

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 19, 2020 11:11 AM
To: Williams, Dr. David (MOHLTC)
Cc: Dr. Theresa Tam (Theresa_Tam@hc-sc.gc.ca); Arruda, Horacio (Ext.); Henry, Bonnie HLTH:EX; Shingler, Clint (MOHLTC); Njoo, Howard (PHAC/ASPC)
Subject: Re: Screening of Travellers from China

Yes, I think it would be important to make provinces aware of exactly what we will be doing, which is different to the US.

This may already be in the plans but Howard can reach back to our border Health leads and let you know how things will unfold.

TT

Sent from my iPhone

On Jan 19, 2020, at 13:49, Williams, Dr. David (MOHLTC) <Dr.David.Williams@ontario.ca> wrote:

Hello Theresa

We have been made aware through the media of the potential for Health Canada to start screening travellers from China(central) for history and signs and symptoms concerning potential novel Coronavirus cases.

It would be important in my mind and that of our Emergency Health services to ensure that the three provinces whose international airports are screening should be coordinated in our responses to PUI's.

Perhaps we should consider a telemeeting with the three provinces and PHAC/Health Canada prior to a traveller screening program being instituted at Vancouver, Toronto and Montreal airports.

David

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Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 22, 2020 3:25 PM
To: Henry, Bonnie HLTH:EX
Subject: Heads up

Hi Bonnie

A person under assessment:

A Canadian citizen returning from Wuhan after ^{s.2} 7 days. ^{s.22} started symptoms on Saturday and had a productive cough but no fever. Given the discussions with the CMOHs the other day, out of an abundance of caution, our Quarantine service issued an order to send ^{s.22} to ^{s.22} for a medical exam.

TT

Sent from my iPhone

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 24, 2020 9:56 AM
To: Henry, Bonnie HLTH:EX
Cc: XT:Hanley, Brendan HLTH:IN; Njoo, Howard (PHAC/ASPC); CCMOH SECRETARIAT / CMHC (PHAC/ASPC)
Subject: Re: 2019-nCoV Case Def'n Special Meeting

Hi Bonnie

The technical group is meeting now, moving towards "affected area" in the case definition and I think the proposed list is Hebei province for now.

At the end of CCMOH yesterday we kept Wuhan until the working group can land on something that we can approve.

Sent from my iPhone

On Jan 24, 2020, at 11:21, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

Good morning Theresa,

Danuta sent me this which doesn't align with my understanding of our discussion yesterday. I was under the understanding we had agreed to your suggestion that we look at increasing the surveillance to the area that China has effectively quarantined ; i.e. Hubei province. I agree we had decided against my belief that we should at this critical time look at all China and I understand the rationale for that but very strongly believe we need to focus on a larger area than just Wuhan City especially given today's data.

Would appreciate your following up on this and Brendon and others please let me know what your understanding was.

My best,

Bonnie

Could you please

Dr Bonnie Henry

Provincial Health Officer

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4th floor, 1515 Blanshard St

Mailing address: PO Box 9648, STN PROV GOVT

Victoria, BC

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Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Skowronski, Danuta <Danuta.Skowronski@bccdc.ca>

Sent: January 23, 2020 7:36 PM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Subject: FW: 2019-nCoV Case Def'n Special Meeting

Hi Bonnie –

s.13

Today, case counts increased substantially in China – from 639 this morning to 849 this evening. Deaths increased from 18 to 26.

Cases in mainland China but outside of Hubei have increased more than 10-fold since our last bulletin on January 20: from 20 cases on Monday to 295 cases today.

In the Emergency Committee meeting convened by the World Health Organization (WHO) on January 22 and 23, China reported fourth-generation cases in Wuhan and second-generation cases outside of Wuhan, as well as some clusters outside Hubei province.

s.13

Best wishes,

Danuta Skowronski MD, FRCPC

Epidemiology Lead, Influenza & Emerging Respiratory Pathogens

BC Centre for Disease Control

Ph: 604-707-2511

Fx: 604-707-2516

From: Bancej, Christina (PHAC/ASPC) [<mailto:christina.bancej@canada.ca>]

Sent: Thursday, January 23, 2020 7:25 PM

To: Shane, Amanda (PHAC/ASPC); Stirling, Rob (PHAC/ASPC); Bastien, Nathalie (PHAC/ASPC); Mielczarek, Julia (PHAC/ASPC); MacGuigan, Deirdre (PHAC/ASPC); [Julie A Miller@gov.nt.ca](mailto:Julie.A.Miller@gov.nt.ca); Yves Jalbert; Jonathan.Gubbay@oahpp.ca; Skowronski, Danuta; Buck, Peter (PHAC/ASPC); El Allaki, Farouk (CFIA/ACIA); annick.descormiers@msss.gouv.qc.ca; BethHalfyard@gov.nl.ca; Andrea Saunders; Michelle Murti; Sandhu2, Simran (PHAC/ASPC); Schillberg, Erin (PHAC/ASPC); Shingler, Clint (MOHLTC); Webb, Sean (MOHLTC); Shinthuja Wijayasri; Mugove Manjengwa
Cc: Wijayasri, Shinthuja (PHAC/ASPC); HPOC Chief Operations / Chef COPS (PHAC/ASPC); Watkins2, Kerri (PHAC/ASPC); Hickey, Raymonde (PHAC/ASPC); Marie-Andree Leblanc MSSS; HPOC-AV, COPS-AV (HC/SC); HPOC-COPS, PHAC-ASPC (PHAC/ASPC)

Subject: RE: 2019-nCoV Case Def'n Special Meeting

Hi everyone –

Just wanting to share the outcome of the CCMOH meeting with everyone who lent their expertise to develop the Interim National Case Definitions for n-CoV.

As anticipated, there were other Wuhan related items up for discussion first, but many CCMOH members were eager to move forward on the technical guidance, and particularly pressing, the case definitions.

The CMOH's exhibited a wide range of views, similar to those that we worked through this week with the evolution of the situation from what it was when the first draft interim case definitions were shared with CCMOH on January 17. For example, there were proponents of:

- a time-limited, very sensitive approach, to seize the window of opportunity to contain the n-CoV (i.e., mild to severe illness criteria + all of China exposure criteria)
- adhering to the WHO criteria, most specifically around maintaining the affected area for the exposure criteria to Wuhan
- requiring only severe (not mild) illness criteria to be met

Other items raised included the practical challenges faced by several jurisdictions in handling the medical exam volumes of PUIs meeting even the Wuhan exposure criteria; the ostracism occurring in settings where children/classmates had travelled to Wuhan over the holidays.

In the end, given the WHO Emergency Committee decision, the current perception that containment is possible and transmission is inefficient, and the strict public health measures that Wuhan/Hubei province has taken to contain onward transmission at this time, CCMOH landed very close to the original January 17 case definitions.

As per the case definition, there was recognition that the situation is evolving, and the case definitions will evolve too. In particular, it will be known soon how effective the containment efforts within Wuhan have worked at interrupting transmission. As we develop the more detailed interim surveillance guidance, we very well may in short order update the definitions.

CMOH's agreed that PUIs would not be reported to PHAC/nationally (per the case definition) and joint risk communications (outside of the scope of the case definitions) were also discussed.

I have attached what has been approved for circulation to CCMOH and onward sharing.

Let me know if you have any questions or thoughts regarding this outcome.

Kind regards,

Christina

-----Original Appointment-----

From: Shane, Amanda (PHAC/ASPC) <amanda.shane@canada.ca>

Sent: 2020-01-22 10:22 AM

To: Shane, Amanda (PHAC/ASPC); Bancej, Christina (PHAC/ASPC); Stirling, Rob (PHAC/ASPC); Bastien, Nathalie (PHAC/ASPC); Mielczarek, Julia (PHAC/ASPC); MacGuigan, Deirdre (PHAC/ASPC);

[Julie A Miller@gov.nt.ca](mailto:Julie_A_Miller@gov.nt.ca); Yves Jalbert; Jonathan Gubbay; danuta.skowronski@bccdc.ca; Buck, Peter (PHAC/ASPC); El Allaki, Farouk (CFIA/ACIA); annick.descormiers@msss.gouv.qc.ca;

BethHalfyard@gov.nl.ca; Andrea Saunders; Michelle Murti; Sandhu2, Simran (PHAC/ASPC); Schillberg, Erin (PHAC/ASPC); Shingler, Clint (MOHLTC); Webb, Sean (MOHLTC); Shinthuja Wijayasri; Mugove Manjengwa

Cc: Wijayasri, Shinthuja (PHAC/ASPC); HPOC Chief Operations / Chef COPS (PHAC/ASPC); Watkins2, Kerri (PHAC/ASPC); Hickey, Raymonde (PHAC/ASPC); Marie-Andree Leblanc MSSS; HPOC-AV, COPS-AV (HC/SC)

Subject: 2019-nCoV Case Def'n Special Meeting

When: 2020-01-22 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: s.15; s.17 conference IDs: s.15; s.17

2019-nCoV national surveillance case definition TG:

We'd like to convene a special TG meeting for this afternoon to discuss revisions to our exposure criteria (specifically around affected areas).

Due to the last minute nature of this meeting, we don't expect everyone be able to attend. But if you can dial in, we'd love to have you.

WEB EX DETAILS

Special 2019-nCoV Case Definition TG call

Password: s.15; s.17

s.15; s.17

Join by phone

s.15; s.17

Call-in toll-free number

Call-in number

s.15; s.17 Host access code

s.15; s.17 Attendee access code

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 24, 2020 9:05 PM
To: Henry, Bonnie HLTH:EX; Shahab, Saqib (Ext.); XT:Hanley, Brendan HLTH:IN
Cc: CCMOH SECRETARIAT / CMHC (PHAC/ASPC)
Subject: Governance for 2019-nCoV

Hello colleagues,

We need to discuss whether a SAC needs to be established at our next call as the global situation continues to escalate.

A number of needs/triggers for a FPT coordinated response per the FPT PHRP for Biological events has been met. Ministers of Health are also seized with the importance of a coordinated response.

TT

Sent from my iPhone

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 25, 2020 12:03 PM
To: Henry, Bonnie HLTH:EX
Cc: Shahab, Saqib (Ext.); XT:Hanley, Brendan HLTH:IN; CCMOH SECRETARIAT / CMHC (PHAC/ASPC); Njoo, Howard (PHAC/ASPC)
Subject: Re: Governance for 2019-nCoV

Based on the latest developments I think Tuesday should be a SAC call.

Saqib, could you touch base with our DM Liaison ASAP.

I will have the secretariat get the ball rolling.

TT

Sent from my iPhone

> On Jan 25, 2020, at 14:53, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

>

> I agree, we should step up given the increase in cases and the expectation that we will see at least some cases in Canada.

> b

>

> Dr Bonnie Henry

> Provincial Health Officer

> Office of the PHO

> Ministry of Health

> 4th floor, 1515 Blanshard St

> Mailing address: PO Box 9648, STN PROV GOVT Victoria, BC V8W 9P4

> Bonnie.henry@gov.bc.ca

>

> Phone: s.17; s.19

>

> I gratefully acknowledge that I live and work on the traditional

> unceded territory of the Lekwungen Peoples, specifically the Songhees

> and Esquimalt First Nations. Hay'sxw'qu Si'em

>

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>

> -----Original Message-----

> From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>

> Sent: January 24, 2020 9:05 PM

> To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Shahab, Saqib

> (Ext.) <saqib.shahab@health.gov.sk.ca>; XT:Hanley, Brendan HLTH:IN

> <Brendan.Hanley@gov.yk.ca>

> Cc: CCMOH SECRETARIAT / CMHC (PHAC/ASPC)
> <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>
> Subject: Governance for 2019-nCoV

>

> Hello colleagues,

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> We need to discuss whether a SAC needs to be established at our next call as the global situation continues to escalate.

