

The road to Canada's COVID-19 outbreak: timeline of federal government failure at border to slow the virus

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Chief Public Health Officer of Canada Dr. Theresa Tam listens to questions at a press conference on COVID-19 at West Block on Parliament Hill in Ottawa, on Tuesday, March 24, 2020. JUSTIN TANG / THE CANADIAN PRESS

Part 1, January, 2020: “It’s going to be rare,” predicts Dr. Theresa Tam

When the COVID-19 crises first hit in late January, Ottawa MPs of all political stripes weren’t satisfied with the federal government’s assurances that Canada had the problem under control.

For the next two months — until major changes were made at last to our border policy in late March — the Liberal, Bloc, NDP and Conservative MPs dug into that border policy, asking numerous probing questions, examining the motives and reasons behind the initial and unyielding federal response in those two months.

Here in Part 1 of this series is a detailed timeline of the questions those MPs asked and the answers they got in the House of Commons and at Parliamentary health committee meetings. [Part 2](#) digs into the stated reasons for Canada's border policy put forward in February in Ottawa. [Part 3](#) looks at the federal government's drastic about-face on border policy in March 2020.

Also included in the timeline — as a contrast to the approach taken by the Canadian federal government — are the actions taken by the government in Taiwan (compiled by [Dr. Jason Wang et al](#)), a nation that has so far successfully slowed the spread of the virus, despite close travel and economic ties to China, and despite being expected to have the second biggest outbreak of the virus.

So far, Taiwan has had just a small fraction of the cases that Canada has had. Its schools and businesses are still open. There's been no community spread of the disease in Taiwan, meaning all cases can be traced back to travellers, as opposed to coming from unknown community sources as seen with so many cases in Canada.

Finally, information on China's early attempts to cover up the outbreak and silence doctors discussing the new virus is also included for context. A [full timeline](#) with linked sources on China's cover up was recently compiled by The National Review. A [second](#) with linked sources was compiled by The Hudson Institute.

Nov. 17, 2019: The first case of someone in China suffering from Covid-19, a 55-year-old man from Hubei province, comes about, according to government data seen the South China Morning Post [revealed](#) on March 13, 2020.

Dec. 7, 2019: The first suspected human-to-human transmission is recorded by Wuhan doctors. A patient is observed to have the virus but denies ever visiting the seafood market, reports the Hudson Institute, [citing a paper](#) by Wuhan researchers from Jan. 24, 2020.

Dec. 30, 2019: Doctor **Li Wenliang** sends a message to a group of fellow doctors warning them about a possible outbreak of an illness that resembled severe acute respiratory syndrome (SARS) in Wuhan, Hubei province, China,

where he worked, reports The Lancet. Meant to be a private message, he encourages them to protect themselves from infection.



Dr Li Wenliang broke news of the virus in late December but was severely reprimanded by Wuhan authorities for rumour-mongering. TWITTER

Dec. 31, 2019: Taiwanese officials, on guard against an outbreak of strange pneumonia cases in China, board and inspect passengers coming into Taiwan, looking for fever or pneumonia symptoms on direct flights from Wuhan.

Dec. 31, 2019: "YY, a live-streaming platform in China, began to censor keywords (such as Unknown Wuhan Pneumonia Wuhan Seafood Market) related to the coronavirus outbreak on December 31, 2019", reports a March 3 study from the Munk School at the University of Toronto. "We Chat broadly censored coronavirus-related content (including critical and neutral information) and expanded the scope of censorship in February 2020. Censored content included criticism of government, rumours and speculative information on the epidemic, references to Dr. Li Wenliang, and neutral references to Chinese government efforts on handling the outbreak that had been reported on state media."

Dec. 31, 2019: The Taiwan Central Epidemic Command Center sends an email to the World Health Organization: "News resources today indicate that at least seven atypical pneumonia cases were reported in Wuhan, CHINA. Their

[China's] health authorities replied to the media that the cases were believed not SARS; however the samples are still under examination, and cases have been isolated for treatment... I would greatly appreciate if you have relevant information to share with us."

December 31: The Wuhan Municipal Health Commission declares, "The investigation so far has not found any obvious human-to-human transmission and no medical staff infection." This is the opposite of the belief of the doctors working on patients in Wuhan, and two doctors were already suspected of contracting the virus, reports **Jim Geraghty** of The National Review.

Jan 1, 2020: Doctor **Li Wenliang** summoned to the Public Security Bureau in Wuhan, The Lancet reports, and was made to sign a statement in which he was accused of making false statements that disturbed the public order. Seven others were also summoned now and their fate is unknown.

