except for Thailand, these jurisdictions have identified respiratory illness in some travelers from Wuhan; alternate causes have been identified for most cases and no linkages to the Wuhan cases have been identified to date.

Canada

- As of January 13, 2020, Ontario’s Public Health Laboratory has tested 2 individuals with respiratory illness and a history of travel from Wuhan with no evidence of nCoV infection found in either individual.
Risk Assessment:

- PHAC’s assessment of the public health risk to Canada remains low. Risk will be re-assessed as appropriate as further information becomes available.
- On January 9, 2020 the European Centre for Disease Prevention and Control (ECDC) published a Threat Assessment Brief for the European Union/European Economic Area (EU/EEA), noting low risk of introduction and further spread of pneumonia cases possibly associated to a novel coronavirus within the EU and low risk to travelers.
- A WHO risk assessment of January 5, 2020 found that there is limited information to determine the overall risk, noting that their existing recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply, and advising against the application of any travel or trade restrictions on China.

International Preparedness and Response:

World Health Organization (WHO)

- The WHO is actively engaged in international preparedness and response and continues to communicate regarding the emergence of the novel coronavirus in China and the travel related case now identified in Thailand.
- On 15 January, the WHO published resources for laboratories wishing to test for the novel coronavirus.
- The WHO has issued a series of technical documents for novel coronavirus including case definitions, laboratory guidance, clinical management for suspect cases, etc.
- The WHO encourages all countries to enhance their surveillance for severe acute respiratory infections (SARI), to carefully review any unusual patterns of SARI or pneumonia cases and to notify WHO of any suspected or confirmed case of infection with novel coronavirus.
- On 10 January, the WHO issued an advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China advising travellers to practice usual precautions to reduce the general risk of acute respiratory infections while travelling in or from affected areas.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- The WHO advises against the application of any travel or trade restrictions on China based on the information currently available.

**The US Centers for Disease Control and Prevention (US CDC)**

- On January 13, 2020, the US CDC published a preliminary risk assessment stating that the risk for nCoV in the U.S is considered low based on the current available information.
- On January 14, 2020, the US CDC revised its Travel Health Notice to note that limited person-to-person spread may be possible, and to include information on the exported case to Thailand.
- On January 8, 2020, the US CDC issued a Health Alert Network (HAN) Health Advisory regarding the outbreak in Wuhan and providing relevant information and guidance to health care providers.

**Canadian Preparedness to Respond:**

**Public Health Agency of Canada (PHAC):**

- The NML has capacity to identify the novel coronavirus, and is developing and implementing new diagnostic tests, based on the availability of the genetic sequence of the nCoV.
- An updated Travel Health Notice Level 1 (Novel Coronavirus in Wuhan, China) was posted on January 14, 2020 to reflect the identification of Novel Coronavirus. No change to advice for travelers. [https://travel.gc.ca/travelling/advisories/pneumonia-china](https://travel.gc.ca/travelling/advisories/pneumonia-china)
- The Canadian Border Services Agency (CBSA) has been engaged and working with PHAC to define travel routes from Wuhan to Canada. There are no direct flights from Wuhan to Canada.
- Routine traveler screening procedures are in place.
- PHAC convened a meeting of Chief Medical Officers of Health (CCMOH) to discuss the international situation and confirm domestic preparedness

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1 Specifically, CBSA border services officers will contact a PHAC Quarantine Officer if they encounter an ill traveler from China with symptoms of concern, namely fever, cough or difficulty breathing. PHAC Quarantine Officers will perform a risk assessment that includes questions on travel history over the past 21 days (e.g. was traveler in Wuhan, did traveler visit live animal/seafood market, was traveler in contact with animals or another ill traveler from Wuhan). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
activities. CCMOH will meet weekly to share information and coordinate activities.

- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and clinical management.

- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.

**Communications:**

- New web content for coronaviruses, including the newly identified coronavirus, is in development and media lines are updated and shared with FPT partners as required.

**Approved by:**

- Howard Njoo

Next situation update will be provided on January 15, 2020.
Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, Increased vigilance and readiness, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)’s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.

Date: 1300h EST on January 16, 2020

Key Points:
- On January 15, 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported a laboratory confirmed case of the novel coronavirus (nCoV) infection in an individual who developed respiratory symptoms while visiting Wuhan. Upon return to Japan, the individual was hospitalized and tested positive for nCoV. The individual has since recovered. The individual did not visit the live animal market that has been associated with the outbreak of nCoV in Wuhan.
- Further identification of isolated travel related nCoV cases in other countries may be expected and does not necessarily represent a significant shift in the public health risk associated with the novel coronavirus.
- On January 16, 2020, the Wuhan Municipal Health Commission reported one additional death among the 41 identified cases of pneumonia caused by the nCoV, bringing the total number of deaths to two. Both deaths were in older individuals with pre-existing medical conditions.
- The potential for human to human spread of and source of exposure to the nCoV remain the focus of ongoing investigations. One potential human to human transmission involves a couple, in which the husband, who worked within the Hua Nan Seafood Market, developed symptoms prior to his...
wife, who had no exposure to the market. Media sources have also reported the less likely possibility of person to person spread in another 3 person cluster of Wuhan cases (a father, son and nephew) who all worked within the seafood market.

- While it is possible that there may be limited person to person spread of the nCoV, there has been no clear evidence of sustained or ongoing person to person spread of the virus. Specifically, there have been no new cases identified in the follow up of 763 contacts of the initial 41 cases in Wuhan, and no cases identified in health care workers.
- Neither travel related case of the nCoV infection had exposure to the live seafood market associated with the Wuhan outbreak.
- Investigation of the source of exposure to the nCoV is ongoing.
- As of January 13, 2020, 2 individuals with respiratory symptoms and a history of travel from Wuhan have been tested within Canada, with no evidence of nCoV infection detected.
- Further identification of travelers from Wuhan with respiratory symptoms/illness and associated testing for the nCoV infection within Canada should be expected.
- PHAC continues to follow the emergence of the nCoV identified in Wuhan, China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.
- The assessment of the public health risk to Canada remains low.

**Situation Overview:**

**Wuhan, China**

- As of January 16, 2020, the Wuhan Municipal Health Commission has identified 41 cases of pneumonia caused by a new (novel) coronavirus infection (nCoV), with 5 cases identified as severe, and two deaths, both in older individuals with pre-existing medical conditions. Twelve cases have been identified as cured and discharged.
- As of January 14, 2020, 763 contacts have been identified, with 644 cleared and 119 under ongoing follow-up.
- No new cases have been identified among contacts or in healthcare workers.
- Chinese authorities continue to investigate the source of the nCoV and its linkage to Wuhan South China Seafood City (also called the South China Seafood Wholesale Market and the Hua Nan Seafood Market).
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- Genetic sequence of the nCoV was published on January 10, 2020.
- Although the genetic sequence of the nCoV has now been published, significant additional information is still required to fully understand how the disease is transmitted and the severity of illness it causes in humans.

International

- On 15 January 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported a laboratory confirmed case of nCoV infection in an individual with a history of travel to Wuhan. The individual has since recovered.
- On January 13, 2020, Thailand’s Ministry of Public Health and the World Health Organization (WHO) reported the first confirmed case of the nCoV infection in a traveler to Thailand from Wuhan. The individual is hospitalized and stable.
- The source of exposure for these cases remains under investigation. Neither individual reported exposure to Wuhan South China Seafood City, the live market associated with the Wuhan outbreak.
- Increased vigilance, including health screening at borders for travelers from Wuhan continues in the Hong Kong Special Administration Region (SAR), Macau SAR and multiple other jurisdictions (eg Singapore, South Korea, Taiwan, Thailand) in closer proximity to Wuhan. Except for Thailand, these jurisdictions have identified respiratory illness in some travelers from Wuhan; alternate causes have been identified for most cases and no linkages to the Wuhan cases have been identified to date.

Canada

- As of January 13, 2020, Ontario’s Public Health Laboratory has tested 2 individuals with respiratory illness and a history of travel from Wuhan with no evidence of nCoV infection found in either individual.

Risk Assessment:

- PHAC’s assessment of public health risk to Canada associated with nCoV in Wuhan, China has been updated to consider the potential for exposure beyond the Hua Nan seafood market and limited human-to-human
transmission. The overall risk to Canadian Travelers and to Canada remains low.

- On January 9, 2020 the European Centre for Disease Prevention and Control (ECDC) published a Threat Assessment Brief for the European Union/European Economic Area (EU/EEA), noting low risk of introduction and further spread of pneumonia cases possibly associated to a novel coronavirus within the EU and low risk to travelers.

- A WHO risk assessment of January 5, 2020 found that there is limited information to determine the overall risk, noting that their existing recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply, and advising against the application of any travel or trade restrictions on China.

**International Preparedness and Response:**

**World Health Organization (WHO)**

- The WHO is actively engaged in international preparedness and response and continues to communicate regarding the emergence of the nCoV in China and the travel related cases now identified in Thailand and Japan.
- On 15 January, the WHO published resources for laboratories wishing to test for the nCoV.
- The WHO has issued a series of technical documents for the nCoV, including case definitions, laboratory guidance, clinical management for suspect cases, etc.
- The WHO encourages all countries to enhance their surveillance for severe acute respiratory infections (SARI), to carefully review any unusual patterns of SARI or pneumonia cases and to notify WHO of any suspected or confirmed case of infection with the nCoV.
- On 10 January, the WHO issued an advice for international travel and trade in relation to the outbreak of pneumonia caused by the nCoV in China advising travellers to practice usual precautions to reduce the general risk of acute respiratory infections while travelling in or from affected areas.
- The WHO advises against the application of any travel or trade restrictions on China based on the information currently available.

**The US Centers for Disease Control and Prevention (US CDC)**
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- On January 13, 2020, the US CDC published a preliminary risk assessment stating that the risk for nCoV in the U.S is considered low based on the current available information.
- On January 14, 2020, the US CDC revised its Travel Health Notice to note that limited person-to-person spread may be possible, and to include information on the exported case to Thailand.
- On January 8, 2020, the US CDC issued a Health Alert Network (HAN) Health Advisory regarding the outbreak in Wuhan and providing relevant information and guidance to health care providers.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):

- The NML has capacity to identify the nCoV, and is developing and implementing new diagnostic tests, based on the availability of the genetic sequence of the nCoV.
- The NML has received the nCoV laboratory testing protocol used by Japan and has shared it with provincial public health laboratories who have or are developing testing capacity for the nCoV.
- An updated Travel Health Notice Level 1 (Novel Coronavirus in Wuhan, China) was posted on January 14, 2020 to reflect the identification of Novel Coronavirus. No change to advice for travelers. https://travel.gc.ca/travelling/advisories/pneumonia-china
- The Canada Border Services Agency (CBSA) has been engaged and working with PHAC to define travel routes from Wuhan to Canada. There are no direct flights from Wuhan to Canada.
- Routine traveler screening procedures are in place. ¹
- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to

¹ Specifically, CBSA border services officers will contact a PHAC Quarantine Officer if they encounter an ill traveler from China with symptoms of concern, namely fever, cough or difficulty breathing. PHAC Quarantine Officers will perform a risk assessment that includes questions on travel history over the past 21 days (e.g. was traveler in Wuhan, did traveler visit live animal/seafood market, was traveler in contact with animals or another ill traveler from Wuhan). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and clinical management.

- PHAC is convening weekly teleconferences of the CCMOH to share information and coordinate activities.
- PHAC is engaged with provincial/territorial public health partners and relevant expert groups to assess and update relevant technical guidance to support rapid identification, diagnosis, and public health management of respiratory illness in travelers from Wuhan.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^2\) to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.
- PHAC will convene weekly teleconferences of relevant federal partners to share information and coordinate activities as required.

**Communications:**

- New web content for coronaviruses, including the newly identified coronavirus, is in development and media lines are being updated and shared with FPT partners as required.

**Approved by:**

- Howard Njoo

Next situation update will be provided on January 17, 2020.
Any significant developments will be communicated sooner as necessary.

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\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, *Increased vigilance and readiness*, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)’s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- The assessment of the public health risk within Canada remains low.

Date: 1200h EST on January 27, 2020

Key Points:
- On January 27, 2020, a second case of 2019-nCoV infection was identified in Ontario. This new case is the spouse of the first case, and also travelled to Canada from Wuhan. The individual has been self-isolating since arrival in Canada and is reported to be asymptomatic.

- Contact tracing activities for both cases are being undertaken by Ontario public health officials.

- Further identification of imported cases of 2019-nCoV in Canada is not unexpected, and the assessment of the public health risk of spread within Canada remains low.

- As of 24:00 CST on January 26, 2020 (11:00 EST, January 25, 2020), mainland China has reported 2744 cases of 2019-nCoV pneumonia in 30 provinces (autonomous regions and municipalities), including 80 deaths.

- As of 18:00 HKT on January 27, 2020, 05:00 ET, January 27, 2020 in Ottawa), 55 cases of 2019-nCoV have been confirmed in 14 countries/jurisdictions outside of mainland China (Hong Kong 8, Macau 6,
Taiwan 5, Thailand 5, Japan 4, Korea 3, Vietnam 2, Singapore 4, Nepal 1, Malaysia 3, USA 5, France 3, Australia 4, Canada 2).

- Identification of further imported 2019-nCoV cases can be expected in countries outside of mainland China, including Canada.

**Situation Overview:**

**Canada**

- On January 25, 2020, the first case of 2019-nCoV in Canada was identified in Ontario, in a traveler from Wuhan. The individual remains hospitalized in stable condition, with all appropriate infection prevention and control measures in place.
- On January 27, 2020, the spouse of the first case, who also traveled from Wuhan, tested positive for 2019-nCoV. This individual remains asymptomatic, and is being monitored in self-isolation at home.
- Contact tracing by Ontario public health officials is underway.
- The implicated flight has been identified publicly.
- There is positive laboratory confirmation by the NML for the first case from Ontario and samples from the second case have been sent to the NML.
- Both individuals are being managed, from both a clinical and public health perspective, as confirmed cases.

**China**

- As of 24:00 CST on January 26, 2020 (11:00 ET, January 25, 2020), mainland China has reported 2744 cases of 2019-nCoV pneumonia in 30 provinces (autonomous regions and municipalities), including 461 severe cases, and 80 deaths.
  - 32,799 close contacts of cases have been tracked, 583 have been cleared, and 30,453 still being followed.
- As of 24:00 CST on January 26, 2020 (11:00 EST, January 25, 2020), China’s Hubei Province, the current epicenter of the outbreak, has
reported 1423 cases of 2019-nCoV pneumonia, including 221 severe cases, 69 critical cases, and 76 deaths.
  - 10,394 close contacts of cases have been tracked, 1,291 have been cleared, and 9,103 still being followed.

- China continues to implement exceptional measures to reduce further spread of the virus, including exit screening, transportation shutdowns, school closures, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of large public gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.

International

- As of 18:00 HKT on January 27, 2020 (05:00 EST, January 27, 2020), 55 cases of 2019-nCoV have been confirmed in 14 countries/jurisdictions outside of mainland China (Hong Kong 8, Macau 6, Taiwan 5, Thailand 5, Japan 4, Korea 3, Vietnam 2, Singapore 4, Nepal 1, Malaysia 3, USA 5, France 3, Australia 4, Canada 2).

- As of January 27, 2020, enhanced public health vigilance, including entry screening measures for symptoms of 2019-nCoV have been implemented in multiple countries globally, including in the USA, Canada.

- As of January 24, 2020, Canada and the USA, have advised travelers to avoid non-essential travel to Wuhan due to transportation shutdowns and quarantine measures implemented to control the ongoing 2019-nCoV outbreak.

- On January 26, 2020, the US Department of State communicated it will relocate US personnel stationed at the US Consulate General, and a limited number of private US citizens, from Wuhan via chartered air flight on January 28, 2020.
Risk Assessment:
- A WHO situation report for January 26, 2020 assesses the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.
- PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on January 24, 2020, remains low.

International Preparedness and Response:

World Health Organization (WHO)
- The WHO January 26, 2020 Situational Report notes that risk of this event continues to be very high in China, high at the regional level and high at the global level.
- As of January 27, 2020, the WHO has not yet declared the 2019-nCoV outbreak in China to be a public health emergency of international concern (PHEIC). The WHO is monitoring the outbreak closely and is reassessing the situation on an ongoing basis.
- On January 24, 2020, the WHO updated their advice for international traffic to advise that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic. Advice for exit screening in countries or areas with ongoing transmission of the novel coronavirus 2019-nCoV (currently People’s Republic of China) was provided, as was advice for entry screening in countries/areas without transmission of the novel coronavirus 2019-nCoV.

The US Centers for Disease Control and Prevention (US CDC)
- As of January 26, 2020, the USA has identified five imported 2019-nCoV infections.
- On January 26, 2020, the US CDC updated their risk assessment to state that although human-human spread of 2019-nCoV has not occurred within the USA, it is likely to occur to some extent and that human to human spread can happen on a continuum. The US CDC acknowledged that 2019-nCoV is a public health threat, but based on the current information, considered the risk to the American population to be low.
- On January 26, 2020, the US CDC updated its travel notice for Wuhan City, raising the alert from Level 2: Practice Enhanced Precautions to
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Level 3: Avoid Nonessential Travel for Hubei Province, including Wuhan. A Level 1: Practice Usual Precautions travel notice was issued for the rest of China.

- The US CDC has expanded entry screening of passengers on direct and connecting flights from Wuhan, China to five major airports: Atlanta (ATL), Chicago (ORD), Los Angeles, (LAX) New York city (JFK), and San Francisco (SFO).

The European Centre for Disease Prevention and Control (ECDC)

- On January 26, 2020, the ECDC updated their risk assessment for the European Union (EU)/European Economic Area (EEA) to note that the potential impact for the 2019-nCoV outbreak is high and global spread is likely. They identify the likelihood of 2019-nCoV infection in EU/EEA travellers visiting or residing in Wuhan as moderate; the risk of further spread should an importation occur is considered high in countries with high travel volume to-and-from Wuhan; and a moderate risk of detecting imported cases into the EU/EEA. The likelihood of case importation in the EU resulting in secondary cases is low.

Canadian Preparedness to Respond:

Government Affairs Canada (GAC)

- On January 24, 2020, Government Affairs Canada (GAC) updated its China safety “risk level” to recommend avoiding all non-essential travel to Hubei province.

- On January 26, 2020, GAC updated the Hong Kong, Taiwan and Macao country pages to include safety information with regards to city closures in China and also linking to the 2019-nCoV Travel Health Notice

Public Health Agency of Canada (PHAC):

- On January 26, 2020, PHAC updated its Level 2 (follow enhanced health precautions) Travel Health Notice to provide further information regarding implementation of exceptional measures in Wuhan as well as other
cities in Hubei Province, including transportation shutdowns, strict infection prevention and control measures and limiting or cancelling large public gatherings. Attention is also drawn to the Government of Canada recommendation that Canadians avoid non-essential travel to Hubei province, China due to safety and security concerns.

- Enhanced border measures\(^1\) continue to be in place at Vancouver, Toronto and Montreal airports to augment standard traveler screening procedures in place to prevent the introduction and spread of communicable diseases into Canada.\(^2\)

- PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, and has confirmed the positive result for the first case from Ontario. Samples for the second case have been sent to the NML with results expected within 24 hours of receipt.

- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian

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\(^1\) On screen messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will alert travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks now include a question to identify travelers from Wuhan. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
Public Health Laboratory Network (CPLHN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.

- A FPT Special Advisory Committee (SAC) on 2019-nCoV convened under the FPT Response Plan for Biological Events will meet by teleconference on January 28, 2020.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.
- A PHAC-convened weekly teleconferences of relevant federal partners to share information and coordinate activities was held on January 27, 2020. Ongoing coordination calls are convened as necessary to address specific issues.
- PHAC is collaborating with Health Canada’s Public Service Occupational Health Program to develop and distribute appropriate occupational health advice for federal workers.

**Communications:**

- On January 26, 2020, Health Minister Hajdu, the Chief Public Health Officer of Canada, and the Deputy Chief Public Health Officer participated in a press conference to discuss identification of the first identified 2019-nCoV case in Canada.
- Media lines and other communications products are being updated and shared with FPT partners as required.
- PHAC senior officials are providing media availability and interviews as required.

**Approved by:**

- Howard Njoo

The next update will be provided on January 28, 2020.

Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Event Name: Emergence of novel coronavirus (2019-nCoV) in China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, *Increased vigilance and readiness*, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)'s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- The assessment of the public health risk within Canada remains low.

Date: 1200h EST on January 28, 2020

Key Points:
- On January 28, 2020, British Columbia (BC) confirmed a third case of 2019-nCoV infection in Canada, in a traveler from Wuhan, China.

- Contact tracing and public health management for all three cases are being undertaken by relevant provincial public health officials.

- Further identification of imported cases of 2019-nCoV in Canada is expected. However, the assessment of the public health risk of spread within Canada remains low.

- As of 24:00 CST on January 27, 2020 (11:00 EST, January 26, 2020), mainland China has reported 4515 cases of 2019-nCoV pneumonia in 30 provinces (autonomous regions and municipalities), including 106 deaths.

- As of January 28, 2020, 77 cases of 2019-nCoV have been confirmed in 17 countries/jurisdictions outside of mainland China (Hong Kong 8, Macau 7, Taiwan 7, Thailand 14, Japan 6, Korea 4, Vietnam 2, Singapore 5, Nepal 1, Malaysia 4, USA 5, France 3, Australia 5, Canada 3, Germany 1, Sri Lanka 1, Cambodia 1).
Identification of further imported 2019-nCoV cases is expected in countries outside of mainland China, including Canada.

**Situation Overview:**

**Canada**

- On January 27, 2020, a third case of 2019-nCoV was identified in BC, in a traveler from Wuhan. The individual was asymptomatic during travel, but subsequently developed mild respiratory symptoms. The individual is currently self isolating at home, and is being monitored by local public health authorities. Laboratory testing was undertaken at the British Columbia Centre for Disease Control (BCCDC). Confirmatory testing is being undertaken by the Public Health Agency of Canada’s (PHAC) National Microbiology Laboratory (NML). Results are expected within 24 hours of receipt of the laboratory sample in Winnipeg.

- Contact tracing and monitoring of contacts by local public health authorities of the two 2019-nCoV cases identified in Ontario continues.

**China**

- As of 24:00 CST on January 27, 2020 (11:00 EST, January 26, 2020), mainland China has reported 4515 cases of 2019-nCoV pneumonia in 30 provinces (autonomous regions and municipalities), including 106 deaths.
  - 47,833 close contacts of cases have been tracked, 914 have been cleared, and 44,132 still being followed.

- As of 24:00 CST on January 27, 2020 (11:00 EST, January 26, 2020), China’s Hubei Province, the current epicenter of the outbreak, has reported 2714 cases of 2019-nCoV pneumonia, including 100 deaths.
  - 16,904 close contacts of cases have been tracked, with 15,559 still being followed.

- China continues to implement exceptional measures to reduce spread of the virus, including exit screening, transportation shutdowns, school closures, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of large public
gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.

**International**

- As of January 28, 2020, 77 cases of 2019-nCoV have been confirmed in 17 countries/jurisdictions outside of mainland China (Hong Kong 8, Macau 7, Taiwan 7, Thailand 14, Japan 6, Korea 4, Vietnam 2, Singapore 1, Nepal 1, Malaysia 4, USA 5, France 3, Australia 5, Canada 3, Germany 1, Sri Lanka 1, Cambodia 1).

- Enhanced public health vigilance, including entry screening measures for symptoms of 2019-nCoV has been implemented in multiple countries globally, including in the USA and Canada.

- On January 28, 2020, the Hong Kong Government announced that cross-border travel with mainland China would be limited by closing railways, reducing bus services, and reducing air flights by half, effective January 30, 2020. Issuance of new visas to individual mainland tourists will also be suspended and government employees have been ordered to work from home.

- As of January 24, 2020, Canada and the USA, have advised travelers to avoid non-essential travel to Wuhan due to transportation shutdowns and quarantine measures implemented to control the ongoing 2019-nCoV outbreak.

- On January 28, 2020, the US Department of State is relocating personnel stationed at the US Consulate General to the US, and a limited number of private US citizens, from Wuhan via chartered air flight. Other countries are reported by media to be planning similar measures.

**Risk Assessment:**

- A WHO situation report for January 26, 2020 assesses the risk of 2019-nCoV event to be very high in China, high at the regional level and high at the global level.
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- PHAC’s assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on January 24, 2020, remains low.

International Preparedness and Response:

World Health Organization (WHO)
- The WHO January 26, 2020 Situational Report notes that risk of this event continues to be very high in China, high at the regional level and high at the global level.
- As of January 27, 2020, the WHO has not yet declared the 2019-nCoV outbreak in China to be a public health emergency of international concern (PHEIC). The WHO is monitoring the outbreak closely and is reassessing the situation on an ongoing basis.
- On January 24, 2020, the WHO updated their advice for international traffic to advise that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic. Advice for exit screening in countries or areas with ongoing transmission of the novel coronavirus 2019-nCoV (currently People’s Republic of China) was provided, as was advice for entry screening in countries/areas without transmission of the novel coronavirus 2019-nCoV.

The US Centers for Disease Control and Prevention (US CDC)
- As of January 28, 2020, the USA has identified five imported 2019-nCoV infections.
- On January 26, 2020, the US CDC updated their risk assessment to state that although human to human spread of 2019-nCoV has not occurred within the USA, it is likely to occur to some extent and that human to human spread can happen on a continuum. The US CDC acknowledged that 2019-nCoV is a public health threat, but based on the current information, considered the risk to the American population to be low.
- On January 26, 2020, the US CDC updated its travel health notice for Wuhan City, raising the alert from Level 3 Avoid Nonessential Travel for Hubei Province, including Wuhan, to Level 3 Avoid all Non-essential travel to all of Mainland China.
- The US CDC has expanded entry screening of passengers on direct and connecting flights from Wuhan, China to five major airports: Atlanta (ATL),
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

Chicago (ORD), Los Angeles, (LAX) New York City (JFK), and San Francisco (SFO).

The European Centre for Disease Prevention and Control (ECDC)

- On January 26, 2020, the ECDC updated their risk assessment for the European Union (EU)/European Economic Area (EEA) to note that the potential impact for the 2019-nCoV outbreak is high and global spread is likely. They identify the likelihood of 2019-nCoV infection in EU/EEA travellers visiting or residing in Wuhan as moderate; the risk of further spread should an importation occur is considered high in countries with high travel volume to- and-from Wuhan; and a moderate risk of detecting imported cases into the EU/EEA. The likelihood of case importation in the EU resulting in secondary cases is low.

Canadian Preparedness to Respond:

Global Affairs Canada (GAC)

- On January 24, 2020, Global Affairs Canada (GAC) updated its China safety "risk level" to recommend avoiding all non-essential travel to Hubei province.

- On January 26, 2020, GAC updated the Hong Kong, Taiwan and Macao country pages to include safety information with regards to city closures in China and also linking to the 2019-nCoV Travel Health Notice.

Health Portfolio (HP):

- Health Canada's Public Service Occupational Health Program is developing and distributing appropriate occupational health advice for federal workers, including annexes for specific groups (eg federal employees at airports, at missions in China).

- The Health Portfolio Québec region (HP QC) emergency response activities were increased to a level 2 - Increased Vigilance & Readiness as of 27 January 2020 to support activities related to 2019-nCoV in China, and preparedness and detection activities in Quebec.
Public Health Agency of Canada (PHAC):

- On January 27, 2020, PHAC updated its Level 2 (follow enhanced health precautions) Travel Health Notice to recommend Canadians avoid all travel to Hubei province, China due to safety and security risks associated with exceptional measures being implemented to contain further spread of 2019-nCoV.

- Enhanced border measures\(^1\) continue to be in place at Vancouver, Toronto and Montreal airports to augment standard traveler screening procedures in place to prevent the introduction and spread of communicable diseases into Canada. \(^2\)

- PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian

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\(^1\) On screen messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will alert travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks now include a question to identify travelers from Wuhan. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^2\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.

- A FPT Special Advisory Committee (SAC) on 2019-nCoV convened under the FPT Response Plan for Biological Events will meet by teleconference on January 28, 2020.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.
- A PHAC-convened weekly teleconferences of relevant federal partners to share information and coordinate activities was held on January 27, 2020. Ongoing coordination calls are convened as necessary to address specific issues.