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>

> TT

>

>

> Sent from my iPhone

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 26, 2020 4:25 PM
To: Henry, Bonnie HLTH:EX
Cc: CCMOH SECRETARIAT / CMHC (PHAC/ASPC); XT:Hanley, Brendan HLTH:IN; David Williams; Deena Hinshaw; Dr. Brent Roussin; XT:Adams, Evan HLTH:IN; George Giovinazzo; Morrison, Heather (Ext.); Arruda, Horacio (Ext.); James Worthington; Janice Fitzgerald; Russell, Jennifer (Ext.); Kandola, Kami (Ext.); Micahel Patterson; Pierre Morissette; Strang, Robert (Ext.); Shahab, Saqib (Ext.); Sharma, Supriya (HC/SC); Wong, Tom (SAC/ISC); Hill, Allison (HC/SC); Andy Dellipizzi; Auger, Julie (PHAC/ASPC); Barker, Cayla (PHAC/ASPC); Bent, Stephen (PHAC/ASPC); Emerson, Brian P HLTH:EX; Carter, Luke (HC/SC); Cindy Kruger; Rogers, Cindy (Ext.); Colleen Dudar; Muecke, Cristin (Ext.); Sabapathy, David (Ext.); Auger, Danielle (Ext.); Davies, Stephanie (PHAC/ASPC); Panchyshyn, Debbie (Ext.); Denis, Joel (PHAC/ASPC); Diane Lu; Dr. Barbara Yaffe; Dumesnil-Renaud, Marie (HC/SC); Elaine Barrett-Cramer; Look, Elaine (Ext.); Everitt, Louisa (PHAC/ASPC); Fournier, Sarah (PHAC/ASPC); Gallagher, Gerry (PHAC/ASPC); Gillian MacDonald; Henry, Erin (PHAC/ASPC); Njoo, Howard (PHAC/ASPC); Sherren, Janice (Ext.); Jasmine Pawa; XT:Irvine, Jessica HLTH:IN; Johnatha Smith; Follett, Juanita (Ext.); Dean, Kelly (Ext.); Seeds, Laura (Ext.); Thompson, Laurel HLTH:EX; Lewis, Darlene (SAC/ISC); XT:Carpenter, Lori HLTH:IN; Yeo, Lyn (Ext.); Lyndi Blakely; MacDonald2, Tammy (PHAC/ASPC); Allarie, Marc (PHAC/ASPC); Matthew Pals; Maureen Carew; Maher, Maurica (Ext.); McCarney, Jane (PHAC/ASPC); McDonald, Alexa (HC/SC); McLeod, Robyn (PHAC/ASPC); Melissa Milks; Michelle Craplewe; Sveinson, Michelle (Ext.); Mitra, Debjani (PHAC/ASPC); OCMHO_SK; Ogunnaike-Cooke, Susanna (PHAC/ASPC); Rachel Comeau; Rachel Mailhot; PPIU-RO / OR-UPPI (PHAC/ASPC); Almond, Richard HLTH:EX; Robinson, Kerry (PHAC/ASPC); Romano, Anna (PHAC/ASPC); Poirier, Samantha (Ext.); Shelley Landsburg; SK Secretariat; Taylor, Stephanie MMHA:EX; Sylvie Poirier; Tara Goodwin-Chief; Tosh, Casey (PHAC/ASPC); Tracey Aylward; Valerie Mann; Vanessa Blyan; Yoon Suk Cho; Bancej, Christina (PHAC/ASPC); Bodie, Margaret (PHAC/ASPC); Coleman, Gina (PHAC/ASPC); Dunn, Kathleen (PHAC/ASPC); Gilmour, Matthew (PHAC/ASPC); Hickey, Raymonde (PHAC/ASPC); Kassam, Narmin (PHAC/ASPC); Pennock, Jennifer (PHAC/ASPC); Samiotis, George (Ext.)
Subject: Re: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review

Looks OK to me and agree with Bonnie's suggestion.

Sent from my iPhone

On Jan 24, 2020, at 13:52, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

This looks good to me. I did have one small suggestion.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

Office of the PHO

Ministry of Health

4th floor, 1515 Blanshard St

Mailing address: PO Box 9648, STN PROV GOVT

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Phone: s.17; s.19

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From: McDonald, Alexa (HC/SC) <alexa.mcdonald@canada.ca> **On Behalf Of** CCMOH SECRETARIAT / CMHC (PHAC/ASPC)

Sent: January 24, 2020 8:43 AM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; XT:Hanley, Brendan HLTH:IN <Brendan.Hanley@gov.yk.ca>; David Williams <Dr.David.Williams@ontario.ca>; Deena Hinshaw <deena.hinshaw@gov.ab.ca>; Dr. Brent Roussin <brent.roussin@gov.mb.ca>; XT:Adams, Evan HLTH:IN <evan.adams@fnha.ca>; George Giovinazzo <george.giovinazzo@cic.gc.ca>; Morrison, Heather (Ext.) <hgmorrison@gov.pe.ca>; Arruda, Horacio (Ext.) <horacio.arruda@msss.gouv.qc.ca>; James Worthington <Dr.James.Worthington@CSC-SCC.GC.CA>; Janice Fitzgerald <janice.fitzgerald@gov.nl.ca>; Russell, Jennifer (Ext.) <jennifer.russell@gnb.ca>; Kandola, Kami (Ext.) <kami_kandola@gov.nt.ca>; Micahel Patterson <mpatterson@gov.nu.ca>; Pierre Morissette <Pierre.Morissette@forces.gc.ca>; Strang, Robert (Ext.) <robert.strang@gov.ns.ca>; Shahab, Saqib (Ext.) <saqib.shahab@health.gov.sk.ca>; Sharma, Supriya (HC/SC) <supriya.sharma@canada.ca>; Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>; Wong, Tom (SAC/ISC) <tom.wong@canada.ca>
Cc: Hill, Allison (HC/SC) <allison.hill@canada.ca>; Andy Dellipizzi <andy_dellipizzi@gov.nt.ca>; Auger, Julie (PHAC/ASPC) <julie.auger@canada.ca>; Barker, Cayla (PHAC/ASPC) <cayla.barker@canada.ca>; Bent, Stephen (PHAC/ASPC) <stephen.bent@canada.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Carter, Luke (HC/SC) <luke.carter@canada.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Cindy Kruger <cindy.kruger@csc-scc.gc.ca>; Rogers, Cindy (Ext.) <cindy.rogers@health.gov.sk.ca>; Colleen Dudar <Colleen.Dudar@gov.mb.ca>; Muecke, Cristin (Ext.) <dr.cristin.muecke@gnb.ca>; Sabapathy, David (Ext.) <dsabapathy@gov.pe.ca>; Auger, Danielle (Ext.) <danielle.auger@msss.gouv.qc.ca>; Davies, Stephanie (PHAC/ASPC) <stephanie.davies@canada.ca>; Panchyshyn, Debbie (Ext.) <debbie.panchyshyn@gov.mb.ca>; Denis, Joel (PHAC/ASPC) <joel.denis@canada.ca>; Diane Lu <Diane.Lu@forces.gc.ca>; Dr. Barbara Yaffe <Barbara.Yaffe@ontario.ca>; Dumesnil-Renaud, Marie (HC/SC) <marie.dumesnil-renaud@canada.ca>; Elaine Barrett-Cramer <Elaine.Barrett-Cramer@cic.gc.ca>; Look, Elaine (Ext.) <elaine_look@gov.nt.ca>; Everitt, Louisa (PHAC/ASPC) <louisa.everitt@canada.ca>; Fournier, Sarah (PHAC/ASPC) <sarah.fournier@canada.ca>; Gallagher, Gerry (PHAC/ASPC) <gerry.gallagher@canada.ca>; Gillian MacDonald <Gillian.MacDonald2@ontario.ca>; Henry, Erin (PHAC/ASPC) <erine.henry@canada.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Sherren, Janice (Ext.) <jessherren@gov.pe.ca>; Jasmine Pawa <jpawa@gov.nu.ca>; XT:Irvine, Jessica HLTH:IN <Jessica.Irvine@gov.mb.ca>; Johnatha Smith <Jonathan.Smith@CSC-SCC.GC.CA>; Follett, Juanita (Ext.) <juanitafollett@gov.nl.ca>; Dean, Kelly (Ext.) <kelly.dean@gov.ns.ca>; Seeds, Laura (Ext.) <laura.seeds@ontario.ca>; Thompson, Laurel HLTH:EX

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 <narmin.kassam@canada.ca>; Pennock, Jennifer (PHAC/ASPC)
 <jennifer.pennock@canada.ca>; Samiotis, George (Ext.) <george.samiotis@tbs-sct.gc.ca>

Subject: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review

Dear CCMOH members,

Below for your action and review are the main outcomes/decisions from yesterday's CCMOH teleconference on the 2019-nCoV.

FOR MEMBERS' ACTION:

1. Review the attached document: *Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (2019-nCoV) in the community*, in preparation for discussion and approval at the January 28th CCMOH 2019-nCoV meeting.
2. Review and provide any feedback on outcomes/decisions from the January 23 CCMOH 2019-nCoV teleconference.
3. *Note, an updated interim national surveillance case definition for 2019-nCoV to follow.

Outcomes/Decisions

1. Situation Overview

- Dr. Tam confirmed that the WHO did not reach a conclusion on declaring 2019-nCoV as a public health emergency of international concern and that the IHR Emergency Committee will reconvene in a few days. A link to the statement is below for reference.

2. **First Case Scenario Domestic Planning**

- Consensus was reached on a process for reporting of a first case of 2019-nCoV in Canada:
 - Case must be tested and confirmed as 2019-nCoV by the NML
 - Identified P/T and Federal government (PHAC) will release a joint statement to the public confirming the case
- Members agreed to report on PUIs at a high level

3. **Case Definition**

- Consensus was reached to follow the WHO case definition for 2019-nCoV and only screen people who have travelled to/from Wuhan as opposed to all of China
- CCMOH may wish to consider broadening screening to the surrounding cities of Huanggang and Ezhou in Hubei province at a future meeting

4. **Frequency of meetings/next meeting**

- It was agreed to hold an additional CCMOH 2019-nCoV teleconference next Tuesday, January 28th, in advance of the scheduled January 30th teleconference, to discuss/approve public health management and updated case definition documents

Thank you,
CCMOH Secretariat

Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (2019-nCoV) in the community

(Version 6, January 22, 2020)

Context

The Public Health Agency of Canada (PHAC), in collaboration with Canadian public health experts has developed this interim guidance for federal/provincial/territorial (F/P/T) public health authorities (PHA) in the event that a case of human illness caused by a novel coronavirus (2019-nCoV) is suspected or confirmed within their jurisdictions.

The strategy outlined in this guidance is containment (i.e. to reduce opportunities for transmission to contacts in the community). This guidance is based on current available scientific evidence and expert opinion and is subject to change as new information on transmissibility and epidemiology becomes available. This guidance builds upon relevant Canadian guidance developed for the current and previous coronavirus outbreaks (e.g. MERS CoV and SARS-CoV), in addition to available guidance from the World Health Organization (WHO)ⁱ. It should be read in conjunction with relevant P/T and local legislation, regulations and policies. This guidance has been developed based on the Canadian situation; therefore, may differ from guidance developed by other countries. For information regarding current global status of 2019-nCoV, visit the [Canada.ca](https://www.canada.ca) and [WHO Novel Coronavirus](https://www.who.int/emergencies/diseases/novel-coronavirus-2019) web site.