Jan. 1: The Huanan Seafood Wholesale Market in Wuhan closes for "environmental sanitation and disinfection."

Jan. 3, 2020: The World Health Organization issues public warnings over Twitter: "China has reported to WHO regarding a cluster of pneumonia cases in Wuhan, Hubei Province ... China has extensive capacity to respond to public health events and is responding proactively & rapidly to the current incident in Wuhan — isolating patients, tracing close contacts, cleaning up the market, and searching for the cause and for additional cases."

Jan. 3, 2020. Caixin Global, which covers business and financial news in China, reports that "China's National Health Commission (NHC), the nation's top health authority, ordered institutions not to publish any information related to the unknown disease, and ordered labs to transfer any samples they had to designated testing institutions, or to destroy them."

Jan. 3: South Korea brings in increased airport screening and quarantine for passengers from Wuhan.

Jan 5: The Taiwan Centre for Disease Control is now notified if passengers from Wuhan have fever or other symptoms.

Jan. 7: China confirms it has a new disease, now known as COVID-19, then called coronavirus.

Jan. 7: Japan brings in increased airport screening and quarantine for passengers from Wuhan.

Jan. 7: In a private meeting of the Communist Party's leadership, President Xi Jinping orders Wuhan officials to control the outbreak, the Wall Street Journal would report on March 6.

Jan. 9: The WHO issues travel guidelines, urging restraint: "WHO does not recommend any specific measures for travellers. WHO advises against the application of any travel or trade restrictions on China based on the current information available ... According to Chinese authorities, the virus in question can cause severe illness in some patients and does not transmit readily between people."

Jan. 9: Dr. **Theresa Tam**, Chief Public Health Officer of Canada, tweets out travel advice: "Travelling to China? Be aware of an outbreak of pneumonia of unknown cause in Wuhan city, Hubei province. Consult the travel health notice before you go & contact your healthcare provider if you feel ill after your return."

Jan 11 and 12: The WHO receives detailed information from the National Health Commission China that the outbreak is associated with exposures in one seafood market in Wuhan City. "The government (of China) reports that there is no clear evidence that the virus passes easily from person to person," said a WHO press release.

Jan. 11: Dr. **Tedros Adhanom Ghebreyesus**, secretary-general of the WHO, tweets: "I sincerely thank all the Chinese scientists and health workers who have been working around the clock, for their commitment to keeping China and the world safe."

Jan. 13: Thailand reports the first imported case of lab-confirmed novel coronavirus from Wuhan.

Jan. 14: Without telling the WHO or any other outside nation of its grave concerns, according to an April report from the Associated Press, “The head of China’s National Health Commission, **Ma Xiaowei**, laid out a grim assessment of the situation on Jan. 14 in a confidential teleconference with provincial health officials. A memo states that the teleconference was held to convey instructions on the coronavirus from President **Xi Jinping**, Premier **Li Keqiang** and Vice Premier **Sun Chunlan**, but does not specify what those instructions were. ‘The epidemic situation is still severe and complex, the most severe challenge since SARS in 2003, and is likely to develop into a major public health event,’ the memo cites Ma as saying. The National Health Commission is the top medical agency in the country. ”

Jan. 15: Japan reports first case.

Jan. 15: “We have reached the latest understanding that the risk of sustained human-to-human transmission is low,” **Li Qun**, the head of the China Centre for Disease Control, says on Chinese state television.

Jan 15: The World Health Organization tweets: “According to the latest information we have, there is no clear evidence of sustained human-to-human transmission and there are no infections reported among health care workers.”

Dr. **Maria Van Kerkhove** of the WHO would later admit at an April 13 WHO press conference: “Right from the start, from the first notification we received on the 31st of December, given that this was a cluster of pneumonia — I’m a MERS specialist, so my background is in coronaviruses and influenza — so immediately thought, given that this is a respiratory pathogen, that of course there may be human-to-human transmission.”

Jan. 17: The United States starts screening passengers from Wuhan at the three most common points of entry to the U.S.



Medical staff speaks with a patient infected by the COVID-19 coronavirus at Red Cross Hospital in Wuhan in China's central Hubei province on March 10, 2020. STR/AFP VIA GETTY IMAGES

Jan. 19: A Health Canada briefing note prepared for Health Minister Patty Hajdu states: "Based on the latest information that we have, there is no clear evidence that the virus is easily transmitted between people," as the CBC's John Paul Tasker would later reveal in April.