**Communications:**

- On January 26, 2020, Health Minister Hajdu, the Chief Public Health Officer of Canada, and the Deputy Chief Public Health Officer participated in a press conference to discuss identification of the first identified 2019-nCoV case in Canada.
- Media lines and other communications products are being updated and shared with FPT partners as required.
- PHAC senior officials are providing media availability and interviews as required.

**Approved by:**

- Howard Njoo

The next update will be provided on January 29, 2020.
Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 13, 2020, 1400 EST

Health Portfolio Operations Centres - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points
- On February 11, WHO officially named the disease COVID-19, short for “coronavirus disease 2019” and named the causative virus SARS-CoV-2.
- Case count as of February 13, 2020:
  - Canada: 7 cases of COVID-19 have been confirmed (ON=3, BC=4).
  - Globally: 60,372 confirmed cases of COVID-19, including 1,369 deaths.
    - Mainland China: 59,804 cases of COVID-19 pneumonia, with 1,367 deaths.
    - Rest of the World: 568 cases of COVID-19 infections, with two deaths.
- Repatriation:
  - As of February 12, 437 individuals, including repatriated travelers, crew, Government of Canada employees and parents/guardians who have joined children, were in quarantine at Canadian Forces Base Trenton.
  - As of February 12, 45 individuals including members of the Canadian Armed Forces medical staff, a Government of Canada employee and flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine.
- International conveyances:
  - As of February 13, 12 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections.
  - Of the 12 Canadian cases, one remains in critical condition, two have improved since yesterday, and the remainder are in a stable condition.
  - At least 4 Canadians have been identified as close contacts and will require an extended quarantine (beyond February 19, exact date to be determined).
  - On February 13, Japan announced a plan for early disembarkation of vulnerable groups.
- Laboratory testing:
  - As of February 13, NML has undertaken testing for 436 persons under investigation for COVID-19 in Canada, 7 have tested positive, 350 have tested negative, with results of 79 tests still pending.
- Returning travellers:
  - As of February 11, 1,466 travelers have identified as returning from Hubei Province, with 55 referred for further assessment. Of those, 52 were released with an educational hand-out and 3 were issued an order for a medical exam.
- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 13 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 13 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.

Prepared by: F. Tanguay
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<thead>
<tr>
<th>Region</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
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<tbody>
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<td>Mainland China</td>
<td>59,804</td>
<td>1,367</td>
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<td>Asia (outside mainland China)</td>
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<td>Diamond Princess cruise, Japan</td>
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</table>

1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia (including clinically diagnosed cases without a laboratory confirmation for COVID-19 in Hubei Province), while WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”

4 Including asymptomatic cases

### Situation Overview

**Canada**

As of February 12, 2020, 7 cases of COVID-19 infections have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

**Repatriation**

On February 7, 2020, two chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. On February 11, the final assisted repatriation flight arrived at CFB Trenton with 224 passengers, including 188

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1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
returning Canadian citizens and an additional 36 flight crew, medical personnel and consular staff. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order").

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 12, 2020, 437 individuals (includes repatriated travelers, crew, a Government of Canada employee and parents/guardians who have joined children) were in quarantine at Canadian Forces Base Trenton. Health assessments have been completed for all individuals in quarantine. Two individuals were transferred to the Emergency Medical Assistance Team (EMAT) for medical evaluation with sampling sent to MERT. Both tested negative for COVID-19. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

As of February 12, 45 individuals including members of the Canadian Armed Forces (CAF) medical staff, a Government of Canada employee and flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine. The number of individuals in quarantine is subject to change as persons are released from quarantine, or if they are transferred for medical reasons.

**China**

As of 24:00 CST on February 12, 2020 (11:00 EST, February 12, 2020), 59,804 cases of COVID-19 pneumonia, including 1,367 deaths have been reported across all provinces in mainland China. Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 81% (48,206) of COVID-19 cases reported in China, and 96% (1,310) of China’s death toll.

The sharp increase in the number of newly reported cases is due to the modification in case definition in Hubei province to include clinically diagnosed cases rather than laboratory confirmed cases only. Many cases previously suspect are now confirmed. Some retrospective reclassification may also be included in the numbers, clarification from China is pending.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

International

As of February 13, 2020, 568 cases of COVID-19 infection, with two deaths, have been confirmed in 27 countries/jurisdictions outside of mainland China and on an international conveyance. No new countries reported cases of COVID-19 in the past 24 hours.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 12 other countries: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, United Kingdom and United Arab Emirates.

Cruise ship

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team is being mobilized to Japan to assist with the response effort.

As of February 13, 216 crew/passengers were confirmed to have COVID-19 infections, including 12 Canadian passengers and were transferred to a designated hospital in Japan for further assessment and care as required. Ten of them are hospitalized; one remains in critical condition, two have improved since yesterday, and the remainder are in stable condition. One additional Canadian was hospitalized on February 12 for other medical reasons.

The cruise ship remains under quarantine, and further Canadian COVID-19 cases may be identified as additional testing is completed, or before the quarantine ends on February 19. At least 4 Canadians have been identified as close contacts of recent cases and will require an extended quarantine (beyond February 19). On February 13, Japan announced a plan for early disembarkation of vulnerable groups, further details will follow.

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.
International Preparedness and Response:

World Health Organization (WHO)


The US Centers for Disease Control and Prevention (US CDC)

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Since February 4, Canada has deployed approximately 16 tonnes of personal protective equipment to China to support ongoing response to the outbreak.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response, to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Wuhan, China.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.
Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel). On February 12, a revised version was posted with information updates and a description of the latest screening measures for travellers returning from Hubei Province and from mainland China (excluding Hubei Province).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

As of February 11, 2020, 1,466 travelers have identified as returning from Hubei Province, with 56 referred for further assessment by a quarantine officer. Of those, 53 were released with an educational handout and 3 were issued an order for a further medical exam.

| Enhanced screening and notification data for major Canadian airports, February 11, 2020 |
|---------------------------------|-----------------|-----------------|--------------------|
|                                 | Travelers from Hubei* (source: CBSA) | Referred for assessment (source: OBTH) | Orders issued (source: OBTH) |
| Montreal (YUL)                  | 2                | 0               | 0                  |
| Toronto (YYZ)                   | 46               | 0               | 0                  |
| Vancouver (YVR)                 | 5                | 1               | 0                  |
| Calgary (YYC)                   | 8                | 0               | 0                  |
| Edmonton (YEG)                  | 7                | 0               | 0                  |
| Ottawa (YOW)                    | 3                | 0               | 0                  |
| Quebec City (YQB)               | 0                | 0               | 0                  |
| Winnipeg (YWG)                  | 0                | 0               | 0                  |
| Toronto City (YTZ)              | 2                | 0               | 0                  |
| Halifax (YHZ)                   | 2                | 0               | 0                  |
| Total February 11               | 75               | 1               | 0                  |
| Total since January 22          | 1,466            | 56              | 3                  |

\(^*\) Travelers that answered ‘Yes’ to the enhanced screening question “Have you been to Hubei, China in the past 14 days” at major Canadian airports

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

As of February 13, 2020, NML has undertaken testing for 436 persons under investigation for COVID-19 in Canada, 7 have tested positive, 350 have tested negative, with results of 79 tests still pending. The last update reported publicly on the Canada.ca website was on February 8, 2020 and reported 191 negative cases and 7 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners3 to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

Communications:

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:
- Steven Sterenthal

The next update will be provided on February 14, 2020.
Any significant developments will be communicated sooner as necessary.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
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Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 14, 2020, 1300 EST

Health Portfolio Operations Centres - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points
• On February 11, WHO officially named the disease COVID-19, short for “coronavirus disease 2019” and named the causative virus SARS-CoV-2.
• Case count as of February 14, 2020:
  o Canada: 7 cases of COVID-19 have been confirmed (ON=3, BC=4).
  o Globally: 60,440 laboratory confirmed cases of COVID-19, including 1,383 deaths.
    ▪ Mainland China: 63,851 cases of COVID-19 pneumonia, with 1,380 deaths.
    ▪ Rest of the World: 589 laboratory confirmed cases of COVID-19 infections, with 3 deaths.
• Repatriation:
  o As of February 13, 437 individuals, including repatriated travelers, crew, Government of Canada employees and parents/guardians who have joined children, are in quarantine. Samples from 7 individuals were tested by the NML Microbiological Emergency Response Team (MERT) and all were negative for COVID-19.
  o As of February 13, 45 individuals including members of the Canadian Armed Forces medical staff, a Government of Canada employee and flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine.
• International conveyances:
  o As of February 14, 12 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections.
  o Of the 12 Canadians cases, 2 are in critical condition and the remainder are in stable condition.
  o At least 4 Canadians have been identified as close contacts and will require an extended quarantine (beyond February 19, exact date to be determined).
  o On February 14, Japan implemented the plan for early disembarkation of vulnerable groups.
• Laboratory testing:
  o As of February 14, NML has undertaken testing for 437 persons under investigation for COVID-19 in Canada, 7 have tested positive, 381 have tested negative, with results of 49 tests still pending.
• Returning travellers:
  o As of February 12, 1,456 travelers have identified as returning from Hubei Province, with 57 referred for further assessment. Of those, 54 were released with an educational hand-out and 3 were issued an order for a medical exam.
• Risk assessment:
  o Public health risk within Canada remains low.
  o Public health risk for travelers to China is moderate to high, depending on the location of travel
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 14 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 14 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

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<th>Region</th>
<th>Confirmed cases</th>
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<td>1,380</td>
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<td>280*</td>
<td>3</td>
</tr>
<tr>
<td>Oceania</td>
<td>15</td>
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<td>United Arab Emirates (8)</td>
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<tr>
<td>Belgium (1), Finland (1), France (11), Germany (16*), Italy (3), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
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<td>Canada (7), USA (15)</td>
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<td>International conveyance</td>
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<tr>
<td>Diamond Princess cruise, Japan</td>
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1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia (including clinically diagnosed cases without a laboratory confirmation for COVID-19 in Hubei Province), while WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”

* Including asymptomatic cases

4 Cases identified on international conveyances are reported in a separated category

**Situation Overview**

**Canada**

As of February 13, 7 cases of COVID-19 infections have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>4</td>
</tr>
</tbody>
</table>

**Repatriation**

On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ('Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order').

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 13, 437 individuals (includes repatriated travelers, crew, a Government of Canada employee and parents/guardians who have joined children) were in quarantine at CFB Trenton. Health assessments have been completed for all individuals in quarantine. Samples from seven individuals were sent for testing by the MERT. All were negative for COVID-19. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

As of February 12, 45 individuals including members of the Canadian Armed Forces (CAF) medical staff, a Government of Canada employee and flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine. The number of individuals in quarantine is subject to change as persons are released from quarantine, or if they are transferred for medical reasons.

**China**

As of 24:00 CST on February 13, 2020 (11:00 EST, February 12, 2020), 63,851 cases of COVID-19 pneumonia, including 1,380 deaths have been reported across all provinces in mainland China. Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 81% (51,986) of COVID-19 cases reported in China, and 96% (1,318) of China’s death toll.

As of February 12, Hubei Province started reporting clinically diagnosed cases in addition to laboratory-confirmed cases of COVID-19, which resulted in a sharp increase in the number of newly reported cases.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.
International

As of February 14, 2020, 589 cases of COVID-19 infection, with 3 deaths (Hong Kong, Japan and Singapore), have been confirmed in 27 countries/jurisdictions outside of mainland China and on an international conveyance. No new countries reported cases of COVID-19 in the past 24 hours.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 12 other countries: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, United Kingdom and United Arab Emirates.

Cruise ship

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team is being mobilized to Japan to assist with the response effort.

As of February 14, 218 crew/passengers were confirmed to have COVID-19 infections, including 12 Canadian passengers and were transferred to a designated hospital in Japan for further assessment and care as required. Of the 12 Canadians who are currently receiving medical care for the coronavirus, two are in critical condition and the remainder are in stable condition. Five additional Canadians are hospitalized for other medical reasons.

The cruise ship remains under quarantine, and further Canadian COVID-19 cases may be identified as additional testing is completed, or before the quarantine ends on February 19. At least 4 Canadians have been identified as close contacts of recent cases and will require an extended quarantine (beyond February 19). On February 14, Japan implemented the voluntary plan for early disembarkation of vulnerable groups. Passengers from vulnerable groups are offered the option to disembark and fulfill the remainder of their
quarantine in a government-identified facility. As of February 14, 11 individuals (no Canadian citizens among them) disembarked under the voluntary disembarkation, there is no indication of how many were offered this option.

**Risk Assessment:**

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

**World Health Organization (WHO)**


**The US Centers for Disease Control and Prevention (US CDC)**

A 14 day Federal Quarantine Order remains in place for U.S. citizens repatriated from Wuhan, China to March Air Reserve Base on January 30.

**Canadian Preparedness and Response:**

**Global Affairs Canada (GAC)**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Since February 4, Canada has deployed approximately 16 tonnes of personal protective equipment to China to support ongoing response to the outbreak.

**Public Safety Canada (PS):**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 - Coordination of Federal Response.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

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Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel). On February 12, a revised version was posted with information updates and a description of the latest screening measures for travellers returning from Hubei Province and from mainland China (excluding Hubei Province).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

As of February 12, 1,456 travelers have identified as returning from Hubei Province, with 57 referred for further assessment by a quarantine officer. Of those, 54 were released with an educational handout and 3 were issued an order for a further medical exam.

Enhanced screening and notification data for major Canadian airports, February 12, 2020

<table>
<thead>
<tr>
<th></th>
<th>Travelers from Hubei* (source: CBSA)</th>
<th>Referred for assessment (source: OBTH)</th>
<th>Orders issued (source: OBTH)</th>
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<tbody>
<tr>
<td>Montreal (YUL)</td>
<td>3</td>
<td>0</td>
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</tr>
<tr>
<td>Toronto (YYZ)</td>
<td>38</td>
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<tr>
<td>Vancouver (YVR)</td>
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<td>0</td>
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<tr>
<td>Calgary (YYC)</td>
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<td>0</td>
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</tr>
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<td>Edmonton (YEG)</td>
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<tr>
<td>Ottawa (YOW)</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

<table>
<thead>
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<th>Location</th>
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<th>Cases 22 Jan</th>
<th>Cumulative</th>
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<tr>
<td>Winnipeg (YWG)</td>
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<td>0</td>
</tr>
<tr>
<td>Toronto City (YTZ)</td>
<td>1</td>
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<td>0</td>
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<tr>
<td>Halifax (YHZ)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total February 12</strong></td>
<td><strong>55</strong></td>
<td><strong>1</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Total since January 22</strong></td>
<td><strong>1,456</strong></td>
<td><strong>57</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

*Travelers that answered ‘Yes’ to the enhanced screening question “Have you been to Hubei, China in the past 14 days” at major Canadian airports*

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 14, NML has undertaken testing for 437 persons under investigation for COVID-19 in Canada, 7 have tested positive, 381 have tested negative, with results of 49 tests still pending. The last update reported publically on the Canada.ca website was on February 14, 2020 and reported 350 negative cases and 7 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

**Communications:**

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Approved by:
- Steven Sternthal

The next update will be provided on February 16, 2020.
Any significant developments will be communicated sooner as necessary.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF
CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 16, 2020, 1300 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

• Case count as of February 16, 2020:
  o Canada: 7 confirmed cases of COVID-19 (ON=3, BC=4) and 1 presumptive case in BC.
  o Globally: 69,267 confirmed cases of COVID-19, including 1,669 deaths.
    ▪ Mainland China: 68,500 cases of COVID-19 pneumonia, with 1,665 deaths.
    ▪ Rest of the World: 767 laboratory confirmed cases of COVID-19 infections, with 4 deaths.
• Repatriation:
  o As of February 14, 413 individuals, including repatriated travelers, Government of Canada employees and parents/guardians who have joined children, are in quarantine.
  o Samples from 9 individuals were tested by the NML Microbiological Emergency Response Team (MERT), 8 are negative for COVID-19 and testing is in progress for the last sample.
  o As of February 14, 69 individuals have been released from quarantine.
• International conveyances:
  o As of February 16, 25 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections. Of those, 3 are in critical condition and the remainder are in stable condition.
    ▪ Quarantine is expected to end on February 19, but at least 4 Canadians have been identified as close contacts and will require an extended quarantine.
    ▪ Since February 14, Japan is proceeding with a phased voluntary disembarkation approach that prioritizes passengers from vulnerable groups.
    ▪ Canada is preparing for the repatriation of asymptomatic Canadians.
  o On February 14, a passenger onboard the Westerdam cruise liner docked in Cambodia tested positive for COVID-19. Contact tracing has been initiated.
• Laboratory testing:
  o As of February 16, NML has undertaken testing for 449 persons under investigation for COVID-19 in Canada, 7 have tested positive, 405 have tested negative, with results of 37 tests still pending.
• Returning travellers:
  o As of February 14, 1,587 travelers have identified as returning from Hubei Province, with 61 referred for further assessment. Of those, 58 were released with an educational hand-out and 3 were issued an order for a medical exam.
• Risk assessment:
  o Public health risk within Canada remains low.
  o Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 16 February 2020

This map was produced by the Public Health Agency of Canada on February 16, 2020. Note: Fifty-six confirmed 2019-nCoV cases were reported in Hong Kong, ten in Macau and seventy-two in Singapore (not visible).

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 16 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
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<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>68,500</td>
<td>1,665</td>
</tr>
<tr>
<td><em>Asia (outside mainland China)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (57*), India (3), Japan (52**), Macao SAR (10), Malaysia (21*), Nepal (1), Philippines (3), Singapore (72*), South Korea (29), Sri Lanka (1), Taiwan (18), Thailand (34), Vietnam (16)</td>
<td>318*</td>
<td>3</td>
</tr>
<tr>
<td>Oceania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (15)</td>
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</tr>
<tr>
<td><em>Africa</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypt (1)</td>
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<td><em>Middle East</em></td>
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<tr>
<td>United Arab Emirates (8)</td>
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<td><em>Europe</em></td>
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<tr>
<td>Belgium (1), Finland (1), France (12), Germany (16*), Italy (3), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
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<td>North America</td>
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<td>Canada (7), USA (15)</td>
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<td><em>International conveyance</em></td>
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<td></td>
</tr>
<tr>
<td>Diamond Princess cruise, Japan</td>
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<td>0</td>
</tr>
<tr>
<td>Westerdam cruise, Cambodia</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia (including clinically diagnosed cases without a laboratory confirmation for COVID-19 in Hubei Province), while WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”

* Including asymptomatic cases

* Cases identified on international conveyances are reported in a separated category

**Situation Overview**

**Canada**

As of February 16, 7 cases of COVID-19 infections have been confirmed in Canada and one presumptive positive case has been reported in British Columbia. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Province</th>
<th>Confirmed cases</th>
<th>Presumptive cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>British Columbia</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Repatriation
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order").

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 14, 413 individuals (includes 400 repatriated travelers, 8 Government of Canada employees and 5 parents/guardians who have joined children) were in quarantine at CFB Trenton. Health assessments have been completed for all individuals in quarantine. Samples from 9 individuals were sent for testing by the MERT, 8 are negative for COVID-19 and testing is in progress for the last sample. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

As of February 14, 69 individuals including members of the Canadian Armed Forces (CAF) medical staff, a Government of Canada employee and flight crew members were assessed as not at risk of exposure to COVID-19 and have been released from quarantine. The number of individuals in quarantine is subject to change as persons are released from quarantine, or if they are transferred for medical reasons.

China
As of 24:00 CST on February 15, 2020 (11:00 EST, February 15, 2020), China has reported 68,500 cases of COVID-19 pneumonia across all provinces in mainland China, including 1,665 deaths and 11,272 cases in serious condition (16%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 82% (56,249) of COVID-19 cases reported in China, and 96% (1,596) of China’s death toll.

On February 12, Hubei Province started reporting clinically diagnosed cases in addition to laboratory-confirmed cases of COVID-19, which resulted in a sharp increase in the number of newly reported cases.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.
International  
As of February 16, 2020, 767 cases of COVID-19 infections, with 4 deaths (in France, Hong Kong, Japan and the Philippines), have been confirmed in 28 countries/jurisdictions outside of mainland China and on international conveyances. Egypt reported its first confirmed case of COVID-19. This is the first reported case from Africa.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 12 other countries: Japan, Republic of Korea, Vietnam, Malaysia, Thailand, USA, France, Germany, Spain, Singapore, United Kingdom and United Arab Emirates.

Cruise ship – Japan  
On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 16, 355 crew/passengers were confirmed to have COVID-19 infections, including 25 Canadian passengers and were transferred to a designated hospital in Japan for further assessment and care as required. Of those, three are in critical condition and the remainder are in stable condition. One additional Canadian is hospitalized for other medical reasons and three Canadians are hospitalized for compassionate reasons.

The cruise ship remains under quarantine, and further Canadian COVID-19 cases may be identified as additional testing is completed, or before the quarantine ends on February 19. Quarantine will be reset for anyone who was in close contact (i.e. roommate) with a confirmed case, as well as for all crew. At least 4 Canadians have been identified as close contacts of recent cases and will require an extended quarantine (beyond February 19).
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Since February 14, Japan is proceeding with a phased voluntary disembarkation approach that prioritizes passengers from vulnerable groups. Passengers from vulnerable groups are offered the option to disembark and fulfill the remainder of their quarantine in a government-identified facility. As of February 14, 11 individuals (no Canadian citizens among them) disembarked under the voluntary disembarkation.

As of February 16, 22:00 JST (February 16, 08:00 EST), Canada’s offer of repatriation to Canada by chartered flight was accepted by 129 Canadian citizens and declined by 3. 1 person remains undecided. The aircraft will fly passengers from Japan to CFB Trenton, where they will be assessed and transported onward to the NAV Canada Training Institute in Cornwall, Ontario, where they will undergo a further 14-day period of quarantine.

Cruise ship – Cambodia

On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On 14 February, 145 passengers from the cruise ship flew on a chartered flight to Kuala Lumpur, Malaysia. On February 15, one of those passengers tested positive for COVID-19. Contact tracing was initiated by Malaysian authorities who identified 24 Canadian citizens who were on the same flight and who had subsequently returned to Canada. On February 16, Malaysian authorities shared the contact information with Canada (under Article 44 of the International Health Regulations (2005)) and follow up is underway.

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)

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United States

The evacuation of 291 US citizens quarantined on the Diamond Princess cruise ship at the Port of Yokohama, Japan will be conducted overnight on February 16, 2020. Two planes have been chartered and all passengers are being screened prior to departure. Passengers will be quarantined in the US upon arrival.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Since February 4, Canada has deployed approximately 16 tonnes of personal protective equipment to China to support ongoing response to the outbreak.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

The GOC is convening weekly teleconferences of relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel). On February 12, a revised version was posted with information updates and a description of the latest screening measures for travellers returning from Hubei Province and from mainland China (excluding Hubei Province).
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Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

From 22 Jan to 13 Feb, 55,598 travelers arrived directly from mainland China to Canada. As of February 14, 1,587 travelers have identified as returning from Hubei Province, with 61 referred for further assessment by a quarantine officer. Of those, 58 were released with an educational handout and 3 were issued an order for a further medical exam.

Enhanced screening and notification data for major Canadian airports, February 15, 2020

<table>
<thead>
<tr>
<th>Travelers from Hubei* (source: CBSA)</th>
<th>Referred for assessment (source: OBTH)</th>
<th>Orders issued (source: OBTH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montreal (YUL)</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Toronto (YYZ)</td>
<td>50</td>
<td>1</td>
</tr>
<tr>
<td>Vancouver (YVR)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Calgary (YYC)</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Edmonton (YEG)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ottawa (YOW)</td>
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<td>0</td>
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<tr>
<td>Quebec City (YQB)</td>
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<td>0</td>
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<tr>
<td>Winnipeg (YWG)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Toronto City (YTZ)</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Halifax (YHZ)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total February 14</strong></td>
<td>77</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total since January 22</strong></td>
<td>1,587</td>
<td>61</td>
</tr>
</tbody>
</table>

\* Travelers that answered ‘Yes’ to the enhanced screening question “Have you been to Hubei, China in the past 14 days” at major Canadian airports

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 16, NML has undertaken testing for 449 persons under investigation for COVID-19 in Canada, 7 have tested positive, 405 have tested negative, with results of 37 tests still pending. The last update reported publicly on the Canada.ca website was on February 14, 2020 and reported 350 negative cases and 7 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
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Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

**Communications:**

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Steven SterntHAL

**The next update will be provided on February 17, 2020.**

Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 18, 2020, 1345 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- Case count as of February 18, 2020:
  - Canada: 8 confirmed cases of COVID-19 (ON=3, BC=5).
  - Globally: 73,419 confirmed cases of COVID-19, including 1,873 deaths.
    - Mainland China: 72,436 cases of COVID-19 pneumonia, with 1,868 deaths.
    - Rest of the World: 983 laboratory confirmed cases of COVID-19 infections, with 5 deaths.
- Repatriation:
  - As of February 17, 413 individuals, including repatriated travelers, Government of Canada employees and parents/guardians who have joined children, are in quarantine.
  - Samples from 15 individuals were tested by the NML Microbiological Emergency Response Team (MERT), 14 are negative for COVID-19 and testing is in progress for the last sample.
  - As of February 17, a total of 69 individuals have been released from quarantine.
- International conveyances:
  - As of February 18, 43 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections.
    - Of those, 26 are hospitalized, three are in critical condition, the remainder are in stable condition
    - Quarantine is expected to end on February 19, but at least 4 Canadians will require an extended quarantine.
    - Canada is preparing for the repatriation of asymptomatic Canadians tentatively scheduled overnight on February 19 and 20.
  - On February 14, a passenger onboard the Westerdam cruise liner docked in Cambodia tested positive for COVID-19. Contact tracing has been initiated.
- Laboratory testing:
  - As of February 18, NML has undertaken testing for 473 persons under investigation for COVID-19 in Canada, 8 have tested positive, 405 have tested negative, with results of 60 tests still pending.
- Returning travellers:
  - As of February 14, 1,587 travelers have identified as returning from Hubei Province, with 61 referred for further assessment. Of those, 58 were released with an educational hand-out and 3 were issued an order for a medical exam.
- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 18 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 18 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>72,436</td>
<td>1,868</td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (61), India (3), Japan (59*), Macao SAR (10), Malaysia (22**), Nepal (1), Philippines (3), Singapore (81), South Korea (31), Sri Lanka (1), Taiwan (22), Thailand (35), Vietnam (16)</td>
<td>346*</td>
<td>4</td>
</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td>Australia (15)</td>
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<td>Egypt (1)</td>
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<td>Belgium (1), Finland (1), France (12), Germany (16*), Italy (3), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
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<td>1</td>
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<tr>
<td>North America</td>
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<tr>
<td>Canada (8), USA (15)</td>
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<tr>
<td>International conveyance</td>
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<td></td>
</tr>
<tr>
<td>Diamond Princess cruise, Japan</td>
<td>542</td>
<td>0</td>
</tr>
</tbody>
</table>

*Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia (including clinically diagnosed cases without a laboratory confirmation for COVID-19 in Hubei Province), while WHO considers confirmed case to be "a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms"
**Including 2 asymptomatic cases
***Cases identified on international conveyances are reported in a separate category
****In order to be consistent with other reporting product, the COVID-19 case that travelled on the Westerdam cruise ship is reported under Malaysia case count.

**Situation Overview**

**Canada**

As of February 18, 8 cases of COVID-19 infections have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>5</td>
</tr>
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1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publicly reported on Canada.ca website.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Repatriation
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order").

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 17, 413 individuals (includes 400 repatriated travelers, 8 Government of Canada employees and 5 parents/guardians who have joined children) are in quarantine at CFB Trenton. The number of individuals in quarantine is subject to change as persons are released from quarantine, or if they are transferred for medical reasons. Samples from 15 individuals were sent for testing by the MERT, 14 are negative for COVID-19 and testing is in progress for the last sample. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

As of February 17, a total of 69 individuals including members of the Canadian Armed Forces (CAF) medical staff, Government of Canada employees and flight crew members were assessed pursuant to an Emergency Order under the Quarantine Act and are not at risk of exposure to COVID-19 and have been released from quarantine.