The management of international travellers arriving at Canada's borders who are suspected of being infected with or having been exposed to 2019-nCoV is beyond the scope of this document. PHAC's Office of Border & Travel Health will be involved in the reporting and case management of ill arriving or departing international travellers who are suspected of having 2019-nCoV, with the Quarantine Officer notifying local public health authorities.

RECOMMENDATIONS: CASE MANAGEMENT (confirmed, probable cases and PUI)

Case Management

An interim national case definition [\[insert hyperlink\]](#) for 2019-nCoVⁱⁱ has been developed, specifically for confirmed cases, probable cases and Persons Under Investigation (PUIs), as well as associated reporting requirements. P/T public health authorities (PHA) should report confirmed and probable cases of 2019-nCoV nationally to the PHAC within 24 hours of their own notification.

It will be important for front line health care providers to notify PHAs of any cases (confirmed, or probable), and PUI in accordance with jurisdictional reporting requirements. PHAs will need to provide overall coordination with health care providers and provincial laboratories for the management of the case/PUI and establish communication links with all involved health care providers for the full duration of the observation period. Hospital admission is recommended for any confirmed cases of 2019-nCoV as well as any probable cases or PUIs whose clinical condition requires acute care to ensure effective isolation and appropriate monitoring of illness. If transferring a case/PUI from the community to an acute care facility, it will be important to notify the receiving facility prior to the individual's arrival to ensure appropriate IPC measures are in place.

2019-nCoV-specific infection prevention and control (IPC) guidance [\[insert hyperlink\]](#) has been developed for acute health care settings.

Clinical Management

At this time, there is no specific treatment for cases of 2019-nCoV infection. However, supportive treatment should be based on the patient's clinical condition at the discretion of the treating health care provider. Guidance on the [clinical management](#) of severe acute respiratory infection when a case of 2019-nCoV is suspected is available from the WHO.ⁱⁱⁱ

Public Health Management in the Community

In the event that a case is being managed in the community (e.g. in the exceptional situation where hospitalization is not feasible or necessary) the following measures and activities are recommended. These measures should also be implemented for PUI recognizing that once the investigation is completed these individuals should be managed based on their final disposition (i.e., ruled-out based on laboratory testing, or probable or confirmed case).

Recommendations to PHA:

- **Conduct active daily monitoring** of the case/PUI's health status for duration of illness or until laboratory investigation has ruled out 2019-nCoV infection.

- **Provide public health advice to the case and household (or co-living setting) contacts on individual measures including:**
 - Personal hygiene
 - How to prevent the spread of infection to household contacts or the community
 - How to care for the case as safely as possible
 - Where and when to seek medical attention
- **Facilitate appropriate laboratory testing** by the health care provider in consultation with the provincial Public Health Laboratory (PHL). As per relevant laboratory guidance and identified protocols, ensure that appropriate specimens from a case are forwarded to the respective PHL. The PHL will then coordinate the submission of specimens to the National Microbiology Laboratory for further testing, as necessary. Include exposure/travel history with specimens being sent. Refer to <https://www.canada.ca/en/public-health/services/emerging-respiratory-pathogens/protocol-microbiological-investigations-severe-acute-respiratory-infections-sari.html>^{iv} for details on specimen collection and handling, and consultation with the PHL microbiologist on-call. Refer also to additional laboratory guidance provided by PHLs.

Recommendations for the case/PUI and caregivers:

Personal Hygiene

- The case/PUI and all members of the household setting should follow good respiratory etiquette and hand hygiene practices.
- Hand washing with plain soap and water is the preferred method of hand hygiene in the community, since the mechanical action is effective at removing visible soil and microbes.
- If soap and water are not available, the use of alcohol-based hand sanitizers (ABHS) with at least 60% alcohol is recommended; for visibly soiled hands, remove soiling with a wipe first, followed by use of ABHS.
- Respiratory etiquette refers to covering the mouth and nose during coughing or sneezing, using surgical/procedure masks, tissues, or flexed elbow followed by hand hygiene. Discard tissues and disposable materials used to cover the nose or mouth, preferably in a plastic-lined container before disposal with other household waste. If the mask gets wet or dirty with secretions, it should be changed immediately.

How to prevent the spread of infection to household contacts or the community

- The case/PUI should limit their contact with others, as much as possible – this includes household members and visitors.
- The case/PUI should self-isolate at home while symptomatic and not go to work, school or other public areas until symptoms have resolved and the

person is feeling well enough to resume normal activities or n-CoV has been ruled out.

- Place the case/PUI in a well-ventilated room by themselves, if possible.
- If the case/PUI cannot be separated from others, they should follow respiratory etiquette, while others are in the same room.
- Shared spaces (e.g. kitchens, bathrooms) should be kept well ventilated, if possible.
- People in the household should avoid sharing toothbrushes, cigarettes, eating utensils, drinks, towels, washcloths or bed linen.
- Other types of possible exposure to contaminated items should be avoided. Dishes and eating utensils should be cleaned with soap and water after use.
- High-touch areas such as toilets, bedside tables and door handles should be cleaned daily using regular household cleaners or diluted bleach (one part bleach to nine parts water^{vi}); clothes, handkerchiefs and bedclothes of the case/PUI can be cleaned using regular laundry soap and water (60-90°C). Use disposable gloves and protective clothing (e.g. plastic aprons, if available) when cleaning or handling surfaces, clothing, or linen soiled with bodily fluids.

How to care for the case/PUI as safely as possible

Healthcare Workers:

- For healthcare workers providing health care services in the home, virus-specific IPC guidance for acute health care settings is applicable^{vi}.
- In addition to Routine Practices, healthcare workers should follow Contact and Droplet precautions when within two metres of the case/PUI.
- For aerosol-generating medical procedures (e.g., case is receiving nebulized therapy) the use of Additional Precautions, including using a N95 respirator, is recommended.
- Medical equipment should be cleaned, disinfected or sterilized in accordance with Routine Practices.

For caregivers and others sharing the living environment:

- If direct contact care must be provided, the case should wear a surgical/procedure mask and follow respiratory etiquette.
- The caregiver providing direct contact care to the case/PUI should also wear a procedure/surgical mask and eye protection when within two metres of the case/PUI and perform hand hygiene after contact.
- Masks should not be touched or handled during use. If the mask gets wet or dirty with secretions, it should be changed immediately. After discarding the mask, hand hygiene should be performed.

- Direct contact with body fluids, particularly oral, and respiratory secretions should be avoided. Use disposable gloves to provide oral or respiratory care, and when handling stool, urine and waste, if possible. Perform hand hygiene following all contact.
- Anyone who is at higher risk of developing complications from infection should avoid caring for or come in close contact with the case/PUI. This includes people with underlying chronic or immunocompromising conditions.^{vii}
- Persons caring for a case/PUI should limit their contact with other people as much as possible and monitor themselves for any signs of illness for 14 days from last close contact.

Where and when to seek medical attention

- PHAs should advise a case/PUI and/or their family or household members when and where to seek additional care, appropriate mode of transportation, and any other appropriate IPC precautions to be followed.

RECOMMENDATIONS: CONTACT MANAGEMENT (of probable and confirmed cases)

Considering the context for this guidance is containment of the virus, close contacts of confirmed and probable cases occurring in Canada should be identified and managed as per the recommendations in this document until the containment objective is achieved or a new objective becomes necessary (e.g., if sustained person to person transmission is occurring in the community).

The purpose of contact management is:

- primarily to facilitate rapid identification of new cases and support containment by:
 - identifying and isolating any symptomatic contacts as quickly as possible; and
 - reducing the opportunity for transmission to others in the community by providing contacts with information regarding infection prevention and control measures they should follow, and what to do if they develop symptoms; and

- secondly, to gain a better understanding of the epidemiology of this novel coronavirus.

A close contact¹ is defined as a person who:

- provided care for the case , including healthcare workers, family members or other caregivers, or who had other similar close physical contact, OR
- who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

Recommendations to PHA:

- Quarantine is not recommended for close contacts at this time.
- PHAs should conduct active monitoring, ensuring that these individuals are contacted daily for the duration of **the monitoring period, which is defined as 14 days from the last close contact.**
- Any contact who develops symptoms within the monitoring period should be considered a “Person under investigation” and from an IPC perspective should be managed as a case. If transferring a PUI from the community to an acute care facility, it will be important to notify the receiving facility prior to arrival to ensure appropriate IPC measures are in place.

For the duration of the monitoring period, advise the close contact to:

- Follow good respiratory etiquette and hand hygiene practices.
- Self-monitor for the appearance of symptoms, particularly fever and respiratory symptoms such as coughing or shortness of breath.
- Take and record temperature daily and avoid the use of fever reducing medications (e.g., acetaminophen, ibuprofen) as much as possible. These medications could mask an early symptom of 2019-nCoV; if these medications must be taken, advise the PHA.
- Avoid close contact with others as much as possible and follow relevant advice provided under the Case Management section above.
- Stay in an area where health care is readily accessible in case symptoms develop.
- Self-isolate as quickly as possible should symptoms develop, and contact the local public health authority for further direction, which will include where to go for care, the appropriate mode of transportation to use, and IPC precautions to be followed.

References

- ⁱ WHO. Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts. [Online] 20 January 2020. [Accessed on 21 January 2020] [https://www.who.int/internal-publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/internal-publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
- ⁱⁱ PHAC. Interim National Case Definition: Novel Coronavirus (2019-nCoV).
- ⁱⁱⁱ WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. [Online] 11 January 2020. [Accessed on 17 January 2020] [https://www.who.int/internal-publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/internal-publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- ^{iv} Canadian Public Health Laboratory Network. Protocol For Microbiological Investigations Of Severe Acute Respiratory Infections (SARI). [Online] 2013. [Accessed: 16 January 2020] <https://www.canada.ca/en/public-health/services/emerging-respiratory-pathogens/protocol-microbiological-investigations-severe-acute-respiratory-infections-sari.html>
- ^v PHAC. Individual and Community Based Measures to Help Prevent Transmission of Influenza-Like-Illness (ILI), Including the Pandemic Influenza (H1N1) 2009 Virus, in the Community. 2009.
- ^{vi} PHAC. Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. [online] September 2017. [Accessed 20 January 2020] <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/routine-practices-additional-precautions-preventing-transmission-infection-healthcare-settings.html>
- ^{vii} WHO. Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts. [Online] 20 January 2020. [Accessed on 21 January 2020] [https://www.who.int/internal-publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/internal-publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 27, 2020 11:26 AM
To: Henry, Bonnie HLTH:EX
Cc: Njoo, Howard (PHAC/ASPC)
Subject: Re: airport screening

Based on what I know We are going with Hubei on Wednesday on the airport screen, screening question and info sheets. Will verify

Sent from my iPhone

On Jan 27, 2020, at 14:15, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

Good morning,

Crazy weekend for us all! We have moved to expanding the screening question to Hubei province given the affected area in China and to align with the guidelines we will be reviewing tomorrow. I realize that is a bit ahead of the guidelines being approved. We have concerns though that the airport screening is still restricted to Wuhan City and currently only 25% of cases are in Wuhan. Do you know when the airport screening question will be update? This is causing quite a bit of concern as you might imagine.

