



Australian Government

Department of Health

Chief Medical Officer

Dear Colleagues,

By now you will be aware that there have been four confirmed cases in Australia of the novel Coronavirus infection, three in NSW and one in Melbourne. I would like to update you on the latest information and seek your ongoing support in identifying additional cases that may be in Australia or come to Australia in coming weeks.

What is the current situation?

Information on this virus is changing rapidly. It is clear that it is a significant outbreak in the City of Wuhan and surrounds in China. Reported cases are now over 2000, but all modelling suggests that the total case numbers are likely to be much higher than that. The majority of cases are in the Hubei Province, where the city of Wuhan is, but relatively small numbers of cases have been reported in many other provinces of China. There have now been more than 40 exported cases outside of China, in Australia, France, Thailand, Japan, South Korea, the USA, Vietnam, Singapore, Hong Kong, Malaysia, Taiwan, Nepal and Macau. Nearly all of these cases have reported travel to Hubei Province. Sustained human to human transmission (including to healthcare workers) has clearly been demonstrated in Hubei/Wuhan but not proven in locations outside China where cases have been reported.

There have been 56 confirmed deaths, 52 in the epicentre in Hubei province and four elsewhere in China. A number, but not all, of the deaths appear to have had comorbidities.

What are the clinical features?

Clinically nearly all cases have fever, associated with other respiratory symptoms including cough and shortness of breath. Current estimates suggest that about 25% of cases have severe disease with significant pulmonary involvement. There appear to be a number of mild cases, some of whom have completely recovered. Fortunately, all of the four cases in Australia are currently stable, even though one has been unwell for 10 days.

The incubation period is not well defined but appears to be an average of around seven days with an upper limit of 14 days. It is not known how infective people are before symptoms develop, but we do know that the related SARS and MERS coronaviruses were not infectious until symptoms developed.

What is the risk of further cases arriving in Australia?

Up until last Thursday there were significant numbers of people coming from the Hubei province of China to Australia, including three direct flights a week from Wuhan. Last Thursday, the Chinese authorities effectively locked down Hubei province and surrounds, preventing people from leaving. This should dramatically reduce the risk of people coming to Australia from the epicentre in Hubei province.

There are, however, a large number of flights to Australia from other cities in China; some residents from Hubei may have left before Thursday and will travel to Australia and there are small pockets of infection elsewhere in China. We are, therefore, providing information to all passengers on flights from China asking them to seek medical attention if they develop relevant symptoms, particularly if they have been in Hubei province or in contact with an infected person in China.

The greater risk, however, is likely to be people who arrived in China before last Thursday, when the travel restrictions were put in place in China. Given the incubation period, these people could develop symptomatic infection any time over the next 10 days or so.

What do clinicians need to do?

The critical thing for Australia is early detection to enable diagnosis, isolation and appropriate contact tracing. We need to ensure that there is no human to human transmission in this country.

To achieve this, I am seeking your ongoing support. If you see someone with relevant symptoms who has come from China (particularly the Hubei province/Wuhan city) in the last 14 days, or who has come into contact with a confirmed case, please contact your State/Territory Public Health Unit/Communicable Disease Branch.

The patient should be isolated and managed in contact/droplet precautions:

- Place a single-use surgical mask on the patient
- Isolate the patient in a single room with door closed
- Any person entering the room should use appropriate droplet and contact precautions personal protective equipment (single-use surgical face mask, eye protection, gown and gloves).

If you are referring the patient to an Emergency Department for assessment and testing (tests are currently available in public health laboratories only) please inform them of the travel history and suspected diagnosis before the patient arrives.

Please do ask and take seriously any relevant travel history. It is likely that most people tested will be negative (it is flu season in China at present) but we must be vigilant in our efforts to identify and isolate the small number of patients who may already be in Australia with this virus or who may come in coming weeks.

At this stage, we know that human to human transmission can occur, and some of the early cases have been severe. We do not yet know how transmissible this

infection is, nor how many people get mild infection. Because of this uncertainty, we are taking a cautious approach and seek your vigilance in detecting and isolating any cases that may present over the coming weeks to protect Australians. By early detection and quarantine we can ensure that it does not become a major public health threat here.

So please don't forget TRAVEL HISTORY is crucial in someone with respiratory/febrile illness who could have come from China.

Further information on this emerging situation can be found on <https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov>.

The Australian health system is very well prepared to manage these situations and I appreciate your ongoing support and direct contribution to the collective response.

Thank you so much for your help.

Kind regards

Professor Brendan Murphy
Chief Medical Officer

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