China
As of 24:00 China Standard Time on February 17, 2020 (11:00 EST, February 17, 2020), China has reported 72,436 cases (+1,888 since yesterday) of COVID-19 pneumonia across all provinces in mainland China, including 1,868 deaths (+98 since yesterday) and 11,741 cases in serious condition (16%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (59,989) of COVID-19 cases reported in China, and 96% (1,789) of China’s death toll.

On February 12, Hubei Province started reporting clinically diagnosed cases in addition to laboratory-confirmed cases of COVID-19. No laboratory-confirmed cases of COVID-19 were reported by Hubei Province since February 16 but clinical cases continue to be reported in high numbers. At this time it is difficult to confirm whether there is a downward trend in the epidemic situation.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.
International
As of February 18, 2020, 983 cases (+102 since yesterday) of COVID-19 infections, with 5 deaths (in France, Hong Kong, Japan, the Philippines and Taiwan), have been confirmed in 28 countries/jurisdictions outside of mainland China and on international conveyances. No new countries reported cases of COVID-19 in the past 24 hours.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 14 other countries: Australia, Egypt, France, Germany, Japan, Republic of Korea, Malaysia, Singapore, Spain, Thailand, United Arab Emirates, United Kingdom, USA, and Vietnam.

Cruise ship – Japan
On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 18, 542 crew/passengers (+88 since yesterday) were confirmed to have COVID-19 infections, including 43 Canadian passengers (+11 since yesterday). Of those, 26 are hospitalised, three are in critical condition and the remainder are in stable condition. One Canadian who previously tested positive has been released after two negative tests. Four additional Canadians are hospitalized for other medical reasons and two Canadians are hospitalized for compassionate reasons.

Quarantine is expected to end on February 19 for most passengers but at least 4 Canadians will require an extended quarantine. Disembarkation of passengers having completed quarantine will take place from February 19 to 21. Japanese authorities indicate
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

that 51 Canadians are eligible to disembark on February 19 but the Government of Canada has recommended that Canadians who are eligible to disembark in Japan should instead remain on board and return on the Canadian flight.

As of February 18, Canada’s offer of repatriation to Canada by chartered flight was accepted by 161 Canadian citizens, 61 refused or are ineligible (including COVID-19 cases) and the response is to be confirmed for 34 Canadians. The plane chartered to repatriate Canadians was delayed and the repatriation operation has been rescheduled and will likely take place overnight on February 19 and 20. The aircraft will fly passengers from Japan to CFB Trenton, where they will be assessed and transported onward to the NAV Canada Training Institute in Cornwall, Ontario, where they will undergo a further 14-day period of quarantine.

Cruise ship – Cambodia

On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On February 14, 145 passengers from the cruise ship flew on a chartered flight to Kuala Lumpur, Malaysia. On February 15, one of those passengers tested positive for COVID-19. Contact tracing was initiated by Malaysian authorities who identified 24 Canadian citizens who were on the same flight and who had subsequently returned to Canada. On February 16, Malaysian authorities shared the contact information with Canada (under Article 44 of the International Health Regulations (2005)) and follow up is underway. These individuals were asked to limit their contact with others and to contact their local public health authority within 24 hours of arriving in Canada.

As of February 18, approximately 114 Canadians from the cruise ship have started to return home via commercial means. Remaining Canadians are being confined in their cabins/rooms until Cambodian authorities have tested them for COVID-19.

**Risk Assessment:**

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

International Preparedness and Response:

World Health Organization (WHO)


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Japan.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada’s Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.
Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

From 22 Jan to 13 Feb, 55,598 travelers arrived directly from mainland China to Canada. As of February 14, 1,587 travelers have identified as returning from Hubei Province, with 61 referred for further assessment by a quarantine officer. Of those, 58 were released with an educational handout and 3 were issued an order for a further medical exam.

Enhanced screening and notification data for major Canadian airports, February 15, 2020

<table>
<thead>
<tr>
<th>Airport</th>
<th>Travelers from Hubei* (source: CBSA)</th>
<th>Referred for assessment (source: OBTH)</th>
<th>Orders issued (source: OBTH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montreal (YUL)</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Toronto (YYZ)</td>
<td>50</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Vancouver (YVR)</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Calgary (YYC)</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Edmonton (YEG)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ottawa (YOW)</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quebec City (YQB)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Winnipeg (YWG)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Toronto City (YTZ)</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Halifax (YHZ)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total February 14</strong></td>
<td><strong>77</strong></td>
<td><strong>2</strong></td>
<td><strong>0</strong></td>
</tr>
<tr>
<td><strong>Total since January 22</strong></td>
<td><strong>1,587</strong></td>
<td><strong>61</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

* Travelers that answered ‘Yes’ to the enhanced screening question “Have you been to Hubei, China in the past 14 days” at major Canadian airports

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 18, NML has undertaken testing for 473 persons under investigation for COVID-19 in Canada, 8 have tested positive, 405 have tested negative, with results of 60

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
tests still pending. The last update reported publicly on the Canada.ca website was on February 16, 2020 and reported 350 negative cases and 8 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

Communications:

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:

- Nicolas Palanque

The next update will be provided on February 19, 2020.
Any significant developments will be communicated sooner as necessary.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 19, 2020, 1330 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- Case count as of February 19, 2020:
  - Canada: 8 confirmed cases of COVID-19 (ON=3, BC=5).
  - Globally: 75,279 confirmed cases of COVID-19, including 2,010 deaths.
    - Mainland China: 74,185 cases of COVID-19 pneumonia, with 2,004 deaths.
    - Rest of the World: 1,094 laboratory confirmed cases of COVID-19 infections, with 6 deaths.
- Repatriation:
  - As of February 18, 413 individuals, including repatriated travelers, Government of Canada employees and parents/guardians who have joined children, are in quarantine.
  - Samples from 16 individuals were tested by the NML Microbiological Emergency Response Team (MERT), all are negative for COVID-19.
  - As of February 18, a total of 69 individuals have been released from quarantine.
- International conveyances:
  - As of February 19, 47 Canadian passengers of the Diamond Princess cruise ship quarantined in Japan were confirmed to have COVID-19 infections.
    - Quarantine period has ended. At least 15 Canadians are potentially impacted by extension of quarantine.
    - Canada is preparing for the repatriation of asymptomatic Canadians tentatively scheduled for February 20 and 21.
  - On February 15, a passenger onboard the Westerdam cruise liner docked in Cambodia tested positive for COVID-19. Contact tracing has been initiated.
    - Approximately 114 Canadians have started to return home via commercial means.
    - Upon arrival in Canada, these individuals are asked to limit their contact with others and to contact their local public health authority.
  - As of February 19, NML has undertaken testing for 473 persons under investigation for COVID-19 in Canada, 8 have tested positive, 415 have tested negative, with results of 50 tests still pending.
- Returning travellers:
  - As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment and 3 were issued an order for a medical exam.
- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 19 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 19 February 2020

Global COVID-19 Outbreak

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
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<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>74,185</td>
<td>1,921</td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (63), India (3), Japan (65*), Macao SAR (10), Malaysia (22**), Nepal (1), Philippines (3), Singapore (84), South Korea (51), Sri Lanka (1), Taiwan (23), Thailand (35), Vietnam (16)</td>
<td>378*</td>
<td>5</td>
</tr>
<tr>
<td>Oceania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (15)</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egypt (1)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Middle East</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Arab Emirates (9)</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Europe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium (1), Finland (1), France (12), Germany (16*), Italy (3), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
<td>47</td>
<td>1</td>
</tr>
<tr>
<td>North America</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canada (8), USA (15)</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>International conveyance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diamond Princess cruise, Japan</td>
<td>621</td>
<td>0</td>
</tr>
</tbody>
</table>

1 Confirmed case definition might differ based on the country. China is reporting confirmed cases of pneumonia (including clinically diagnosed cases without a laboratory confirmation for COVID-19 in Hubei Province), while WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”

4 Cases identified on international conveyances are reported in a separated category

5 In order to be consistent with other reporting product, the COVID-19 case that travelled on the Westerdam cruise ship is reported under Malaysia case count.

Situation Overview

Canada

As of February 19, 8 cases of COVID-19 infections have been confirmed in Canada. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>5</td>
</tr>
</tbody>
</table>

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
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Repatriation
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to 2019-nCoV Acute Respiratory Disease in Canada Order").

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals.

As of February 18, 413 individuals (includes 400 repatriated travelers, 8 Government of Canada employees and 5 parents/guardians who have joined children) are in quarantine at CFB Trenton. The number of individuals in quarantine is subject to change as persons are released from quarantine, or if they are transferred for medical reasons. Samples from 16 individuals were sent for testing by the MERT, all are negative for COVID-19. All other individuals are not reporting symptoms associated with COVID-19. One individual has been hospitalized for medical conditions unrelated to COVID-19 and also remains asymptomatic.

As of February 18, a total of 69 individuals including members of the Canadian Armed Forces (CAF) medical staff, Government of Canada employees and flight crew members were assessed pursuant to an Emergency Order under the Quarantine Act and are not at risk of exposure to COVID-19 and have been released from quarantine.

China
As of 24:00 China Standard Time on February 18, 2020 (11:00 EST, February 18, 2020), China has reported 74,185 cases (+1,749 since yesterday) of COVID-19 pneumonia across all provinces in mainland China, including 2,004 deaths (+136 since yesterday) and 11,977 cases in serious condition (16%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (61,682) of COVID-19 cases reported in China, and 96% (1,921) of China’s death toll.

On February 12, Hubei Province started reporting clinically diagnosed cases in addition to laboratory-confirmed cases of COVID-19. No laboratory-confirmed cases of COVID-19 were reported by Hubei Province since February 16 but clinical cases continue to be reported in high numbers. At this time it is difficult to confirm whether the outbreak in China has stabilized.

99% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.
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Figure 3. Reported cases of COVID-2019 from Hubei province and the rest of China as of February 18, 2020

International
As of February 19, 2020, 1,094 cases (+111 since yesterday) of COVID-19 infections, with 6 (+1) deaths (in France (1), Hong Kong (2), Japan (1), the Philippines (1) and Taiwan (1)), have been confirmed in 28 countries/jurisdictions outside of mainland China and on international conveyances. No new countries reported cases of COVID-19 in the past 24 hours.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 14 other countries: Australia, Egypt, France, Germany, Japan, Republic of Korea, Malaysia, Singapore, Spain, Thailand, United Arab Emirates, United Kingdom, USA, and Vietnam.

Cruise ship – Japan
On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 19, 621 crew/passengers (+79 since yesterday) were confirmed to have COVID-19 infections, including 47 Canadian passengers (+4 since yesterday). Of those, 29 are hospitalised, three are in critical condition and the remainder are in stable condition. One Canadian who previously tested positive has been released after two negative tests. Five additional Canadians are hospitalized for other medical reasons and two Canadians are hospitalized for compassionate reasons.

Quarantine period ended on February 19 but at least 15 Canadians are potentially impacted by extension of quarantine for having been in close contact with a confirmed...
case. Disembarkation of passengers having completed quarantine will take place from February 19 to 21. **Seven Canadians chose to disembark in Japan on February 19 despite the recommendation of Government of Canada to remain on board and return on the Canadian flight.** Japanese authorities confirmed that Canadians who are eligible to disembark can choose to remain aboard to take advantage of the assisted repatriation operation. Disembarked passengers are asked to stay home for 14 days unless absolutely necessary, to ensure general hygiene measures and to self-monitor health condition on a daily basis.

As of February 19, Canada’s offer of repatriation to Canada by chartered flight was accepted by 156 Canadian citizens, 67 refused or are ineligible (including COVID-19 cases), the response is to be confirmed for 26 Canadians and 2 were repatriated on a U.S. flight. The plane chartered to repatriate Canadians arrived in Japan on February 18 and is expected to depart on February 20 and land at CFB Trenton on February 21. The aircraft will fly passengers from Japan to CFB Trenton, where they will be assessed and transported onward to the NAV Canada Training Institute in Cornwall, Ontario, where they will undergo a further 14-day period of quarantine.

**Cruise ship – Cambodia**

On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On February 15, one passenger tested positive for COVID-19. As of February 18, approximately **114** Canadians from the cruise ship have started to return home via commercial means. Remaining Canadians (**approximately 148**) are being confined in their cabins or hotel rooms until Cambodian authorities have tested them for COVID-19. Malaysian authorities shared contact information with Canada (under Article 44 of the International Health Regulations (2005)). Upon arrival in Canada, these individuals are being asked to limit their contact with others and to contact their local public health authority within 24 hours of arriving in Canada. **Contact information has been shared with provincial and territorial public health authorities to facilitate to follow-up of these individuals.**

**Risk Assessment:**

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.
International Preparedness and Response:

World Health Organization (WHO)


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

United States (U.S.)

On February 11, the U.S. Department of State raised its travel advisory level 2 – Exercice Increased Caution due to the novel coronavirus in Macau and Hong Kong.

On February 19, the U.S. Center for Disease Control and Prevention issued a Level 1 Travel Notices (Practice Usual Precautions) for Hong Kong.

Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Public Safety Canada (PS):

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response to support interdepartmental activities related to the assisted departure/repatriation of Canadian citizens from Japan.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP):

Health Canada's Public Service Occupational Health Program (PSOHP) continues to develop and distribute appropriate occupational health advice for federal workers, including annexes for specific groups as required (e.g. federal employees at airports, at missions in China).
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The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

Starting February 19, the following additional measures have been implemented:

- Travelers arriving from the Province of Hubei, China will be asked to complete a form to gather their contact information.
- Surgical mask kits will be distributed to asymptomatic travelers. The kit will include instruction how and when to use the surgical mask and how to proceed if the traveler starts to feel ill during the rest of their travel.

As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment by a quarantine officer. Of those, 60 were released with an educational handout and 3 were issued an order for a further medical exam.

PHAC's National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 19, NML has undertaken testing for 473 persons under investigation for COVID-19 in Canada, 8 have tested positive, 415 have tested negative, with results of 50 tests still pending. The last update reported publicly on the Canada.ca website was on February 16, 2020 and reported 350 negative cases and 8 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

**Communications:**

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Nicolas Palanque, Event Manager

The next update will be provided on February 20, 2020. Any significant developments will be communicated sooner as necessary.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
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Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: COVID-19
Date: February 21, 2020, 1330 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- Case count as of February 21, 2020:
  - Canada: 8 confirmed cases of COVID-19 (ON=3, BC=5) and 1 presumptive case in B.C.
  - Globally: 76,783 confirmed cases of COVID-19, including 2,249 deaths.
    - Mainland China: 75,465 cases of COVID-19 pneumonia, with 2,236 deaths.
    - Rest of the World: 1,318 laboratory confirmed cases of COVID-19 infections, with 13 deaths.
- Repatriation:
  - On February 21, all travellers who arrived at CFB Trenton on CAN1 (179 people) and travellers from US4 (39 individuals) were cleared from quarantine.
  - Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25.
  - Samples from 19 individuals were tested by the NML Microbiological Emergency Response Team (MERT) and all are negative for COVID-19.
  - On February 21, the repatriation operation for Canadians on the Diamond Princess was completed. The plane arrived at CFB Trenton with 129 passengers, 15 crew and 7 Government officials onboard.
    - Passengers were transported onward to the NAVC in Cornwall, Ontario.
    - Upon arrival in NAVC, one symptomatic individual was sent to EMAT for assessment.
- Laboratory testing:
  - As of February 21, NML has undertaken testing for 496 persons under investigation for COVID-19 in Canada, 8 have tested positive, 436 have tested negative, with results of 52 tests still pending.
- Returning travellers:
  - As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment and 3 were issued an order for a medical exam.
- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 21 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 21 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>75,462</td>
<td>2236</td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (69), India (3), Japan (93*)</td>
<td>569*</td>
<td>6</td>
</tr>
<tr>
<td>Macao SAR (10), Malaysia (22**), Nepal (1), Philippines (3), Singapore (85), South Korea (204), Sri Lanka (1), Taiwan (26), Thailand (35), Vietnam (16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oceania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (17)</td>
<td>17</td>
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<tr>
<td>Africa</td>
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<td>Egypt (1)</td>
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<td>Middle East</td>
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<tr>
<td>Iran (18), United Arab Emirates (9)</td>
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<td>4</td>
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<tr>
<td>Europe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belgium (1), Finland (1), France (12), Germany (16*), Italy (3), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
<td>47</td>
<td>1</td>
</tr>
<tr>
<td>North America</td>
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<tr>
<td>Canada (8), USA (15)</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>International conveyance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diamond Princess cruise, Japan</td>
<td>634</td>
<td>2</td>
</tr>
</tbody>
</table>

1 Confirmed case definition might differ based on the country. Between February 12 and 18, confirmed cases in Hubei Province included cases of pneumonia clinically diagnosed without a laboratory confirmation for COVID-19. On February 19, Hubei Province stopped reporting clinically diagnosed pneumonia cases and went back to reporting laboratory confirmed pneumonia cases only. WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”
* Including 2 asymptomatic cases
** In order to be consistent with other reporting product, the COVID-19 case that travelled on the Westerdam cruise ship is reported under Malaysia case count.

Situation Overview

Canada

As of February 21, 8 cases of COVID-19 infections have been confirmed in Canada and British Columbia is reporting one presumptive case. The presumptive case was reported in a resident from B.C. who had recently returned from Iran. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Province</th>
<th>Confirmed cases</th>
<th>Presumptive cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>British Columbia</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

1 As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
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One confirmed case in British Columbia and two in Ontario have recovered from their COVID-19 infection. This is indicated by the resolution of symptoms, followed by two successive negative test results 24 hours apart.

Repatriation – Trenton
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. All repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Acute Respiratory Disease in Canada Order’).

On February 8, NML deployed a Microbiological Emergency Response Team (MERT) and mobile laboratory to CFB Trenton to support laboratory testing of the quarantined individuals. Samples from 19 individuals were sent for testing by the MERT and all are negative for COVID-19.

On February 21, all travellers who arrived at CFB Trenton on CAN1 (179 people) and US4 (39 individuals), received a final health check and were processed by Quarantine Officers. All travellers from CAN1 were found to be asymptomatic and afebrile. Travellers were provided with bus transportation to Toronto Pearson International Airport or the CFB Trenton passenger pickup terminal.

Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25. So far, no one is reporting symptoms associated with COVID-19.

Repatriation – Cornwall
The repatriation operation for Canadians on the Diamond Princess is completed. The plane arrived at CFB Trenton at 02:01 EST on February 21. There were 129 passengers, 15 crew and 7 Government officials onboard.

All travellers, crew, and support staff were processed by Quarantine Officers and registered with Canadian Red Cross by 04:20 EST February 21. At the time of assessment, all travellers were found to be asymptomatic and afebrile. Travellers received welcome packages, including information on their quarantine period. Passengers were transported onward to the NAV Canada Training Institute (NAVCAN) in Cornwall, Ontario.

Upon arrival at NAVCAN, one passenger displayed symptoms (i.e. fever) that can be associated with COVID-19 and has been sent for assessment by the Emergency Medical Assistance Team (EMAT) in the negative pressure tent. The swab sample will then be taken to MERT in CFB Trenton for analysis. The test results should be known latter today. Once assessed by EMAT, the patient should be returned to room for confinement awaiting results.

All repatriated passengers will remain in isolation at NAVCAN for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Acute Respiratory Disease in Canada Order’). Other countries have reported confirmed cases among returning travellers from the Diamond Princess. Canadian passengers are being monitored daily for signs and symptoms.
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China

As of 24:00 China Standard Time on February 20, 2020 (11:00 EST, February 20, 2020), China has reported 75,465 cases (+889 since yesterday) of COVID-19 pneumonia across all provinces in mainland China, including 2,236 deaths (+118 since yesterday) and 11,633 cases in serious condition (16%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (62,662) of COVID-19 cases reported in China, and 96% (2,144) of China’s death toll.

On February 12, Hubei Province started reporting clinically diagnosed cases in addition to laboratory-confirmed cases of COVID-19, except for February 19-20 when clinically diagnosed cases were not reported. At this time it is difficult to confirm whether the outbreak in China has stabilized.

98% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.

Figure 3. Reported cases of COVID-2019 from Hubei province and the rest of China as of February 20, 2020

International

As of February 21, 2020, at least 1,318 cases (+118 since yesterday) of COVID-19 infections have been confirmed in 29 countries/jurisdictions outside of mainland China and on international conveyances. A total of 13 (+2) deaths have been confirmed in France (1), Hong Kong (2), Iran (4), Japan (3), Korea (1), the Philippines (1), and Taiwan (1). No new countries reported cases of COVID-19 in the past 24 hours.
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In addition to Canada, locally acquired COVID-19 infections have been confirmed in 13 other countries: Australia, Egypt, France, Germany, Japan, Republic of Korea, Malaysia, Singapore, Thailand, United Arab Emirates, United Kingdom, USA, and Vietnam.

The World Health Organisation (WHO) is concerned with the rapid increase of cases in Iran who reported 18 cases and 4 deaths within the past two days. A number of these cases have no clear epidemiological links to China, including no travel history to China or contact with a confirmed case.

Cruise ship – Japan

On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 20, 634 crew/passengers were confirmed to have COVID-19 infections, including 48 Canadian passengers. Of those, 34 are hospitalised, two are in critical condition and the remainder are in stable condition. One Canadian who previously tested positive has been released after two negative tests. Eleven additional Canadians are hospitalized for other medical reasons, including one in critical condition. Three Canadians are hospitalized for compassionate reasons.

Quarantine period ended on February 19 but at least 15 Canadians are potentially impacted by extension of quarantine for having been in close contact with a confirmed case. Disembarkation of passengers having completed quarantine was due to be completed on February 21. As of February 20, a total of 717 passengers left the ship including 11 Canadians.

The repatriation operation for Canadians on the Diamond Princess was completed on February 21. The list of Canadian passengers who were not part of the repatriation operation was shared with the Canadian Border Service Agency (CBSA). Upon arrival in Canada, these individuals will be asked to remain in isolation for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to COVID-19 Acute Respiratory Disease in Canada Order"). The logistical details are under development.

Cruise ship – Cambodia

On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On February 15, one passenger tested positive for COVID-19, however as of Feb 21 US officials have reported the passenger has been retested and results were negative. The World Health Organisation (WHO) is working closely with Cambodian authorities to support the public health response to the Westerdam cruise ship.
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As of February 19, approximately 145 Canadians remain in Phnom Penh, Cambodia. These Canadians are being confined in their hotel rooms until Cambodian authorities have tested them for COVID-19. Approximately 126 have started to return home via commercial means. Malaysian authorities shared contact information with Canada (under Article 44 of the International Health Regulations (2005)). Upon arrival in Canada, these individuals will receive a handout advising them to monitor themselves for symptoms and to contact the public health authority in their province or territory if they feel sick.

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

An international team of experts are continuing to undergo field-work in China, and based on their assessment, will provide a set of recommendations to the WHO on how to better address the situation.

United States (U.S.)

On February 11, the U.S. Department of State raised its travel advisory level 2 – Exercise Increased Caution due to the novel coronavirus in Macau and Hong Kong.

On February 19, the U.S. Center for Disease Control and Prevention issued a Level 1 Travel Notices (Practice Usual Precautions) for Hong Kong and Japan.
Canadian Preparedness and Response:

Global Affairs Canada (GAC)

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

Public Safety Canada (PS)

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP)

Health Canada’s Public Service Occupational Health Program (PSOHP) has developed general occupational health advice related to COVID-19 for employees in the federal public service as well as supplemental guidance for those working in specific situations/settings supporting this event, as follows: Airports of Entry; Missions Abroad; In Wuhan Supporting Repatriation Flights; At Trenton for Repatriation from Wuhan; In Japan for Repatriation from Diamond Princess; At Trenton and in Cornwall for Repatriation from Diamond Princess.

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC):

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

Starting February 19, the following additional measures have been implemented:

- Travelers arriving from the Province of Hubei, China will be asked to complete a form to gather their contact information.

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

- Surgical mask kits will be distributed to asymptomatic travelers. The kit will include instruction how and when to use the surgical mask and how to proceed if the traveler starts to feel ill during the rest of their travel.

CBSA reports that from January 22 to February 18, 57,676 travelers arrived directly from China Mainland to Canada. As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment by a quarantine officer. Of those, 60 were released with an educational handout and 3 were issued an order for a further medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 21, NML has undertaken testing for 496 persons under investigation for COVID-19 in Canada, 8 have tested positive, 436 have tested negative, with results of 52 tests still pending. The last update reported publically on the Canada.ca website was on February 21, 2020 and reported 455 negative cases and 8 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

Communications:

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
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Approved by:

- Nicolas Palanque, Event Manager

The next update will be provided on February 22, 2020.
Any significant developments will be communicated sooner as necessary.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 22, 2020, 1400 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

<table>
<thead>
<tr>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case count as of February 22, 2020:</strong></td>
</tr>
<tr>
<td>- Canada: 9 confirmed cases of COVID-19 (ON=3, BC=6)</td>
</tr>
<tr>
<td>- Globally: 77,931 (+1,148) confirmed cases of COVID-19, including 2,360 (+111) deaths.</td>
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<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Repatriation:</strong></td>
</tr>
<tr>
<td>- On February 21, all travellers who arrived at CFB Trenton on CAN1 (179 people) and travellers from US4 (39 individuals) were cleared from quarantine.</td>
</tr>
<tr>
<td>- Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25.</td>
</tr>
<tr>
<td>- On February 21, the repatriation operation for Canadians on the Diamond Princess was completed.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>- <strong>A total of 20 samples from CFB Trenton and NAVCAN</strong> were tested by the MERT and all are negative for COVID-19.</td>
</tr>
<tr>
<td><strong>Laboratory testing:</strong></td>
</tr>
<tr>
<td>- As of February 22, NML has undertaken testing for 500 persons under investigation for COVID-19 in Canada, 9 have tested positive, 445 have tested negative, with results of 46 tests still pending.</td>
</tr>
<tr>
<td><strong>Returning travellers:</strong></td>
</tr>
<tr>
<td>- As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment and 3 were issued an order for a medical exam.</td>
</tr>
<tr>
<td><strong>Risk assessment:</strong></td>
</tr>
<tr>
<td>- Public health risk within Canada remains low.</td>
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<tr>
<td>- Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.</td>
</tr>
</tbody>
</table>
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 21 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 22 February 2020

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed¹ cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>76,288</td>
<td>2,345</td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
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<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (69), India (3), Japan (132**), Macao SAR (10), Malaysia (22**), Nepal (1), Philippines (3), Singapore (89), South Korea (433), Sri Lanka (1), Taiwan (26), Thailand (35), Vietnam (16)</td>
<td>841*</td>
<td>7</td>
</tr>
<tr>
<td>Oceania</td>
<td>21</td>
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<td>Africa</td>
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<td>Egypt (1)</td>
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<tr>
<td>Middle East</td>
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<td></td>
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<tr>
<td>Iran (28), Israel (1), Lebanon (1) United Arab Emirates (11)</td>
<td>41</td>
<td>5</td>
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<tr>
<td>Europe</td>
<td></td>
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<tr>
<td>Belgium (1), Finland (1), France (12), Germany (16*), Italy (17), United Kingdom (9), Russia (2), Spain (2), Sweden (1)</td>
<td>61</td>
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</tr>
<tr>
<td>North America</td>
<td></td>
<td></td>
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<tr>
<td>Canada (9), USA (35)</td>
<td>44</td>
<td>0</td>
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<tr>
<td>International conveyance</td>
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<td></td>
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<td>Diamond Princess cruise, Japan</td>
<td>634</td>
<td>2</td>
</tr>
</tbody>
</table>

¹ Confirmed case definition might differ based on the country. Between February 12 and 18, confirmed cases in Hubei Province included cases of pneumonia clinically diagnosed without a laboratory confirmation for COVID-19. On February 19, Hubei Province stopped reporting clinically diagnosed pneumonia cases and went back to reporting laboratory confirmed pneumonia cases only. WHO consider confirmed case to be "a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms"

* Including asymptomatic cases

² Cases identified on international conveyances are reported in a separated category

** On February 21, US officials retested the positive passenger of the Westerdam cruise ship and results were negative.

Situation Overview¹

Canada

As of February 22, 9 cases of COVID-19 infections have been confirmed in Canada. The latest case was reported in a resident from B.C. who had recently returned from Iran. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>6</td>
</tr>
</tbody>
</table>

¹ As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

As of February 21, one case in British Columbia and all three cases in Ontario have recovered from their COVID-19 infection. This is indicated by the resolution of symptoms, followed by two successive negative test results 24 hours apart.