A second question I have is we received a second hand report of a person who had been assess at the ED twice here with a history of contact with a case in Wuhan s.22

s.22 The person has returned to China and a contact here in BC reported that they were in quarantine in s.22 with nCoV. Is there any way to determine if they have indeed tested positive or if they are in quarantine because of the contact history. I can provide the name and flight numbers etc. if you think we could find out the details.

Thanks you,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

Office of the PHO

Ministry of Health

4th floor, 1515 Blanshard St

Mailing address: PO Box 9648, STN PROV GOVT

Victoria, BC

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Bonnie.henry@gov.bc.ca

Phone:s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 27, 2020 6:59 PM
To: Henry, Bonnie HLTH:EX
Cc: Njoo, Howard (PHAC/ASPC)
Subject: First case

Assume no plane contact tracing needed if patient asympyomatic on entry?

Any other contact tracing being done?

Sent from my iPhone

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 28, 2020 4:18 AM
To: Njoo, Howard (PHAC/ASPC)
Cc: Henry, Bonnie HLTH:EX; Dr. Theresa Tam (Theresa_Tam@hc-sc.gc.ca); Evans, Cindy (PHAC/ASPC); Barton, Kimby (PHAC/ASPC); Sciberras, Jill (PHAC/ASPC); Phypers, Melissa (PHAC/ASPC)
Subject: Re: FYSA: Situational Awareness F/U: s.22

Hi Bonnie

The usual process includes a notification to the local MoH.

I would have given you a heads up if I had not forgotten in the midst of a busy day!

If you would like to be routinely notified in addition to the local MoH we will figure out a more fail safe process. Let us know.

TT

Sent from my iPhone

On Jan 28, 2020, at 06:43, Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca> wrote:

Hi Bonnie

Here are the details of the referral under the Quarantine Act yesterday of an individual who was ultimately discharged.

Thanks
Howard

Howard Njoo MD, MHSc, FRCPC
Sous-administrateur en chef de la santé publique
et Conseiller médical en chef, Direction générale de la prévention et du contrôle des maladies infectieuses
Agence de la santé publique du Canada

Deputy Chief Public Health Officer
and Chief Medical Advisor, Infectious Disease Prevention and Control Branch
Public Health Agency of Canada
howard.njoo@canada.ca
tel: 613-960-1940
cell:s.17

Sent from my Bell Samsung device over Canada's largest network.

----- Original message -----

From: "HPOC-COPS, PHAC-ASPC (PHAC/ASPC)" <phac-aspc.hpoc-cops@canada.ca>

Date: 2020-01-27 19:46 (GMT-05:00)

To: "Namiesniowski, Tina (PHAC/ASPC)" <tina.namiesniowski@canada.ca>, "Njoo, Howard (PHAC/ASPC)" <howard.njoo@canada.ca>, "Tam, Dr Theresa (PHAC/ASPC)" <drtheresa.tam@canada.ca>, "Evans, Cindy (PHAC/ASPC)" <cindy.evans@canada.ca>, "HPOC Communications / COPS (PHAC/ASPC)" <phac.hpoc.communications-cops.aspc@canada.ca>, "Shankar, Craig (PHAC/ASPC)" <craig.shankar@canada.ca>, "Barton, Kimby (PHAC/ASPC)" <kimby.barton@canada.ca>

Cc: "Johnstone, Marnie (PHAC/ASPC)" <marnie.johnstone@canada.ca>, "HPOC OCIP Support / Soutien PICO COPS (PHAC/ASPC)" <phac.hpoc.ocip.support-soutien.pico.cops.aspc@canada.ca>

Subject: FYSA: Situational Awareness F/U:s.22

For your situational awareness – see follow up below.

Health Portfolio Operations Centre, Public Health Agency of Canada

Centre des opérations du portefeuille de la santé, Agence de la santé publique du Canada

Tel/Tél : 613-952-7940

From: Muntz, Stephanie (PHAC/ASPC) <stephanie.muntz@canada.ca> **On Behalf Of** CNS / SNC (PHAC/ASPC)

Sent: 2020-01-27 6:28 PM

To: CNS / SNC (PHAC/ASPC) <phac.cns-snc.aspc@canada.ca>

Cc: Spowart, Michael (PHAC/ASPC) <michael.spowart@canada.ca>; Remu, Amal (PHAC/ASPC) <amal.rem@canada.ca>; Choremiotis, Peter (PHAC/ASPC) <peter.choremiotis@canada.ca>; Samiotis, George (PHAC/ASPC) <george.samiotis@canada.ca>; HPOC-COPS, PHAC-ASPC (PHAC/ASPC) <phac-aspc.hpoc-cops@canada.ca>

Subject: Situational Awareness F/U:s.22

Update 2020/01/27 at 18:21

This traveller has been assessed, tested(for nCOV) and discharged home to isolate until contacted by Public Health in the^{s.22} Health Authority.

All follow-up will be the responsibility of the^{s.22} Health Authority considering the traveller is no longer under the authority of the Quarantine Act.

From: Muntz, Stephanie (PHAC/ASPC) **On Behalf Of** CNS / SNC (PHAC/ASPC)

Sent: 2020-01-27 3:06 PM

To: CNS / SNC (PHAC/ASPC) <phac.cns-snc.aspc@canada.ca>

Cc: Remu, Amal (PHAC/ASPC) <amal.rem@canada.ca>; Spowart, Michael (PHAC/ASPC) <michael.spowart@canada.ca>; Choremiotis, Peter (PHAC/ASPC) <peter.choremiotis@canada.ca>; Samiotis, George (PHAC/ASPC) <george.samiotis@canada.ca>; HPOC-COPS, PHAC-ASPC (PHAC/ASPC) <phac-aspc.hpoc-cops@canada.ca>

Subject: s.22

Situation:

Call from CBSA at Primary Inspection concerning a^{s.22} Canadian^{s.22} that reports feeling unwell. Traveller returning from trip to China for Chinese New Year, was on flight s.22 >Vancouver)

Travel History: Was in Wuhan^{s.22} (Hubei Province)^{s.22}

Symptoms History: Traveller reported onset of illness 2-3 days after leaving Wuhan^{s.22} sore throat and diarrhea) Has felt unwell since then. Reported respiratory symptoms during return flight to Canada (shortness of breath, cough and stated he felt like he had chills).

Risk of Exposure: Denies contact with ill persons, animals or live animal markets during his trip. However spent 4 days total in Hubei province including Wuhan.

Traveller is medically stable and afebrile when temperature checked by PHAC on-site staff (Leslie George).

Assessment:

Considering the traveller is exhibiting some symptoms of Influenza like Illness and was in Wuhan there is a risk the traveller has nCOV. As per current guidance, an Order Requiring a Medical Exam is indicated to rule out suspected nCOV.

Action:

Traveller being sent to the s.22

with support from Vancouver Region PHAC staff

CBSA and Airport Authority.

Vancouver Coastal Health MHO notified (Dr.Harding)

s.22 aware of the case that is to arrive

Attempts are being undertaken to secure the flight manifest

EHO (Peter Choremotis) notified

Stephanie Muntz, Quarantine Officer, RN/IA BScN

Notification Officer, Central Notification System / Agente de Notification, Système de notification central

Office of Border and Travel Health/ Bureau des services de santé des voyageurs et aux frontières

Health Security Infrastructure Branch/Direction générale de l'infrastructure de sécurité sanitaire

Public Health Agency of Canada/ Agence de la santé publique du Canada

100 Colonnade Road, Room 1080

Ottawa, Ontario

Phone / Téléphone: 1-833-615-2384

E-MAIL: phac.cns-snc.aspc@canada.ca

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 29, 2020 6:40 PM
To: Henry, Bonnie HLTH:EX
Cc: Shahab, Saqib (Ext.); Njoo, Howard (PHAC/ASPC); Arruda, Horacio (Ext.); Deena Hinshaw; CCMOH SECRETARIAT / CMHC (PHAC/ASPC); Dr.David.Williams@ontario.ca
Subject: Re: quarantine and infectiousness while asymptomatic

We can provide some facts tomorrow on the US approach.

Sent from my iPhone

On Jan 29, 2020, at 20:31, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

I agree a good question for the TAC. I will note though that the US is 'asking' people to stay for 72 hours only in a military base accommodations. Not in a hangar and not for 14 days. They are being assessed for symptoms etc. but I understand it is not quarantine.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

Office of the PHO

Ministry of Health

4th floor, 1515 Blanshard St

Mailing address: PO Box 9648, STN PROV GOVT

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Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

From: Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca>

Sent: January 29, 2020 5:04 PM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; horacio.arruda@msss.gouv.qc.ca

Cc: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; 'CCMOH SECRETARIAT / CMHC (PHAC/ASPC)' <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Dr.Theresa Tam <Theresa.Tam@phac-aspc.gc.ca>; 'Dr.David.Williams@ontario.ca' <Dr.David.Williams@ontario.ca>

Subject: quarantine and infectiousness while asymptomatic

Howard and Horacio

Can the TAC also look at the circumstances of secondary transmission in Germany and Japan i.e. was it from truly asymptomatic individuals; as well as the rationale for returning expats to UK, US and Australia being held in 14 day quarantine.

While I agree 14 day quarantine for travelers from outbreak areas is in some ways challenging to implement and monitor; even if risk of transmission very low if not zero; we still need science based guidance why in some cases it is being implemented.

In the current environment some persons are in any case practicing self isolation as well it seems for 14 days after returning even when no public health recommendation to do so

I am also not clear of the wisdom of large numbers of returning expats who were probably in self isolation in Wuhan being held in quarantine together (eg in an aircraft hanger in California if that is true) as that may amplify transmission in that group if a case was to present.

<https://www.cnn.com/2020/01/28/health/us-evacuees-airplane-coronavirus-quarantine/index.html>

<https://www.theguardian.com/world/2020/jan/29/australian-coronavirus-evacuees-to-be-quarantined-on-christmas-island>

UK:

Quarantine if from Wuhan; self isolate if from rest of China:

<https://www.bbc.com/news/uk-51292590>

We also need better info as it becomes available on symptoms in children and young adults (daycare school and university age) in terms of are they more likely to have milder symptoms while being infectious.

As well as risk communication if there was a remote risk of secondary transmission in a Canadian educational or healthcare setting from a returning traveler who was asymptomatic and not in self isolation

One would think China, WHO and US, UK German, Japanese and Australian partners would also be looking at this closely

Saqib

Dr Saqib Shahab FRCPC
Government of Saskatchewan
Chief Medical Health Officer
Ministry of Health, Population Health Branch
3475 Albert St, Regina SK S4S 6X6
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From: Shahab, Saqib HE0

Sent: Tuesday, January 28, 2020 2:34 AM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Cc: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; XT:Hanley, Brendan HLTH:IN <Brendan.Hanley@gov.yk.ca>; David Williams <Dr.David.Williams@ontario.ca>; Dr. Brent Roussin <brent.roussin@gov.mb.ca>; XT:Adams, Evan HLTH:IN <evan.adams@fnha.ca>; George Giovinazzo <george.giovinazzo@cic.gc.ca>; Morrison, Heather (Ext.) <hgmorrison@gov.pe.ca>; Arruda, Horacio (Ext.) <horacio.arruda@msss.gouv.qc.ca>; James Worthington <Dr.James.Worthington@CSC-SCC.GC.CA>; Janice Fitzgerald <janice.fitzgerald@gov.nl.ca>; Russell, Jennifer (Ext.) <jennifer.russell@gnb.ca>; Kandola, Kami (Ext.) <kami_kandola@gov.nt.ca>; Micahel Patterson <mpatterson@gov.nu.ca>; Pierre Morissette <Pierre.Morissette@forces.gc.ca>; Strang, Robert (Ext.) <robert.strang@gov.ns.ca>; Sharma, Supriya (HC/SC) <supriya.sharma@canada.ca>; Wong, Tom (SAC/ISC) <tom.wong@canada.ca>; Hill, Allison (HC/SC) <allison.hill@canada.ca>; Andy Dellipizzi

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Subject: Re: For Action: January 23rd CCMOH 2019-nCoV teleconference -

Outcomes/Decisions and Document Review

Agree on consistent messages on quarantine as appears schools universities and employers are especially asking.

