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Chair

Mr. Ron McKinnon

Standing Committee on Health

Wednesday, January 29, 2020

● (1600)

[*Translation*]

The Clerk of the Committee (Mr. Marc-Olivier Girard): Good afternoon, everyone.

[*English*]

Honourable members of the committee, I see a quorum.

First of all, I must inform you that the clerk of the committee can only receive motions for the election of the chair. The clerk cannot receive any other types of motions, cannot entertain points of order, nor participate in debate.

Your first task, of course, pursuant to the Standing Orders of the House of Commons, is to elect a chair for this committee. Just a quick reminder, the Standing Orders also provide that the chair of this committee must belong to the governing party.

I am now ready to receive motions.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I nominate Ron McKinnon.

[*Translation*]

The Clerk: Are there any further motions?

(Motion agreed to)

The Clerk: I declare the motion carried and Ron McKinnon duly elected chair of the committee.

Some hon. members: Hear, hear!

The Clerk: I invite Mr. McKinnon to take the chair, next to me here.

[*English*]

The Chair (Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.)): Pursuant to the direction of the House, is it the will of the committee to proceed to the election of the vice-chairs?

Some hon. members: Agreed.

The Clerk: Thank you, Mr. Chair.

I will preside over the election of the two vice-chairs, if it is the will of the committee.

I am now prepared to receive motions for the first vice-chair. I would like to remind you that pursuant to the Standing Orders, the first vice-chair must be a member belonging to the official opposition.

[*Translation*]

Mr. Kitchen, the floor is yours.

[*English*]

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): I'd like to nominate Mr. Jeneroux.

The Clerk: Do we have any further motions?

(Motion agreed to)

The Clerk: I declare the motion carried and Mr. Jeneroux duly elected first vice-chair of this committee.

Some hon. members: Hear, hear!

The Clerk: Still pursuant to the Standing Orders, the second vice-chair must be a member of an opposition party other than the official opposition.

[*Translation*]

I am now prepared to receive motions for the second vice-chair.

Mr. Luc Thériault (Montcalm, BQ): Could I nominate myself?

The Clerk: Normally, one member nominates another member.

Mr. Webber, you have the floor.

[*English*]

Mr. Len Webber (Calgary Confederation, CPC): I would like to nominate Don Davies, who has sat on this committee for the last four years, in the last Parliament. He has been a strong member of the health committee.

The Clerk: Are there any further nominations?

[*Translation*]

Mr. Luc Thériault: Perhaps we should follow the normal rules for nominating vice-chairs. Mr. Davies is not a member of the second opposition party. It seems to me that the motion passed in the House as to the composition of the committee was done according to the normal rules. So it seems to me that this vice-chair position goes to the second opposition party.

So it would be a lot simpler to make a motion along those lines. I understand, I think, that there have already been talks between the parties on this matter of the third opposition party. At some stage, the NDP was asking for a third vice-chair. That should be discussed at the procedure committee because talks are already underway with the leaders of the various parties. Otherwise, to deal with this impasse, somebody could decide to follow the normal rules and nominate me.

I am sorry I have to make this comment. I thought that the rules were clear.

● (1605)

[*English*]

The Chair: According to the Standing Orders, there is a provision. There is no specification about which secondary opposition party is vice-chair. If it is the will of the committee to entertain motions for the two different parties, we can proceed in that way. Is there a motion to that effect?

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): In this spirit, I understand it goes to a secret ballot for the second vice-chair. As we know, according to Standing Order 106(2), we only have two vice-chairs. That's something we'd have to take up, obviously, at PROC. In accordance with Mr. Thériault's request, I'll nominate him as a vice-chair also.

The Clerk: Are there any further motions? No.

Since there is more than one candidate nominated for the position of second vice-chair, it's our duty to proceed by secret ballot, pursuant to the Standing Orders of the House of Commons. Before proceeding, I will very briefly explain the process.

My colleague Alexandre Roger, who is also a procedural clerk at the House of Commons, will distribute a ballot to each member of the committee.

[*Translation*]

You have to clearly print the first and last name of the candidate on the ballot and deposit it in the box we will pass around the table. We will then count the ballots and I will announce the elected candidate. If no candidate receives a majority of the votes, another ballot will have to be conducted.

[*English*]

Before we distribute the ballots, allow me to repeat the names of the candidates nominated. We have Mr. Davies and also Mr. Thériault.

I wish you a good vote.

● (1605)

_____________________(Pause)_____________________

● (1610)

The Clerk: Mr Chair, one candidate has won.

[*Translation*]

I declare that Mr. Thériault received the majority of the votes and is elected second vice-chair of the committee.

[*English*]

The Chair: Congratulations, Mr. Thériault.