Repatriation – Trenton
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. Repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Acute Respiratory Disease in Canada Order’).

On February 21, all travellers who arrived at CFB Trenton on CAN1 (179 people) and US4 (39 individuals), received a final health check and were processed by Quarantine Officers. All travellers from CAN1 and US4 were found to be asymptomatic and afebrile. Travellers were provided with bus transportation to Toronto Pearson International Airport or the CFB Trenton passenger pick-up terminal.

Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25 at 06:15 EST. So far, no one is reporting symptoms associated with COVID-19. CFB Trenton is anticipated to be completely demobilised on February 27.

Repatriation – Cornwall
The repatriation operation for Canadians on the Diamond Princess is completed. The plane arrived at CFB Trenton at 02:01 EST on February 21. There were 129 passengers, 15 crew and 7 Government officials onboard.

All travellers, crew, and support staff were processed by Quarantine Officers and registered with Canadian Red Cross. At the time of assessment, all travellers were found to be asymptomatic and afebrile. Travellers received welcome packages, including information on their quarantine period. Passengers were transported onward to the NAV Canada Training Institute (NAVCAN) in Cornwall, Ontario. Ontario Emergency Medical Assistance Team (EMAT) is the primary provider for medical and psycho-social support to passengers with surge support provided by Health Canada personnel.

Upon arrival at NAVCAN, one passenger displayed symptoms (i.e. fever) that can be associated with COVID-19 and was sent for assessment by the EMAT in the negative pressure tent. The sample was sent to NML Microbiological Emergency Response Team (MERT) in CFB Trenton for analysis and came back negative for COVID-19.

Relocation of MERT from CFB Trenton to NAVCAN is in progress. As of February 22, a total of 19 samples from individuals quarantined at CFB Trenton and one individual quarantined at NAVCAN were tested by the MERT and all were negative for COVID-19.

All repatriated passengers will remain in isolation at NAVCAN for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Acute Respiratory Disease in Canada Order’). Other countries have reported confirmed
cases among returning travellers from the Diamond Princess. Canadian passengers are being monitored daily for signs and symptoms.

China

As of 24:00 China Standard Time on February 21, 2020 (11:00 EST, February 21, 2020), China has reported 76,288 (+823) cases of COVID-19 pneumonia across all provinces in mainland China, including 2,345 (+109) deaths and 11,477 cases in serious condition (15%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 81% (63,454) of COVID-19 cases reported in China, and 96% (2,250) of China’s death toll.

98% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.

Figure 3. Reported cases of COVID-2019 from Hubei province and the rest of China as of February 21, 2020

International

As of February 22, 2020, at least 1,643 (+325) cases of COVID-19 infections have been confirmed in 31 (+2) countries/jurisdictions outside of mainland China and on international conveyances. A total of 15 (+2) deaths have been confirmed in France (1), Hong Kong (2), Iran (5), Japan (3), South Korea (2), the Philippines (1), and Taiwan (1). Two new countries (Lebanon and Israel) reported cases of COVID-19 in the past 24 hours.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 14 other countries: Australia, Egypt, France, Germany, Iran, Japan, South Korea, Malaysia, Singapore, Thailand, United Arab Emirates, United Kingdom, USA, and Vietnam.
Cruise ship – Japan
On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 20, 634 crew/passengers were confirmed to have COVID-19 infections, including 48 Canadian passengers. Of those, 34 are hospitalised, two are in critical condition and the remainder are in stable condition. One Canadian who previously tested positive has been released after two negative tests. Eleven additional Canadians are hospitalized for other medical reasons, including one in critical condition. Three Canadians are hospitalized for compassionate reasons.

The repatriation operation for Canadians on the Diamond Princess was completed on February 21. The list of Canadian passengers who were not part of the repatriation operation was shared with the Canadian Border Service Agency (CBSA). As part of the Quarantine Act, Order in Council “Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Person Not on Government Flight)”, travellers who were on the Diamond Princess cruise ship but did not embark on the repatriation flight from the government of Canada that left Japan, will be required to remain in isolation in a designated quarantine facility upon their entry into Canada.

As of February 21, 18 U.S. citizens repatriated from the Diamond Princess Cruise ship and two repatriated from Wuhan tested positive of COVID-19. As of February 22, Australia reported 7 cases associated with the Diamond Princess repatriation flight from Japan.

Cruise ship – Cambodia
On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On February 15, one passenger tested positive for COVID-19, however as of February 21, US officials have reported the passenger has been retested and results were negative. The World Health Organisation (WHO) is working closely with Cambodian authorities to support the public health response to the Westerdam cruise ship.

As of February 21, of the 271 Canadian passengers on board, approximately 221 Canadians passengers have started to return home via commercial means. Malaysian authorities shared contact information with Canada (under Article 44 of the International Health Regulations (2005)). Upon arrival in Canada, these individuals will receive a handout advising them to monitor themselves for symptoms and to contact the public health authority in their province or territory if they feel sick.

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

**World Health Organization (WHO)**


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

An international team of experts are continuing to undergo field-work in China, and based on their assessment, will provide a set of recommendations to the WHO on how to better address the situation.

**United States (U.S.)**

On February 11, the U.S. Department of State raised its travel advisory level 2 – Exercise Increased Caution due to the novel coronavirus in Macau and Hong Kong. **On February 21, the United States issued a travel advisory for travel on cruise ships, recommending to its citizens to reconsider travel by cruise ship to or within Asia.**

On February 19, the U.S. Center for Disease Control and Prevention (U.S. CDC) issued a Level 1 Travel Notices (Practice Usual Precautions) for Hong Kong. **On February 22, U.S. CDC issued a Level 2 Travel Notices (Practice Enhanced Precautions) for South Korea and Japan.**

**Canadian Preparedness and Response:**

**Global Affairs Canada (GAC)**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

**Public Safety Canada (PS)**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.
Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

Health Portfolio (HP)

Health Canada has mobilized its Psycho-Social Emergency Response Team (PSERT) to provide support to federal personnel onsite at CFB Trenton and NAVCAN as long as required. Health Canada’s PSERT is also providing surge support to the EMAT mental health professionals for any non-federal personnel (EMAT is the primary for psycho-social support to non-federal personnel; Health Canada is the primary for federal employees). Health Canada is providing regular onsite support at the HPOC.

Health Canada’s Public Service Occupational Health Program (PSOHP) has developed general occupational health advice related to COVID-19 for employees in the federal public service as well as supplemental guidance for those working in specific situations/settings supporting this event, as follows: Airports of Entry; Missions Abroad; In Wuhan Supporting Repatriation Flights; At Trenton for Repatriation from Wuhan; In Japan for Repatriation from Diamond Princess; At Trenton and in Cornwall for Repatriation from Diamond Princess.

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC)

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel).

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

Starting February 19, the following additional measures have been implemented:

- Travelers arriving from the Province of Hubei, China will be asked to complete a form to gather their contact information.
- Surgical mask kits will be distributed to asymptomatic travelers. The kit will include instruction how and when to use the surgical mask and how to proceed if the traveler starts to feel ill during the rest of their travel.

CBSA reports that from January 22 to February 18, 57,676 travelers arrived directly from China Mainland to Canada. As of February 19, 1,796 travelers have identified as returning from Hubei Province, with 63 referred for further assessment by a quarantine officer. Of those, 60 were released with an educational handout and 3 were issued an order for a further medical exam.

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\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 22, NML has undertaken testing for 500 persons under investigation for COVID-19 in Canada, 9 have tested positive, 445 have tested negative, with results of 46 tests still pending. The last update reported publically on the Canada.ca website was on February 21, 2020 and reported 455 negative cases and 9 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners3 to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

**Indigenous Services Canada (ISC)**

ISC actively supports Indigenous partners to ensure pandemic plans are current and follow best practices. ISC has a network of regional health emergency management coordinators, regional communicable disease nurses and regional medical officers who provide advice and support to First Nation communities and lead public health emergency preparedness and response as needed.

**Communications:**

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

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3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Approved by:

- Nicolas Palanque, Event Manager

The next update will be provided on February 24, 2020 (TBC).
Any significant developments will be communicated sooner as necessary.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 23, 2020, 1400 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- Case count as of February 23, 2020:
  - Canada: 9 confirmed cases of COVID-19 (ON=3, BC=6)
  - Globally: 78,957 (+1,026) confirmed cases of COVID-19, including 2,466 (+106) deaths.
    - Mainland China: 76,936 (+648) cases of COVID-19 pneumonia, with 2,442 (+97) deaths.
    - Rest of the World: 2,021 (+378) laboratory confirmed cases of COVID-19 infections, with 24 (+9) deaths.

- Repatriation:
  - On February 21, all travellers who arrived at CFB Trenton on CAN1 (179 people) and travellers from US4 (39 individuals) were cleared from quarantine.
  - Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25.
  - On February 21, the repatriation operation for Canadians on the Diamond Princess was completed. As of February 22, 129 passengers, 15 crew and 7 Government officials were in quarantine at NAVCAN.
  - On February 22, an individual under quarantine at NAVCAN with symptoms consistent with COVID-19 was sent to EMAT for assessment. Sample was sent to NML MERT at CFB Trenton for testing on February 23.
  - A total of 22 samples from CFB Trenton and NAVCAN were tested by the MERT and all are negative for COVID-19.

- Laboratory testing:
  - As of February 23, NML has undertaken testing for 501 persons under investigation for COVID-19 in Canada, 9 have tested positive, 448 have tested negative, with results of 44 tests still pending.

- Returning travellers:
  - As of February 23, 2,030 travelers have identified as returning from Hubei Province, with 68 referred for further assessment and 3 were issued an order for a medical exam.

- Risk assessment:
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, 21 February 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 23 February 2020

Global distribution of confirmed 2019-nCoV cases, as of February 23, 2020 at 11:30 AM EST.

Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source.
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<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>76,936</td>
<td>2,442</td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (74), India (3), Japan (144†), Macao SAR (10), Malaysia (22‡), Nepal (1), Philippines (3), Singapore (89), South Korea (602), Sri Lanka (1), Taiwan (28), Thailand (35), Vietnam (16)</td>
<td>1,029†</td>
<td>10</td>
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<tr>
<td>Oceania</td>
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<tr>
<td>Australia (22)</td>
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<tr>
<td>Africa</td>
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<td></td>
</tr>
<tr>
<td>Egypt (1)</td>
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<td>Iran (43), Israel (1), Lebanon (1) United Arab Emirates (13)</td>
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<tr>
<td>International conveyance</td>
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<tr>
<td>Diamond Princess cruise, Japan</td>
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</tr>
</tbody>
</table>

† Confirmed case definition might differ based on the country. Between February 12 and 18, confirmed cases in Hubei Province included cases of pneumonia clinically diagnosed without a laboratory confirmation for COVID-19. On February 19, Hubei Province stopped reporting clinically diagnosed pneumonia cases and went back to reporting laboratory confirmed pneumonia cases only. WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”
‡ Including asymptomatic cases
‡‡ On February 21, U.S. officials retested the positive passenger of the Westerdam cruise ship and results were negative.

Situation Overview†

Canada

As of February 23, 9 cases of COVID-19 infections have been confirmed in Canada. The latest case was reported in a resident from B.C. who had recently returned from Iran. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>3</td>
</tr>
<tr>
<td>British Columbia</td>
<td>6</td>
</tr>
</tbody>
</table>

† As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publically reported on Canada.ca website.
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As of February 21, one case in British Columbia and all three cases in Ontario have recovered from their COVID-19 infection. This is indicated by the resolution of symptoms, followed by two successive negative test results 24 hours apart.

Repatriation – Trenton
On February 7, and February 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. Repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order’).

On February 21, all travellers who arrived at CFB Trenton on CAN1 (179 people) and US4 (39 individuals), received a final health check and were processed by Quarantine Officers. All travellers from CAN1 and US4 were found to be asymptomatic and afebrile on release from quarantine. Travellers were provided with bus transportation to Toronto Pearson International Airport or the CFB Trenton passenger pick-up terminal.

Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25 at 06:15 EST. At this time, no one is reporting symptoms associated with COVID-19. CFB Trenton is anticipated to be completely demobilised on February 27.

Repatriation – Cornwall
The repatriation operation for Canadians on the Diamond Princess is completed. The plane arrived at CFB Trenton on February 21. There were 129 passengers, 15 crew and 7 Government officials onboard.

All travellers, crew, and support staff were processed by Quarantine Officers and registered with Canadian Red Cross. At the time of assessment, all travellers were found to be asymptomatic and afebrile. Travellers received welcome packages, including information on their quarantine period. Passengers were transported onward to the NAV Canada Training Institute (NAVCAN) in Cornwall, Ontario. Ontario Emergency Medical Assistance Team (EMAT) is the primary provider for medical and psychosocial support to passengers with support provided by Health Canada personnel.

On February 22, an individual under quarantine at NAVCAN with symptoms consistent with COVID-19 was sent to EMAT for assessment. Sample was sent to NML Microbiological Emergency Response Team (MERT) at CFB Trenton on February 23 at 10:00 EST.

Relocation of MERT from CFB Trenton to NAVCAN is in progress. As of February 23, a total of 21 samples from individuals quarantined at CFB Trenton and one from individual quarantined at NAVCAN were tested by the MERT and all were negative for COVID-19 with one sample en route.

All repatriated passengers will remain in isolation at NAVCAN for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order’). Other countries have reported confirmed cases among returning travellers from the Diamond Princess. Canadian passengers are being monitored daily for signs and symptoms.
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China

As of 24:00 China Standard Time on February 22, 2020 (11:00 EST, February 22, 2020), China has reported 76,936 (+648) cases of COVID-19 pneumonia across all provinces in mainland China, including 2,442 (+97) deaths and 10,968 cases in serious condition (14%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (64,084) of COVID-19 cases reported in China, and 96% (2,346) of China’s death toll.

97% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.

Figure 3. Reported cases of COVID-2019 from Hubei province and the rest of China as of February 22, 2020

International

As of February 23, 2020, at least 2,021 (+378) cases of COVID-19 infections have been confirmed in 31 countries/jurisdictions outside of mainland China and on international conveyances. A total of 24 (+9) deaths have been confirmed in France (1), Hong Kong (2), Iran (8), Italy (2), Japan (4), South Korea (5), the Philippines (1), and Taiwan (1). No new country reported cases of COVID-19 in the past 24 hours.

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 15 other countries: Australia, Egypt, France, Germany, Iran, Italy, Japan, South Korea, Malaysia, Singapore, Thailand, United Arab Emirates, United Kingdom, United States and Vietnam. As of February 22, the likely place of exposure was known for 1,402 cases reported outside of mainland China, of which 35% (n=484) were exposed within their country.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Cruise ship – Japan
On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 20, 634 crew/passengers were confirmed to have COVID-19 infections, including 48 Canadian passengers. Of those, 34 are hospitalised, two are in critical condition and the remainder are in stable condition. One Canadian who previously tested positive has been released after two negative tests. Eleven additional Canadians are hospitalized for other medical reasons, including one in critical condition. Three Canadians are hospitalized for compassionate reasons.

The repatriation operation for Canadians on the Diamond Princess was completed on February 21. The list of Canadian passengers who were not part of the repatriation operation was shared with the Canadian Border Service Agency (CBSA). As part of the Quarantine Act, Order in Council "Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Person Not on Government Flight)", travellers who were on the Diamond Princess cruise ship but did not embark on the repatriation flight from the government of Canada that left Japan, will be required to remain in isolation in a designated quarantine facility upon their entry into Canada.

On February 22, in accordance with the International Health Regulations (IHR) (2005), Article 44 on "Collaboration and Assistance," Canada shared information with Argentina, Brazil, Chile, Colombia, Honduras, Jamaica, Mexico and Peru on their respective citizens who were aboard the Diamond Princess cruise ship and who are thought to be returning to their home country from Japan, transiting through Canada. Canada informed these countries that these individuals were placed on a look-out list with CBSA and will be subject to the Quarantine Act when identified at the border.

As of February 21, 18 U.S. citizens repatriated from the Diamond Princess Cruise ship and two repatriated from Wuhan tested positive of COVID-19. As of February 22, Australia reported 7 cases associated with the Diamond Princess repatriation flight from Japan.

Cruise ship – Cambodia
On February 14, the Westerdam cruise ship, with 2,257 people onboard, docked in the port city of Sihanoukville, Cambodia. The cruise manifest included 271 passengers and 2 crew from Canada. Cambodian health officials conducted health screenings and cleared all passengers, allowing them to disembark and proceed with onward travel to their respective countries.

On February 15, one passenger tested positive for COVID-19, however as of February 21, U.S. officials have reported the passenger has been retested and results were negative. The World Health Organisation (WHO) is working closely with Cambodian authorities to support the public health response to the Westerdam cruise ship.

As of February 22, all 271 Canadian passengers from the Westerdam cruise ship left Cambodia and either returned home or are on their way home. Upon arrival in Canada, these individuals will
receive a handout advising them to monitor themselves for symptoms and to contact the public health authority in their province or territory if they feel sick.

**Risk Assessment:**

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

**International Preparedness and Response:**

World Health Organization (WHO)


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

An international team of experts is continuing to undergo field-work in China, and based on their assessment, will provide a set of recommendations to the WHO on how to better address the situation.

**United States (U.S.)**

On February 11, the U.S. Department of State raised its travel advisory level 2 – Exercise Increased Caution due to the novel coronavirus in Macau and Hong Kong and for South Korea and Japan on February 22. On February 21, the United States issued a travel advisory for travel on cruise ships, recommending to its citizens to reconsider travel by cruise ship to or within Asia.

On February 19, the U.S. Center for Disease Control and Prevention (U.S. CDC) issued a Level 1 Travel Notices (Practice Usual Precautions) for Hong Kong. On February 22, U.S. CDC issued a Level 2 Travel Notices (Practice Enhanced Precautions) for South Korea and Japan.

**Canadian Preparedness and Response:**

**Global Affairs Canada (GAC)**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

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The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

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The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

Public Health Agency of Canada (PHAC)

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel) and level 4 (avoid all travel) for Hubei province.

Enhanced screening measures continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

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2 On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Starting February 19, the following additional measures have been implemented:

- Travelers arriving from the Province of Hubei, China will be asked to complete a form to gather their contact information.
- Surgical mask kits will be distributed to asymptomatic travelers. The kit will include instruction on how and when to use the surgical mask and how to proceed if the traveler starts to feel ill during the rest of their travel.

CBSA reports that from January 22 to February 18, 57,676 travelers arrived directly from China Mainland to Canada. As of February 23, 2,030 travelers have identified as returning from Hubei Province, with 68 referred for further assessment and 3 were issued an order for a medical exam.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), U.S. Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Communications:

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:

- Nicolas Palanque, Event Manager

The next update will be provided on February 24, 2020
Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Coronavirus (COVID-19) outbreak in China
Date: February 24, 2020, 1400 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of novel coronavirus (COVID-19) in China.

Key Points

- **Case count as of February 24, 2020:**
  - Canada: 10 confirmed cases of COVID-19 (ON=4, BC=6), one new presumptive positive case in BC.
  - Globally: 79,526 confirmed (+569) confirmed cases of COVID-19, including 2,625 deaths (+159) deaths.
  - Mainland China: 77,150 confirmed (+214) cases of COVID-19 pneumonia, with 2,592 deaths (+150) deaths.
  - Rest of the World: 2,376 (+355) laboratory confirmed cases of COVID-19 infections, with 33 (+9) deaths.

- **Globally:**
  - 4 new countries in the Middle East (Kuwait, Afghanistan, Bahrain and Iraq) reported cases of COVID-19 in the past 24 hours.

- **Repatriation:**
  - Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25.
  - On February 22 and 23, two individuals under quarantine at NAVCAn with symptoms consistent with COVID-19 were sent to EMAT for assessment. Samples were sent to NML MERT at CFB Trenton on February 23. Both samples have come back negative.
  - On February 23, the CPHO authorized the release from quarantine of six Canadian Armed Forces (CAF) medical staff and one Government of Canada employee who accompanied the returning travellers on the third Canada-chartered flight from Japan to CFB Trenton.

- **Laboratory testing:**
  - As of February 24, NML has undertaken testing for 504 persons under investigation for COVID-19 in Canada, 10 have tested positive, 449 have tested negative, with results of 45 tests still pending.

- **Returning travellers:**
  - On February 22, two Diamond Princess passengers arrived at Vancouver International Airport. They were assessed and were sent to a quarantine facility in Vancouver to complete their 14 day mandatory isolation.
  - As of February 23, 2,030 travelers have identified as returning from Hubei Province, with 68 referred for further assessment and 3 were issued an order for a medical exam.

- **Risk assessment:**
  - Public health risk within Canada remains low.
  - Public health risk for travelers to China is moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.
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Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19 in Mainland China, February 24, 2020

Figure 2. World-wide distribution of reported confirmed cases of COVID-19, 24 February 2020
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Note: The information supplementing these graphs has been collected by the Hong Kong Center of Health Protection and governmental source

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
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<td>Diamond Princess cruise, Japan</td>
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† Confirmed case definition might differ based on the country. Between February 12 and 18, confirmed cases in Hubei Province included cases of pneumonia clinically diagnosed without a laboratory confirmation for COVID-19. On February 19, Hubei Province stopped reporting clinically diagnosed pneumonia cases and went back to reporting laboratory confirmed pneumonia cases only. WHO consider confirmed case to be "a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms".

‡ Including asymptomatic cases

** Cases identified on international conveyances are reported in a separate category

As of February 24, 10 cases of COVID-19 infections are confirmed in Canada with one new presumptive confirmed case in British Columbia. The latest Ontario case is a woman who traveled from China to Toronto on February 21, 2020. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

situation overview†

Canada

As of February 24, 10 cases of COVID-19 infections are confirmed in Canada with one new presumptive confirmed case in British Columbia. The latest Ontario case is a woman who traveled from China to Toronto on February 21, 2020. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

† As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publicly reported on Canada.ca website.
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As of February 21, one case in British Columbia and three cases in Ontario have recovered from their COVID-19 infection. This is indicated by the resolution of symptoms, followed by two successive negative test results 24 hours apart.

Repatriation – Trenton
On February 7 and 11, three chartered air flights repatriated individuals from Wuhan, province of Hubei, China to Canadian Forces Base (CFB) Trenton. None of the passengers on board showed any symptoms of COVID-19. Repatriated passengers will remain in isolation at CFB Trenton for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order’).

On February 21, all travellers who arrived at CFB Trenton on CAN1 (179 people) and US4 (39 individuals), received a final health check and were processed by Quarantine Officers. All travellers from CAN1 and US4 were asymptomatic and afebrile on release from quarantine. Travellers were provided with bus transportation to Toronto Pearson International Airport or the CFB Trenton passenger pick-up terminal.

Travellers who remain in quarantine at CFB Trenton from CAN2 (195 individuals) are expected to be released on February 25 at 06:15 EST. At this time, no one is reporting symptoms associated with COVID-19. CFB Trenton is anticipated to be completely demobilised on February 27.

Repatriation – Cornwall
The repatriation operation for Canadians on the Diamond Princess is completed. The plane arrived at CFB Trenton on February 21. There were 129 passengers, 15 crew and 7 Government officials onboard.

All travellers, crew, and support staff were processed by Quarantine Officers and registered with Canadian Red Cross. At the time of assessment, all travellers were asymptomatic and afebrile. Travellers received welcome packages, including information on their quarantine period. Passengers were transported onward to the NAV Canada Training Institute (NAVCAN) in Cornwall, Ontario. Ontario Emergency Medical Assistance Team (EMAT) is the primary provider for medical and psychosocial support to passengers with surge support provided by Health Canada personnel.

On February 22 and 23, two individuals under quarantine at NAVCAN with symptoms consistent with COVID-19 were sent to EMAT for assessment. Samples were sent to NML MERT at CFB Trenton on February 23. Both samples have come back negative.

On February 23, the CPHO authorized the release from quarantine of six Canadian Armed Forces (CAF) medical staff and one Government of Canada employee who accompanied the returning travellers on the third Canada-chartered flight from Japan to CFB Trenton.
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Relocation of MERT from CFB Trenton to NAVCAN is in progress. As of February 24, a total of 22 samples from individuals quarantined at CFB Trenton and three from individual quarantined at NAVCAN were tested by the MERT and all were negative for COVID-19.

All repatriated passengers will remain in isolation at NAVCAN for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act ("Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order"). Other countries have reported confirmed cases among returning travellers from the Diamond Princess. Canadian passengers are being monitored daily for signs and symptoms.

China

As of 23:59 CST on February 23, 2020 (10:59 EST, February 23, 2020), China has reported 77,150 (+214) cases of COVID-19 pneumonia across all provinces in mainland China, including 2,592 deaths (+150) deaths and 9,915 cases in serious condition (13%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (64,287) of COVID-19 cases reported in China, and 96% (2,495) of China’s death toll.

97% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions have abolished home quarantine in favour of placing all close contacts of COVID-19 cases in centralized quarantine centres.

Figure 3. Reported cases of COVID-2019 from Hubei province and the rest of China as of February 24, 2020

International

As of February 24, 2020, at least 2,376 (+355) cases of COVID-19 infections have been confirmed in 35 countries/jurisdictions outside of mainland China and on international conveyances.
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Four new countries have reported cases of COVID-19 in the past 24 hours: Kuwait (3), Afghanistan (1), Bahrain (1), Iraq (1). A total of 33 (+9) deaths have been confirmed in France (1), Hong Kong (2), Iran (12), Italy (5), Japan (4), South Korea (7), the Philippines (1), and Taiwan (1).

In addition to Canada, locally acquired COVID-19 infections have been confirmed in 15 other countries: Australia, Egypt, France, Germany, Italy, Japan, South Korea, Malaysia, Singapore, Thailand, United Arab Emirates, United Kingdom, United States and Vietnam. As of February 23, the likely place of exposure was known for 1,769 cases reported outside of mainland China, of which:

- 36% were exposed aboard international conveyance docked in Japan
- 33% were exposed within their reporting country
- 10% were exposed in China
- 3% were exposed outside their reporting country and outside China, and
- 19% of cases do not have a known site of transmission

As of February 23, the Korean government has raised the alert level from Orange (Level 3) to Red (Level 4) in order to prepare for the likelihood of a possible nation-wide transmission.

Cruise ship – Japan
On February 4, 2020, Japanese authorities quarantined the Diamond Princess cruise ship at the Port of Yokohama, Japan after a passenger who had disembarked in Hong Kong tested positive for COVID-19. The cruise manifest included 251 passengers and 4 crew holding Canadian passports. A small Government of Canada team has been mobilized to Japan to assist with the response effort.

As of February 23, 691 crew/passengers were confirmed to have COVID-19 infections, including 48 Canadian passengers. Of those, 34 are hospitalised, two are in critical condition and the remainder are in stable condition. One Canadian who previously tested positive has been released after two negative tests. Eleven additional Canadians are hospitalized for other medical reasons, including one in critical condition. Three Canadians are hospitalized for compassionate reasons.

The repatriation operation for Canadians on the Diamond Princess was completed on February 21. The list of Canadian passengers who were not part of the repatriation operation was shared with the Canadian Border Service Agency (CBSA). As part of the Quarantine Act, Order in Council (OIC) “Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Person Not on Government Flight)”, travellers who were on the Diamond Princess cruise ship but did not embark on the repatriation flight from the government of Canada that left Japan, will be required to remain in isolation in a designated quarantine facility upon their entry into Canada.

On February 22, in accordance with the International Health Regulations (IHR) (2005), Article 44 on "Collaboration and Assistance," Canada shared information with Argentina, Brazil, Chile, Colombia, Honduras, Jamaica, Mexico and Peru on their respective citizens who were aboard the Diamond Princess cruise ship and who are thought to be returning to their home country from Japan, transiting through Canada. Canada informed these countries that these individuals were placed on a watch list with CBSA and will be subject to the Quarantine Act when identified at the border.
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As of February 21, 18 U.S. citizens repatriated from the Diamond Princess Cruise ship and two repatriated from Wuhan tested positive of COVID-19. As of February 22, Australia reported 7 cases associated with the Diamond Princess repatriation flight from Japan.

On February 22, two Diamond Princess passengers arrived at Vancouver International Airport and were subject to the OIC. They were assessed by a PHAC Quarantine Officer and were sent to a designated quarantine facility in Vancouver to complete their 14 day mandatory isolation.