Dr Saqib Shahab. Chief Medical Health Officer. Please excuse brief message as sent from iPad

On Jan 27, 2020, at 1:50 PM, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

I agree that is a key question. FYI, When asked about quotes today from a Chinese health official who said asymptomatic people appear to be spreading the virus, Nancy Messonnier, MD, director of the CDC's National Center for Immunization and Respiratory Diseases, said the CDC has seen the reports. "We at CDC don't have any clear evidence, but we are closely investigating that possibility."

I have seen others comment that it may also be that the (mildly) symptomatic source of infection attributed to asymptomatic spread just wasn't recognized. Even if asymptomatic people may shed and may transmit, we'd need to determine the extent to which that is occurring and contributing to the overall epidemic. That it CAN happen doesn't mean that it is a main feature.

That is what I have been saying and emphasizing that of the cases outside of China (where the infection pressure is intense) there has been no evidence of asymptomatic transmission despite extensive contact tracing.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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Sent: January 27, 2020 8:39 AM

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Subject: RE: For Action: January 23rd CCMOH 2019-nCoV teleconference -
 Outcomes/Decisions and Document Review

I think the question of quarantine for contacts will be a critical one, given the announcement of the Chinese Health Director yesterday that asymptomatic transmission is occurring in China. If we could get clarification on WHO's position on this, and any additional information about this possibility, it would be extremely helpful.

A KM on this that we could all use would also be extremely helpful. I have been saying here that we are aware of the statement made about the possibility of asymptomatic transmission, and we are working closely with PHAC to get more details on this and to understand whether the evidence warrants any change in our public health measures.

Thanks,
 Deena

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To: Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>
Subject: Re: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review
Looks OK to me and agree with Bonnie's suggestion.

Sent from my iPhone

On Jan 24, 2020, at 13:52, Henry, Bonnie HLTH:EX
<Bonnie.Henry@gov.bc.ca> wrote:

This looks good to me. I did have one small suggestion.

My best,

Bonnie

Dr Bonnie Henry

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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em
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Subject: For Action: January 23rd CCMOH 2019-nCoV
 teleconference - Outcomes/Decisions and Document Review

Dear CCMOH members,

Below for your action and review are the main outcomes/decisions from yesterday's CCMOH teleconference on the 2019-nCoV.

FOR MEMBERS' ACTION:

1. Review the attached document: *Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (2019-nCoV) in the community*, in preparation for discussion and approval at the January 28th CCMOH 2019-nCoV meeting.
2. Review and provide any feedback on outcomes/decisions from the January 23 CCMOH 2019-nCoV teleconference.
3. *Note, an updated interim national surveillance case definition for 2019-nCoV to follow.

Outcomes/Decisions

1. Situation Overview

- ? Dr. Tam confirmed that the WHO did not reach a conclusion on declaring 2019-nCoV as a public health emergency of international concern and that the IHR Emergency Committee will reconvene in a few days. A link to the statement is below for reference.

[https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

2. First Case Scenario Domestic Planning

- ? Consensus was reached on a process for reporting of a first case of 2019-nCoV in Canada:
 - o Case must be tested and confirmed as 2019-nCoV by the NML
 - o Identified P/T and Federal government (PHAC) will release a joint statement to the public confirming the case

- ? Members agreed to report on PUIs at a high level

3. Case Definition

- ? Consensus was reached to follow the WHO case definition for 2019-nCoV and only screen people who have travelled to/from Wuhan as opposed to all of China
- ? CCMOH may wish to consider broadening screening to the surrounding cities of Huanggang and Ezhou in Hubei province at a future meeting

4. Frequency of meetings/next meeting

- ? It was agreed to hold an additional CCMOH 2019-nCoV teleconference next Tuesday, January 28th, in advance of the scheduled January 30th teleconference, to discuss/approve public health management and updated case definition documents

Thank you,
CCMOH Secretariat

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Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 29, 2020 6:34 PM
To: Shahab, Saqib (Ext.)
Cc: Henry, Bonnie HLTH:EX; Njoo, Howard (PHAC/ASPC); Arruda, Horacio (Ext.); Deena Hinshaw; CCMOH SECRETARIAT / CMHC (PHAC/ASPC); Dr.David.Williams@ontario.ca
Subject: Re: quarantine and infectiousness while asymptomatic

This is one of the key questions being examined by WHO.

I am on the same page as Bonnie but we can all discuss at SAC. I was asked about asymptomatic cases repeatedly at HESA. One of the members is an ER doctor and he asked me why we are asking returning travellers to self isolate for 14 days.

TT

Sent from my iPhone

On Jan 29, 2020, at 20:03, Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca> wrote:

Howard and Horacio

Can the TAC also look at the circumstances of secondary transmission in Germany and Japan i.e. was it from truly asymptomatic individuals; as well as the rationale for returning expats to UK, US and Australia being held in 14 day quarantine.

While I agree 14 day quarantine for travelers from outbreak areas is in some ways challenging to implement and monitor; even if risk of transmission very low if not zero; we still need science based guidance why in some cases it is being implemented.

In the current environment some persons are in any case practicing self isolation as well it seems for 14 days after returning even when no public health recommendation to do so

I am also not clear of the wisdom of large numbers of returning expats who were probably in self isolation in Wuhan being held in quarantine together (eg in an aircraft hanger in California if that is true) as that may amplify transmission in that group if a case was to present.

<https://www.cnn.com/2020/01/28/health/us-evacuees-airplane-coronavirus-quarantine/index.html>

<https://www.theguardian.com/world/2020/jan/29/australian-coronavirus-evacuees-to-be-quarantined-on-christmas-island>

UK:

Quarantine if from Wuhan; self isolate if from rest of China:

<https://www.bbc.com/news/uk-51292590>

We also need better info as it becomes available on symptoms in children and young adults (daycare school and university age) in terms of are they more likely to have milder symptoms while being infectious.

As well as risk communication if there was a remote risk of secondary transmission in a Canadian educational or healthcare setting from a returning traveler who was asymptomatic and not in self isolation

One would think China, WHO and US, UK German, Japanese and Australian partners would also be looking at this closely

Saqib

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From: Shahab, Saqib HE0

Sent: Tuesday, January 28, 2020 2:34 AM

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Subject: Re: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review

Agree on consistent messages on quarantine as appears schools universities and employers are especially asking.

Dr Saqib Shahab. Chief Medical Health Officer. Please excuse brief message as sent from iPad

On Jan 27, 2020, at 1:50 PM, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

I agree that is a key question. FYI, When asked about quotes today from a Chinese health official who said asymptomatic people appear to be spreading the virus, Nancy Messonnier, MD, director of the CDC's National Center for Immunization and Respiratory Diseases, said the CDC has seen the reports. "We at CDC don't have any clear evidence, but we are closely investigating that possibility."

I have seen others comment that it may also be that the (mildly) symptomatic source of infection attributed to asymptomatic spread just wasn't recognized. Even if asymptomatic people may shed and may transmit, we'd need to determine the extent to which that is occurring and contributing to the overall epidemic. That it CAN happen doesn't mean that it is a main feature.

That is what I have been saying and emphasizing that of the cases outside of China (where the infection pressure is intense) there has been no evidence of asymptomatic transmission despite extensive contact tracing.

My best,

Bonnie

Dr Bonnie Henry

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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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<raymonde.hickey@canada.ca>; Kassam, Narmin (PHAC/ASPC)
<narmin.kassam@canada.ca>; Pennock, Jennifer (PHAC/ASPC)
<jennifer.pennock@canada.ca>; Samiotis, George (Ext.) <george.samiotis@tbs-sct.gc.ca>

Subject: RE: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review

I think the question of quarantine for contacts will be a critical one, given the announcement of the Chinese Health Director yesterday that asymptomatic transmission is occurring in China. If we could get clarification on WHO's position on this, and any additional information about this possibility, it would be extremely helpful.

A KM on this that we could all use would also be extremely helpful. I have been saying here that we are aware of the statement made about the possibility of asymptomatic transmission, and we are working closely with PHAC to get more details on this and to understand whether the evidence warrants any change in our public health measures.

Thanks,
Deena

Dr. Deena Hinshaw
Chief Medical Officer of Health, Alberta Health
Associate Clinical Professor, Department of Medicine, University of Alberta
Clinical Assistant Professor, Department of Community Health Sciences,
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From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>

Sent: Sunday, January 26, 2020 5:25 PM

To: Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>

Subject: Re: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review

Looks OK to me and agree with Bonnie's suggestion.

Sent from my iPhone

On Jan 24, 2020, at 13:52, Henry, Bonnie HLTH:EX
<Bonnie.Henry@gov.bc.ca> wrote:

This looks good to me. I did have one small suggestion.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

Office of the PHO

Ministry of Health

4th floor, 1515 Blanshard St

Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
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Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em
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From: McDonald, Alexa (HC/SC) <alexa.mcdonald@canada.ca>
On Behalf Of CCMOH SECRETARIAT / CMHC (PHAC/ASPC)
Sent: January 24, 2020 8:43 AM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>;
XT:Hanley, Brendan HLTH:IN <Brendan.Hanley@gov.yk.ca>;
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 Pennock, Jennifer (PHAC/ASPC) <jennifer.pennock@canada.ca>;
 Samiotis, George (Ext.) <george.samiotis@tbs-sct.gc.ca>

Subject: For Action: January 23rd CCMOH 2019-nCoV
 teleconference - Outcomes/Decisions and Document Review
 Dear CCMOH members,

Below for your action and review are the main outcomes/decisions
 from yesterday's CCMOH teleconference on the 2019-nCoV.

FOR MEMBERS' ACTION:

1. Review the attached document: *Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (2019-nCoV) in the community*, in preparation for discussion and approval at the January 28th CCMOH 2019-nCoV meeting.
2. Review and provide any feedback on outcomes/decisions from the January 23 CCMOH 2019-nCoV teleconference.
3. *Note, an updated interim national surveillance case definition for 2019-nCoV to follow.

Outcomes/Decisions

1. Situation Overview

- ? Dr. Tam confirmed that the WHO did not reach a conclusion on declaring 2019-nCoV as a public health emergency of international concern and that the IHR Emergency Committee will reconvene in a few days. A link to the statement is below for reference.

[https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

2. First Case Scenario Domestic Planning

- ? Consensus was reached on a process for reporting of a first case of 2019-nCoV in Canada:
- o Case must be tested and confirmed as 2019-nCoV by the NML
 - o Identified P/T and Federal government (PHAC) will release a joint statement to the public confirming the case
- ? Members agreed to report on PUIs at a high level

3. Case Definition

- ? Consensus was reached to follow the WHO case definition for 2019-nCoV and only screen people who have travelled to/from Wuhan as opposed to all of China
- ? CCMOH may wish to consider broadening screening to the surrounding cities of Huanggang and Ezhou in Hubei province at a future meeting

4. Frequency of meetings/next meeting

- ? It was agreed to hold an additional CCMOH 2019-nCoV teleconference next Tuesday, January 28th, in advance of the scheduled January 30th teleconference, to discuss/approve public health management and updated case definition documents

Thank you,
CCMOH Secretariat

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Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 30, 2020 8:31 PM
To: Henry, Bonnie HLTH:EX
Subject: CFBs

Any angst re CFB Comox?

a scan of possibilities only. No one has mentioned this as an option.