Mr. Fisher.

Mr. Darren Fisher (Dartmouth—Cole Harbour, Lib.): Mr. Chair, if it be deemed appropriate, I have a handful of routine motions I would like to move individually.

The Chair: Go ahead.

Mr. Darren Fisher: All right. I'll move them individually, but I would ask the clerk if there is a way to move the package as is, or should I move them all individually?

I have copies for everyone.

The Chair: In order to vote on these as a block, we would need the unanimous consent of the committee.

Mr. Darren Fisher: I'm happy to move them individually.

The Chair: Does the committee give unanimous consent to pass them as a block?

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Chair, I request that they be moved individually.

The Chair: Fair enough.

Mr. Darren Fisher: All right. As it pertains to analysts, the motion reads:

> That the Committee retain, as needed and at the discretion of the Chair, the services of one or more analysts from the Library of Parliament to assist it in its work.

(Motion agreed to)

Mr. Darren Fisher: With regard to a subcommittee on agenda and procedure:

> That the Subcommittee on Agenda and Procedure be established and be composed of five (5) members; the Chair, one Member from each Party; and that the subcommittee work in the spirit of collaboration.

The Chair: Could we ask the analysts to join us here? Thank you.

Is there any discussion?

(Motion agreed to)

Mr. Darren Fisher: With regard to reduced quorum:

> That the Chair be authorized to hold meetings to receive evidence and to have that evidence printed when a quorum is not present, provided that at least four (4) members are present, including one member of the opposition and one member of the government, but when travelling outside the parliamentary precinct, that the meeting begin after fifteen (15) minutes, regardless of members present.

The Chair: Is there any discussion?

Mr. Davies.

Mr. Don Davies: Mr. Chair, I'm going to move an amendment to the reduced quorum requirement that is more reflective of the minority Parliament we're in and of the parties we have around the table. I'll explain it before I move it.

This is essentially to keep it exactly as it is, but instead of having one member of the government and one member of the opposition required for quorum, to have two members of the government and two members of the opposition.

I will move that amendment and I would be happy to speak to it if any members would like me to.

The Chair: Is there any discussion on the amendment?

Mr. Darren Fisher: Perhaps, Don, you could explain your thoughts on that.

Mr. Don Davies: There are four parties around the table now, as opposed to three usually. In order to have a quorum, last time it was one member from the government and one member from the opposition, and then anybody else who was there.

My concern has to do with the ability to end a meeting. I think the motion should require two members of the government and two members of the opposition to be present so that we can reduce the ability of one party to end a meeting. The fact is there are three parties over here. It is a better internal guarantee to have two people present, that is, a member from more than one party, to make it possible to keep a meeting going.

● (1615)

The Chair: Is there any further discussion?

[*Translation*]

Mr. Luc Thériault: Mr. Chair, how many times has that provision been used in recent years? Perhaps the clerk could answer that question. It was my understanding that this matter of a quorum was raised as a proposal in other committees in previous Parliaments.

Has it been used frequently or not? I would just like to know.

[*English*]

Mr. Darren Fisher: Mr. Chair, if I might, this isn't about committee quorum. This is about reduced quorum. I'm happy to be collaborative, but I don't think it's as big....

Do you still want to stick with the two and two with reduced quorum numbers?

Mr. Don Davies: Yes, I'd like to move that.

[*Translation*]

The Clerk: Mr. Thériault, I was telling Mr. McKinnon, the newly elected Chair, that this motion was identical to the one passed at the beginning of the previous parliament. To be specific, however, for historical reasons and for the information of yourself and the committee, in the last minority government, the third session of the 40th Parliament, this motion simply said that the reduced quorum required at least three members, including at least one opposition member.

In a word, that meant three members in attendance, not four. Moreover, rather than specifying a government member and an opposition member, the reduced quorum simply required three members, including one from the opposition.

Mr. Luc Thériault: Was that ever put into practice? How many times was it done?

The Clerk: It is a good question, but, unfortunately, I am not able to answer it.

Mr. Luc Thériault: What could you tell us off the top of your head?

The Clerk: During the last two Parliaments, at least, there was almost always a full quorum, with a majority of committee members. So the reduced quorum was rarely used.

[*English*]

The Chair: Mr. Powlowski.

Mr. Marcus Powlowski: I'm not sure of the significance of this change. However, I think there is some significance to the fact that we start off on a co-operative note. I think it's important, if our committee is going to function well, that we try to co-operate on things. In my mind, I'm happy to go along with your motion if it's significant to you.

The Chair: Mr. Jeneroux.