Jan. 20: China reports it now has 278 cases, 258 from Hubei province, with 51 people severely ill, 12 critical and six deaths. "The recent outbreak of novel coronavirus pneumonia in Wuhan and other places must be taken seriously," President **Xi Jinping** says in his first public statement on the crisis. "Party committees, governments and relevant departments at all levels should put people's lives and health first." Chinese **Zhong Nanshan**, a respiratory expert, tells the public that person-to-person transmission has been confirmed.

Jan. 20: In response to news from China, Dr. Tam says: "It is important to take this seriously, and be vigilant and be prepared. But I don't think there's reason for us to panic or be overly concerned."

Jan. 21: In Taiwan, Wuhan is given a Level 3 travel alert designation, Wang reports, which changes customs procedures for incoming travellers at Taiwanese airports. "Persons with low risk (no travel to level 3 alert areas) were sent a health declaration border pass via SMS (short message service)

messaging to their phones for faster immigration clearance; those with higher risk (recent travel to level 3 alert areas) were quarantined at home (for 14 days) and tracked through their mobile phone to ensure that they remained at home during the incubation period.”

Jan. 22: In contrast to Taiwan’s approach, Canada implements a much less onerous screening protocol for travellers returning from Wuhan to major airports in Montréal, Toronto and Vancouver. Passengers with symptoms are to be alerted that they should go into voluntary isolation for 14 days, with voluntary self-isolation essentially being the Canadian policy for the next two months.

Jan. 22: China closes down public transportation in Wuhan.

Jan. 22: In Taiwan, entry permits are canceled for 459 tourists from Wuhan set to arrive later in January. One day later, Wuhan residents are banned from Taiwan.

Jan. 22: For the first time the WHO reports that human-to-human transmission is a fact: “Data collected through detailed epidemiological investigation and through the deployment of the new test kit nationally suggests that human-to-human transmission is taking place in Wuhan. More analysis of the epidemiological data is needed to understand the full extent of human-to-human transmission.”

Jan. 23: At 2 a.m. China announced a lockdown travel in and out of Wuhan, population 11 million and China’s seventh largest city, suspending all public transit. **Gauden Galea**, the WHO’s representative in Beijing, praises China, saying: “The lockdown of 11 million people is unprecedented in public health history, so it is certainly not a recommendation the WHO has made.”

Jan 23: The WHO’s daily update on the outbreak reports: “The initial source of 2019-nCoV still remains unknown. However, it is clear the growing outbreak is no longer due to ongoing exposures at the Huanan seafood market in Wuhan; as in the last one week, less than 15% of new cases reported having visited Huanan market. There is now more evidence that 2019-nCoV spreads from human- to- human and also across generations of cases... WHO assesses the

risk of this event to be very high in China, high at the regional level and moderate at the global level.” The WHO will later say an error led to the “moderate” assessment for global risk on Jan. 23-25 reports, when it should have been stated as “high.”

Jan. 23: The WHO emergency committee, including WHO advisor Dr. **Theresa Tam** of Canada, meets by teleconference with health ministry officials from China, Japan, South Korea and Thailand — but not Taiwan which is banned from the WHO at China’s insistence — to discuss whether to declare COVID-19 a public-health emergency.

“The source is still unknown (most likely an animal reservoir) and the extent of human-to-human transmission is still not clear,” the WHO committee finds. “Several members considered that it is still too early to declare a Public Health Emergency of International Concern, given its restrictive and binary nature.”

In the end, the consensus of the committee is to reject classifying the outbreak as a full global public health emergency.

Jan. 24. China locks down 12 more huge cities in Hubei province, with no travel in or out.

Jan. 24: The WHO again advises against travel bans on China: “WHO advises against the application of any restrictions of international traffic based on the information currently available on this event.”

At the same time, the WHO says early screening at airports had identified the majority of cases in newly infected counties. “The risk of importation of the disease may be reduced if temperature screening at entry is associated with early detection of symptomatic passengers and their referral for medical follow up.”

Dr. **Margaret Harris** of the WHO’s coronavirus response team would explain in April 2020 to CNN’s **Fareed Zakaria** that at this moment the WHO didn’t want to move too fast on a full emergency order because of the economic

impact on China and Asia, the kind of impact that was felt after a WHO travel ban during the 2003 SARS outbreak. This earlier ban and the ensuing economic pain led to new international rules in 2005 on travel and trade related to global pandemics.