Risk Assessment:

PHAC’s assessment of the public health risk within Canada associated with COVID-19 in China, last updated on February 2, 2020, remains low. Public health risk for travelers to China is assessed as moderate to high, depending on the location of travel within China, as well as the age and health status of the traveler.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)


WHO has developed a database to collect the latest scientific findings and knowledge on Coronavirus disease. The database is available on the WHO website.

In a news conference held on February 24, the WHO determined that the current situation does not yet warrant a pandemic declaration.

An international team of experts are continuing to undergo field-work in China, and based on their assessment, will provide a set of recommendations to the WHO on how to better address the situation.

United States (U.S.)

On February 11, the U.S. Department of State raised its travel advisory level 2 – Exercise Increased Caution due to the novel coronavirus in Macau and Hong Kong and for South Korea and Japan on February 22. On February 21, the United States issued a travel advisory for travel on cruise ships, recommending to its citizens to reconsider travel by cruise ship to or within Asia.

On February 19, the U.S. Center for Disease Control and Prevention (U.S. CDC) issued a Level 1 Travel Notices (Practice Usual Precautions) for Hong Kong. On February 22, U.S. CDC issued a Level
2 Travel Notices (Practice Enhanced Precautions) for South Korea and Japan. On February 23, US CDC issued Level 1 Travel Notices (Practice Usual Precautions) for Italy and Iran.

**Canadian Preparedness and Response:**

**Global Affairs Canada (GAC)**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

**Public Safety Canada (PS)**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

**Health Portfolio (HP)**

Health Canada has mobilized its Psycho-Social Emergency Response Team (PSERT) to provide support to federal personnel onsite at CFB Trenton and NAVCAN as long as required. Health Canada’s PSERT is also providing surge support to the EMAT mental health professionals for any non-federal personnel (EMAT is the primary for psychosocial support to non-federal personnel; Health Canada is the primary for federal employees). Health Canada is providing regular onsite support at the HPOC.

Health Canada’s Public Service Occupational Health Program (PSOHP) has developed general occupational health advice related to COVID-19 for employees in the federal public service as well as supplemental guidance for those working in specific situations/settings supporting this event, as follows: Airports of Entry; Missions Abroad; In Wuhan Supporting Repatriation Flights; At Trenton for Repatriation from Wuhan; In Japan for Repatriation from Diamond Princess; At Trenton and in Cornwall for Repatriation from Diamond Princess.

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19 in China, and preparedness and detection activities in Canada.

**Public Health Agency of Canada (PHAC)**
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The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel) and level 4 (avoid all travel) for Hubei province.

On February 23, an Outbreak Monitoring section was added to the Travel Health Notice for Iran informing readers of the current status of COVID-19 in the country and informing them that PHAC is closely monitoring the situation.

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

Starting February 19, the following additional measures have been implemented:

- Travelers arriving from the Province of Hubei, China will be asked to complete a form to gather their contact information.
- Surgical mask kits will be distributed to asymptomatic travelers. The kit will include instructions on how and when to use the surgical mask and how to proceed if the traveler starts to feel ill during the rest of their travel.

CBSA reports that from January 22 to February 18, 57,676 travelers arrived directly from China Mainland to Canada. As of February 23, 2,030 travelers have identified as returning from Hubei Province, with 68 referred for further assessment and 3 were issued an order for a medical exam.

PHAC’s National Microbiology Laboratory (NML) performs confirmatory testing for any positive SARS-CoV-2 (the causative virus of COVID-19) laboratory result obtained by a provincial/territorial public health laboratory, with results expected within 24 hours of receipt.

As of February 24, NML has undertaken testing for 504 persons under investigation for COVID-19 in Canada, 10 have tested positive, 449 have tested negative, with results of 45 tests still pending. The last update reported publically on the Canada.ca website was on February 21, 2020 and reported 455 negative cases and 9 positive cases of COVID-19.

PHAC has activated the Federal Provincial Territorial (FPT) Response Plan for Biological Events to coordinate domestic preparedness and response to COVID-19. The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting by teleconference twice weekly.

PHAC continues to engage with a range of relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

\(^2\) On screen messaging on arrivals screens alert travelers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.
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PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of COVID-19 identified in Canada.

**Indigenous Services Canada (ISC)**

ISC actively supports Indigenous partners to ensure pandemic plans are current and follow best practices. ISC has a network of regional health emergency management coordinators, regional communicable disease nurses and regional medical officers who provide advice and support to First Nation communities and lead public health emergency preparedness and response as needed.

**Communications:**

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

**Approved by:**

- Nicolas Palanque, Event Manager

**The next update will be provided on February 25, 2020**

Any significant developments will be communicated sooner as necessary.

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\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), U.S. Centers for Disease Prevention and Control (USCDC)
公共健康局
健康计划情况报告（SitRep）

事件名称：COVID-19
日期：2020年2月25日，1400 EST

健康计划操作中心-激活状态
健康计划操作中心（HPOC）继续激活至3级-部分激活，以进一步支持联邦、省级和领土的准备和对COVID-19的响应。

关键点

- 案例计数：2020年2月25日
  - 加拿大：11例COVID-19确诊病例（安大略4，不列颠哥伦比亚7）。
  - 全球：80,335 (+809)例COVID-19确诊病例，包括2,704 (+79)例死亡。
  - 沿海中国：77,658 (+508)例COVID-19肺炎病例，2,663 (+71)例死亡。
  - 世界其他地区：2,677 (+301)例COVID-19确诊病例，41 (+8)例死亡。

- 全球
  - 1个中东新国家（阿曼）报告了COVID-19病例。

- 重新安置
  - 所有仍在特伦顿CFB隔离的人员从CAN2 （195人）被解除隔离。

- 实验室测试
  - 2月25日，NML进行了504人的人体调查，10人检测为阳性，449人检测为阴性，45人测试结果仍然待定。
  - 不列颠哥伦比亚和安大略省目前具有官方确认COVID-19的能力。所有其他省份和地区仍需NML确认COVID-19。

- 边境措施
  - 伊朗国家页面已更新，包含一个与COVID-19疫情监测相关的突出显示。
  - 新发布两个Level 1（实践普通预防措施）旅行健康通知，针对香港和新加坡。
  - 南韩旅行健康通知被提升至Level 2（实践特殊预防措施）。

- 返回的旅行者
  - 2月24日，三名钻石公主游轮乘客到达温哥华国际机场，接受评估，并被送往温哥华的隔离设施来完成14天的隔离。

- 风险评估
  - 全加拿大范围内的公共卫生风险仍然较低。
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Figure 1. World-wide distribution of reported confirmed cases of COVID-19, 25 February 2020

### Global COVID-19 Outbreak

**Last updated February 24, 2020 at 9:30 am**

Data source: HIPDC Staff report

**Confirmed Cases**

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**Updated: February 25, 2020 7:45 am**

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<tr>
<td>Asia (outside mainland China)</td>
<td>1433*</td>
<td>15</td>
</tr>
<tr>
<td>Oceania</td>
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<td>0</td>
</tr>
<tr>
<td>Africa</td>
<td>1</td>
<td>0</td>
</tr>
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<td>Middle East</td>
<td>131</td>
<td>15</td>
</tr>
<tr>
<td>Europe</td>
<td>331</td>
<td>8</td>
</tr>
<tr>
<td>North America</td>
<td>64</td>
<td>0</td>
</tr>
</tbody>
</table>
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

International conveyance
Diamond Princess cruise, Japan
695 3

1 Confirmed case definition might differ based on the country. WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”
2 Cases identified on international conveyances are reported in a separated category

Situation Overview

Canada

As of February 25, 11 cases of COVID-19 infections are confirmed in Canada. The new case in BC is a close contact of the BC case who was confirmed last week. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

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<tr>
<td>Ontario</td>
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<tr>
<td>British Columbia</td>
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Repatriation – Trenton
On February 25, all travellers from CAN2 (195 individuals) were released. Individuals were shuttled to Pearson International Airport (YYZ) in Toronto or released for local pick-up. Trenton demobilization and de-escalation is anticipated to be fully complete on February 27, 2020.

Repatriation – Cornwall
The repatriation operation for Canadians on the Diamond Princess is completed. The plane arrived at CFB Trenton on February 21.

As of February 24, there were 129 passengers and 15 flight crew in quarantine at NAVCAN.

As of February 25, four individuals quarantined at NAVCAN were tested by the Microbiological Emergency Response Team (MERT) and all were negative for COVID-19.

The following psycho-social supports are in place for passengers and personnel at NAVCAN:
- Passengers received the Canadian Red Cross toll free number. If mental health support is requested, the Red Cross makes a referral to EMAT’s onsite social workers.
- Federal public service employees have access to Health Canada’s Psycho-social Emergency Response Team (PSERT).
- NAVCAN employees have access to their Employee Assistance Program (EAP)

All repatriated passengers will remain in isolation at NAVCAN for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to
COVID-19 Coronavirus Disease in Canada Order"). The anticipated release date for passengers is March 6, 2020.

China

As of 23:59 CST on February 24, 2020 (10:59 EST, February 24, 2020), China has reported 77,658 (+508) cases of COVID-19 across all provinces in mainland China, including 2,663 deaths (+71) deaths and 9,126 cases in serious condition (12%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (64,786) of COVID-19 cases reported in China, and 96% of China’s death toll. 97% of all cases identified globally have been in mainland China.

China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions are placing all close contacts of COVID-19 cases in centralized quarantine centres.

International

As of February 25, 2020, at least 2,677 (+301) cases of COVID-19 infections have been confirmed in 36 countries/jurisdictions outside of mainland China and on international conveyances. Locally acquired COVID-19 infections has been confirmed in 17 countries.

As of February 24, based on the latest WHO Sitrep, the likely place of exposure was known for 2,069 (77%) cases reported outside of China. Of these:

- 36% were exposed aboard international conveyance docked in Japan
- 33% were exposed within their reporting country
- 10% were exposed in China
- 3% were exposed outside their reporting country and outside China, and
- 19% of cases do not have a known site of transmission

Cruise ship – Japan

As of February 25, 695 crew/passengers were confirmed to have COVID-19 infections, including 48 Canadian passengers. Of those, 34 are hospitalised, two are in critical condition and the remainder are in stable condition.

PHAC has arranged a process to obtain an exemption from quarantine upon return to Canada for Canadians hospitalized with coronavirus in Japan, who have since received two negative tests. Canadians having had close contact with a positive case but no positive tests themselves will be considered for exemption on a case-to-case basis.

The list of Canadian passengers who were not part of the repatriation operation was shared with the Canadian Border Service Agency (CBSA). As part of the Quarantine Act, Order in Council (OIC) “Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Person Not on Government Flight)”, travellers who were on the Diamond Princess cruise ship but did not embark on
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

the repatriation flight from the Government of Canada will be required to remain in isolation in a designated quarantine facility upon their entry into Canada.

As of February 24, 43 Diamond Princess Cruise passengers have tested positive for COVID-19 after they were repatriated to their home county (36 U.S. citizens and 7 Australians).

As of February 24, three Diamond Princess passengers arrived at Vancouver International Airport and were subject to the OIC. They were assessed by a PHAC Quarantine Officer and were sent to a designated quarantine facility in Vancouver to complete their 14 day mandatory isolation.

Risk Assessment:

PHAC’s assessment was last updated on February 2, 2020. The public health risk within Canada associated with COVID-19 remains low.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)


A team of experts from WHO and the European Centre for Disease Prevention and Control arrived in Italy on February 24 to support Italian authorities in understanding the current situation. At this stage the focus is on limiting further human-to-human transmission.

As of February 24, the WHO-China joint mission issued a summary of their current findings, which include no significant change in the genetic sequence of the virus, a fatality rate of 2-4% in Wuhan (0.7% outside), and a recover time of 2 weeks for mild disease and 3-6 weeks for severe or critical cases.

United States (U.S.)

U.S. Department of State Travel Advisories

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U.S. Center for Disease Control and Prevention (U.S. CDC) Travel Health Notices

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**Canadian Preparedness and Response:**

**Global Affairs Canada (GAC)**

GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

**Public Safety Canada (PS)**

The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

Public Safety Communications is convening daily Government of Canada Communications Community coordination conference calls.

**Health Portfolio (HP)**

Health Canada has mobilized its Psycho-Social Emergency Response Team (PSERT) to provide support to federal personnel onsite and surge support to the EMAT mental health professionals for any non-federal personnel at NAVCAN. Health Canada is providing regular onsite support at the HPOC.

Health Canada has developed general occupational health advice related to COVID-19 for employees in the federal public service. This includes supplemental guidance for those working in specific situations including: Airports of Entry; Missions Abroad; In Japan for Repatriation from Diamond Princess; At Trenton and in Cornwall for Repatriation from Diamond Princess.

The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19, and preparedness and detection activities.

**Public Health Agency of Canada (PHAC)**

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel) and level 4 (avoid all travel) for Hubei province.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

On February 23, an Outbreak Monitoring section was added to the Travel Health Notice for Iran informing readers of the current status of COVID-19 in the country.

On February 24:

- The Travel Health Notice for South Korea was raised to level 2 (practice special precautions)
- Level 1 (practice usual precautions) Travel Health Notices were issued for Hong Kong and Singapore

Enhanced screening measures\(^2\) continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

As of February 24, screen messages in the arrivals area at 10 airports were updated with new language that refers generally to COVID-19 and no longer mentions China. New handouts for all travellers were also available at 3 airports (Montreal, Toronto and Vancouver). New posters for all airports, and new handouts for the remaining 7, smaller international airports will be available later this week.

CBSA reports that from January 22 to February 23, 61,826 travellers arrived directly from China Mainland to Canada.

The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting twice weekly.

PHAC continues to engage with relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues monitoring, intelligence gathering, information sharing and engagement with FPT and international partners\(^3\) to inform Canadian public health action, and to ensure readiness to respond to cases of COVID-19 identified in Canada.

**Indigenous Services Canada (ISC)**

ISC actively supports Indigenous partners to ensure pandemic plans are current and follow best practices. ISC has a network of stakeholders who provide advice and support to First Nation communities and lead public health emergency preparedness and response as needed.

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\(^2\) Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

\(^3\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), U.S. Centers for Disease Prevention and Control (USCDC)
Communications:

The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

The last update reported publically on the Canada.ca website was on February 25, 2020 and reported 474 negative cases and 11 positive cases of COVID-19.

Approved by:

- Nicolas Palanque, Event Manager

The next update will be provided on February 26, 2020

Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: COVID-19
Date: February 26, 2020, 1400 EST

Health Portfolio Operations Centre - Activation Status
The Health Portfolio Operations Centre (HPOC) remains activated at Level 3 - Partial Escalation, to further support effective coordination of federal, provincial and territorial preparedness and response to the emergence of COVID-19.

Key Points
- **Case count as of February 26, 2020:**
  - Canada: 12 confirmed cases of COVID-19 (ON=5, BC=7).
  - Globally: 81,242 (+907) confirmed cases of COVID-19, including 2768 (+64) deaths.
  - Mainland China: 78,064 (+406) confirmed cases of COVID-19 pneumonia, with 2,715 (+52) deaths.
  - Rest of the World: 3,178 (+501) confirmed cases of COVID-19, with 53 (+12) deaths.
- **Globally:**
  - Five new countries have reported cases of COVID-19 in the past 24 hours: Austria (2), Croatia (2), Switzerland (1), Brazil (1) and Algeria (1).
- **Repatriation:**
  - As of February 26, Trenton demobilization and de-escalation is complete with all staff departed.
- **Laboratory testing:**
  - As of February 26, NML has undertaken testing for 507 persons under investigation for COVID-19 in Canada, 10 have tested positive, 449 have tested negative, with results of 48 tests still pending.
- **Border measures:**
  - Air Canada is extending its cancellation of all flights between Canada and China to April 10.
- **Returning travellers:**
  - As of February 24, three Diamond Princess passengers arrived at Vancouver International Airport; were assessed and were sent to a quarantine facility in Vancouver to complete their 14 day mandatory isolation.
- **Risk assessment:**
  - Public health risk within Canada remains low.
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Figure 1. World-wide distribution of reported confirmed cases of COVID-19, 26 February, 2020 8:00 AM EST

Global COVID-19 Outbreak
Last updated February 26, 2020 at 9:30 am
Data source: HPDC SitRep report
Map created by IHME Geospatial

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainland China</td>
<td>78,064</td>
<td>2,715</td>
</tr>
<tr>
<td>Asia (outside mainland China)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia (1), Hong Kong SAR (90), India (3), Japan (1644), Macau SAR (10), Malaysia (22), Nepal (1), Philippines (3), Singapore (91), South Korea (1261), Sri Lanka (1), Taiwan (32), Thailand (40), Vietnam (16)</td>
<td>1735+</td>
<td>17</td>
</tr>
<tr>
<td>Oceania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia (23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Africa</td>
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<td></td>
</tr>
<tr>
<td>Egypt (1), Algeria (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle East</td>
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<td></td>
</tr>
<tr>
<td>Afghanistan (1), Bahrain (26), Iran (139), Iraq (5), Israel (2), Kuwait (25), Lebanon (1), Oman (4), United Arab Emirates (13)</td>
<td>216</td>
<td>19</td>
</tr>
<tr>
<td>Europe</td>
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<td></td>
</tr>
<tr>
<td>Austria (2), Belgium (1), Croatia (2), Finland (1), France (14), Germany (19), Italy (374), Russia (2), Spain (2), Sweden (1), Switzerland (1) United Kingdom (13)</td>
<td>432</td>
<td>13</td>
</tr>
<tr>
<td>North America</td>
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<td></td>
</tr>
<tr>
<td>Canada (12), United States (53)</td>
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</tr>
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</table>
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

South America
Brazil (1)

International conveyance
Diamond Princess cruise, Japan

1 Confirmed case definition might differ based on the country. WHO consider confirmed case to be “a case with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms”

<table>
<thead>
<tr>
<th></th>
<th>Confirmed cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>5</td>
</tr>
<tr>
<td>British Columbia</td>
<td>7</td>
</tr>
</tbody>
</table>

1 Cases identified on international conveyances are reported in a separated category

Situation Overview¹

Canada

As of February 26, 12 cases of COVID-19 infections are confirmed in Canada. The new case is in Ontario and has a travel history to Iran. Contact tracing and public health management for all cases are being undertaken by relevant provincial and local public health officials.

Repatriation – Cornwall
The repatriation operation for Canadians on the Diamond Princess is completed. Passengers arrived at NAVCAN on February 21.

As of February 24, there were 129 passengers and 15 flight crew in quarantine at NAVCAN. The release of the flight crew members is pending. Paperwork is signed for their release and logistics are being planned for the return of flight crew members to their final destination.

As of February 25, four individuals quarantined at NAVCAN were tested by the Microbiological Emergency Response Team (MERT) and all were negative for COVID-19. MERT is now testing at the NAVCAN site.

The after hour’s medical support will be provided by Telehealth Ontario. Protocols and contact information for after hours care are being updated.

Psycho-social supports are in place for passengers and personnel at NAVCAN.

All repatriated passengers will remain in isolation at NAVCAN for 14 days as per an Emergency Order made under the authority of section 58 of the Quarantine Act (‘Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order’). The anticipated release date for passengers is March 6, 2020.

¹ As the situation is evolving rapidly and the reporting cycles are different, the information provided in the Situation Report might not match what is publicly reported on Canada.ca website.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

China

As of February 25, 2020, China has reported 78,064 (+406) cases of COVID-19 across all provinces in mainland China, including 2,715 (+52) deaths and 8,752 cases in serious condition (11%). Within mainland China, Hubei Province remains the epicentre of the outbreak, accounting for 83% (65,187 (+401)) of COVID-19 cases reported in China, and 96% of China’s death toll. 96% of all cases identified globally have been in mainland China.

China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus. Several jurisdictions are placing all close contacts of COVID-19 cases in centralized quarantine centres.

International

As of February 26, 2020, at least 3178 (+501) cases of COVID-19 infections have been confirmed in 41 (+5) countries/jurisdictions outside of mainland China and on international conveyances. Locally acquired COVID-19 infections has been confirmed in 17 countries.

As of February 25, based on the latest WHO Sitrep, the likely place of exposure was known for 2,459 (77%) cases reported outside of China. Of these:

- 40% were exposed within their own reporting country
- 7% were exposed in China
- 4% were exposed outside their reporting country and outside China
- 49% of cases do not have a known site of transmission

Cruise ship – Japan

As of February 26, 705 (+10) crew/passengers were confirmed to have COVID-19 infections, including 54 Canadian passengers. Of those, 43 are hospitalised, three are in critical condition and 11 have been released.

PHAC has arranged a process to obtain an exemption from quarantine upon return to Canada for Canadians hospitalized with coronavirus in Japan, who have since received two negative tests. Canadians having had close contact with a positive case but no positive tests themselves will be considered for exemption on a case-to-case basis.

The list of Canadian passengers who were not part of the repatriation operation was shared with the Canadian Border Service Agency (CBSA). As part of the Quarantine Act, Order in Council (OIC) “Minimizing the Risk of Exposure to COVID-19 Coronavirus Disease in Canada Order (Person Not on Government Flight)”, travellers who were on the Diamond Princess cruise ship but did not embark on the repatriation flight from the Government of Canada will be required to remain in isolation in a designated quarantine facility upon their entry into Canada.

As of February 24, 43 Diamond Princess Cruise passengers have tested positive for COVID-19 after they were repatriated to their home county (36 U.S. citizens and 7 Australians).
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

As of February 24, three Diamond Princess passengers arrived at Vancouver International Airport and were subject to the OIC. They were assessed by a PHAC Quarantine Officer and were sent to a designated quarantine facility in Vancouver to complete their 14 day mandatory isolation.

Risk Assessment:

PHAC’s assessment was last updated on February 2, 2020. The public health risk within Canada associated with COVID-19 remains low.

The World Health Organization (WHO) continues to assess the risk of COVID-19 event to be very high in China, high at the regional level and high at the global level.

International Preparedness and Response:

World Health Organization (WHO)


A team of experts from WHO and the European Centre for Disease Prevention and Control arrived in Italy on February 24 to support Italian authorities in understanding the current situation. At this stage, the focus is on limiting further human-to-human transmission.

As of February 24, the WHO-China joint mission issued a summary of their current findings, which include no significant change in the genetic sequence of the virus, a fatality rate of 2-4% in Wuhan (0.7% outside), and a recover time of 2 weeks for mild disease and 3-6 weeks for severe or critical cases.

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<td>Issued a level 2 (Exercise increased caution) to Italy</td>
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Canadian Preparedness and Response:

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GAC continues to recommend that Canadians avoid all travel to the province of Hubei and avoid non-essential travel to China.

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The Government of Canada Operations Centre (GOC) remains activated at Level 3 – Coordination of Federal Response.

The GOC is convening daily teleconferences with relevant federal partners to share information, identify and address issues, and support ongoing coordination of activities.

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The Health Portfolio Regional Emergency Coordination Centers (RECC) remain activated in all regions to support activities related to COVID-19, and preparedness and detection activities.

Public Health Agency of Canada (PHAC)

The PHAC Travel Health Notice for all of China remains at Level 3 (avoid non-essential travel) and level 4 (avoid all travel) for Hubei province.

As of February 26, the Travel Health Notice for South Korea, Iran and Northern Italy are at level 2 (practice special precautions) and the Travel Health Notice for Hong Kong, Singapore and Japan are at level 1 (practice usual precautions).
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Enhanced screening measures2 continue at 10 International Airports (Vancouver, Toronto Pearson, Montreal, Edmonton, Calgary, Winnipeg, Halifax, Ottawa, Toronto Billy Bishop and Quebec City).

As of February 24, screen messages in the arrivals area at 10 airports were updated with new language that refers generally to COVID-19 and no longer mentions China. New handouts for all travellers were also available at three airports (Montreal, Toronto and Vancouver). New posters for all airports, and new handouts for the remaining seven, smaller international airports will be available later this week.

The FPT Special Advisory Committee (SAC) and Technical Advisory Committee (TAC) on COVID-19 are meeting twice weekly.

PHAC continues to engage with relevant stakeholders (including health care professionals, unions, commercial organizations) to share information and respond to questions regarding COVID-19.

PHAC continues monitoring, intelligence gathering, information sharing and engagement with FPT and international partners3 to inform Canadian public health action, and to ensure readiness to respond to cases of COVID-19 identified in Canada.

Indigenous Services Canada (ISC)

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The toll free COVID-19 information line (1-833-784-4397), available from 7 a.m. to midnight EST, 7 days a week, is responding to approximately 90 questions per day from the general public.

The Chief Public Health Officer of Canada and the Deputy Chief Public Health Officer continue to provide media availability and interviews as required.

Media lines and other communications products are being updated and shared with FPT partners as required.

The last update reported publically on the Canada.ca website was on February 25, 2020 and reported 474 negative cases and 11 positive cases of COVID-19.

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2 Electronic kiosks include a question to identify travelers from Hubei province. Travelers are provided with handouts informing them of what they should do if they become ill after arrival in Canada.

3 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), U.S. Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Approved by:

- Nicolas Palanque, Event Manager

The next update will be provided on February 27, 2020
Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, Increased vigilance and readiness, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)’s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- Overall public health risk to Canada and Canadian travelers remains low.

Date: 1300h EST on January 20, 2020

Key Points:
- China has expanded the scope of their search for cases of 2019-NCoV beyond the city of Wuhan, resulting in identification of confirmed cases in other cities and provinces within China.
- As of 18:00 CST January 20, 2020, 217 confirmed cases have been identified within China: 198 cases in Wuhan, 5 cases in Beijing, 14 cases in Guangdong Province. All cases identified are linked to Wuhan or travel from Wuhan.
- Further identification of 2019-nCoV cases within China is expected.
- As of January 20, 2020, the total number of international confirmed 2019-nCoV cases is four (Thailand 2, Japan 1, South Korea 1). All are linked to travel from Wuhan.
- Further identification of travel related 2019-nCoV cases in other countries is expected.
- In the week of January 20, 2020, Canada will augment its existing entry screening procedures:
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- To include messaging on arrivals screens at Toronto, Montreal and Vancouver International airports reminding travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms.
- To add a health screening question to electronic kiosks.

- There are no direct flights from Wuhan to Canada and number of travelers to Canada from Wuhan via connecting flights (into Toronto, Montreal and Vancouver International airports) is low.
- As of January 17, 2020, 3 individuals with respiratory symptoms and a history of travel from Wuhan have tested negative for 2019-nCoV within Canada.
- Further identification of travelers from Wuhan with respiratory symptoms/illness and associated testing for the 2019-nCoV infection within Canada and the US may be expected.
- The potential for human to human spread, extent of spread, and the source of 2019-nCoV remain the key foci of ongoing investigations. As expected with a new pathogen, the information necessary to answer these questions will only emerge over time (weeks to months).
- In the absence of definitive information, ongoing public speculation continues to focus on the more severe end of the spectrum of illness, transmission, extent and source of spread.
- PHAC continues to follow the emergence of the 2019-nCoV identified in Wuhan, China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.
- The assessment of the public health risk to Canada remains low.

Situation Overview:

China

Wuhan:
- As of 22:00 CST, January 19, 2020, the Wuhan Municipal Health Commission has identified 198 cases of pneumonia in Wuhan caused by 2019-nCoV, with 9 cases identified as critically ill, and two deaths.
- 817 close contacts of cases have been identified, with 727 cleared and 90 under ongoing follow-up. No related cases were identified among close contacts.
- Further investigation and contact tracing of new cases is underway.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- Exit screening measures have been implemented at the Wuhan airport and other major departure points (e.g. train stations).

**Beijing:**
- 5 confirmed cases identified in Beijing.
- Further information pending.

**Guangdong Province:**
- 14 confirmed cases identified in Guangdong Province.
- Further information pending.

**International**

- As of January 20, 2020, the total number of confirmed 2019-nCoV cases outside of China is four (Thailand 2, Japan 1, South Korea 1). All are linked to travel from Wuhan.
- Increased public health vigilance, including health screening at borders for travelers from Wuhan in the Hong Kong Special Administration Region (SAR), Macau SAR and multiple other regional jurisdictions (e.g. Taiwan, Singapore, South Korea, Japan, Thailand, Malaysia etc) in closer proximity to Wuhan, as well as the US, will continue given the high volume of travel expected during the upcoming Lunar New Year holidays.