Sent from my iPhone

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 30, 2020 11:53 PM
To: dr.david.williams@ontario.ca; Arruda, Horacio (Ext.); Henry, Bonnie HLTH:EX
Subject: Re: Options

Under our public health management of cases and contacts associated with nCoV, close contacts undergo public health monitoring. Quarantine not recommended.

Are you OK if we went to voluntary self isolation for 14 days?

Sent from my iPhone

> On Jan 30, 2020, at 22:47, Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca> wrote:
>
> Regarding the support and management of repatriated Canadians, I think we may all be supportive of managing them as close contacts if a case (as per our Public Health Measures guidance) from a public health measures perspective.
>
> Could you give me your CMOH signal check in this.
>
> A lot of details still need to be worked out.
>
> TT
> Sent from my iPhone

Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 31, 2020 4:13 AM
To: Shahab, Saqib (Ext.)
Cc: Henry, Bonnie HLTH:EX; Njoo, Howard (PHAC/ASPC); Arruda, Horacio (Ext.); Deena Hinshaw; CCMOH SECRETARIAT / CMHC (PHAC/ASPC); Dr.David.Williams@ontario.ca; barbara.yaffe@ontario.ca
Subject: Re: quarantine and infectiousness while asymptomatic

I am not convinced about the family cluster in terms of transmission during asymptomatic period but was awaiting Germany's info.

I think I can support self isolation of passengers repatriated in the special flight from Wuhan but need further discussion on any change in overall policy on case contact management.

Viral shedding is something important to clarify for sure. China has not produced any data but German publication useful.

Sent from my iPhone

On Jan 31, 2020, at 06:46, Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca> wrote:

While the focus regarding reported imported cases is on older adults (>40 years) who seem to present with symptoms and assumption is isolation at that time effective in limiting transmission; however the 2 recent publications (attached) about Germany and China suggesting shedding while asymptomatic or mildly symptomatic in children and younger adults is informative.

Information from China is required to understand if this phenomenon is causing ongoing transmission and hence China's population level public health measures of individual self isolation even if asymptomatic and city level quarantine being applied to interrupt transmission. An assessment is also required regarding how this information would affect protocols for returning travelers to self-isolate if asymptomatic and below a certain age; especially if from an area such as Wuhan or Hubei with higher community transmission; or if a close contact. This may then support quarantine of persons now returning from Wuhan. With the assumption that apart from special flights commercial travel no longer occurring from Wuhan; and current protocols of not requiring quarantine irrespective of age if asymptomatic from other parts of China not showing high and sustained community transmission at this time may still be appropriate.

Saqib

Dr Saqib Shahab FRCPC
Government of Saskatchewan
Chief Medical Health Officer
Ministry of Health, Population Health Branch
3475 Albert St, Regina SK S4S 6X6
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From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: Wednesday, January 29, 2020 8:40 PM
To: Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>
Cc: Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Arruda, Horacio (Ext.) <horacio.arruda@msss.gouv.qc.ca>; Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Dr.David.Williams@ontario.ca
Subject: Re: quarantine and infectiousness while asymptomatic
We can provide some facts tomorrow on the US approach.
Sent from my iPhone

On Jan 29, 2020, at 20:31, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

I agree a good question for the TAC. I will note though that the US is 'asking' people to stay for 72 hours only in a military base accommodations. Not in a hangar and not for 14 days. They are being assessed for symptoms etc. but I understand it is not quarantine.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

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Ministry of Health

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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca>
Sent: January 29, 2020 5:04 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; horacio.arruda@msss.gouv.qc.ca
Cc: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; 'CCMOH SECRETARIAT / CMHC (PHAC/ASPC)' <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Dr.Theresa Tam <Theresa.Tam@phac-aspc.gc.ca>; 'Dr.David.Williams@ontario.ca' <Dr.David.Williams@ontario.ca>
Subject: quarantine and infectiousness while asymptomatic
Howard and Horacio

Can the TAC also look at the circumstances of secondary transmission in Germany and Japan i.e. was it from truly asymptomatic individuals; as well as the rationale for returning expats to UK, US and Australia being held in 14 day quarantine.

While I agree 14 day quarantine for travelers from outbreak areas is in some ways challenging to implement and monitor; even if risk of transmission very low if not zero; we still need science based guidance why in some cases it is being implemented.

In the current environment some persons are in any case practicing self isolation as well it seems for 14 days after returning even when no public health recommendation to do so

I am also not clear of the wisdom of large numbers of returning expats who were probably in self isolation in Wuhan being held in quarantine together (eg in an aircraft hanger in California if that is true) as that may amplify transmission in that group if a case was to present.

<https://www.cnn.com/2020/01/28/health/us-evacuees-airplane-coronavirus-quarantine/index.html>

<https://www.theguardian.com/world/2020/jan/29/australian-coronavirus-evacuees-to-be-quarantined-on-christmas-island>

UK:

Quarantine if from Wuhan; self isolate if from rest of China:

<https://www.bbc.com/news/uk-51292590>

We also need better info as it becomes available on symptoms in children and young adults (daycare school and university age) in terms of are they more likely to have milder symptoms while being infectious.

As well as risk communication if there was a remote risk of secondary transmission in a Canadian educational or healthcare setting from a returning traveler who was asymptomatic and not in self isolation

One would think China, WHO and US, UK German, Japanese and Australian partners would also be looking at this closely

Saqib

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From: Shahab, Saqib HE0

Sent: Tuesday, January 28, 2020 2:34 AM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Cc: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; XT:Hanley, Brendan HLTH:IN <Brendan.Hanley@gov.yk.ca>; David Williams <Dr.David.Williams@ontario.ca>; Dr. Brent Roussin <brent.roussin@gov.mb.ca>; XT:Adams, Evan HLTH:IN

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Subject: Re: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review

Agree on consistent messages on quarantine as appears schools universities and employers are especially asking.

Dr Saqib Shahab. Chief Medical Health Officer. Please excuse brief message as sent from iPad

On Jan 27, 2020, at 1:50 PM, Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

I agree that is a key question. FYI, When asked about quotes today from a Chinese health official who said asymptomatic people appear to be spreading the virus, Nancy Messonnier, MD, director of the CDC's National Center for Immunization and Respiratory Diseases, said the CDC has seen the reports. "We at CDC don't have any clear evidence, but we are closely investigating that possibility."

I have seen others comment that it may also be that the (mildly) symptomatic source of infection attributed to asymptomatic spread just wasn't recognized.

Even if asymptomatic people may shed and may transmit, we'd need to determine the extent to which that is occurring and contributing to the overall epidemic. That it CAN happen doesn't mean that it is a main feature.

That is what I have been saying and emphasizing that of the cases outside of China (where the infection pressure is intense) there has

been no evidence of asymptomatic transmission despite extensive contract tracing.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

Office of the PHO

Ministry of Health

4th floor, 1515 Blanshard St

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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em
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From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>

Sent: January 27, 2020 8:39 AM

To: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>;

Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Cc: CCMOH SECRETARIAT / CMHC (PHAC/ASPC)

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Subject: RE: For Action: January 23rd CCMOH 2019-nCoV teleconference - Outcomes/Decisions and Document Review
I think the question of quarantine for contacts will be a critical one, given the announcement of the Chinese Health Director yesterday that asymptomatic transmission is occurring in China. If we could get clarification on WHO's position on this, and any additional information about this possibility, it would be extremely helpful.

A KM on this that we could all use would also be extremely helpful. I have been saying here that we are aware of the statement made about the possibility of asymptomatic transmission, and we are working closely with PHAC to get more details on this and to understand whether the evidence warrants any change in our public health measures.

Thanks,
Deena

Dr. Deena Hinshaw
Chief Medical Officer of Health, Alberta Health
Associate Clinical Professor, Department of Medicine, University of Alberta
Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
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From: Tam, Dr Theresa (PHAC/ASPC)
<drtheresa.tam@canada.ca>
Sent: Sunday, January 26, 2020 5:25 PM
To: Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>
Subject: Re: For Action: January 23rd CCMOH 2019-nCoV
teleconference - Outcomes/Decisions and Document Review
Looks OK to me and agree with Bonnie's suggestion.

Sent from my iPhone

On Jan 24, 2020, at 13:52, Henry, Bonnie HLTH:EX
<Bonnie.Henry@gov.bc.ca> wrote:

This looks good to me. I did have one small
suggestion.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

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*I gratefully acknowledge that I live and work on the
traditional unceded territory of the Lekwungen
Peoples, specifically the Songhees and Esquimalt
First Nations. Hay'sxw'qu Si'em*

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From: McDonald, Alexa (HC/SC)
<alexa.mcdonald@canada.ca> **On Behalf Of**
CCMOH SECRETARIAT / CMHC (PHAC/ASPC)
Sent: January 24, 2020 8:43 AM
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Subject: For Action: January 23rd CCMOH 2019-
 nCoV teleconference - Outcomes/Decisions and
 Document Review

Dear CCMOH members,

Below for your action and review are the main
 outcomes/decisions from yesterday's CCMOH
 teleconference on the 2019-nCoV.

FOR MEMBERS' ACTION:

1. Review the attached document: *Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (2019-nCoV) in the community*, in preparation for discussion and approval at the January 28th CCMOH 2019-nCoV meeting.
2. Review and provide any feedback on outcomes/decisions from the January 23 CCMOH 2019-nCoV teleconference.
3. *Note, an updated interim national surveillance case definition for 2019-nCoV to follow.

Outcomes/Decisions

1. Situation Overview

- ? Dr. Tam confirmed that the WHO did not reach a conclusion on declaring 2019-nCoV as a public health emergency of international concern and that the IHR Emergency Committee will reconvene in a

few days. A link to the statement is below for reference.

[https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))

2. **First Case Scenario Domestic Planning**

- ? Consensus was reached on a process for reporting of a first case of 2019-nCoV in Canada:
 - o Case must be tested and confirmed as 2019-nCoV by the NML
 - o Identified P/T and Federal government (PHAC) will release a joint statement to the public confirming the case
- ? Members agreed to report on PUIs at a high level
- 3. **Case Definition**
 - ? Consensus was reached to follow the WHO case definition for 2019-nCoV and only screen people who have travelled to/from Wuhan as opposed to all of China
 - ? CCMOH may wish to consider broadening screening to the surrounding cities of Huanggang and Ezhou in Hubei province at a future meeting
- 4. **Frequency of meetings/next meeting**
 - ? It was agreed to hold an additional CCMOH 2019-nCoV teleconference next Tuesday, January 28th, in advance of the scheduled January 30th teleconference, to discuss/approve public health management and updated case definition documents

Thank you,
CCMOH Secretariat

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Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: January 31, 2020 6:09 AM
To: Deena Hinshaw
Cc: Shahab, Saqib (Ext.); Henry, Bonnie HLTH:EX; Njoo, Howard (PHAC/ASPC); Arruda, Horacio (Ext.); CCMOH SECRETARIAT / CMHC (PHAC/ASPC); Dr.David.Williams@ontario.ca; barbara.yaffe@ontario.ca
Subject: RE: quarantine and infectiousness while asymptomatic

I will not be on the call so need Saqib to chair. We will have technical support and hopefully Howard is available.