Dr. Harris: “One of the fundamentals of the international health regulations 2005 was that we should try to keep our travel and trade normal as possible because the effect on economies, the drastic effect on economies, the drastic effect on the ability to get supplies to where they’re needed, to get the expertise to where they’re needed, it can be affected. So that was really why the emergency committee in January advised against imposing travel bans...”

Jan. 24: In its situation report, the WHO now says: “New epidemiological information reinforces the evidence that the 2019-nCoV can be transmitted from one individual to another.”

Jan 25: In Taiwan, tours to China are suspended. Hubei Province is given Level 3 travel alert status, with the rest of China a Level 2 travel alert.



Workers with sanitizing equipment disinfect an office following an outbreak of the coronavirus in the country, in Shanghai, China February 12, 2020. CNSPHOTO VIA REUTERS

Jan 25: federal Liberal Health Minister **Patty Hajdu** says of Canada's border controls: "Measures to mitigate the risk of introduction and spread of diseases like the new coronavirus in Canada are in place, including messaging on arrival screens at the Toronto, Montréal and Vancouver international airports reminding travellers to inform a Border Services Officer if they are experiencing flu-like symptoms, and an additional health screening question on electronic kiosks used by international travellers."

Jan. 26. China restricts all non-essential travel to and from Wuhan, essentially putting 50 million people into quarantine. Canada advises against "non-essential travel" to Wuhan.

Jan. 27: In Taiwan, the National Health Insurance Administration (NHIA) and the National Immigration Agency integrate patients' past 14-day travel history with their NHI identification card data; this is accomplished in one day, Wang reports, and allows the medical system to know crucial information about each patient. Taiwan citizens' household registration system and the foreigners' entry card allow the government to track individuals at high risk because of recent travel history in affected areas. Those identified as high risk (under home quarantine) are monitored electronically through their mobile phones.

Jan 27: Canada confirms its first case of COVID-19 related to travel in Wuhan, China.

Jan. 27: Edmonton MP **Matt Jeneroux** asks the first question in the House of Commons about COVID-19 after a second case was reported in Canada: "How can Canadians be assured that this spread is being properly contained?"

"The risk to Canadians remains low. Our systems continue to work extremely closely together," Hajdu replies.



Matt Jeneroux, Conservative Party of Canada Shadow Minister for Health, calls for a stronger government response to COVID-19 outside of a closed Terwillegar Recreation Centre in Edmonton, on Monday, March 16, 2020. IAN KUCERAK/Postmedia

Jan. 27: Conservative MP **Todd Doherty** asks Hajdu: "Every day thousands of passengers from China and elsewhere in Asia arrive at our ports of entry: Vancouver, Montreal and Toronto. Often times, they board domestic flights and connect throughout Canada and elsewhere in North America. Calling the coronavirus a grave situation, China has quarantined whole cities and millions of people. The WHO has now listed the global threat as high. The safety of Canadians is currently dependent upon screening in China and self-reporting by infected passengers. When will the government institute a real plan that includes an enhanced screening process?"

Hajdu replies: "In fact, our government has been well ahead of the World Health Organization's strategies in terms of screening at ports of entry. We have multiple measures to alert travellers from the affected regions about what to do if they suspect that they have the illness. We have trained our CBSA officers to ensure that they have the tools they need to support people who may be ill. We have worked with partner airlines to ensure there is information on flights."

Jan. 27: MP **Garnett Genuis** of Sherwood Park asks if the government will support Taiwan being allowed into the WHO, from which it's currently banned, meaning the WHO is not closely monitoring the significant measures Taiwan has already instituted. Genuis gets no answer from Foreign Affairs Minister François-Philippe Champagne other than: "Canadian officials in Ottawa and in China are working closely together with their Chinese counterparts to address this situation that we are currently facing."

Jan. 27: Conservative Leader **Andrew Scheer** asks: "Will the Prime Minister support observer status in the World Health Organization for Taiwan?"

Prime Minister **Justin Trudeau**'s only answer is: "We continue to work with the WHO. We continue to work with allied countries around the world to ensure that we are dealing with this health challenge."

But a day later, **Trudeau** adds: "As we did during the time of the SARS virus, we support Taiwan's meaningful participation in international multilateral forums, especially when its presence provides important contributions to the global public good. We believe that Taiwan's role as an observer in World Health Assembly meetings is in the best interest of the international health community."



There had been 30 new cases of the novel coronavirus to bring the total number of cases in B.C. up to 103. Health and government officials have brought in restrictive measures to slow the spread of the virus. JESSE WINTER/REUTERS

Jan. 28: In Taiwan, all of China (except Hong Kong and Macau) is given Level 3 travel alert status, meaning all incoming travellers from there go into mandatory quarantine.