**Canada**

- As of January 17, 2020, the Public Health Ontario (PHO) Laboratory has tested 3 individuals with respiratory illness and a history of travel from Wuhan with no evidence of 2019-nCoV infection found in either individual. Negative results have been confirmed by PHAC’s National Microbiology Laboratory (NML).
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

Risk Assessment:
- PHAC’s assessment of public health risk to Canada associated with 2019-nCoV in Wuhan, China was updated as of January 14, 2020, to consider the potential for exposure beyond the Hua Nan seafood market and limited human-to-human transmission. The overall risk to Canadian travelers and to Canada remains low.

International Preparedness and Response:

World Health Organization (WHO)
- The WHO is actively engaged in international preparedness and response and continues to communicate to partners, including PHAC, regarding the emergence of the 2019-nCoV in China and the travel related cases now identified in Thailand, Japan and South Korea.
- The WHO has issued a series of technical documents for the 2019-nCoV, including case definitions, laboratory guidance, clinical management for suspect cases, as well as advice for international travel and trade.
- The WHO advises against the application of any travel or trade restrictions on China.

The US Centers for Disease Control and Prevention (US CDC)
- On January 17, 2020, the US Centers for Disease Control and Prevention (US CDC) announced implementation of entry screening for symptoms associated with 2019-nCoV in travelers from Wuhan to the United States at three U.S. airports that receive most of the travelers from Wuhan, China (San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports).
- On January 13, 2020, the US CDC published a preliminary risk assessment stating that the risk for 2019-nCoV in the U.S is considered low based on the current available information.
- On January 14, 2020, the US CDC revised its Travel Health Notice to note that limited person-to-person spread may be possible, and to include information on the exported case to Thailand.
- On January 17, 2020, the US CDC updated its Health Alert Network (HAN) Health Advisory regarding the outbreak in Wuhan and providing relevant information and interim guidance to health care providers.
The European Centre for Disease Prevention and Control (ECDC)

- On January 9, 2020 the European Centre for Disease Prevention and Control (ECDC) published a Threat Assessment Brief for the European Union/European Economic Area (EU/EEA), noting low risk of introduction and further spread of pneumonia cases possibly associated to a novel coronavirus within the EU and low risk to travelers.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):

- On January 17, 2020, PHAC updated its Travel Health Notice Level 1 (Novel Coronavirus in Wuhan, China) to include information about recently identified travel-related cases in Thailand and Japan, and the potential for limited human to human transmission.
- There are no direct flights from Wuhan to Canada. Indirect flights (one or more connections) from Wuhan to Canada arrive via Toronto, Montreal or Vancouver International airports, with historically low numbers of travelers.
- The Canada Border Services Agency (CBSA) is engaged, and standard traveler screening procedures are in place to prevent the introduction and spread of communicable diseases into Canada.  
- In the week of January 20, 2020, existing screening procedures will be augmented to include messaging on arrivals screens at Toronto, Montreal and Vancouver International airports reminding travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms

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1 When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
and an additional health screening question will be added to electronic kiosks.

- PHAC’s National Microbiology Laboratory (NML) has capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests, based on the genetic sequence of the 2019-nCoV. They are working in close collaboration with provincial/territorial public health laboratories via the Canadian Public Health Laboratory Network (CPHLN).

- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.

- PHAC is convening weekly teleconferences of the CCMOH to share information and coordinate activities.

- PHAC is engaged with provincial/territorial public health partners and relevant expert groups to assess and update relevant technical guidance to support rapid identification, diagnosis, and public health management of respiratory illness in travelers from Wuhan. Existing or interim guidance from PHAC and the WHO has already been provided.

- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^2\) to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.

- PHAC will convene weekly teleconferences of relevant federal partners to share information and coordinate activities as required.

**Communications:**

- New web content for coronaviruses, including the newly identified coronavirus, is in development and media lines are being updated and shared with FPT partners as required.

**Approved by:**

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\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
• Howard Njoo

The next update will be provided on January 21, 2020.
Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, *Increased vigilance and readiness*, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)’s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- *Assessment of overall public health risk to Canada and Canadian travelers remains low.*

Date: 1300h EST on January 21, 2020

Key Points:
- As of January 21, 2020:
  - 288 confirmed 2019-nCoV cases have been identified in mainland China, 258 in Wuhan; 5 in Beijing; 14 in Guangdong Province; 6 in Shanghai; and 5 in Zhejiang.
  - Five 2019-nCoV cases have been confirmed outside of mainland China (Thailand 2, Japan 1, South Korea 1, Taiwan 1). All have been linked to travel from Wuhan.
- China has expanded the scope of their search for cases of 2019-NCoV beyond the city of Wuhan, resulting in identification of confirmed cases in other cities and provinces within China.
- Further identification of travel related 2019-nCoV cases within China and in other countries is expected.
- On January 20, 2020, the Director-General of the World Health Organization (WHO) announced that an Emergency Committee will be convened under the International Health Regulations (IHR) on January 22, 2020 to provide advice on whether the outbreak of 2019-nCoV pneumonia in China constitutes a public health emergency of international concern.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

- On January 20, 2020, a member of the expert team investigating the outbreak in Wuhan confirmed human to human transmission of 2019-nCoV, including transmission to 15 healthcare workers.
- On January 21, 2020, Canada implemented messaging on arrivals screens at Toronto, Montreal and Vancouver International airports reminding travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms. Introduction of a screening question to electronic kiosks is planned for January 27, 2020.
- PHAC continues to follow the emergence of the 2019-nCoV identified in Wuhan, China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.
- The assessment of the public health risk to Canada remains low.

**Situation Overview:**

**China**
- As of January 21, 2020, 288 confirmed 2019-nCoV cases have been identified in mainland China, 258 in Wuhan; 5 in Beijing; 14 in Guangdong Province; 6 in Shanghai; and 5 in Zhejiang.

**Wuhan:**
- As of 22:00 CST, January 19, 2020, the Wuhan Municipal Health Commission has identified 258 cases of pneumonia in Wuhan caused by 2019-nCoV, with 12 cases identified as critically ill, and six deaths.
- 988 close contacts of cases have been identified, with 739 cleared and 249 under ongoing follow-up.
- Exit screening measures have been implemented at the Wuhan Tianhe International Airport and Wuhan and Wuchang Railway Stations.

**International**
- As of January 21, 2020, five 2019-nCoV cases have been confirmed outside of mainland China (Thailand 2, Japan 1, South Korea 1, Taiwan 1). All are linked to travel from Wuhan.
- Increased public health vigilance, including health screening at borders for travelers from Wuhan in the Hong Kong Special Administration Region.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

(SAR), Macau SAR and multiple other regional jurisdictions (eg Taiwan, Singapore, South Korea, Japan, Thailand, Malaysia etc) in closer proximity to Wuhan, as well as in the US, will continue given the high volume of travel expected during the upcoming Lunar New Year holidays.

Risk Assessment:

- PHAC’s assessment of public health risk to Canada associated with 2019-nCoV in Wuhan, China was updated as of January 14, 2020, to consider the potential for exposure beyond the Hua Nan seafood market and limited human-to-human transmission. The overall risk to Canadian travelers and to Canada remains low.

International Preparedness and Response:

World Health Organization (WHO)

- The WHO is actively engaged in international preparedness and response and continues to communicate to partners, including PHAC, regarding the emergence of the 2019-nCoV in China.
- On January 20, 2020, the Director-General of the World Health Organization (WHO) announced that an Emergency Committee will be convened under the International Health Regulations (IHR) on January 22, 2020 to provide advice on whether the outbreak of 2019-nCoV pneumonia in China constitutes a public health emergency of international concern.
- The WHO has issued a series of technical documents for the 2019-nCoV, including case definitions, laboratory guidance, clinical management for suspect cases, as well as advice for international travel and trade.
- The WHO advises against the application of any travel or trade restrictions on China.

The US Centers for Disease Control and Prevention (US CDC)

- On January 17, 2020, the US Centers for Disease Control and Prevention (US CDC) implemented entry screening for symptoms associated with 2019-nCoV in travelers from Wuhan to the United States at three U.S. airports that receive most of the travelers from
Wuhan, China (San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports).
- On 20 January, the US CDC updated their risk assessment for 2019-nCoV indicating that based on current information, the immediate health risk from 2019-nCoV to the general American public is deemed to be low at this time.
- On January 14, 2020, the US CDC revised its Travel Health Notice to note that limited person-to-person spread may be possible, and to include information on the exported case to Thailand.
- On January 17, 2020, the US CDC updated its Health Alert Network (HAN) Health Advisory regarding the outbreak in Wuhan and providing relevant information and interim guidance to health care providers.

The European Centre for Disease Prevention and Control (ECDC)
- On 17 January 2020, ECDC updated its risk assessment to note that the likelihood of importation of cases of novel coronavirus (2019-nCoV) to the EU is considered to be low, but cannot be excluded in the current situation. They further state that clinical information on confirmed 2019-nCoV cases reported so far suggests a milder disease course than what has been observed in SARS and MERS CoV cases. However, in the absence of results from ongoing epidemiological investigations, it is impossible to assess whether there are population groups at higher risk or severe illness.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):
- On January 17, 2020, PHAC updated its Travel Health Notice Level 1 (Novel Coronavirus in Wuhan, China) to include information about recently identified travel-related cases in Thailand and Japan, and the potential for limited human to human transmission. Further updates are in progress to include language with respect to the WHO’s position on human to human spread, and on enhanced screening measures in Canada.
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- There are no direct flights from Wuhan to Canada. Indirect flights (one or more connections) from Wuhan to Canada arrive via Toronto, Montreal or Vancouver International airports, with historically low numbers of travelers.

- The Canada Border Services Agency (CBSA) is engaged, and standard traveler screening procedures are in place to prevent the introduction and spread of communicable diseases into Canada. \(^1\)

- As of January 21, 2020, messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms. Additional measures, including an additional question on electronic kiosks and traveler handouts are in progress.

- Training will begin week of January 20, 2020 for CBSA Border Services Officers, to support enhanced screening efforts.

- Medical Officers of Health for Ontario, British Columbia and Quebec have been engaged regarding the implementation of the above noted screening measures.

- PHAC’s National Microbiology Laboratory (NML) has capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests, based on the genetic sequence of the 2019-nCoV. They are working in close collaboration with provincial/territorial public health laboratories via the Canadian Public Health Laboratory Network (CPHLN).

- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness

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\(^1\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/ TERRITORIAL GOVERNMENTS

(SARI) as well as for infection prevention and control and public health management.

- PHAC is convening weekly teleconferences of the CCMOH to share information and coordinate activities.
- PHAC is engaged with provincial/territorial public health partners and relevant expert groups to assess and update relevant technical guidance to support rapid identification, diagnosis, and public health management of respiratory illness in travelers from Wuhan. Existing or interim guidance from PHAC and the WHO has already been provided.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.
- PHAC will convene weekly teleconferences of relevant federal partners to share information and coordinate activities as required.

Communications:

- On January 20, 2020, PHAC Chief Public Health Officer, Dr. Theresa Tam, Deputy Chief Public Health Officer Dr, Howard Njoo and Mr. Calvin Christianson of the CBSA hosted a media availability event to respond to questions related to the 2019-nCoV outbreak in China and implementation of new screening measures at Toronto, Vancouver and Montreal International Airports.
- New web content for coronaviruses, including the newly identified coronavirus will be webposted in coming days.
- Media lines and other communications products are being updated and shared with FPT partners as required.

Approved by:

- Howard Njoo

The next update will be provided on January 22, 2020.
Any significant developments will be communicated sooner as necessary.

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2 World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, *Increased vigilance and readiness*, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)'s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- **Assessment of overall public health risk to Canada and Canadian travelers remains low.**

Date: 1300h EST on January 22, 2020

Key Points:
- As of 24:00 CST on January 21, 2020, 440 confirmed 2019-nCoV cases have been identified in 13 provinces (autonomous regions, municipalities) in China.
- As of 12:00 ET on January 22, 2020, nine 2019-nCoV cases have been confirmed outside of mainland China (Thailand 4, Japan 1, South Korea 1, Taiwan 1, Macau 1, U.S 1).
- Further identification of 2019-nCoV cases within China and in other countries is expected, particularly given very high travel volumes anticipated for upcoming Lunar New Year celebrations.
- On January 22, 2020, the Director-General of the World Health Organization (WHO) convened a meeting of an Emergency Committee, under the International Health Regulations (IHR), to consider whether the outbreak of 2019-nCoV pneumonia in China constitutes a public health emergency of international concern. Outcome of this meeting is pending.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- PHAC continues to follow the emergence of 2019-nCoV in China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.

- The assessment of the public health risk to Canada remains low.

**Situation Overview:**

**China**
- As of 24:00 CST on January 21, 2020:
  - 440 confirmed 2019-nCoV cases have been identified in mainland China, 375 in Hubei (which includes Wuhan); 26 in Guangdong Province; 10 in Beijing; 9 in Shanghai; 5 in Zhejiang, 5 in Chongqing City, 2 in Jiangxi, 2 in Sichuan, 2 in Tianjin, 1 in Shandong, 1 in Yunnan, 1 in Henan, and 1 in Hunan.
  - 9 deaths have been reported in confirmed 2019-nCoV cases.
  - 2,197 close contacts have been traced, 765 people have been released from medical observation, and 1394 people are still under medical observation.

**International**
- As of 12:00 ET on January 22, 2020, nine 2019-nCoV cases have been confirmed outside of mainland China (Thailand 4, Japan 1, South Korea 1, Taiwan 1, Macau 1, U.S 1).

- Increased public health vigilance, including health screening at borders for travelers from Wuhan in the Hong Kong Special Administration Region (SAR), Macau SAR and multiple other regional jurisdictions (eg Taiwan, Singapore, South Korea, Japan, Thailand, Malaysia etc) in closer proximity to Wuhan, as well as in the US, will continue given the high volume of travel expected during the upcoming Lunar New Year holidays.
Risk Assessment:

- PHAC’s assessment of public health risk to Canada associated with 2019-nCoV in Wuhan, China was updated as of January 14, 2020, to consider the potential for exposure beyond the Hua Nan seafood market and limited human-to-human transmission. The overall risk to Canadian travelers and to Canada remains low.

International Preparedness and Response:

World Health Organization (WHO)

- On January 22, 2020, the Director-General of the World Health Organization (WHO) convened a meeting of an Emergency Committee, under the International Health Regulations (IHR), to consider whether the outbreak of 2019-nCoV pneumonia in China constitutes a public health emergency of international concern. Outcome of this meeting is pending.

The US Centers for Disease Control and Prevention (US CDC)

- On January 21, 2020, the U.S. identified a first confirmed case of 2019-nCoV in a traveler who developed symptoms after return to the U.S. from Wuhan. The individual was noted to be recovering from mild illness.

- On January 17, 2020, the US Centers for Disease Control and Prevention (US CDC) implemented entry screening for symptoms associated with 2019-nCoV in travelers from Wuhan to the United States at three U.S. airports that receive most of the travelers from Wuhan, China (San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports).

- On 20 January, the US CDC updated their risk assessment for 2019-nCoV indicating that based on current information, the immediate health risk from 2019-nCoV to the general American population is deemed to be low at this time.

- On January 21, 2020, the U.S. CDC has elevated China’s travel advisory from a Level 1 to a Level 2 - Practise enhanced precautions. The alert includes information for those travelling to Wuhan and for those at risk. The alert further advises that based on the available evidence, those who are elderly with comorbidities are at an increased risk for severe outcomes from the disease. The alert states that human
to human transmission is occurring, however, more information is needed on the transmissibility between people.

The European Centre for Disease Prevention and Control (ECDC)

- On 17 January 2020, ECDC updated its risk assessment to note that the likelihood of importation of cases of novel coronavirus (2019-nCoV) to the EU is considered to be low, but cannot be excluded in the current situation. They further state that clinical information on confirmed 2019-nCoV cases reported so far suggests a milder disease course than what has been observed in SARS and MERS CoV cases. However, in the absence of results from ongoing epidemiological investigations, it is impossible to assess whether there are population groups at higher risk or severe illness.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):

- On January 17, 2020, PHAC updated its Travel Health Notice Level 1 (Novel Coronavirus in Wuhan, China) to include information about recently identified travel-related cases in Thailand and Japan, and the potential for limited human to human transmission. Further updates are in progress.
- There are no direct flights from Wuhan to Canada. Indirect flights (one or more connections) from Wuhan to Canada arrive via Toronto, Montreal or Vancouver International airports, with historically low numbers of travelers.
- As of January 21, 2020, the standard traveler screening procedures in place to prevent the introduction and spread of communicable diseases into Canada. ¹ will be augmented by:

¹ When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health officers).
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms.
- Additional measures, including an additional question on electronic kiosks and traveler handouts are in progress.
- The Canada Border Services Agency (CBSA) is engaged, with training of CBSA Border Services Officers, to support enhanced screening efforts to begin in the week of January 20, 2020.
- Medical Officers of Health for Ontario, British Columbia and Quebec have been engaged regarding the implementation of the above noted screening measures.
- PHAC’s National Microbiology Laboratory (NML) has capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests, based on the genetic sequence of the 2019-nCoV. They are working in close collaboration with provincial/territorial public health laboratories via the Canadian Public Health Laboratory Network (CPHLN).
- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.
- PHAC is convening weekly teleconferences of the CCMOH to share information and coordinate activities.
- PHAC is engaged with provincial/territorial public health partners and relevant expert groups to assess and update relevant technical guidance to support rapid identification, diagnosis, and public health management of respiratory illness in travelers from Wuhan. Existing or interim guidance from PHAC and the WHO has already been provided.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^2\) to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.

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health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.

\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- PHAC will convene weekly teleconferences of relevant federal partners to share information and coordinate activities as required.

Communications:
- On January 21, 2020, new web content for coronaviruses, including the newly identified coronavirus was webposted.
- Media lines and other communications products are being updated and shared with FPT partners as required.
- PHAC senior officials are providing media availability and interviews.

Approved by:
- Howard Njoo

The next update will be provided on January 23, 2020. Any significant developments will be communicated sooner as necessary.
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, Increased vigilance and readiness, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)'s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- The assessment of the public health risk within Canada remains low.

Date: 1300h EST on January 23, 2020

Key Points:
- No cases of 2019-nCoV have been confirmed in Canada.

- On January 23, 2020, following a 2 day meeting of an Emergency Committee under the International Health Regulations (IHR), the Director-General of the World Health Organization (WHO) did not declare the 2019-nCoV outbreak in China to be a public health emergency of international concern (PHEIC). The Committee will be reconvened within 10 days to re-consider the question.

- As of 24:00 CST on January 22, 2020, 571 confirmed 2019-nCoV cases have been identified in 25 provinces (autonomous regions, municipalities) in China.

- As of 18:00 CST on January 23, 2020, twelve 2019-nCoV cases have been confirmed outside of mainland China (Thailand 4, Japan 1, South Korea 1, Taiwan 1, Macau 2, U.S.A. 1, Hong Kong 2).

- Further identification of 2019-nCoV cases within China and in other countries is expected.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- Some cities within China are implementing exceptional measures to reduce further spread of the virus, including transportation shutdowns, strict infection prevention and control measures and limiting or canceling of large public gatherings.

- PHAC continues to follow the emergence of 2019-nCoV in China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.

- The assessment of the public health risk within Canada remains low.

**Situation Overview:**

**China**

- As of 24:00 CST on January 22, 2020:
  - 571 confirmed 2019-nCoV cases have been identified in 25 provinces (autonomous regions, municipalities) in China.
  - Includes 95 severe cases and 17 deaths.
  - 5897 close contacts have been traced, 969 people have been released from medical observation, and 4928 people are still under medical observation.

- On January 22, 2020, Chinese media reported that Wuhan City buses, subways, ferries and long-distance coaches, as well as flights and trains for outgoing passengers would be suspended as of 10 am January 23, 2020 until further notice.

- On January 23, 2020, Chinese media reported that the cities of Huanggang and Ezhou in Hubei province joined Wuhan in shutting down railway stations and suspending long-distance buses, as well as temperature screening in transportation hubs, closure of recreational public spaces and prohibition of mass public gatherings.

- On 23 January 2020, Chinese media reported that China’s capital city Beijing cancelled major public events including two well-known Lunar New Year temple fairs.

**International**
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- As of 18:00 CST on January 23, 2020, twelve 2019-nCoV cases have been confirmed outside of mainland China (Thailand 4, Japan 1, South Korea 1, Taiwan 1, Macau 2, U.S.A. 1, Hong Kong 2).

- Increased public health vigilance, including health screening at borders for travelers continues in multiple regional jurisdictions in South East Asia (eg Hong Kong Special Administration Region (SAR), Macau SAR and multiple other regional jurisdictions (Taiwan, Singapore, South Korea, Japan, Thailand, Malaysia etc).

- On January 17, 2020, the United States Centers for Disease Control and Prevention (US CDC) implemented entry screening for symptoms associated with 2019-nCoV in travelers from Wuhan to the United States at three U.S. airports that receive most of the travelers from Wuhan, China (San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports).

- As of January 21, 2020, Canada augmented its standard traveler screening procedures with on-screen messaging at Toronto, Montreal and Vancouver International airports advising travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms, traveler handouts and an additional screening question at electronic kiosks.

- On January 22, 2020, Canada advised Canadian travelers that “On January 22, 2020, Chinese authorities asked the public to avoid all non-essential travel to and from the city of Wuhan, Hubei Province, in the hopes of containing the novel coronavirus. On January 23, authorities suspended air, rail, bus and ferry links to and from Wuhan as well as public transportation within the city. Random checks of passenger vehicles entering and exiting the region are also reported. Expect increased health measures at airports throughout China.”

- On January 22, 2020, Public Health England (PHE) posted an ‘avoid all non-essential travel’ statement to Wuhan, noting that the risk to the United Kingdom (UK) population travelling to Wuhan, China, is considered to be moderate. They have also implemented enhanced monitoring for all direct flights from Wuhan to the United Kingdom (3 direct flights a week from Wuhan to Heathrow International Airport). This includes a health team meeting all direct flights, checking for symptoms and provision of information to passengers.

- As of January 22, 2020, Australia had implemented enhanced border measures, including electronic signage at international airports and main cruise ship terminals, provision of factsheets to travelers, and meeting of direct flights from Wuhan, China (3 flights per week). Any unwell travelers
are assessed by a Human Biosecurity Officer and referred to hospital where required.

Risk Assessment:
- PHAC’s assessment of public health risk to Canada associated with 2019-nCoV in Wuhan, China was updated as of January 14, 2020, to consider the potential for exposure beyond the Hua Nan seafood market and limited human-to-human transmission. The assessment of the public health risk within Canada remains low. The risk assessment will be updated in coming days to consider emerging information from China.

International Preparedness and Response:

World Health Organization (WHO)
- On January 23, 2020, following a 2 day meeting of an Emergency Committee under the International Health Regulations (IHR), the Director-General of the World Health Organization (WHO) did not declare the 2019-nCoV outbreak in China to be a public health emergency of international concern (PHEIC). The Committee will be reconvened within 10 days to re-consider the question.
- The WHO noted that further international exportation of cases may appear in any country, and that all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO.

The US Centers for Disease Control and Prevention (US CDC)
- On January 21, 2020, the U.S. identified a first confirmed case of 2019-nCoV in a traveler who developed symptoms after return to the U.S. from Wuhan.
- On 20 January, the US CDC updated their risk assessment for 2019-nCoV indicating that based on current information, the immediate health risk from 2019-nCoV to the general American population is deemed to be low at this time.
- On January 23, 2020, the U.S. CDC elevated China’s travel advisory to recommend avoiding non-essential travel to Wuhan, China, as Chinese
officials have closed transport within and out of Wuhan, including buses, subways, trains, and the airport.

The European Centre for Disease Prevention and Control (ECDC)
- On 22 January 22, 2020, ECDC updated its risk assessment to note a moderate likelihood of infection for European Union (EU)/European Economic Area (EEA) travelers visiting Wuhan; a high likelihood of case importation into countries with the greatest volume of people travelling to and from Wuhan (i.e. countries in Asia) and a moderate likelihood of detecting cases imported into EU/EEA countries. Likelihood of a case reported in the EU resulting in secondary cases within the EU/EEA was assessed as low.

Public Health England (PHE)
- As of January 22, 2020, PHE assessed the risk to the United Kingdom (UK) population as low, based on the emerging evidence regarding case numbers, potential sources and human to human transmission. The risk to travelers to Wuhan was assessed as moderate based upon the likelihood of cases being imported into the UK.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):
- January 22, 2020, PHAC updated its Travel Health Notice to Level 2 (follow enhanced health precautions). Travelers were also advised that transportation into and out of Wuhan may be disrupted and that travelers from Wuhan may be asked about their travel history and health upon return to Canada.
- There are no direct flights from Wuhan to Canada. Indirect flights (one or more connections) from Wuhan to Canada arrive via Toronto, Montreal or Vancouver International airports, with historically low numbers of travelers.
- As of January 21, 2020, the standard traveler screening procedures in place to prevent the introduction and spread of communicable diseases into Canada. ¹ will be augmented by:

¹ When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms.
- Additional measures, including an additional question on electronic kiosks and traveler handouts are in progress.

- The Canada Border Services Agency (CBSA) is engaged, with training of CBSA Border Services Officers, to support enhanced screening efforts to begin in the week of January 20, 2020.
- PHAC’s National Microbiology Laboratory (NML) has capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests, based on the genetic sequence of the 2019-nCoV. They are working in close collaboration with provincial/territorial public health laboratories via the Canadian Public Health Laboratory Network (CPHLN).
- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.
- PHAC is convening weekly teleconferences of the CCMOH to share information and coordinate activities.
- PHAC is engaged with provincial/territorial public health partners and relevant expert groups to assess and update relevant technical guidance to support rapid identification, diagnosis, and public health management of respiratory illness in travelers from Wuhan. Existing or interim guidance from PHAC and the WHO has already been provided.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international

preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
partners\(^2\) to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.

- PHAC will convene weekly teleconferences of relevant federal partners to share information and coordinate activities as required.

**Communications:**

- On January 21, 2020, new web content for coronaviruses, including the newly identified coronavirus was webposted.
- Media lines and other communications products are being updated and shared with FPT partners as required.
- PHAC senior officials are providing media availability and interviews.

**Approved by:**
- Howard Njoo

The next update will be provided on January 23, 2020.
Any significant developments will be communicated sooner as necessary.

\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in Wuhan, China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, *Increased vigilance and readiness*, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)'s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- The assessment of the public health risk within Canada remains low.

Date: 1300h EST on January 24, 2020

Key Points:
- No cases of 2019-nCoV have been confirmed in Canada.
  - On January 24, 2020, the United States Centers for Disease Control and Prevention (US CDC) announced a second case of 2019-nCoV in the United States of America (U.S.A.). This case involves a history of travel to Wuhan, and is unrelated to the previously identified case.
  - On January 23, 2020, the Director-General of the World Health Organization (WHO) did not declare the 2019-nCoV outbreak in China to be a public health emergency of international concern (PHEIC). The WHO is monitoring the evolution of the outbreak closely and will reconvene the Emergency Committee within 10 days.
- As of 24:00 CST on January 23, 2020, 830 confirmed 2019-nCoV cases have been identified in 29 provinces (autonomous regions, municipalities) in China.
- As of 11:00 ET on January 24, 2020, twenty 2019-nCoV cases have been confirmed outside of mainland China (Thailand 4, Japan 2, South Korea 2, Taiwan 1, Macau 2, U.S.A. 2, Hong Kong 2, Vietnam 2, Singapore 3).
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• Some provinces (autonomous regions, municipalities) within China have implemented exceptional measures to reduce further spread of the virus, including transportation shutdowns, strict infection prevention and control measures and limiting or canceling of large public gatherings.

• PHAC continues to follow the emergence of 2019-nCoV in China closely and will incorporate new findings into our risk assessments and domestic preparedness activities.

• The assessment of the public health risk within Canada remains low.

**Situation Overview:**

**China**

- As of 24:00 CST on January 22, 2020:
  - 830 confirmed 2019-nCoV cases have been identified in 29 provinces (autonomous regions, municipalities) in China.
  - Includes 177 severe cases and 25 deaths.
  - 9,507 close contacts have been traced, 1,087 people have been released from medical observation, and 8,420 people are still under medical observation.