Mr. Matt Jeneroux: I'm happy to go through these routine proceedings. I'm hoping they're relatively quick because we do have officials here, and I'm looking to be briefed. I would refer you, Mr. Chair, to the unanimous consent motion where it reads, “following the election of the Chair and Vice Chairs, the committee shall proceed to a briefing from officials”.

Although the routine proceedings are helpful, if they are going to continue like this I'd rather just get to the officials, who have spent valuable time coming here today.

The Chair: I appreciate that. However, we have to have certain processes in place before we can actually conduct the meeting.

Is there any more discussion?

(Amendment agreed to [*See Minutes of Proceedings*])

Mr. Darren Fisher: Thank you, Mr. Chair. I'll move along more quickly.

With regard to the questioning of witnesses, the motion reads:

> That witnesses be given ten (10) minutes for their opening statement; that, at the discretion of the Chair, during the questioning of witnesses, there be”—

The Chair: We only voted on the amendment.

Mr. Darren Fisher: Oh, we only voted on the amendment.

The Chair: Is there any discussion on the reduced quorum motion as amended?

(Motion as amended agreed to [*See Minutes of Proceedings*])

Mr. Darren Fisher: Okay, the motion on the questioning of witnesses reads:

> That witnesses be given ten (10) minutes for their opening statement; that, at the discretion of the Chair, during the questioning of witnesses, there be allocated six (6) minutes for the first questioner of each party as follows: Round I:
>
> Conservative Party
>
> Liberal Party
>
> Bloc Québécois
>
> New Democratic Party
>
> For the second and subsequent rounds, the order and time for questioning be as follows:
>
> Conservative Party, five (and that thereafter five (5)) minutes,
>
> Liberal Party, five (5) minutes,
>
> Conservative Party, five (5) minutes,
>
> Liberal Party, five (5) minutes,
>
> Bloc Québécois, two and a half (2.5) minutes,
>
> New Democratic Party, two and a half (2.5) minutes.

● (1620)

The Chair: Is there any discussion?

(Motion agreed to)

Mr. Darren Fisher: With regard to documents distribution, the motion reads:

> That the Clerk of the Committee be authorized to distribute documents to members of the Committee only when the documents are available in both official languages and that witnesses be advised accordingly.

The Chair: Is there any discussion?

(Motion agreed to)

Mr. Darren Fisher: With regard to working meals:

> That the Clerk of the Committee be authorized to make the necessary arrangements to provide working meals for the Committee and its Subcommittees.

The Chair: Is there any discussion?

(Motion agreed to)

Mr. Darren Fisher: With regard to witnesses' expenses:

> That, if requested, reasonable travel, accommodation and living expenses be reimbursed to witnesses not exceeding two (2) representatives per organization; provided that, in exceptional circumstances, payment for more representatives be made at the discretion of the Chair.

The Chair: Is there any discussion?

(Motion agreed to)

Mr. Darren Fisher: With regard to staff at in camera meetings:

> That, unless otherwise ordered, each Committee member be allowed to have one staff member at an in camera meeting and that one additional person from each House officer's office be allowed to be present.

The Chair: Is there any discussion?

(Motion agreed to)

Mr. Darren Fisher: With regard to in camera meetings transcripts:

> That one copy of the transcript of each in camera meeting be kept in the Committee Clerk's office for consultation by members of the Committee or by their staff.

The Chair: Is there any discussion?

(Motion agreed to)

Mr. Darren Fisher: Finally, Mr. Chair, with regard to notice of motions:

> That a forty-eight (48) hours notice, interpreted as two (2) nights, shall be required for any substantive motion to be considered by the Committee, unless the substantive motion relates directly to business then under consideration, provided that (1) the notice be filed with the Clerk of the Committee no later than 4:00 p.m. from Monday to Friday; that (2) the motion be distributed to Members in both official languages by the Clerk on the same day the said notice was transmitted if it was received no later than the deadline hour; and that (3) notices received after the deadline hour or on non-business days be deemed to have been received during the next business day and that when the committee is travelling on official business, no substantive motions may be moved.

The Chair: Is there any discussion?

(Motion agreed to)

The Chair: Thank you, everybody.

Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Mr. Chair, I would like to suggest that the committee agree that we continue our briefing next week, on Monday and Wednesday, with some witnesses like CBSA, Public Safety, Global Affairs Canada and Transport Canada. We can continue the discussion.

The Chair: Thank you. I think we'll defer that for just a moment.

I'm going to ask if it is the will of the committee to be in a session televised by the House of Commons.

Mr. Davies.

Mr. Don Davies: On a point of order, Mr. Chair, if I may, I have further amendments to the routine motions. We're not finished yet. I have three other motions.

The Chair: I apologize. Carry on.

Mr. Don Davies: Are we still on that order of business? Thank you.