Jan. 29: Canada now has three cases. Dr. **Theresa Tam, Canada's chief public health officer**, on Twitter: "I am concerned about the growing number of reports of racism and stigmatizing comments on social media directed to people of Chinese and Asian descent related to 2019-nCoV coronavirus... Everyone has a part to play in preventing the spread of the virus. The Chinese community and all travellers from affected areas are a key part of these efforts... Racism, discrimination and stigmatizing language are unacceptable and very hurtful. These actions create a divide of Us vs Them. Canada is a country built on the deep-rooted values of respect, diversity and inclusion."

Stigma as a public health concern is a major preoccupation of **Tam**, who in 2019 authored a **report**: *Assessing Stigma: Towards a more inclusive health system*.




Jan 29: Toronto mayor **John Tory** tweets: "Standing with our Chinese community against stigmatization and discrimination, and reminding residents that, as our healthcare professionals have informed us, the risk of Coronavirus to our community remains low. We must not allow fear to triumph over our values as a city."

Jan. 29: Toronto Sun columnist Joe Warmington on accusations that Torontonians are having a racist response to Asian Canadians due to coronavirus: "A virus killing more than 100 in China is what is unacceptable. Why Toronto's top public health official is belittling Torontonians instead of using her valuable taxpayer-paid time to try to protect them is most offensive. It was just an all-out ugly, nasty and untrue smear on the city and its citizens that should not have happened... People avoiding Chinese restaurants or shopping areas are not bigots but concerned about their health....The real facts are people are not racist for trying to avoid a virus that could kill them. "

Jan. 29: Tedros Adhanom Ghebreyesus, head of the WHO, praises the Chinese response: "I was struck by the determination of Chinese leadership and its people to end the new coronavirus outbreak. They are suffering the most. Their lives & economy are bearing the brunt of the outbreak as they make sacrifices to contain it. China needs the world's solidarity & support."



Tedros Adhanom Ghebreyesus  @DrTedros · Jan 29

Just back from  where I held frank talks with President Xi Jinping, who has taken charge of a monumental national response to the [#coronavirus](#) outbreak. Based on cooperation & solidarity, China has committed to protecting its citizens & all people globally from the outbreak



 139

 210

 519



Jan. 29: MP Jeneroux continues to press in the House of Commons, with three cases now in Canada: "Other nations are stopping flights in and out of China and introducing more rigorous screening processes. Is the Prime Minister satisfied with the actions of his government?"

Trudeau replies: "I can reassure Canadians that the health risk to Canadians continues to be low. We are taking all necessary precautions to prevent the spread of infection... Preventative measures are in place in airports in Toronto, Vancouver and Montreal, and we continue to co-ordinate with the WHO, with our international partners, to ensure that we are doing everything necessary to keep Canadians safe."

Jan. 29: Liberal MP **Marcus Powlowski**, a doctor from Thunder Bay, Ont., questions Dr. **Theresa Tam** at the Parliamentary Health Committee: "The BBC was reporting today that their ministry of health was asking all people coming from China to voluntarily self-isolate for two weeks upon returning to the country, I think because the idea is that it got out of Wuhan. When you look at the numbers and what's happening in China, it's not isolated to Wuhan. It would seem to me to be a fairly feasible thing for us to do, and a precautionary thing, to have anyone coming from China self-isolate for two weeks. Have you considered making that recommendation, potentially under the Quarantine Act? I don't know if there's a means to enforce that."

Tam replies, defending the policy of voluntary self-isolation of only those travellers showing clear symptoms: "Right now, we have protocols in place, together with the provinces and territories, on isolating cases. Certainly, doing rigorous contact tracing and monitoring is the key to preventing any spread from a case in Canada. That, I think, is of primary importance. For other completely asymptomatic people, currently there's no evidence that we should be quarantining them."

Tam stresses the need to work to have affected communities work with everyone else. "Otherwise, they'll be stigmatized. They will be asked to take measures beyond what is currently the public health evidence. It is a matter of balance when you're restricting someone's freedom, essentially, to move about in the community after return. I think that is not something that we would take lightly."

Powlowski continues: "The New York Times are reporting that they think the disease is communicable during the incubation period, meaning that when people are asymptomatic it can be transmitted... Britain has already taken

action in terms of voluntary co-ordination. It would seem to me to be something that maybe we ought to consider. I don't know how drastic that is."