I agree that the evolving information on asymptomatics is evolving and we are dealing with singular events in the literature right now. The extent to which these are occurring and in what age group is unknown. However, being clear about what we do with quarantining of HCWs is important.

From: Deena Hinshaw
Sent: 2020-01-31 8:20 AM
To: Tam, Dr Theresa (PHAC/ASPC)
Cc: Shahab, Saqib (Ext.) ; Henry, Bonnie (Ext.) ; Njoo, Howard (PHAC/ASPC) ; Arruda, Horacio (Ext.) ; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) ; Dr.David.Williams@ontario.ca; barbara.yaffe@ontario.ca
Subject: Re: quarantine and infectiousness while asymptomatic

In light of the German publication, I think we may need to revisit the question of quarantine, even if we focus on the highest risk settings like health care workers who are returning from the affected area. Is there any way we can extend our call today to give more time to this discussion?

Deena

Sent from my iPhone

On Jan 31, 2020, at 5:13 AM, Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca> wrote:

I am not convinced about the family cluster in terms of transmission during asymptomatic period but was awaiting Germany 's info.

I think I can support self isolation of passengers repatriated in the special flight from Wuhan but need further discussion on any change in overall policy on case contact management.

Viral shedding is a something important to clarify for sure. China has not produced any data but German publication useful.

Sent from my iPhone

On Jan 31, 2020, at 06:46, Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca> wrote:

While the focus regarding reported imported cases is on older adults (>40 years) who seem to present with symptoms and assumption is isolation at that time effective in limiting transmission; however the 2 recent publications (attached) about Germany and China suggesting shedding while asymptomatic or mildly symptomatic in children and younger adults is informative.

Information from China is required to understand if this phenomenon is causing ongoing transmission and hence China's population level public health measures of individual self isolation even if asymptomatic and city level quarantine being applied to interrupt transmission.

An assessment is also required regarding how this information would affect protocols for returning travelers to self-isolate if asymptomatic and below a certain age; especially if from an area such as Wuhan or Hubei with higher community transmission; or if a close contact.

This may then support quarantine of persons now returning from Wuhan. With the assumption that apart from special flights commercial travel no longer occurring from Wuhan; and current protocols of not requiring quarantine irrespective of age if asymptomatic from other parts of China not showing high and sustained community transmission at this time may still be appropriate.
Saqib

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From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: Wednesday, January 29, 2020 8:40 PM
To: Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>
Cc: Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Arruda, Horacio (Ext.) <horacio.arruda@msss.gouv.qc.ca>; Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Dr.David.Williams@ontario.ca
Subject: Re: quarantine and infectiousness while asymptomatic

We can provide some facts tomorrow on the US approach.

Sent from my iPhone

On Jan 29, 2020, at 20:31, Henry, Bonnie HLTH:EX
<Bonnie.Henry@gov.bc.ca> wrote:

I agree a good question for the TAC. I will note though that the US is 'asking' people to stay for 72 hours only in a military base accommodations. Not in a hangar and not for 14 days. They are being assessed for symptoms etc. but I understand it is not quarantine.

My best,
Bonnie

*Dr Bonnie Henry
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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Shahab, Saqib HE0 <Saqib.Shahab@health.gov.sk.ca>
Sent: January 29, 2020 5:04 PM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; horacio.arruda@msss.gouv.qc.ca
Cc: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; 'CCMOH SECRETARIAT / CMHC (PHAC/ASPC)' <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; Dr. Theresa Tam <Theresa.Tam@phac-aspc.gc.ca>; 'Dr. David. Williams@ontario.ca' <Dr.David.Williams@ontario.ca>
Subject: quarantine and infectiousness while asymptomatic

Howard and Horacio
Can the TAC also look at the circumstances of secondary transmission in Germany and Japan i.e. was it from truly asymptomatic individuals; as well as the rationale for returning expats to UK, US and Australia being held in 14 day quarantine.

While I agree 14 day quarantine for travelers from outbreak areas is in some ways challenging to implement and monitor; even if risk of transmission very low if not zero; we still need science based guidance why in some cases it is being implemented.

In the current environment some persons are in any case practicing self isolation as well it seems for 14 days after returning even when no public health recommendation to do so

I am also not clear of the wisdom of large numbers of returning expats who were probably in self isolation in Wuhan being held in quarantine together (eg in an aircraft hanger in California if that is true) as that may amplify transmission in that group if a case was to present.

<https://www.cnn.com/2020/01/28/health/us-evacuees-airplane-coronavirus-quarantine/index.html>

<https://www.theguardian.com/world/2020/jan/29/australian-coronavirus-evacuees-to-be-quarantined-on-christmas-island>

UK:

Quarantine if from Wuhan; self isolate if from rest of China:

<https://www.bbc.com/news/uk-51292590>

We also need better info as it becomes available on symptoms in children and young adults (daycare school and university age) in terms of are they more likely to have milder symptoms while being infectious.

As well as risk communication if there was a remote risk of secondary transmission in a Canadian educational or healthcare setting from a returning traveler who was asymptomatic and not in self isolation

One would think China, WHO and US, UK German, Japanese and Australian partners would also be looking at this closely

Saqib

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From: Shahab, Saqib HE0
Sent: Tuesday, January 28, 2020 2:34 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>; XT:Hanley, Brendan HLTH:IN <Brendan.Hanley@gov.yk.ca>; David Williams <Dr.David.Williams@ontario.ca>; Dr. Brent Roussin <brent.roussin@gov.mb.ca>; XT:Adams, Evan HLTH:IN <evan.adams@fnha.ca>; George Giovinazzo <george.giovinazzo@cic.gc.ca>; Morrison, Heather (Ext.) <hgmorrison@gov.pe.ca>; Arruda, Horacio (Ext.) <horacio.arruda@msss.gouv.qc.ca>; James Worthington <Dr.James.Worthington@CSC-SCC.GC.CA>; Janice Fitzgerald <janice.fitzgerald@gov.nl.ca>; Russell, Jennifer (Ext.) <jennifer.russell@gnb.ca>; Kandola, Kami (Ext.) <kami_kandola@gov.nt.ca>; Micahel Patterson <mpatterson@gov.nu.ca>; Pierre Morissette <Pierre.Morissette@forces.gc.ca>; Strang, Robert (Ext.) <robert.strang@gov.ns.ca>; Sharma, Supriya (HC/SC) <supriya.sharma@canada.ca>; Wong, Tom (SAC/ISC) <tom.wong@canada.ca>; Hill, Allison (HC/SC) <allison.hill@canada.ca>; Andy Dellipizzi <andy_dellipizzi@gov.nt.ca>; Auger, Julie (PHAC/ASPC) <julie.auger@canada.ca>; Barker, Cayla (PHAC/ASPC) <cayla.barker@canada.ca>; Bent, Stephen (PHAC/ASPC) <stephen.bent@canada.ca>; Emerson, Brian P HLTH:EX <Brian.Emerson@gov.bc.ca>; Carter, Luke (HC/SC) <luke.carter@canada.ca>; Cindy Kruger <cindy.kruger@csc-scc.gc.ca>; Rogers, Cindy HE0 <Cindy.Rogers@health.gov.sk.ca>; Colleen Dudar <Colleen.Dudar@gov.mb.ca>; Muecke, Cristin (Ext.) <dr.cristin.muecke@gnb.ca>; Sabapathy, David (Ext.) <dsabapathy@gov.pe.ca>; Auger, Danielle (Ext.) <danielle.auger@msss.gouv.qc.ca>; Davies, Stephanie (PHAC/ASPC) <stephanie.davies@canada.ca>; Panchyshyn, Debbie (Ext.) <debbie.panchyshyn@gov.mb.ca>; Denis, Joel (PHAC/ASPC) <joel.denis@canada.ca>; Diane Lu <Diane.Lu@forces.gc.ca>; Dr. Barbara Yaffe <Barbara.Yaffe@ontario.ca>; Dumesnil-Renaud, Marie (HC/SC) <marie.dumesnil-renaud@canada.ca>; Elaine Barrett-Cramer <Elaine.Barrett-Cramer@cic.gc.ca>; Look, Elaine (Ext.) <elaine_look@gov.nt.ca>; Everitt, Louisa (PHAC/ASPC) <louisa.everitt@canada.ca>; Fournier, Sarah (PHAC/ASPC) <sarah.fournier@canada.ca>; Gallagher, Gerry (PHAC/ASPC) <gerry.gallagher@canada.ca>; Gillian MacDonald <Gillian.MacDonald2@ontario.ca>; Henry, Erin (PHAC/ASPC) <erine.henry@canada.ca>; Njoo, Howard (PHAC/ASPC)

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 Pennock, Jennifer (PHAC/ASPC) <jennifer.pennock@canada.ca>;

Samiotis, George (Ext.) <george.samiotis@tbs-sct.gc.ca>
Subject: Re: For Action: January 23rd CCMOH 2019-nCoV
teleconference - Outcomes/Decisions and Document Review

Agree on consistent messages on quarantine as appears schools
universities and employers are especially asking.

Dr Saqib Shahab. Chief Medical Health Officer. Please excuse
brief message as sent from iPad

On Jan 27, 2020, at 1:50 PM, Henry, Bonnie HLTH:EX
<Bonnie.Henry@gov.bc.ca> wrote:

I agree that is a key question. FYI, When asked
about quotes today from a Chinese health official
who said asymptomatic people appear to be
spreading the virus, Nancy Messonnier, MD,
director of the CDC's National Center for
Immunization and Respiratory Diseases, said the
CDC has seen the reports. "We at CDC don't have
any clear evidence, but we are closely investigating
that possibility."

I have seen others comment that it may also be that
the (mildly) symptomatic source of infection
attributed to asymptomatic spread just wasn't
recognized.

Even if asymptomatic people may shed and may
transmit, we'd need to determine the extent to
which that is occurring and contributing to the
overall epidemic. That it CAN happen doesn't mean
that it is a main feature.

That is what I have been saying and emphasizing
that of the cases outside of China (where the
infection pressure is intense) there has been no
evidence of asymptomatic transmission despite
extensive contract tracing.

My best,
Bonnie
Dr Bonnie Henry
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I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Deena Hinshaw

<Deena.Hinshaw@gov.ab.ca>

Sent: January 27, 2020 8:39 AM

To: Tam, Dr Theresa (PHAC/ASPC)

<drtheresa.tam@canada.ca>; Henry, Bonnie

HLTH:EX <Bonnie.Henry@gov.bc.ca>

Cc: CCMOH SECRETARIAT / CMHC

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 Pennock, Jennifer (PHAC/ASPC)
 <jennifer.pennock@canada.ca>; Samiotis, George
 (Ext.) <george.samiotis@tbs-sct.gc.ca>
Subject: RE: For Action: January 23rd CCMOH

2019-nCoV teleconference - Outcomes/Decisions
and Document Review

I think the question of quarantine for contacts will be a critical one, given the announcement of the Chinese Health Director yesterday that asymptomatic transmission is occurring in China. If we could get clarification on WHO's position on this, and any additional information about this possibility, it would be extremely helpful.

A KM on this that we could all use would also be extremely helpful. I have been saying here that we are aware of the statement made about the possibility of asymptomatic transmission, and we are working closely with PHAC to get more details on this and to understand whether the evidence warrants any change in our public health measures.