- As of January 24, 2020, multiple provinces in mainland China have instituted exceptional measures to reduce further spread of the virus, including transportation shutdowns, strict infection prevention and control measures and limiting or canceling of large public gatherings.

**International**

- As of 11:00 ET on January 24, 2020, twenty 2019-nCoV cases have been confirmed outside of mainland China (Thailand 4, Japan 2, South Korea 2, Taiwan 1, Macau 2, U.S.A. 2, Hong Kong 2, Vietnam 2, Singapore 3).

- Increased public health vigilance, including health screening at borders for travelers continues in multiple regional jurisdictions in South East Asia.

- As of January 24, 2020, enhanced entry screening measures for symptoms of 2019-nCoV have been implemented in the U.S.A., Canada, the United Kingdom (UK) and Australia.
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- As of January 24, 2020, Canada, the U.S.A. and the U.K. have advised travelers to avoid non-essential travel to Wuhan due to transportation shutdowns and quarantine measures implemented to control the ongoing 2019-nCoV outbreak.

**Risk Assessment:**
- A WHO situation report for January 23, 2020 assesses the risk of 2019-nCoV event to be very high in China, high at the regional level and moderate at the global level.
- PHAC’s assessment of public health risk to Canada associated with 2019-nCoV in Wuhan, China is in the process of being updated to consider emerging information. The risk assessment was last updated on January 14, 2020, to consider the potential for exposure beyond a live market associated with initial cases and limited human-to-human transmission. The assessment of the public health risk within Canada remains low.

**International Preparedness and Response:**

**World Health Organization (WHO)**
- On January 23, 2020, the Director-General of the World Health Organization (WHO) did not declare the 2019-nCoV outbreak in China to be a public health emergency of international concern (PHEIC). The WHO is monitoring the evolution of the outbreak closely and will reconvene the Emergency Committee within 10 days.
- The WHO noted that further international exportation of cases may appear in any country, and that all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO.

**The US Centers for Disease Control and Prevention (US CDC)**
- On January 24, 2020, the U.S.A. identified second confirmed case of 2019-nCoV in a traveler who developed symptoms after return to the U.S. from Wuhan. This case is unrelated to the first.
- On 20 January, the US CDC updated their risk assessment for 2019-nCoV indicating that based on current information, the immediate health risk
from 2019-nCoV to the general American population is deemed to be low at this time.

- On January 23, 2020, the U.S. CDC elevated China’s travel advisory to recommend avoiding non-essential travel to Wuhan, China, as Chinese officials have closed transport within and out of Wuhan, including buses, subways, trains, and the airport.

**The European Centre for Disease Prevention and Control (ECDC)**

- On 22 January 22, 2020, ECDC updated its risk assessment to note a moderate likelihood of infection for European Union (EU)/European Economic Area (EEA) travelers visiting Wuhan; a high likelihood of case importation into countries with the greatest volume of people travelling to and from Wuhan (i.e. countries in Asia) and a moderate likelihood of detecting cases imported into EU/EEA countries. Likelihood of a case reported in the EU resulting in secondary cases within the EU/EEA was assessed as low.

**Public Health England (PHE)**

- As of January 22, 2020, PHE assessed the risk to the United Kingdom (UK) population as low, based on the emerging evidence regarding case numbers, potential sources and human to human transmission. The risk to travelers to Wuhan was assessed as moderate based upon the likelihood of cases being imported into the UK.

**Canadian Preparedness to Respond:**

**Public Health Agency of Canada (PHAC):**

- January 22, 2020, PHAC updated its Travel Health Notice to Level 2 (follow enhanced health precautions). Travelers were also advised that transportation into and out of Wuhan may be disrupted and that travelers from Wuhan may be asked about their travel history and health upon return to Canada.
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- There are no direct flights from Wuhan to Canada. Indirect flights (one or more connections) from Wuhan to Canada arrive via Toronto, Montreal or Vancouver International airports, with historically low numbers of travelers.
- As of January 24, 2020, the standard traveler screening procedures in place to prevent the introduction and spread of communicable diseases into Canada.¹ have been augmented by:
  - messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms.
  - Additional measures, including an additional question on electronic kiosks and traveler handouts are in progress.
- PHAC’s National Microbiology Laboratory (NML) has existing capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests. They are working in close collaboration with provincial/territorial public health laboratories via the Canadian Public Health Laboratory Network (CPHLN) to ensure national diagnostic capacity for 2019-nCoV.
- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.
- The weekly teleconference of the CCMOH took place on January 23, 2020 to share information and coordinate activities.

¹ When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^2\) to inform Canadian public health action, and to confirm Canadian readiness to respond should a case present in Canada.
- A PHAC-convened weekly teleconferences of relevant federal partners to share information and coordinate activities was last held on January 22, 2020.
- PHAC is collaborating with Health Canada’s Public Service Occupational Health Program and CBSA to develop appropriate occupational health advice for federal workers at points of entry into Canada.

**Communications:**
- Media lines and other communications products are being updated and shared with FPT partners as required.
- PHAC senior officials are providing media availability and interviews.

**Approved by:**
- Howard Njoo

The next update will be provided on January 26, 2020.
Any significant developments will be communicated sooner as necessary.

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\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
Public Health Agency of Canada
Health Portfolio Situation Report (SitRep)

Event Name: Emergence of novel coronavirus (2019-nCoV) in China

Health Portfolio Operations Centres - Activation Status:
- On January 15, 2020, the Health Portfolio Operations Centre (HPOC) activated to Level 2, Increased vigilance and readiness, to support effective planning and coordination of the Public Health Agency of Canada (PHAC)’s preparedness to respond to the emergence of a novel coronavirus causing pneumonia in Wuhan, China.
- The assessment of the public health risk within Canada remains low.

Date: 1200h EST on January 26, 2020

Key Points:
- On January 25, 2020, a first case of 2019-nCoV in Canada was identified in Ontario, involving an individual who travelled to Canada from Wuhan. The individual is currently hospitalized and in stable condition, and Ontario officials reported that all appropriate infection prevention and control measures were undertaken, from transportation of the patient in his residence to the hospital and subsequent delivery of medical care. Contact tracing activities are being initiated by Ontario public health officials.

- Identification of an imported case of 2019-nCoV in Canada was not unexpected, and the assessment of the public health risk of spread within Canada remains low.

- As of 24:00 CST on January 25, 2020 (11:00 EST, January 24, 2020), mainland China has reported 1975 cases of 2019-nCoV pneumonia in 30 provinces (autonomous regions and municipalities), including 56 deaths.

- As of 18:00 HKT on January 26, 2020, 05:00 ET, January 26, 2020 in Ottawa), 46 cases of 2019-nCoV have been confirmed in 14
countries/jurisdictions outside of mainland China (Hong Kong 6, Macau 5, Taiwan 3, Thailand 5, Japan 3, Korea 3, Vietnam 2, Singapore 4, Nepal 1, Malaysia 3, USA 3, France 3, Australia 4, Canada 1).

- On January 25, 2020, a third case of 2019-nCoV in a traveler from Wuhan was confirmed in the USA (Orange County, California).

- Identification of further imported 2019-nCoV cases can be expected in countries outside of mainland China, including Canada.

**Situation Overview:**

**Canada**

- On January 25, 2020, a first case of 2019-nCoV in Canada was identified in Ontario, involving an individual who travelled to Canada from Wuhan.
  - The individual is currently hospitalized in stable condition, and Ontario officials reported that all appropriate infection prevention and control measures were undertaken, from transportation of the patient in his residence to the hospital and subsequent medical care.
  - Contact tracing activities are being initiated by Ontario public health officials.
  - For the flight from China to Canada, given that the case was reported by Ontario officials to be symptomatic with a cough during the flight, contact tracing will be focused on fellow passengers who were seated within 2 metres of the case. The implicated flight has been identified publicly - China Southern Airlines CZ 311, scheduled departure from Guangzhou 14:30 CST, January 22, 2020, scheduled arrival in Toronto 16:30 EST, January 22, 2020.
  - Confirmatory testing on samples from the patient is being undertaken by the Public Health Agency of Canada (PHAC) National Microbiology Laboratory (NML) in Winnipeg. Results are expected within 24 hours of receipt of the laboratory sample in Winnipeg.
  - However, based on the positive lab test result from Public Health Ontario, the case is being managed, from both a clinical and public health perspective, as a confirmed case.
China

- As of 24:00 CST on January 25, 2020 (11:00 ET, January 24, 2020), mainland China has reported 1975 cases of 2019-nCoV pneumonia in 30 provinces (autonomous regions and municipalities), including 56 deaths.
  - 23,431 close contacts of cases have been tracked, 325 have been cleared, and 21,556 still being followed.

- As of 24:00 CST on January 25, 2020 (11:00 EST, January 24, 2020), China’s Hubei Province, the current epicenter of the outbreak, has reported 1052 cases of 2019-nCoV pneumonia, including 52 deaths.
  - 7989 close contacts of cases have been tracked, 1085 have been cleared, and 6904 still being followed.

- China has implemented exceptional measures to reduce further spread of the virus, including transportation shutdowns, exit screening, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of large public gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.

International

- As of 18:00 HKT on January 26, 2020 (05:00 EST, January 26, 2020), 46 cases of 2019-nCoV have been confirmed in 14 countries/jurisdictions outside of mainland China (Hong Kong 6, Macau 5, Taiwan 3, Thailand 5, Japan 3, Korea 3, Vietnam 2, Singapore 4, Nepal 1, Malaysia 3, USA 3, France 3, Australia 4, Canada 1).

- As of January 24, 2020, enhanced entry screening measures for symptoms of 2019-nCoV have been implemented in the U.S.A., Canada, the United Kingdom (UK) and Australia.

- As of January 24, 2020, Canada, the USA, and the UK have advised travellers to avoid non-essential travel to Wuhan due to transportation shutdowns and quarantine measures implemented to control the ongoing 2019-nCoV outbreak.

- On January 26, 2020, the US Department of State communicated it will relocate US personnel stationed at the US Consulate General, and a
limited number of private US citizens, from Wuhan via chartered air flight on January 28, 2020.

Risk Assessment:
- A WHO situation report for January 25, 2020 assesses the risk of 2019-nCoV event to be very high in China, high at the regional level and moderate at the global level.
- PHAC's assessment of the public health risk within Canada associated with 2019-nCoV in China, last updated on January 24, 2020, remains low.

International Preparedness and Response:

World Health Organization (WHO)
- The 2019-nCoV outbreak in China was not declared to be a public health emergency of international concern (PHEIC) subsequent to January 22 and 23, 2020 meetings of an WHO Emergency Committee under the International Health Regulations. The WHO is monitoring the outbreak closely and will reconvene the Emergency Committee in the near future.
- On January 24, 2020, the WHO updated their advice for international traffic to advise that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic. Advice for exit screening in countries or areas with ongoing transmission of the novel coronavirus 2019-nCoV (currently People’s Republic of China) was provided, as was advice for entry screening in countries/areas without transmission of the novel coronavirus 2019-nCoV.

The US Centers for Disease Control and Prevention (US CDC)
- As of January 26, 2020, the USA. has identified three imported 2019-nCoV infections in the USA. The three cases (located in Washington State, Chicago, Illinois, and Orange County, California) are unrelated.
- As of January 24, 2020, the US CDC 2019-nCoV Situation Summary noted: “While CDC considers this is a very serious public health threat, based on current information, the immediate health risk from 2019-nCoV to the general American public is considered low at this time.”
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- On January 23, 2020, the US CDC updated its travel notice for Wuhan City, raising the alert from Level 2: Practice Enhanced Precautions to Level 3: Avoid Nonessential Travel for Hubei Province, including Wuhan. A Level 1: Practice Usual Precautions travel notice was issued for the rest of China.
- The US CDC has expanded entry screening of passengers on direct and connecting flights from Wuhan, China to five major airports: Atlanta (ATL), Chicago (ORD), Los Angeles, (LAX) New York city (JFK), and San Francisco (SFO).

The European Centre for Disease Prevention and Control (ECDC)

- On 22 January 22, 2020, ECDC updated its risk assessment to note a moderate likelihood of infection for European Union (EU)/European Economic Area (EEA) travelers visiting Wuhan; a high likelihood of case importation into countries with the greatest volume of people travelling to and from Wuhan (i.e. countries in Asia) and a moderate likelihood of detecting cases imported into EU/EEA countries. Likelihood of a case reported in the EU resulting in secondary cases within the EU/EEA was assessed as low.

Canadian Preparedness to Respond:

Public Health Agency of Canada (PHAC):

- PHAC is in the process of updating its Level 2 (follow enhanced health precautions) Travel Health Notice to provide further information regarding implementation of exceptional measures in Wuhan as well as other cities in Hubei Province, including transportation shutdowns, strict infection prevention and control measures and limiting or cancelling large public gatherings. Attention is also drawn to the Government of Canada recommendation that Canadians avoid non-essential travel to Hubei province, China due to safety and security concerns.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- There are no direct flights from Wuhan to Canada. Indirect flights (one or more connections) from Wuhan to Canada arrive via Toronto, Montreal or Vancouver International airports, with historically low numbers of travelers.

- As of January 24, 2020, the standard traveler screening procedures in place to prevent the introduction and spread of communicable diseases into Canada.\(^1\) have been augmented by:
  - messaging on arrivals screens at Toronto, Montreal and Vancouver International airports will travelers from Wuhan to inform a border service officer if they are experiencing flu-like symptoms.
  - Additional measures, including an additional question on electronic kiosks and traveler handouts are in progress.

- PHAC’s National Microbiology Laboratory (NML) has existing capacity to identify the 2019-nCoV, and is developing and implementing new diagnostic tests. They are working in close collaboration with provincial/territorial public health laboratories via the Canadian Public Health Laboratory Network (CPHLN) to ensure national diagnostic capacity for 2019-nCoV. The NML will perform confirmatory testing for any positive 2019-nCoV laboratory result obtained by a provincial/territorial public health laboratory.

- PHAC continues to communicate with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN) and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of Severe Acute Respiratory Illness (SARI) as well as for infection prevention and control and public health management.

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\(^1\) When a traveler shows signs and symptoms of an infectious disease upon arrival in Canada, CBSA Border Services Officers or airport and airline staff can contact a PHAC Quarantine Officer 24 hours a day, 7 days a week. Typically, a CBSA Border Services Officer, designated as a Screening Officer under the Quarantine Act, is the first point of contact and they will conduct a preliminary screening of the traveler based on criteria developed by PHAC (e.g., fever or signs of fever, coughing, difficulty breathing, rash and other symptoms). The PHAC Quarantine Officer then performs a more detailed assessment by asking additional questions regarding the traveler’s symptoms and confirming information about the traveler’s country of origin and possible exposure to an infectious disease. If deemed necessary, the Quarantine Officer can then take the appropriate measures to address the potential public health risk (e.g., order the traveler to be transported to hospital to undergo a medical examination and/or to report to the local public health authority). Quarantine measures would be implemented as appropriate depending on the ill traveler history and symptoms.
FOR INTERNAL USE WITHIN THE FEDERAL HEALTH PORTFOLIO, GOVERNMENT OF CANADA AND PROVINCIAL/TERRITORIAL GOVERNMENTS

- The weekly teleconference of the CCMOH took place on January 23, 2020 to share information and coordinate activities.
- PHAC continues ongoing monitoring, intelligence gathering, information sharing and engagement with federal/provincial/territorial and international partners\(^2\) to inform Canadian public health action, and to ensure Canadian readiness to respond to cases of 2019-nCoV identified in Canada.
- A PHAC-convened weekly teleconferences of relevant federal partners to share information and coordinate activities was last held on January 22, 2020. Ongoing coordination calls are convened as necessary to address specific issues.
- PHAC is collaborating with Health Canada’s Public Service Occupational Health Program to develop and distribute appropriate occupational health advice for federal workers.

Communications:
- On January 26, 2020, Health Minister Hajdu, the Chief Public Health Officer of Canada, and the Deputy Chief Public Health Officer participated in a press conference to discuss identification of the first identified 2019-nCoV case in Canada.
- Media lines and other communications products are being updated and shared with FPT partners as required.
- PHAC senior officials are providing media availability and interviews as required.

Approved by:
- Howard Njoo

The next update will be provided on January 27, 2020.
Any significant developments will be communicated sooner as necessary.

\(^2\) World Health Organization (WHO), Global Outbreak Alert Response Network (GOARN), Global Health Security Initiative (GHSI), US Centers for Disease Prevention and Control (USCDC)
The Honourable Harjit S. Sajjan, P.C., O.M.M., M.S.M., C.D., M.P.
Minister of National Defence
Major-General George R. Peakes Building
101 Colonel By Drive
Ottawa, Ontario K1A 0K2

February 5, 2020

Dear Colleague:

As a follow up to my original request for assistance, sent to you on February 1, 2020, I am writing to request additional supports for the arrival of repatriated Canadians and their short-term quarantine. These supports are in the national interest, and relate to the arrival and self-isolation period of the repatriated Canadians at Canadian Forces Base (CFB) Trenton.

In particular, we may require the following services of the Canadian Forces:

- Upon arrival:
  - Airport: Escort travellers from waiting area to bus following Canadian Red Cross registration, manage the flow of the process in the hangar, assist travellers, and respond to questions;
  - Joining passengers on bus from airport to lodging;
  - Lodge: Receive the bus at the lodge and provide guidance to travellers on how to get to their rooms.

- On site at the Lodge:
  - Services of a Medical Liaison Officer to work with Public Health Agency of Canada public health team;
  - Support security services in maintaining order and security on premises (24/7);
  - Deliver food trays to rooms and pick them up (24/7);
  - Deliver other essential items to rooms when required (e.g. medication, etc.) (24/7);
  - Provide escort when required (e.g. to Emergency Medical Assistance Team (EMAT) clinic, walks outdoors, etc.) (24/7).

In summary, I am respectfully requesting that, as Minister of National Defence, you authorize provision of this additional assistance pursuant to subsection 273.6(2) of the National Defence Act, beginning on February 6, 2020, and ending on or before March 31, 2020. Thank you.

Yours sincerely,

The Honourable Patty Hajdu, P.C., M.P.

Cc: The Honourable Bill Blair, P.C., M.P.
Minister of Public Safety and Emergency Preparedness
CORONAVIRUS – COVID-19

SYNOPSIS
Canada has been monitoring an outbreak of novel coronavirus cases now known as COVID-19 that originated in Wuhan, China and was associated with a live seafood/animal market. While the majority of cases have been reported in Wuhan, Hubei Province, cases are being reported in other provinces within mainland China and internationally in 40 countries and jurisdictions and aboard one international conveyance.

SOMMAIRE
Le Canada surveille une écllosion de cas d’infection par un nouveau coronavirus, causant une maladie maintenant connue sous le nom COVID-19, qui a commencé à Wuhan, en Chine, et qui a été liée à un marché de fruits de mer et d’animaux vivants. Même si la plupart des cas ont été signalés à Wuhan, dans la province du Hubei, des cas ont été signalés dans d’autres provinces de la Chine continentale et ailleurs dans le monde dans 40 pays et territoires et à bord d’un moyen de transport international.

KEY MESSAGES

- The health and safety of all Canadians is our top priority.

- The risk of spread of this virus within Canada continues to remain low at this time.

- Ontario confirmed a new positive case this morning. This brings Canada’s total to 12 cases – 5 in Ontario and 7 in BC.

- We continue to believe that Canada’s public health system is well equipped to contain cases coming from abroad, limiting the spread in Canada.

MESSAGES CLÉS

- La santé et la sécurité de tous les Canadiens sont notre priorité absolue.

- En ce moment, le risque pour le Canada demeure faible.

- L’Ontario a confirmé un nouveau cas positif ce matin. Cela porte le total du Canada à 12 cas - 5 en Ontario et 7 en Colombie-Britannique.

- Nous continuons de penser que le système de santé publique du Canada est bien équipé pour contenir les cas provenant de l’étranger, et ainsi limiter la propagation au Canada.

If pressed ...Canada’s response to Pandemic preparedness
• Canada’s enhanced measures and ability to detect, treat and limit the spread of COVID-19 have been effective to date.

• It is prudent for Canada to ramp up planning and preparations to be ready for all potential outcomes, including the possibility of a more widespread outbreak.

• Public health authorities across Canada are working together to ensure that our preparedness and response measures are appropriate and adaptable, based on the latest science and the evolving situation.

• The risk within Canada remains low at this time as there is no sustained transmission within our country. However, as we are seeing with newly affected countries, this is a rapidly evolving situation.

Si l’on insiste... Préparation du Canada à une pandémie

• À ce jour, les mesures renforcées du Canada et sa capacité à détecter et à traiter la COVID-19 et à en limiter la propagation ont été efficaces.

• Par mesure de précaution, le Canada doit intensifier la planification et la préparation afin de pouvoir réagir à toutes les éventualités, y compris la possibilité d’une épidémie plus étendue.

• Les autorités de santé publique de l’ensemble du Canada travaillent ensemble pour s’assurer que nos mesures de préparation et d’intervention sont appropriées et adaptables, en fonction des dernières données scientifiques et de l’évolution de la situation.

• Le risque au Canada reste faible pour l’instant, car il n’y a pas de transmission soutenue au sein de notre pays. Toutefois, comme nous le constatons dans les pays nouvellement touchés, la situation évolue rapidement.

If pressed ... On self-isolation

• We are advising travellers returning from the province of Hubei in China to contact their provincial or territorial public health authority within 24 hours of their arrival in Canada. They should limit contact
with others, and remain in isolation for 14 days, since the day they left Hubei.

- All travelers are advised to monitor themselves for symptoms and contact their local public health authority if they feel sick.

- Passengers from the Diamond Cruise ship returning by other commercial means will also be subject to mandatory isolation for up to 14 days in a designated site near the point of arrival.

**Si l’on insiste... Auto-isolement**

- Nous conseillons aux personnes qui indiquent revenir de la province du Hubei, en Chine, de communiquer avec l’autorité de santé publique de leur province ou de leur territoire dans les 24 heures après leur arrivée au Canada. De plus, nous leur demandons de limiter leurs contacts avec autrui en demeurant chez elles pendant 14 jours après leur départ de la province du Hubei.

- Nous conseillons à tous les voyageurs en provenance de la Chine continentale de surveiller l’apparition des symptômes et de communiquer avec l’autorité locale de santé publique s’ils se sentent malades.

- Les passagers du Diamond Cruise navire de croisière qui reviennent par d’autres moyens commerciaux seront également soumis à un isolement obligatoire à leur premier point d’entrée au Canada jusqu’à 14 jours dans un site désigné près du point d’arrivée.

**If pressed ... Quarantine – NAV Centre/Cornwall**

- To date, we have 129 Canadians passengers in quarantine at the NAV Centre in Cornwall.

- As of Feb 25, four individuals reported symptoms and samples were taken to test for COVID-19. All samples have been confirmed negative.

**Si l’on insiste... Quarantaine – Centre NAV de Cornwall**

- À ce jour, 129 Canadiens de retour de voyage sont en quarantaine au centre NAV de Cornwall.

- En date du 25 février, quatre personnes ont signalé des symptômes. Des échantillons ont été prélevés aux fins de dépistage du coronavirus. Tous les tests se sont révélés négatifs.
If pressed ... Passengers who have tested positive on the Cruise ship in Japan

- As of February 25, 2020, fifty four (54) Canadian passengers of the Diamond Princess tested positive for COVID-19. Of those, forty three (43) were hospitalized with three (3) in critical condition, and the remainder are in stable condition. Eleven (11) Canadian have been released from the hospital after two negative test results.

- Those who remain in Japan will continue to receive full consular services from the Government of Canada.

- Government of Canada employees are on the ground in Japan to assist with the response effort.

Si l’on insiste... Passagers qui ont été testés positifs sur la croisière au Japon


- Les passagers qui demeureront au Japon continueront de recevoir toute la gamme des services consulaires prévue par le gouvernement du Canada.

- Des employés du gouvernement du Canada se trouvent déjà sur place, au Japon, afin de contribuer aux efforts d'intervention.

If pressed ... Border Measures

- Given the global situation, new measures have been put in place.

- We are continuing with voluntary self-isolation for 14 days for travellers from Hubei, asking them to contact local public health within 24 hours of arrival.

- Hubei passenger information is being collected and shared with provinces to help monitor compliance.

- We have general messaging in all airports as well as a general handout for all international travellers advising them to self-monitor and to call ahead to local public health if they experience COVID-19 symptoms.
- Anyone who is sick is asked to self-identify to Border Services Agent.

- We also have advice for all travellers, prior to their departure and upon return to Canada, about what they should consider, given the evolving situation with COVID19.

- We continue to regularly update Travel Health Notices.

**Si l’on insiste... Mesures à la frontière**

- Compte tenu de la situation mondiale, de nouvelles mesures ont été mises en place.

- Nous continuons de demander aux voyageurs arrivant de la province du Hubei de se placer volontairement en isolement pendant 14 jours; et de communiquer avec l’autorité locale de santé publique dans les 24 heures après l’arrivée.

- Nous recueillons les renseignements des passagers en provenance de la province du Hubei et nous transmettons ces renseignements aux provinces pour aider à surveiller la conformité.

- Des messages généraux sont diffusés dans tous les aéroports et un document général est remis à tous les voyageurs arrivant d’un autre pays. Dans ce document, on leur demander de surveiller l’apparition de symptômes liés à la maladie de COVID 19 et de communiquer avec une autorité locale de santé publique si des symptômes apparaissent.

- Toute personne malade doit en informer un agent des services frontaliers.

- De plus, tous les voyageurs devraient s’informer, avant leur départ du Canada et à leur retour au pays, sur ce qu’ils doivent envisager compte tenu de l’évolution de la situation relative à la maladie à coronavirus (COVID-19).

- Les Conseils de santé aux voyageurs sont régulièrement mis à jour.

**BACKGROUND**

Coronaviruses

Coronaviruses are a group of viruses that can cause a wide range of respiratory symptoms ('common cold' type symptoms to bronchitis or pneumonia) in humans. Two specific coronaviruses which have previously been associated with outbreaks of severe respiratory
disease, SARS and MERS, were ruled out as the cause of the Wuhan cluster.

**Current Situation**

On February 11, WHO officially named the disease COVID-19, short for "coronavirus disease 2019" and named the causative virus SARS-CoV-2.

The outbreak of COVID-19 first identified in Wuhan, China, is ongoing. Symptoms have included fever, cough and difficulty breathing. Many of the initial cases were linked to the Huanan Seafood Market (also known as Wuhan South China Seafood City and South China Seafood Wholesale Market). The market was closed as of January 1, 2020, for cleaning and disinfection.

Chinese health authorities and the World Health Organization (WHO) have confirmed human-to-human transmission. Many characteristics of the virus are still unknown, and further information is required to understand the full spectrum of illness caused by COVID-19.

Cases have been reported outside Wuhan, throughout mainland China and internationally. Many countries and territories are screening travellers arriving from affected areas in China. Travellers returning to Canada from areas affected by the COVID-19 outbreak should be attentive to messages and instructions being provided at Canadian airports. They will be asked about their travel history and may be asked further questions about their health.

At this time, twelve (12) cases of COVID-19 have been confirmed in Canada, five (5) in Ontario and seven (7) in B.C.

Identification of additional imported cases of COVID-19 in Canada is expected due to the volume of international travel. The assessment of the public health risk of spread within Canada remains low.

The Public Health Agency of Canada (PHAC) is actively monitoring the situation. PHAC is working closely with our provincial and territorial Chief Medical Officers of Health and the WHO and other international partners to share information for awareness and informed vigilance as the situation evolves domestically and internationally.

**Current Case Counts**

**China**

As February 26, 2020 (08:00 EST), Mainland China has reported 78,064 of COVID-19 across all provinces cases with 2,715 deaths.

96% of all cases identified globally have been in mainland China. China continues to introduce and enforce exceptional measures intended to limit further transmission of the virus.

**International**

As of February 26, 2020 (08:00 EST), 3,178 cases of COVID-19, 53 reported deaths, have been confirmed in 40 countries/jurisdictions outside of Mainland China and aboard one international conveyance.

Locally acquired COVID-19 infections have been confirmed in 16 countries: Canada, United States, Japan, Republic of Korea, Vietnam, Malaysia, Thailand, Italy, France, Australia, Germany, Singapore, United Kingdom, United Arab Emirates, Iran, and Egypt.