Tam says that Canada is working on this with the WHO. "They know they have to get to the bottom of this, but we do know that even people with mild symptoms don't transmit very readily. Could they? It's possible, but that's not what drives an actual epidemic ... I think we have to be reasonable in our public measures and just balance out the risks and benefits. In terms of the impacts, they are not simply health impacts, but psychological and other health impacts, as well as non-health impacts, those being societal and economic as well."

In coming months, Tam will continue to resist the mandatory quarantine of incoming travellers, as well as the mass use of face masks for the public, even as Asian countries at the front lines of this battle, such as Taiwan, South Korean and Singapore, see both as crucial measures to control the spread of the virus.

Tam repeatedly stresses that her recommendations come from the World Health Organization and are based on science. But in its [2019 study](#) on best practices for pandemics, the WHO makes clear that more than science goes into decisions on everything from border controls to mass public mask wearing. In making public policy recommendations on a pandemic, the WHO factors in science, but also cultural values, cost benefit analysis for any measure, ethics, public acceptance, feasibility and resource implications.

For example, here is how these social, political, economic, cultural and scientific factors were applied by the WHO's expert panel to the issue of border closures in its 2019 report:

Quality of evidence

There is a very low overall quality of evidence that border closure has an effect on transmission of influenza, and studies in the literature reported or predicted variable effectiveness.

Values and preferences

Values and preferences related to border closure are uncertain.

Balance of benefits and harms

No scientific evidence of the harm of border closure for individuals was identified. However, it is reasonable to expect that strict border control could affect daily life and have serious economic consequences.

WORLD HEALTH ORGANIZATION

Resource implications

No costing studies on border closure were identified; however, the cost will be prohibitive in most countries because of the closure of borders (air, land and sea). Substantial public resources would be needed, including the provision of public advice and large numbers of staff to restrict cross-border travel. Furthermore, there would be consequences for the supply chain for food and essential medicines, as well as broader economic consequences.

Ethical considerations

The right to free movement of persons should be considered (219). As with internal travel restrictions, border closure applied by nations should be done voluntarily as much as possible, and compulsory intervention should be involved as a last resort (219). Furthermore, the stigmatization and discrimination of individuals from affected areas and economic impacts of border closures should also be carefully considered (219, 241).

Acceptability

There is limited evidence for the effectiveness of border closures, and it has legal, ethical and economic implications.

Feasibility

Border closure in severe pandemics is technically feasible, and it may be most effective if implemented in the very early phase of a pandemic. However, the above-mentioned ethical, economic and resource implications affect its feasibility.

None of this is to say that the 2019 WHO panel's process was illegitimate, only to argue that it's based on many concerns other than science.

Jan. 29, 2020: At Health Committee, Conservative MP **Pierre Paul-Hus** asks for a quarantine on travellers from affected areas. "People are coming into the country without symptoms, and going back to their homes. You say that the provinces are in charge of screening, as they see fit. Can you be a little clearer about that? With an event like this, I wonder whether the Government of Canada has stricter authority than the provinces."

Tam says: "As travellers enter the three international airports, the information is provided in English and French but also in simplified Chinese. The kiosks

themselves have 13 languages, and then the handouts we are providing have French, English and simplified Chinese. The handouts not only talk about the symptoms and what people should do but also suggest calling ahead to your health provider before you present yourself to an emergency room or the ambulance service. There are numbers at the back of that form for each jurisdiction so that people know whom to call should they experience symptoms. That's to ensure they do not walk into a clinic or hospital and contaminate the environment. All three cases we've had so far have entered the health system in a very safe way in which all infection prevention precautions have been undertaken."

She adds: "As I have always said, the epidemic of fear could be more difficult to control than the epidemic itself."

Tam downplays risk to Canada: "Right now, the cases are in China. Very few are exported. Yes, there's human-to-human transmission, but those are generally for close contacts. With regard to the severity of illness, there are some severe cases, but the deaths have occurred in older people with underlying medical conditions. With all of that pulled together, for the general public who have not been to China, the risk is low in Canada."

If someone did have close contact, protocols were in place, she says: "The expectation for any contacts is that they will be actively monitored for 14 days. That is the longest incubation period that is being observed. Local public health will monitor the contacts, and doing that generally involves public health having some contact every day with the individuals who have been identified.

"We do know that asymptomatic people are not the key driver of epidemics. That is very important to understand."