Mr. Matt Jeneroux: On a point of order, Mr. Chair, we're already 45 minutes into this. We entertained the routine proceedings so we could get a structure for today's meeting. However, it does say that the committee “shall proceed to a briefing from officials on the Canadian response to the outbreak of the coronavirus” immediately following the election of the chair and vice-chairs. I would suggest perhaps revisiting Mr. Davies' motions at a later date. We have officials here and I think we need to hear from them immediately.

The Chair: Mr. Davies.

Mr. Don Davies: Actually, with great respect to Mr. Jeneroux's comments, it is the standard practice of all committees to proceed to the adoption of routine proceedings immediately after the election of the chair and vice-chairs, and it's never put on the agenda. I think the clerk will confirm that, if we ask.

It's not literally taken on the agenda. That is automatically what the committee has to do. We're not really able to be fully functional and able to proceed until we have our rules of engagement voted on. That's why it's not on the agenda, and that's why it's perfectly in order to continue.

● (1625)

The Chair: Mr. Powlowski.

Mr. Marcus Powlowski: Could I make a request? Let's do it, then, but let's do it really quickly. I agree with Matt. We're here and this is an urgent situation; the epidemic, at least internationally, is certainly of significance. We want to start dealing with this issue today and not be bogged down in procedure for a day or two days.

The Chair: Mr. Jeneroux.

Mr. Matt Jeneroux: Yes, I obviously agree, but I would like to go directly to bringing in the officials, even if it requires a motion, and perhaps deferring this to the end of our meeting to go through the remainder.

I believe you would agree, Mr. Chair, that we have the necessary structure in place to go forward with the questioning. I think this is an unusual and special instance. We have these officials here today, and we really don't want to waste any more of their time but move directly to lines of questioning. I'm happy to move a motion if that's what's required, but I would hope that there would be a friendly amendment and we could just have the officials, if you would entertain it.

The Chair: I think Mr. Davies has precedence here for his motion.

Let us hear the motions, please.

Mr. Don Davies: There are several items that were in the routine motions from the last Parliament, which I don't think will be controversial, and one other matter that just governs the in camera proceedings. If it is the will of the committee to revisit these issues at our next meeting, I'm happy to do that, with the understanding that we do not consider the routine motions of this committee closed until we've had a chance to fully consider all of them.

The Chair: Is that okay with everyone?

Some hon. members: Agreed.

The Chair: Okay, that's what we will do.

Let's go back to the matter of being televised. Is it the will of the committee to allow these meetings henceforth to be televised?

Some hon. members: Agreed.

The Chair: We're going to suspend the meeting to ask the witnesses to come forward.

● (1625)

_____________________(Pause)_____________________

● (1630)

Ms. Sonia Sidhu: On a point of order, Mr. Chair, I would like to suggest that the committee agree to continue our briefing next week on Monday and Wednesday with the witnesses. If the opposition wants to bring any witnesses, they can send the names to the clerk. As I said, there would be the president of CBSA, Public Safety, Global Affairs Canada, Foreign Affairs, Transport Canada, IRCC, and Defence. I want to confirm that we will continue this important discussion.

The Chair: The order of the House under which we are now operating was to hear one briefing. I believe Ms. Sidhu's suggestion is that we extend the briefings into next week. She has proposed a number of witnesses and certainly invited the opposition to submit witnesses as well, with the understanding that the clerk will make whatever arrangements can be made to bring them together for the meeting. Is it the will of the committee to proceed in this way?

Some hon. members: Agreed.

The Chair: Okay, it shall be done.

Today before us we have Mr. Stephen Lucas, deputy minister. From the Public Health Agency of Canada we have Tina Namiesniowski, president, and Dr. Theresa Tam, chief public health officer.

Welcome, everyone.

I believe the deputy minister does not have a statement, but the Public Health Agency has a seven-minute statement.

Please proceed.

Ms. Tina Namiesniowski (President, Public Health Agency of Canada): Thank you, Mr. Chair.

Thank you for the opportunity to address the Standing Committee on Health regarding the Public Health Agency of Canada's efforts to prepare for and respond to the arrival of novel coronavirus in Canada.

I'm here today with Dr. Theresa Tam, Canada's chief public health officer, and Dr. Stephen Lucas, deputy minister for Health Canada.

[*Translation*]

Currently, our objective is confinement, to limit the impact and spread of the virus. That includes detecting and treating existing cases effectively and managing disinformation in order to reduce fear.

Federal, provincial and municipal approaches must be uniform. Collaboration is imperative.

To this point, the response to cases of the virus in Canada shows a high level of intergovernmental coordination. This means that the system is working as expected.