**Public Health Activities in Canada**

PHAC continues ongoing monitoring, intelligence gathering and international engagement to inform Canadian public health action. Canada also continues to collaborate with federal, provincial, and territorial partners to share information and ensure Canadian readiness to respond should a case present in Canada. Specific activities include:

- Activation of the Health Portfolio Operations Centre (HPOC) to Level 3, Partial Escalation, which supports effective planning and coordination of preparedness activities across the Agency;
- Development and implementation of new diagnostic tests by PHAC's National Microbiology Laboratory (NML) to identify the COVID-19;
- Issuance of a Travel Health Notice (THN) to provide the latest information and recommendations for individuals travelling to, and returning from, China;
- Development of infection prevention and control (IPC) and public health guidance to support front-line workers;
- Development of a national case definition to aid with surveillance efforts and consistent
reporting;

- Distribution of a general Occupational Health Advisory to departments and agencies with information about COVID-19 and working with Global Affairs Canada to ensure that federal employees in affected countries have all the occupational health information they require; and,

- Communicating weekly with provincial/territorial public health partners via the Council of Chief Medical Officers of Health (CCMOH), the Canadian Network for Public Health Intelligence (CNPHI), the Canadian Public Health Laboratory Network (CPHLN), relevant federal partners, and other relevant networks to share currently available information and identify appropriate resources for investigation and reporting of cases of COVID-19 as well as for infection prevention and control and public health management.

**Domestic Surveillance**

The Canada Border Services Agency (CBSA) is engaged, and standard traveller screening procedures are in place to prevent the introduction and spread of communicable diseases into Canada.

Existing screening procedures have been augmented to include messaging on arrivals screens at airports reminding travellers from Hubei province to inform a border service officer if they are experiencing flu-like symptoms. An additional screening question has been added to electronic kiosks and travellers are receiving handouts.

**International Surveillance**

China has implemented exceptional measures to reduce further spread of the virus, including transportation shutdowns, exit screening, strict infection prevention and control measures, closure of public and commercial spaces and limiting or canceling of large public gatherings. Mass quarantine measures have been implemented in Hubei Province, including restricted movement of people in/out and within the province.

Several nearby countries and autonomous regions (e.g., Cambodia, Indonesia, India, Japan, Malaysia, Philippines, and Thailand) have increased public health vigilance, with temperature screening at ports of entry and/or statutory reporting of pneumonia of unknown cause for cases of acute respiratory illness with a history of travel to the city of Wuhan.

Enhanced entry screening measures for symptoms of COVID-19 have been implemented in the U.S.A., the United Kingdom (U.K.) and Australia. In addition, the U.S.A. and the U.K. have advised travellers to avoid non-essential travel to Wuhan due to transportation shutdowns and quarantine measures implemented to control the ongoing COVID-19 outbreak. This is consistent with the "avoid non-essential travel" message that is on the country page for China on the Government of Canada website.

**Research**

The Government of Canada will provide $6.5 million to mobilize Canada’s existing research capacity and support ongoing federal and international research efforts.

The Canadian Institutes of Health Research (CIHR), in partnership with the Natural Sciences and Engineering Research Council (NSERC), the Social Sciences and Humanities Research Council (SSHRC) and the International Development Research Centre (IDRC) have launched a rapid research response to the COVID-19. This research response is aligned with the efforts of international partners, including the World Health Organization (WHO) and the Global Research Collaboration for Infectious Disease Preparedness (Glo-PID-R). The proposed topic areas for the initiative are medical countermeasures research and social and policy countermeasures research in health.

Canadian researchers have played leadership roles in previous outbreaks and epidemics, including the rapid development of an Ebola vaccine by scientists at the National Microbiology Laboratory. It is also expected that Canadian social sciences research will be a critical factor in controlling future infectious disease outbreaks thanks to an investment from the Tri-Agencies and the IDRC in 2018. CIHR has funded research on therapeutics and vaccine development for the coronavirus family of viruses. In addition, CIHR funds research on how to design and strengthen global and national health emergency response systems and how our public health systems are best able to track and respond to emerging threats.

**CONTACT:** Brandon Northwood / HPOC Planning

**Approved by:** Nicolas Palanque, Event Manager
Patrice, France (PHAC/ASPC)

From: Namiesniowski, Tina (PHAC/ASPC)
Sent: 2020-02-03 8:25 AM
To: Faustin, Isabelle (PHAC/ASPC)
Subject: Fwd: Quickie UPDATE Feb 3: Health Portfolio Executive Group (HPEG)

Pls print this email and bring this too. T

Sent from my iPhone

Begin forwarded message:

From: "Raymond, Barbara (PHAC/ASPC)" <barbara.raymond@canada.ca>
Date: February 3, 2020 at 8:18:10 AM EST
To: "HPOC-COPS, PHAC-ASPC (PHAC/ASPC)" <phac-aspc.h poc-cops@canada.ca>, "Tam, Dr Theresa (PHAC/ASPC)" <d rtheresa.tam@canada.ca>, "Gilmour, Matthew (PHAC/ASPC)"
<matthew.gilmour@canada.ca>, "Namiesniowski, Tina (PHAC/ASPC)"
<ti na.namiesniowski@canada.ca>, "Njoo, Howard (PHAC/ASPC)" <how ard.njoo@canada.ca>, "Elmslie, Kim (PHAC/ASPC)" <kim.elmslie@canada.ca>
<Thornton, Sally (PHAC/ASPC)"
<sally.thornton@canada.ca>, "Hollington, Jennifer (HC/SC)" <j ennifer.hollington@canada.ca>,
"MacKenzie, Sara (HC/SC)" <sara.mackenzie@canada.ca>, "Bent, Stephen (PHAC/ASPC)"
<stephen.bent@canada.ca>, "Charos, Gina (PHAC/ASPC)" <g in. charos@canada.ca>, "Barton, Kimby (PHAC/ASPC)" <kimby.barton@canada.ca>, "Guild, Sara (HC/SC)" <sara.gi uld@canada.ca>, "HPOC EM / GU COPS (PHAC/ASPC)" <phac.h pocem-gucops.aspc@canada.ca>, "Evans, Cindy (PHAC/ASPC)"
<c indy.ev ans@canada.ca>, "Beaudoin, Carlo (PHAC/ASPC)" <carlo.beaudoin@canada.ca>, HPOC Deputy EM / D épute GU COPS (PHAC/ASPC) <phac.h poc.de puty.em.depute.gu.cops.aspc@canada.ca>, "Denis, Joel (PHAC/ASPC)" <joel.denis@canada.ca>
Cc: "Hartigan, Maureen (PHAC/ASPC)" <maureen.hartigan@canada.ca>, "Chan, Matthew (PHAC/ASPC)"

Subject: RE: Quickie UPDATE Feb 3: Health Portfolio Executive Group (HPEG)

Canada 4 cases
US now at 11 cases

Mainland China: as of February 2, 2020, 24:00 CST, 31/31 provinces (autonomous regions and municipalities) now reporting 17205 cases of 2019-nCoV pneumonia and 361 death cases. 99% of all cases are identified in China.
Hubel Province 11177 cases (65%), 350 deaths (97%)

Number of cases in other countries/areas: as of February 3, 2020, 6 pm HKT, at least 181 cases of 2019-nCoV infections in 26 countries, one death confirmed in The Philippines.

From yesterday:
As of February 1, 2020, 544 travelers have identified as returning from Hubel Province, with 31 referred for further assessment by a quarantine officer. Of those, 28 were released with an educational hand-out and 3 were issued an order for a further medical exam.
As of February 2, 2020, NML has undertaken testing for 126 persons under investigation for 2019-nCoV in Canada, 4 have tested positive, 119 have tested negative, and 3 results remain pending.

From: Raymond, Barbara (PHAC/ASPC)
Sent: 2020-02-02 10:52 AM
Subject: UPDATE Feb 2: Health Portfolio Executive Group (HPEG)

Canada 4 cases
3 ON – all now at home, 1 d/c from hospital, 2 at home self-isolation and monitoring, all recovering
1 BC – at home, self isolation, mild illness, recovering

Mainland China: as of February 1, 2020, 24:00 CST, 31/31 provinces (autonomous regions and municipalities) now reporting 14380 cases of 2019-nCoV pneumonia and 304 death cases.
Hubei Province 9074 cases (63%)

Number of cases in other countries/areas: as of February 2, 2020, 6 pm HKT, at least 173 cases of 2019-nCoV infections in 26 countries

From: Raymond, Barbara (PHAC/ASPC)
Sent: 2020-02-01 11:33 AM
Subject: RE: Health Portfolio Executive Group (HPEG)

Update:
Mainland China accounts for 98.7% of all cases globally.
Other distinction – China is reporting cases of nCoV pneumonia, whereas other countries are reporting nCoV infections, implying that China is not reporting (or even testing for) cases involving milder illness.

-----Original Appointment-----
From: HPOC-COPS, PHAC-ASPC (PHAC/ASPC) <phac-aspc.hpo-cops@canada.ca>
Sent: 2020-01-31 4:10 PM
Subject: Health Portfolio Executive Group (HPEG)
When: 2020-02-01 11:00 AM-11:30 AM (UTC-05:00) Eastern Time (US & Canada).
Where: HPOC Board Room or Teleconference

Teleconference: 1-877-413-4782
613-960-7511
Conference ID [redacted]

Agenda:
1. Situational Update
2. Border and Travel Health Update
3. Communications Update
4. Stakeholder Update
5. Policy
6. Forward planning
   a. Advanced scenario planning
b. Resourcing

Canada 4 cases
3 ON – all now at home, 1 d/c from hospital, 2 at home self-isolation and monitoring, all recovering
1 BC – at home, self isolation, mild illness, recovering

Mainland China: as of January 31, 2020, 24:00 CST, 31/31 provinces (autonomous regions and municipalities) now reporting **11791** cases of 2019-nCoV pneumonia and **259** death cases.
Hubei Province **7153** cases (60%) and **249** deaths (96%)

Number of cases in other countries/areas: as of February 1, 2020, 6 pm HKT, at least **154** cases of 2019-nCoV infections in **25** countries

- Hong Kong Special Administrative Region 13 (+1)
- Macao Special Administrative Region 7
- Taiwan 10 (+1)
- Japan 13 (+1) (# Excluded four asymptomatic cases)
- Korea 12 (+5)
- Thailand 19 (+5)
- Singapore 16 (+3)
- Vietnam 6 (+1)
- Nepal 1
- Malaysia 8
- United States 6
- Australia 10 (+1)
- France 6
- Canada 4
- Germany 7 (+3)
- Sri Lanka 1
- Cambodia 1
- United Arab Emirates 4
- Finland 1
- The Philippines 1
- India 1
- Italy 2
- United Kingdom 2
- Russia 2
- Sweden 1
Follow up as per your request to Tina. This is what we know re final destination point of repatriated individuals from Trenton. As mentioned, P/Ts have requested that this not be shared publically:

**Location of which returnees are planning on traveling to, after being released from quarantine at Trenton (as of 18 Feb):**
(source: CRC and PS ON RO)

<table>
<thead>
<tr>
<th>Return Location</th>
<th>Total # Households</th>
<th>Total # of People</th>
</tr>
</thead>
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<tr>
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<td>171</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>329</strong></td>
<td><strong>482</strong></td>
</tr>
</tbody>
</table>

Marnie Johnstone  
Executive Director/Directrice exécutive  
Office of the President and Chief Public Health Officer  
Cabinet de la Présidente et l’Administrateur en chef de la santé publique  
Public Health Agency of Canada/Agence de la santé publique du Canada  
Tel: 613-946-3809  
marnie.johnstone@canada.ca
Tina mentioned that you were looking for info on destinations of cohort leaving Trenton. Looking to see if we can get more precision on specific PT info but this is what we have in interim:

- CAN1 will depart February 21st 6:30 AM (125 total - majority through Pearson (89), some local pick up(25), and still a small number of Unknown(11))
- US4 will depart (27 total: majority through Pearson (18), some local Pickup (12), Unknown(1))
Hi everyone. Just a bit more precision. Apparently Cdn Red Cross would be able to pick up our supplies by noon tomorrow at latest. Any indication of support/not appreciated. Thanks!!!

> On Jan 31, 2020, at 7:11 PM, Johnstone, Marnie (PHAC/ASPC) <marnie.johnstone@canada.ca> wrote:
> 
> Hello everyone. Apologies for the blast email but figured it was the fastest way to get to everyone under tight timelines. Think Tina spoke to the Minister today about the donation of personal protective equipment to China and there was notional agreement to proceed. We have some stock in national emergency stockpile (incl stuff that is expiring in Feb and March) that we are able to donate without compromising Cdn supply. Urgency around this one is related to getting this supply on the repatriation plane that is departing for China. Looking for concurrence as soon as possible that Minister is in agreement with donation approach in memo. We can catch up on formal signatures on the memo, but any signal of agreement this evening would be wonderful so that we can get the logistics underway.
>
> Thanks!
> Marnie
> PHAC Chief of Staff
> 613 809 2510
>
> <SKM_C55820013119000.pdf>
>
>
This is the type of language that could be added to handout to help support those individuals arriving in Canada who may be looking for advice/support.

"If you have been to Hubei province, China, in the last 14 days and you are concerned about your risk from the novel coronavirus, you may wish to consider reducing contact with others for 14 days post arrival and contact local public health for advice."

Longer narrative could be something like

At this time, there is a global effort to contain the spread of the novel coronavirus, especially in the affected regions in China. The risk of spread within Canada remains low but there are ways that individuals can take to protect themselves and reduce risk to others.

If you have been to Hubei province, China, in the last 14 days and you are concerned about your risk from the novel coronavirus, you may wish to consider reducing contact with others for 14 days post arrival and contact local public health for advice.

If you or anyone you know develops a fever, cough or difficulty in the 14 days post arrival, it's important to call ahead to a health care provider, tell them your symptoms and your travel history.

We know 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.

If you are at all worried, you can reduce your contact with others as a way to help reduce any potential spread at the very onset of illness. This is seen as a best practice.

Social distancing includes limiting your contact with others, avoiding situations such as social gatherings, school/university, daycare, and considering alternative work arrangements such as teleworking.

T

Sent from my iPhone
Here's an overview of process re what we expect to unfold in Trenton. Of note refs to Red Cross likely to be modified. We will be getting an RFA ready for min to send to her colleague (min national defence) looking for additional CAF support in lieu of Red Cross. T

Sent from my iPhone

Begin forwarded message:

From: "Rendall, Jennifer (PHAC/ASPC)" <jennifer.rendall@canada.ca>
Date: February 5, 2020 at 1:22:43 PM EST
To: "Evans, Cindy (PHAC/ASPC)" <cindy.evans@canada.ca>, "Namiesniowski, Tina (PHAC/ASPC)" <tina.namiesniowski@canada.ca>
Cc: "Barton, Kimby (PHAC/ASPC)" <kimby.barton@canada.ca>, "Gomes, Lisa (PHAC/ASPC)" <lisa.gomes@canada.ca>, "Johnstone, Marnie (PHAC/ASPC)" <marnie.johnstone@canada.ca>
Subject: RE: Overview of process in Trenton

Please see attached an updated version with a few small changes from the President.

Thank you

From: Evans, Cindy (PHAC/ASPC) <cindy.evans@canada.ca>
Sent: 2020-02-05 12:59 PM
To: Namiesniowski, Tina (PHAC/ASPC) <tina.namiesniowski@canada.ca>
Cc: Barton, Kimby (PHAC/ASPC) <kimby.barton@canada.ca>; Gomes, Lisa (PHAC/ASPC) <lisa.gomes@canada.ca>; Rendall, Jennifer (PHAC/ASPC) <jennifer.rendall@canada.ca>; Johnstone, Marnie (PHAC/ASPC) <marnie.johnstone@canada.ca>
Subject: Overview of process in Trenton
Importance: High

Tina,

This will evolve further, but will be useful for your HESA package. It can also be shared with the Minister.

(fits on 2 pages.

Cindy Evans
A-VP HSB, PHAC
(w) 613-957-0316
(cell) 613-859-6508
Overview 2019-nCoV Repatriation Process at CFB Trenton

1-Chinese authority screening

a) Chinese Health authorities have established a screening point at the airport in order to allow travellers to get access to the airport. They are doing temperature check only and the indication of fever is above 37.3°C
b) Passengers will already have all documentation on hands, including the order for the quarantine at Trenton for 14 days

2-DND pre-Boarding screening:

a) The evacuees’ plane was granted three (3) hours by the Chinese civil aviation authorities to screen the travellers before boarding
b) DND medical staff (6) will take the temperature of each traveller and ask them about nCoV symptomatology. The indication of fever is above 38°C
c) DND will also ask questions on the medical status of each traveller to determine if they are fit to fly

3- Onboard the flight:

a) DND medical staff onboard will perform at least two (2) quick health assessments of each travellers (temperature, and asking if they feel any nCoV symptoms).
b) Travellers will fill a health declaration form with information on: identification or the traveller, presence of any symptoms and potential at-risk exposure.
c) DND will keep their form until they deplane.
d) Travellers will receive and sign a passenger information and acknowledgement form.
e) DND via the flight crew will notify ahead of landing in Trenton if any passengers on the plane are exhibiting symptoms.

4- On arrival:

a) Hangar 7 of CFB Trenton is where the arrival procedures will take place
b) A CBSA officer as well as a Quarantine Officer (QO) will be the first ones to board the plane and talk to DND medical staff to ensure no one was sick during the flight. If it is the case, the QO will work collaboratively with CBSA and EMS to transfer the patient to the hospital and issue an order for a medical exam.
c) If no one is sick, travellers will deplane by group of 40 to undergo CBSA process. This process should take an hour
d) Once the CBSA process done, travellers will then be routed to the Quarantine section of the hangar where 6 QOs will verify and collect the health declaration and acknowledgment forms. If there are potential high risk exposure travellers, QO could ask additional questions to clarify and these travellers could be subject to additional daily health assessments.

e) Since the travellers will already have read a copy of the Order in Council, QOs will also support CBSA and Red Cross in the hangar if a traveller would become symptomatic.

f) Travellers will then proceed to the Red Cross section of the hangar where they will be given an information package and assigned a room.

g) Travellers will then proceed to the buses that will bring them to the lodging area. There are four (4) buses available and each of them will leave the hangar as soon as they are full in order to limit waiting times for the traveller.

Lodging Area: (Self-isolation zone)

a) Each traveller will have a room and families will be grouped together. All bedrooms have complete bathrooms with shower. The three story building has washers and dryers on each floor. There’s a conference room but there is no gym or common area.

b) This area will be protected 24/7 by security guards with the assistance of the Ontario Provincial Police when needed to enforce the Quarantine Act or for other disturbances including criminal activities.

c) Nurses under the supervision of Quarantine Officers will provide daily health assessments of each traveller.

d) Food will be delivered to the rooms to minimize social interaction.

e) EMAT (Emergency management assistance teams) will provide onsite primary care including social services. They will have a mini-clinic with one nurse practitioner, two nurses and a paramedic. The clinic has a 4 bed negative pressure room. The Federal Employee Assistance Program (EAP) will assist EMAT for travellers and federal employees when needed.

f) The National Microbiology Lab mobile lab will be providing on site laboratory testing for any symptomatic travellers. Any traveller who becomes seriously ill would automatically be transferred to the health care system.

g) Red Cross will provide daily general assistance to the travellers including clothing, diapers, food, formula, games.

End of 14 day isolation period

a) Passengers will continue with forward travel. CAF may be in a position to provide land transportation assistance within a limited range.
Isabelle, this needs to be put on ministerial letterhead, signed and sent to Min of National Defence. If our minister could email the attached document to her colleague with original to follow in mail that would be fine for tonight. DND looking for this asap.
The Honourable Harjit S. Sajjan, P.C., O.M.M., M.S.M., C.D., M.P.
Minister of National Defence
Major-General George R. Peake Building
101 Colonel By Drive
Ottawa, Ontario K1A 0K2

Dear Colleague:

I am writing to follow up on recent communications between our departmental officials regarding Canadian Armed Forces (CAF) support to the arrival of repatriated Canadians and their short-term quarantine. I view this as a matter of national interest, and after considering the resources available from my Department and others, believe that the assistance of the Canadian Forces is required to deal with it effectively. Accordingly, I request that, pursuant to subsection 273.6 (2) of the National Defence Act, you authorize the CAF to support the Public Health Agency of Canada (PHAC) with the arrival, reception, staging and onward movement of these repatriated Canadians, to include support for their period of self-isolation at Canadian Forces Base (CFB) Trenton.

In particular, the assistance of the Canadian Forces is requested to:

- Provide facilities to be used for the reception and initial medical screening of repatriated Canadians at CFB Trenton;
- Support their onward movement to accommodations at CFB Trenton;
- Provide accommodations at CFB Trenton for repatriated Canadians for up to 14 days from reception, in addition to supporting feeding and associated ground movement in the immediate vicinity;
- Support the provision of feeding and provide associated facilities for external support and medical agencies (such as the RCMP or the Red Cross) for a period of up to 14 days at CFB Trenton; and
- Provide ground transportation for repatriated Canadians at the end of their self-isolation period to either Toronto or Montreal airports, should other commercial or alternative options not be available.

It is understood that the CAF will not be providing security or policing services at the accommodations provided to repatriated Canadians and that we will request this support via the Minister of Public Safety for other Federal or Provincial police services. Additionally, the CAF will not conduct the medical monitoring of returnees, nor the supervision or transport of symptomatic Canadians to local hospitals. Moreover, the CAF will not be responsible for the onward movement of the repatriated Canadians following their period of self-isolation, with the exception of supporting their movement to either Toronto or Montreal airports. CAF support is requested, however, for the logistical and administrative support of those external agencies providing these services, who will be identified and tasked by the PHAC.
Given the foregoing, I am respectfully requesting that, as Minister of National Defence, you authorize provision of such assistance pursuant to subsection 273.6(2) of the National Defence Act.

Sincerely,

Patty Hajdu, P.C., M.P.

Cc:  The Honourable Bill Blair, P.C., M.P.
     Minister of Public Safety and Emergency Preparedness
Patrice, France (PHAC/ASPC)

From: Namiesniowski, Tina (PHAC/ASPC)
Sent: 2020-02-19 6:16 PM
To: Faustin, Isabelle (PHAC/ASPC)
Cc: Johnstone, Marnie (PHAC/ASPC); 
Subject: Fwd: FOR APPROVAL - MTA backgrounder
Attachments: Material Transfer Agreements(Feb19).docx; ATT00001.htm

Isabelle. Can you please provide this to [redacted] for the ministers G7 call. It provides more detailed information on an issue we think the US might raise.

Reminder mtg is super early tomorrow morning so it needs to be delivered soonest. T

Sent from my iPhone

Begin forwarded message:

From: "Sharma, Ranu (PHAC/ASPC)" <ranu.sharma@canada.ca>
Date: February 19, 2020 at 6:08:06 PM EST
To: "Tam, Dr Theresa (PHAC/ASPC)" <drtheresa.tam@canada.ca>, "Namiesniowski, Tina (PHAC/ASPC)" <tina.namiesniowski@canada.ca>
Cc: "McLeod, Robyn (PHAC/ASPC)" <robyn.mcleod@canada.ca>, "Patrice, France (PHAC/ASPC)" <france.patrice@canada.ca>, "Johnstone, Marnie (PHAC/ASPC)" <marnie.johnstone@canada.ca>, "MacIntyre, Erin (PHAC/ASPC)" <erinann.macintyre@canada.ca>, "Pearson, Michael (PHAC/ASPC)" <michael.pearson@canada.ca>
Subject: FOR APPROVAL - MTA backgrounder

Good evening,

Please find attached a background on MTA for your review and approval.

Should you have any questions, please do not hesitate to contact me.

Warm regards,
Ranu

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Ms. Ranu Sharma

Manager / Gestionnaire
Bilateral Engagement, Summits and Trade Division / Division de l'engagement bilateral sommets et commerce
Office of International Affairs for the Health Portfolio / Le bureau des affaires internationales du portefeuille de la Santé

Tel: 613-796-9807
ranu.sharma@canada.ca
Material Transfer Agreements (MTA)

A material transfer agreement (MTA) is a contract that governs the transfer of biological materials between countries, institutions or private entities for use in research or commercial product development. Usually such contracts cover arrangements for ensuring benefits derived from the R&D that occurs based on the transfer are equitably shared.

The issue of access and benefit sharing for genetic resources is complex and one that is currently being discussed at the technical level at the World Health Organization (WHO) and other fora (e.g. the Convention on Biological Diversity (CBD) and associated Nagoya Protocol). While Canada is a signatory to the CBD, it has not acceded to the Nagoya Protocol. Canada believes in the principle of access and benefit sharing however there is complexity of its implementation within our domestic context. Specifically, there are unfinished negotiations with P/Ts regarding how this would play out in resource management where there are jurisdictional divides.

There are currently no international MTA agreements that would apply in the context of sharing samples related to COVID-19. The WHO provided generic MTA guidance on COVID-19 samples to Thailand at their request.

Canada respects the WHO in their role in providing advice to member states upon their request. The WHO Secretariat has indicated to Canada’s mission in Geneva that their intention is to ensure that the transfer of samples is done as quickly as possible to facilitate a public health response. The principles of fairness and equitable access are key and need to be captured in any agreement and not having these may discourage sharing. As the principles could be captured in a variety of ways – more broadly or more detailed. It is also unclear as to whether the WHO Secretariat plans to consult member states in the short term.
Material Transfer Agreement

- The issue of access and benefit sharing for genetic resources is complex.

- We appreciate the U.S. in raising the issue to our attention and share concerns with

- We need to recognize that the important principle of rapid sharing of information in a public health emergency not undermine the equally important principle of potential benefit sharing.

- The ongoing sharing of COVID-19 samples is an important need and principle, but also important is the principle of equitable access to downstream health benefits.

- Both principles are necessary to advance global public health and defeat the current outbreak.

- We need to have more discussions on how to balance these principles before declaring a definitive joint position to Director General Tedros of the World Health Organization (WHO).
Mino comms also has both these and more detailed Qs and as.

Sent from my iPhone

On Jan 19, 2020, at 3:05 PM, [Redacted] wrote:

Adding our Comms Team.

Sent from my iPhone

On Jan 19, 2020, at 1:03 PM, Namiesniowski, Tina (PHAC/ASPC) <tina.namiesniowski@canada.ca> wrote:

Minister. Am sharing some high level messages that were also shared with your office. A new situation report will be shared tomorrow with your office.

Sent from my iPhone

Begin forwarded message:

From: "Hollington, Jennifer (HC/SC)" <jennifer.hollington@canada.ca>
Date: January 19, 2020 at 1:30:05 PM EST
To: "Namiesniowski, Tina (PHAC/ASPC)"
< tina.namiesniowski@canada.ca>
Cc: "Johnstone, Marnie (PHAC/ASPC)" < marnie.johnstone@canada.ca>
Subject: Minister's Key Messages re Wuhan Coronavirus

<Minister's Key Messages - 2019-nCoV - 2020-01-19 1030 (clean).docx>
KEY MESSAGES – MINISTER OF HEALTH

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 subsequently made a determination that a novel coronavirus (referred to as 2019-nCoV) is responsible for cases of pneumonia in the Wuhan outbreak. As a result, countries in the region, as well as the United States, have implemented border measures to prevent the spread of 2019-nCoV.

These messages have been developed for use by the Minister of Health and are complemented by a package of evergreen Media Lines and Questions and Answers.

Minister’s Messages:

- The health and safety of Canadians is my top priority.

- The Government of Canada is actively monitoring the outbreak and is in close contact with international partners, including the World Health Organization.

- While the risk of the disease spreading to Canada is considered low, the Public Health Agency of Canada is analyzing any potential risks to Canadians.

- Currently, there are no reports of cases in Canada of this novel coronavirus, and we are not aware of any cases involving Canadians overseas.

- Based on the latest information we have, there is also no clear evidence that this virus is easily transmitted between people.

- However, it is possible that there may be limited human-to-human spread.

- In the coming days, we will be taking additional measures at the border out of an abundance of caution. This includes:
  - signage at the Toronto, Montreal and Vancouver international airports reminding international travellers to inform a Border Services Officer if they are experiencing flu-like symptoms; and
  - an additional health screening question to be added to electronic kiosks in the airport.

- I want to remind Canadians that, along with the provinces and territories, we have multiple systems in place to identify, prevent and control the spread of serious infectious diseases in Canada.

- We will keep the public informed as the situation evolves.