On the issue of travel bans, Tam again says she does not support them, bringing up Canada's legal duty to the WHO: "Right now, let's say, WHO does not recommend travel bans, and any measures that a country is to take must not be out of proportion to the risk and must not inappropriately impact travel and trade. We are a signatory to the international health regulations and we'll be called to account if we do anything different."



A traveller wears a mask at Pearson airport arrivals, shortly after Toronto Public Health received notification of Canada's first presumptive confirmed case of novel coronavirus, in Toronto Jan. 26, 2020. CARLOS OSORIO/Reuters

Jan. 29: Conservative MP **Len Webber** asks if other countries had put in travel bans.

Dr. Tam, a special advisor to the WHO, mentions some regional bans, but if she's yet heard of it she does not specifically mention Taiwan's strict bans or mandatory and monitored quarantine policy: "Not countries, but I think there are three areas. I believe the Hong Kong Special Administrative Region, for example, has put on a sort of block, but I believe there are three jurisdictions."

She says the WHO's focus is not on a country like Canada. "Right now, the World Health Organization is particularly worried about countries without capacities, particularly in the African region. I think the assessment of WHO as to whether it considers this a public health emergency of international concern isn't necessarily focusing on countries that have capacities like Canada's. They have to look at the whole world, including countries that don't have the necessary capacity to prepare... We are of course a lot better than some of the other countries, which I think collaboratively, globally, we have to support, because a global containment strategy only works if every single country is part of it and there's a cohesion in how we respond."

Dr. Tam praises the Chinese response: “What we have seen, given my close communication with WHO, is how impressed they are by the work of China. The astoundingly rapid way in which they tried to get a handle on what is causing the outbreak, and giving the world the sequence of the virus, was very helpful. They’ve been providing information about cases, which is extremely helpful. You’ve seen the incredibly extraordinary measures that China has put in place to try to contain this within its borders. Even if this virus is capable of transmission from human to human, as I said, 99% of the cases are in China. Not that many—like 1%—are outside, so they are really trying very hard, and I think we have to be very supportive of the efforts.”

Dr. Tam expresses full support for the WHO: “For any global epidemic situation, international collaboration is key. Having the international health regulations and everyone sort of working under that umbrella, and having WHO’s leadership, is very important. They’ve strengthened a lot of that.”

Dr. Tam talks about importance of detecting imported cases at our hospitals. “The key to detecting an imported case is at that first encounter with the health system, taking the travel history and doing the regular routine infection prevention control. I think hospitals have learned that this is really important and have raised their capacity to do that.”

Dr. Tam says local health officials are tracking cases. “Right across Canada the system is so alerted that our local jurisdictions are investigating a number of people. They’re regularly assessing people who have returned from China. Anyone who then fits the case definition doesn’t have to wait for a test or for a diagnosis. They are immediately put under isolation so you don’t have to wait for the test. They are going to be managed clinically, and then for the lab test, many provinces can actually do at least the first step.”

Jan 29: At health committee, NDP MP **Don Davies** from Vancouver asks why there is not thermometer testing done at airports. He points to a report done years earlier on the 2003 SARS outbreak, which Tam had co-authored, which found: “In spite of intensive screening, no SARS cases were detected. SARS has an extremely low prevalence, and the positive predictive value of screening is essentially zero.”

Tam then spells out her philosophy, with the main line of defence being a country's hospitals, not its borders: "This is a virus. It can cross borders. This is a layer of a multi-layered response. The most important layer, of course, is the initial entry into the health system. We've talked a bit about that. At the actual international border, I see it as a great opportunity to absolutely make someone aware of what to do if they're sick after entry. In that paper, what I recommended was that.... This is a moment in time; someone is paying attention as they're crossing the border. You can give them the information they need in that moment of education as to what they should do if they get sick. In that paper, what I did not find effective were thermal scanners (with SARS outbreak). That was a lot ... I think we scanned 6.3 million people, both on entry and exit, and couldn't pick up a case, for a very specific reason, which was that in the incubation period people can be asymptomatic. Also, for other reasons, that was just not ... On that predictive value, if it's rare, you actually don't expect a case. It's actually not very effective. That's the thermal scanning bit, not the education bit."

Tam does not see great risk for Canada, she says: "Canada's risk is much, much lower than that of many countries. It's going to be rare, but we are expecting cases. It doesn't matter how few those cases are. We are preparing the whole country in the event that you might pick up a rare case. That actually is what we're doing right now, preparing. It is going to be rare, but you're going to have some."