[*English*]

Mr. Chair, we have learned a lot, not only from SARS, but also from the H1N1 pandemic and, most recently, the Ebola outbreak in the Democratic Republic of Congo. There have been key improvements made in Canada with respect to our capacity to respond to these types of situations.

We've had the creation of the Public Health Agency of Canada, to provide clear leadership federally during a response. We have enhanced federal-provincial-territorial collaboration through a formal network of public health experts led by Dr. Tam, which is called the Public Health Network Council. We also have a chief public health officer, whose role was born out of the SARS experience, to ensure an authoritative voice to all Canadians during a public health event, which is essential.

As I think everybody knows, the situation is evolving in Canada, as it is around the world. Since the initial identification of a cluster of cases in Wuhan, China, in late December, there are now over 6,000 confirmed cases of the new coronavirus in 31 provinces in China, including 133 deaths. Ninety-nine per cent of the cases are in China, with the majority in Wuhan.

Closer to home, within the United States there are five confirmed cases, and in Canada three—two in Ontario and one in British Columbia. We expect that the number of confirmed cases in China and other countries will continue to rise as monitoring efforts continue to increase and more individuals present themselves to health providers with symptoms and are diagnosed.

It's not unexpected for us to have travel-related cases in Canada. The health system has been on alert since we first heard of the outbreak in China at the end of December, and it has remained vigilant to detect potential cases and to respond as quickly as possible as soon as they are recognized.

Where are we focusing our efforts, from a federal perspective? In terms of border measures, at the three airports that accept direct flights from China—Toronto, Vancouver and Montreal—we now have information on screens in the customs hall, in French, English and simplified Chinese, which tells individuals to self-identify to a border services agent if they are experiencing the novel coronavirus symptoms.

We have a health screening question that has been added to the electronic kiosks at all three of those airports, which asks travellers if they have been to Wuhan. As of today, this question will reference the whole of Hubei province. By the end of week, we will have more public health staff deployed in airports to complement CBSA screening in customs halls and to provide information about what individuals should do if they experience any symptoms.

We have been working very hard to mobilize the public health system across the country. The Public Health Agency is regularly convening provincial counterparts to share information and diagnostic capacity and to develop guidance for our health response, under the leadership of Dr. Tam. We've had significant engagement with provinces and territories, since at the end of the day they are the front-line response that's very much involved in dealing with cases on the ground.

We now have a federal-provincial-territorial special advisory committee that's been struck, focused exclusively on the novel coronavirus. The Minister of Health is also engaging with her PT counterparts to discuss collective readiness and encourage collaboration. Of course, we're working very closely with international partners, including the World Health Organization and the Centers for Disease Control in the United States.

● (1635)

In terms of monitoring and reporting, monitoring illness due to the novel coronavirus is essential to containing its spread. We are working closely with provinces and territories and the World Health Organization to track the spread of this virus. Our National Microbiology Laboratory in Winnipeg has the test for the novel virus and is working collaboratively with provinces and territories to increase testing capacity across the country.

Our lab in Winnipeg is also our reference lab, which is confirming provincial and territorial test results, given that this is a new virus. Canada of course is obligated under the international health regulations to report confirmed cases of coronavirus to the World Health Organization.

After a case is confirmed, the focus shifts to contact tracing to determine if others have been infected. Contact tracing is led by local public health authorities, in collaboration with provincial and federal agencies such as federal border and quarantine services, airlines and public health agencies in other countries. The cases in Ontario and British Columbia were managed using appropriate infection protection and control measures.

In terms of research and vaccines, we have been working internationally in contributing to the mobilization of an international response. Through Global Affairs investments, Canada is funding a global alliance, the Coalition for Epidemic Preparedness Innovations, which is coordinating early international efforts for vaccine development. Also, we are working with existing partners to pursue research studies to characterize the virus, develop animal models and explore candidate vaccines that can contribute to international vaccine development efforts.

[*Translation*]

There must be a proactive approach to communications. We must reassure Canadians by providing them with regular and transparent updates in order to combat disinformation on the matter. This is a vital lesson we learned from our experience with SARS, when a situation arose in which some Chinese communities and individuals were the victims of racism and racial profiling. We must confront that problem from the outset. Many of our efforts are focused on countermeasures to messages that may be spread through social media.

● (1640)

[*English*]

Dr. Tam and her colleague, the deputy chief public health officer of Canada Dr. Howard Njoo, are also engaging regularly with the media through technical updates.

As well, we are providing advice to Canadian travellers, through travel.gc.ca, to help them make informed choices about travelling to China and elsewhere: to help reduce the risk of getting sick, and the steps to take if they exhibit symptoms associated with coronavirus. We also now have a 1-800 line that Canadians can call to get information about the coronavirus.