Thanks,

Deena

Dr. Deena Hinshaw
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Associate Clinical Professor, Department of
Medicine, University of Alberta
Clinical Assistant Professor, Department of
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From: Tam, Dr Theresa (PHAC/ASPC)
<drtheresa.tam@canada.ca>
Sent: Sunday, January 26, 2020 5:25 PM
To: Henry, Bonnie (Ext.)
<bonnie.henry@gov.bc.ca>
Subject: Re: For Action: January 23rd CCMOH
2019-nCoV teleconference - Outcomes/Decisions
and Document Review

Looks OK to me and agree with Bonnie's
suggestion.

Sent from my iPhone

On Jan 24, 2020, at 13:52, Henry, Bonnie
HLTH:EX <Bonnie.Henry@gov.bc.ca> wrote:

This looks good to me. I did have
one small suggestion.

My best,
Bonnie

Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN
PROV GOVT
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V8W 9P4
Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

*I gratefully acknowledge that I live
and work on the traditional unceded
territory of the Lekwungen Peoples,
specifically the Songhees and
Esquimalt First Nations.*
Hay'sxw'qu Si'em

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From: McDonald, Alexa (HC/SC)
<alexa.mcdonald@canada.ca> **On**
Behalf Of CCMOH
SECRETARIAT / CMHC
(PHAC/ASPC)
Sent: January 24, 2020 8:43 AM
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Subject: For Action: January 23rd
 CCMOH 2019-nCoV teleconference
 - Outcomes/Decisions and
 Document Review

Dear CCMOH members,

Below for your action and review are the main outcomes/decisions from yesterday's CCMOH teleconference on the 2019-nCoV.

FOR MEMBERS' ACTION:

1. Review the attached document: *Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (2019-nCoV) in the community*, in preparation for discussion and approval at the January 28th CCMOH 2019-nCoV meeting.
2. Review and provide any feedback on outcomes/decisions from the January 23 CCMOH 2019-nCoV teleconference.
3. *Note, an updated interim national surveillance case definition for 2019-nCoV to follow.

Outcomes/Decisions

1. Situation Overview

- ? Dr. Tam confirmed that the WHO did not reach a conclusion on declaring 2019-nCoV as a public health emergency of international concern and that the IHR Emergency Committee will reconvene in a few days. A link to the statement is below for reference.

[https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-)

**2. First Case Scenario
Domestic Planning**

- ? Consensus was reached on a process for reporting of a first case of 2019-nCoV in Canada:
 - o Case must be tested and confirmed as 2019-nCoV by the NML
 - o Identified P/T and Federal government (PHAC) will release a joint statement to the public confirming the case
- ? Members agreed to report on PUIs at a high level

3. Case Definition

- ? Consensus was reached to follow the WHO case definition for 2019-nCoV and only screen people who have travelled to/from Wuhan as opposed to all of China
- ? CCMOH may wish to consider broadening screening to the surrounding cities of Huanggang and Ezhou in Hubei province at a future meeting

4. Frequency of meetings/next meeting

- ? It was agreed to hold an additional CCMOH 2019-nCoV teleconference next Tuesday, January 28th, in

advance of the scheduled
January 30th teleconference,
to discuss/approve public
health management and
updated case definition
documents

Thank you,

CCMOH Secretariat

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Sullivan, Michelle A HLTH:EX

From: Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>
Sent: February 3, 2020 5:30 PM
To: Strang, Robert
Cc: Deena Hinshaw; Arruda, Horacio (Ext.); CCMOH SECRETARIAT / CMHC (PHAC/ASPC); Henry, Bonnie HLTH:EX; XT:Hanley, Brendan HLTH:IN; David Williams; Dr. Brent Roussin; XT:Adams, Evan HLTH:IN; George Giovino; Morrison, Heather (Ext.); James Worthington; Janice Fitzgerald; Russell, Jennifer (Ext.); Kandola, Kami (Ext.); Micahel Patterson; Pierre Morissette; Shahab, Saqib (Ext.); Sharma, Supriya (HC/SC); Wong, Tom (SAC/ISC); Avis Gray; Simms, Colleen (Ext.); David Wheeler; Njoo, Howard (PHAC/ASPC); Philip Christoff; Romano, Anna (PHAC/ASPC); Tami Denomie (SK PHN Rep); Thornton, Sally (PHAC/ASPC); Charos, Gina (PHAC/ASPC); HPOC EX Liaison / COPS (PHAC/ASPC); Auger, Julie (PHAC/ASPC); Macey, Jeannette (PHAC/ASPC); Robinson, Kerry (PHAC/ASPC)
Subject: Re: For Review: SAC Agreement on Scenarios for Asymptomatic Travelers

Hi All,

FYI In follow up to today's SAC. This is a media article only but I will watch for the letter to NEJM.

"Study claiming new coronavirus can be transmitted by people without symptoms was flawed

.....Apparently a letter about the error has been submitted to *NEJM*. RKI also informed the World Health Organization (WHO) and European partner agencies about the new information....."

<https://www.sciencemag.org/news/2020/02/paper-non-symptomatic-patient-transmitting-coronavirus-wrong>

TT

Sent from my iPhone

On Feb 3, 2020, at 14:41, Strang, Robert <Robert.Strang@novascotia.ca> wrote:

s.13; s.16

Rob

From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>

Sent: February 3, 2020 11:50 AM

To: Horacio Arruda <horacio.arruda@msss.gouv.qc.ca>; CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>

Cc: Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>; Hanley, Brendan (Ext.)

<brendan.hanley@gov.yk.ca>; David Williams <Dr.David.Williams@ontario.ca>; Dr. Brent Roussin <brent.roussin@gov.mb.ca>; Evan Adams <Evan.Adams@fnha.ca>; George Giovinazzo <george.giovinazzo@cic.gc.ca>; Morrison, Heather (Ext.) <hgmorrison@gov.pe.ca>; James Worthington <Dr.James.Worthington@csc-scc.gc.ca>; Janice Fitzgerald <janice.fitzgerald@gov.nl.ca>; Russell, Jennifer (Ext.) <jennifer.russell@gnb.ca>; Kandola, Kami (Ext.) <kami_kandola@gov.nt.ca>; Micahel Patterson <mpatterson@gov.nu.ca>; Pierre Morissette <Pierre.Morissette@forces.gc.ca>; Strang, Robert <Robert.Strang@novascotia.ca>; Shahab, Saqib (Ext.) <saqib.shahab@health.gov.sk.ca>; Sharma, Supriya (HC/SC) <supriya.sharma@canada.ca>; Tam, Dr Theresa (PHAC/ASPC) <drtheresa.tam@canada.ca>; Wong, Tom (SAC/ISC) <tom.wong@canada.ca>; Avis Gray <Avis.Gray@gov.mb.ca>; Simms, Colleen (Ext.) <colleensimms@gov.nl.ca>; David Wheeler <David.Wheeler@gov.ab.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Philip Christoff <Philip.christoff@gov.yk.ca>; Romano, Anna (PHAC/ASPC) <anna.romano@canada.ca>; Tami Denomie (SK PHN Rep) <tami.denomie@health.gov.sk.ca>; Thornton, Sally (PHAC/ASPC) <sally.thornton@canada.ca>; Charos, Gina (PHAC/ASPC) <gina.charos@canada.ca>; HPOC EX Liaison / COPS (PHAC/ASPC) <phac.hpoc.ex.liaison-cops.aspc@canada.ca>; Auger, Julie (PHAC/ASPC) <julie.auger@canada.ca>; Macey, Jeannette (PHAC/ASPC) <jeannette.macey@canada.ca>; Robinson, Kerry (PHAC/ASPC) <kerry.robinson@canada.ca>

Subject: RE: For Review: SAC Agreement on Scenarios for Asymptomatic Travelers

Importance: High

**** EXTERNAL EMAIL / COURRIEL EXTERNE ****

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I cannot wait until tomorrow. I need to communicate with schools today, and I am planning on sending out the attached letter by end of day today.

For consistency, this also means that we will be updating our websites and our public messaging with these recommendations for self-isolation for anyone returning from Hubei province in the last 14 days. We will also be asking anyone returning from China with respiratory symptoms to report to public health via a call to 811, and we will assess these callers for testing for 2019-nCoV. This is my understanding of the agreement that we are coming to between the call yesterday and follow up emails.

If this course of action is going to significantly negatively impact any of you in your provincial responses, or if it will be a problem for PHAC, please let me know as soon as possible.

Thanks,

Deena

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From: Horacio Arruda <horacio.arruda@msss.gouv.qc.ca>

Sent: Monday, February 03, 2020 8:46 AM

To: CCMOH SECRETARIAT / CMHC (PHAC/ASPC) <phac.ccmoh.secretariat-cmhc.aspc@canada.ca>

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Subject: Re: For Review: SAC Agreement on Scenarios for Asymptomatic Travelers

Good morning

I suppose that we will decide tomorrow about the scénarios . Just to verify . Have you change your policy already or will wait til tomorrow.

Horacio Arruda, M.D. FRCPC

Directeur national de santé publique

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Le 2 févr. 2020 à 14:39, CCMOH SECRETARIAT / CMHC (PHAC/ASPC)

<phac.ccmoh.secretariat-cmhc.aspc@canada.ca> a écrit :

Dear SAC members,

Thank you for your participation in today's SAC teleconference.

Please find below a read out from the conversation regarding asymptomatic travellers in both official languages. Grateful if you could indicate any red flags as soon as possible by "replying all" to this message.

Thank you,

SAC Secretariat

Exposure Scenarios	English	French
Scenario 1	Person meeting close contact definition: Voluntary self-isolation in home province with daily monitoring by public health for 14 days.	Personne rencontrant la définition de contact : Isolation volontaire dans la province de résidence incluant évaluation quotidienne de santé publique pour une durée de 14 jours.
Scenario 2 Repatriation	Passengers from special flight repatriating Canadians from area of active transmission (currently Hubei including Wuhan): Asymptomatic: Travellers will remain at point of entry for 14 days given special circumstances (e.g. need for full medical assessment and monitoring, risk of exposure from epicentre of outbreak, needs of individuals who have been through a difficult situation, and who may have been away from Canada for a long period). Symptomatic: Referred on arrival for medical assessment.	Passagers du vol spécial de repatriation en provenance de la région de transmission active (présentement Hubei incluant Wuhan). A-symptomatique : Voyageurs demeurent d'entrée pour 14 jours en raison des circonstances spéciales qui entourent leur retour au pays besoin d'une évaluation médicale complète d'observation, risque d'exposition accrue pour en provenance de la zone active de transmission besoins liés à une situation difficile, potentiels de retour au Canada après une longue période. Symptomatique : Référence à l'arrivée pour évaluation médicale
Scenario 3	Passenger on regular commercial flight, no close contact established: Asymptomatic: From Hubei province: Asked to self-isolate at home for 14-days and contact with public health if develop symptoms. Handout to define self-isolation, provide information on symptoms, etc. From other parts of China: Handout including information about potential risks, symptoms, and specific advice around avoiding public gatherings and school attendance. Symptomatic: Referred on arrival for medical assessment	Passagers de vols commerciaux sans contact établi A-symptomatique : En provenance de Hubei : Passager doit s'isoler à la maison pour 14 jours et contacter la santé publique en cas de symptômes. Feuillet d'information une définition de l'isolement, décrit les symptômes du virus, etc. En provenance de d'autres provinces de Chine : Feuillet d'information décrit les risques potentiels d'exposition, les symptômes du virus et offre des conseils spécifiques concernant l'évitement des rassemblements publics et la présence à l'école. Symptomatique : Référence à l'arrivée pour évaluation médicale

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