Jan. 30: The WHO declares a global health emergency. In China, the virus has infected nearly 8,000 and killed at least 170. There are now 98 cases in 18 other countries. The WHO's **Ghebreyesus** praises the Chinese response to the outbreak: "The speed with which China detected the outbreak, isolated the virus, sequenced the genome and shared it with WHO and the world are very impressive, and beyond words. ... Let me be clear: this declaration is not a vote of no confidence in China. On the contrary, WHO continues to have confidence in China's capacity to control the outbreak... In many ways, China is actually setting a new standard for outbreak response. It's not an exaggeration."

Ghebreyesus also tweets in support of the WHO's open borders policy: "This is the time for facts, not fear. This is the time for science, not rumours. This is the time for solidarity, not stigma."

Jan. 30. In Taiwan, **Wang** reports, four million masks are produced daily by local manufacturers. Of the masks produced, 1.4 million each day are allotted to hospitals and medical workers, with remaining 2.6 million for consumer sales. Mask prices are currently fixed at NT\$8 apiece (USD \$0.27). Taiwan's High Prosecutors Office starts a nationwide campaign to stop profiteering by any seller raising prices on disease prevention products; penalty is one to seven years in jail and a fine of up to NT\$5 million (US\$167,000).

Jan. 30: A [Change.org](https://www.change.org/p/tedros-adhanom-ghebreyesus-resign) petition starts calling for Tedros Adhanom Ghebreyesus of the WHO to resign.

Jan 31: In a video update to diplomats, the WHO's representative in Beijing, Gauden Galea praises China's response to the virus and calls on other countries not to step out of line with the WHO recommendations, a key concern for Beijing, which is furious that countries are beginning to close their borders to Chinese travellers, [reports](#) Nathan Vanderklippe of the Globe & Mail: "Any United Nations member country 'will have to scientifically justify' any measure that 'goes beyond UN recommendation.'"

Jan. 31: Again **Ghebreyesus** tweets: "WHO continues to have confidence in China's capacity to control the outbreak. We would've seen many more #2019nCoV cases outside China by now, & probably deaths, if it were not for the government's efforts & the progress they've made to protect their own people & the world."

Jan. 31: In the House of Commons, the NDP's **Davies** notes the WHO has just declared COVID-19 a world health emergency. "One of the chief reasons for this move is they are concerned that this virus will spread to countries that are not prepared to deal with it, a serious state of affairs that increases the risk for all nations."

Health minister **Hajdu** says: "We are so fortunate to have Dr. Tam as our Chief Public Health Officer, who is an expert adviser to this very committee. We have

been following the World Health Organization recommendations since we noticed the cluster in late December. We will be closely reviewing the recommendations. I will mention, though, that some of them really do speak to the need to support weaker countries that do not have the same integrated systems that Canada has and to preventing the misinformation that is leading to racism and stigmatization of so many Chinese Canadians and other people of Chinese descent around the world.”

Jan. 31: The NDP’s **Davies** asks in Health Committee: “So far, we’ve been focused on people coming from Hubei province. Now, with the possibility that this virus is going to other countries that may not have the same vigilance — and I think there’s been quite a consensus that China has done a very good job of containing this — how do we respond to passengers who are perhaps coming from countries that may not have the same rigorous standards to deal with this? How has that affected our border entry controls and how we might be dealing with that?”



WHO Director-General Dr Tedros Adhanom Ghebreyesus speaks at a news conference following a meeting over the Wuhan coronavirus in Geneva, Switzerland, Jan. 23, 2020. CHRISTOPHER BLACK/WHO/HANDOUT VIA REUTERS

Paul MacKinnon, executive vice-president of the Canada Border Services Agency replies to **Davies**: “Our officers are trained from the moment they join (the agency) to do this very work on a daily basis, so in some sense, they rely on their standard operating procedure to always be checking for individuals who may be arriving at Canadian airports showing signs of illness. Certainly we are more focused on the questioning we have about whether they are coming from Hubei province. That questioning is working well for us at this point.”

Jan. 31: Liberal MP **Powlowski** asks of **MacKinnon**: “You seem to be gaining all of your identifying of passengers — asking questions, following them up — specifically with people from Wuhan or Hubei province. I would question why you’re limiting it to this group rather than all of China.” He notes the hundreds of other confirmed cases in other parts of China.

Davies asks if border guards had a list of the then 24 countries where the virus has spread.

Mackinnon says, “At the border we do not have such a list.”

<https://edmontonjournal.com/news/national/the-road-to-canadas-covid-19-outbreak-timeline-of-federal-government-failure-at-border-to-slow-the-virus/>