Dr. Tam is also undertaking outreach to national health professional organizations. There is regular communication with federal workers and federally regulated employers with information on occupational health and safety in terms of this particular virus.

As I mentioned, we have a coronavirus information line that's now live for Canadians, which provides answers to specific questions. We've been engaging with other stakeholders, such as air carriers, to ensure that they understand their role, pursuant to the Quarantine Act, about notifying us in the event that they have a sick traveller on their conveyance prior to their arrival in Canada, so that we are able to deal with that effectively once the person touches down and breaches our shores. Of course, they are interested as well in the protection of their own staff.

[*Translation*]

Finally, I would like to thank the Standing Committee on Health for taking the time to examine the coronavirus situation. We are actively monitoring its appearance and continuously assessing the risk it poses for Canadians. At the same time, we are actively working to contain the virus in order to limit its spread.

[*English*]

As I noted already, we have been working very hard with our partners, and we will continue to do that on the way forward.

Mr. Chair, we would be very pleased to answer your questions.

Thank you.

The Chair: Thank you, Ms. Namiesniowski.

The first question goes to the Conservatives.

Mr. Marcus Powlowski: On a point of order, I'm not sure whom to ask what question. It would make sense to ask each witness a bunch of questions, because I don't think we're going to have time. I think we want to ask questions of all of them. Given the limited time, would it make more sense to let everyone speak and then get our questions in? I just want to get questions in.

The Chair: The procedure is that everybody gets a time slot. You have six minutes and you address those questions to whomever you like. The witnesses have 10 minutes per organization to give a presentation.

I erroneously said seven but I gave you 10.

Mr. Lucas is not presenting. We've heard from the witnesses, and now we will have questions, starting with Mr. Jeneroux.

Mr. Matt Jeneroux: First, there's just a quick procedural thing, to answer my friend Mr. Powlowski. The unanimous consent motion that was passed in the House doesn't have an end time. I recognize that the agenda today does, and that's 5:30. However, there is no end time and the unanimous consent motion supersedes the agenda. We'll proceed under that, and hopefully everybody will be able to have enough time to ask and answer their questions.

The Prime Minister said today, with regard to the first flight that came in from China, that there were a number of individuals they were trying to follow up with and contact. The purpose of the official opposition in calling this committee was to make sure that Canadians have as much information as possible. I feel that the public safety of Canadians is of the utmost importance to everybody within the House of Commons. When he made those comments today, I think probably some flags were raised across the country with regard to the percentage of the people we've been able to contact and where those people are.

I am hoping that you can shed some light on how many people were on that flight to begin with and how many people we have been able to follow up with since that flight.

● (1645)

Ms. Tina Namiesniowski: Pursuant to the comment I made during my opening statement, contact tracing is something that falls within the responsibility of the local provincial health authority within the jurisdiction that has the individual they're dealing with.

That said, we've been working very hard with the Province of Ontario to support its efforts in terms of identifying individuals who were on the plane associated with the first index case in Canada.

At this point, it's our understanding that if they haven't contacted 100% of the people who were in the surrounding area of that index case, it's about 99.9%. Unless my colleague the deputy minister from Health Canada has anything to add to that, that's our understanding at this point in time.

Mr. Matt Jeneroux: Do they report that information back to you, through you? I would suspect that as the president of the Public Health Agency of Canada you would be interested in how many people would still be out there. Is that information that's sent to your agency?

Ms. Tina Namiesniowski: In terms of the role the province plays, they are the ones responsible for the case management of the individual. We support them in terms of helping to find where those individuals might be and how to get a hold of them, but in terms of reporting back to us on who those individuals are, there is no obligation for them to do that.

Mr. Matt Jeneroux: Okay, interesting—

Ms. Tina Namiesniowski: Obviously, in terms of any kind of confirmed case or a suspected case, we are certainly working very closely with the provinces and territories. They definitely report that to us.

Mr. Matt Jeneroux: The minister said just this afternoon that the plan is to repatriate Canadians stuck in China, and said they have secured a plane. As of now, there are160 people, I believe, who have asked for help, out of the 250 in China.

If the government is successful in getting these individuals home, what's the plan once they arrive here in Canada?

Ms. Tina Namiesniowski: We are working very closely with our colleagues at Global Affairs Canada, who are leading that particular initiative. As our minister indicated, that includes how we will assess and deal with people when they return to Canada. That work is under way.

Mr. Matt Jeneroux: Certainly we'll support the motion to get the foreign affairs officials here as well.

The minister said they'd be quarantined once they arrived. I suspect that then falls within your jurisdiction. Does it?

Ms. Tina Namiesniowski: We have responsibility for the administration of the Quarantine Act, and we're working closely, as I said, with our colleagues at Global Affairs Canada, as well as others, in terms of coming up with what we think is the best approach in terms of dealing with individuals when they return to Canada.

As our minister highlighted today, we're all very much concerned with ensuring the health and safety of Canadians, as well as those Canadians who would be returning to Canada on that plane.

Mr. Matt Jeneroux: Help me understand it, then. Do we check them prior to their leaving China, or are they checked once they land? In terms of quarantining, are they quarantined at hospital? Are they quarantined at home?

What's the process, going forward?

Ms. Tina Namiesniowski: We're working through all those details at this point in time, so it's premature for me to pronounce on that because we've yet to conclude the way in which we are going to operationalize the return of the flight. However, we're working through that as quickly as possible.

It's safe to say that we are very much attuned to ensuring we are doing the requisite public safety or public health measures—

Mr. Matt Jeneroux: Is there not a protocol, though, that would be in place? Is there not a standard that would be the usual practice of some sort if somebody is to be quarantined? I would be concerned if we just don't have a plan once they land. Why are we sending the plane over there? Perhaps you could shed some light on that.

Ms. Tina Namiesniowski: The Quarantine Act is focused on preventing the introduction and spread of communicable diseases, and the Quarantine Act applies at all ports of entry. Pursuant to that act, we definitely have the authority to take measures that would help us ensure that the health and safety of individuals who are coming home to Canada is dealt with appropriately.

We are working through all of the details that will ensure we are fully aligned with the obligations of the Quarantine Act.

● (1650)

The Chair: Thank you, Mr. Jeneroux.

Next is Dr. Powlowski. You have six minutes.

Mr. Marcus Powlowski: I know that different countries are responding in different fashions to this outbreak. I'm not sure to whom I should be addressing this question. When you look at the map of China and where their cases are, they start off around Wuhan. Looking at it from day to day, I saw a little red blob where they had cases, and then the next day it was bigger and the next day bigger, and now it's looking like a lot of China.

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.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): 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. I think what you're proposing is a sort of voluntary self-measure.

I would say, as our president of the Public Health Agency has said, that you have to be very cognizant that the global effort to contain the virus requires the absolute commitment and engagement of the communities that are affected. 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.

Mr. Marcus Powlowski: Let me say—and this may be an added question—that the Chinese authorities, in my understanding at least, as reported in regard to Mr. Ma in 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.

I understand that this hasn't been confirmed. Other agencies, such as the CDC, have questioned whether that's really the case, but certainly I think the foremost authorities on the novel coronavirus are going to be the Chinese, so if they figure it's that way.... Britain has already taken action in terms of voluntary coordination. It would seem to me to be something that maybe we ought to consider. I don't know how drastic that is.

I was under quarantine under SARS II. When I saw someone who, when SARS was supposedly over, turned out to have SARS without any precautions, I put myself in quarantine, figuring, “I know he's got SARS.” Sure enough, he did, but it took about six or seven days for the Public Health Agency to report that to me. I don't know if it's asking too much, given the possibility of asking people to voluntary quarantine. If the British are doing it, I would suggest that we ought to think about it.

Dr. Theresa Tam: I know that the World Health Organization is actively in China looking at the evidence. That is a very key piece of evidence that we are trying to ascertain. We do know something about coronaviruses, given that we've had other coronaviruses that cause anything from a mild illness through the common cold all the way to a more severe end of the spectrum such as SARS, the coronavirus and MERS, or Middle East respiratory syndrome coronavirus. Based on what we know about those coronaviruses, is it possible that an asymptomatic person could transmit the virus? Even if it's possible, it is, we believe, a rare event. It is not that type of transmission that drives the force of an 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. It's something that we're pursuing very actively with the World Health Organization. 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.

• (1655)

Mr. Marcus Powlowski: You brought up the World Health Organization. In response to SARS, there was the impetus to create the new international health regulations, which set up a mechanism for the monitoring of outbreaks of infectious disease; a mechanism for reporting for WHO; and then, if it's considered something that could potentially be a public health emergency of international concern, convening a committee to make the decision on whether to call it a public health emergency of international concern.

I understand you've been in contact with WHO. This would certainly seem to be a public health emergency of international concern. We were meeting as a caucus, on a Sunday, to consider this. It's front page on every newspaper in the world. Why hasn't that been declared?

The Chair: If the witnesses have a quick answer to that, they can go ahead, please.

Dr. Theresa Tam: I know that the committee is meeting tomorrow morning. I think we need to await the actual deliberations. The final decisions are up to the director general of the World Health Organization.

The Chair: Thank you.

We go now to the Bloc.

Monsieur Thériault.

[*Translation*]

Mr. Luc Thériault: Thank you very much, Mr. Chair.

As we begin our work, may I recognize the interpreters, who have been doing a remarkable job since our sitting began, as they always do. They have my congratulations. I will try to speak more slowly in order to help everyone to better understand.

Dr. Tam, Ms. Namiesniowski was telling us that we have to combat disinformation. I am therefore hearing that we must focus on accurate information. We have to prevent this epidemic from becoming a pandemic.

As we speak, is it still true that, in Canada or outside China, there is no case that results from secondary contamination?

[*English*]

Dr. Theresa Tam: As our president said earlier, 99% of the cases are in China. Of the cases that are related to travel to affected areas of China, there have been, I think, about three instances of human-to-human transmission in a very limited way among close contacts. Every country that's had the imported cases is very much monitoring all the close contacts to make sure they don't actually spread further into the community. All of the evidence related to the exported cases shows that they continue to be the close contacts of the cases.

[*Translation*]

Mr. Luc Thériault: Let me focus my question.

Is it true that, in Canada, people in whom the virus has been detected are those who have been in direct contact with China, the site of the epidemic?

In other words, is it true that no Canadian who has not set foot in China has been infected? Are we rather talking about people who were infected over there and who sometimes return with no symptoms when they declare their health status? If so, is that also the case in other countries?

• (1700)

[*English*]

Dr. Theresa Tam: In Canada we've had three cases. They're all connected to travel to Wuhan. In the other countries, the vast majority are connected to Wuhan. Maybe one of the cases is connected to another area in China.

Currently in two countries that are looking at their cases, Japan and Germany, there has been a very specific case of someone who has not travelled but has contracted the virus from people from Wuhan. In those countries, this suggests that even though they did not travel, they were in direct contact with someone who did come from China.

Those instances are rare and very limited. For sure, in the general population in Canada, the risk is low.

[*Translation*]

Mr. Luc Thériault: Thank you.

Dr. Tam, just now, you said something about Canadian nationals who would like to come back to this country. The Canadian government, through Minister Champagne, announced today that steps to get those people back were beginning to be taken. As I understand it, we first have to find out how many they are, where they are, and who they are.

You are telling us that the measures being taken on the ground are sufficient. What I gathered from your answer to Mr. Powlowski is that you would not recommend quarantine. Did I understand correctly? For the people coming back to this country now, are the measures being taken on the ground in China, adequate enough to allow us to operate on a strictly voluntary basis?

[*English*]

Dr. Theresa Tam: As the president already indicated, those very specific processes are still being planned. What I do know, given my communication with the World Health Organization, is that China is not letting anyone leave Wuhan, so there's that sort of containment. Anyone who leaves—and that case is extraordinary—has active screening before being allowed to get on a plane, because they don't want to let anyone out of the city. There is actually strict screening before anyone can board a plane and leave.

The rest of the very specific processes we are undertaking are still being planned. The underlying public health principle is that we have to assess individual risk, I believe. Maybe they're not all the same. We will have to look at the details of individuals who are potentially on that plane.

What I'm talking about, of course, is the measures we have right now for any traveller coming back from the affected area, which include isolating the people who are ill with respiratory symptoms. Their contacts are monitored, so there is that sort of quarantine, if you like. Anyone who isn't sick who comes in does not get quarantined if they haven't been in contact with a case. That's the general public health protocol. We will be leaning on that as part of the guidance as we examine exactly what we're going to do with passengers on any potential flight.

● (1705)

The Chair: Thank you, Mr. Thériault.

We'll now go to Mr. Davies for six minutes.

Mr. Don Davies: Thank you, Mr. Chair.

Thank you to the witnesses for being here on short notice.

Dr. Tam, generally, or as closely as you can tell us, among those infected with the novel coronavirus, what percentage of patients have experienced severe disease?

Dr. Theresa Tam: Based on data coming out of China, about 20% of cases are what they define as severe. That could mean pneumonia. We know that in terms of the number of deaths, there have been just over 130 out of over 6,000 reported cases. We currently cannot estimate the actual case vitality rate. That takes time and the other outbreaks can take weeks, or in fact months, to ascertain. I think the global response has been to treat this as potentially serious. That's where we are at, with about 20%.

Mr. Don Davies: Is 133 deaths out of 6,000 cases a high percentage of deaths in relation to the number of people who have been infected?

Dr. Theresa Tam: Relative to something like SARS, it is lower, but as I said, there are 20% who might have a serious illness. We don't know what the clinical cause is. That is what we are watching very carefully.

Mr. Don Davies: Thanks.

Generally, how long is the period between when a person gets infected and when they start exhibiting symptoms?

Dr. Theresa Tam: That is what we call the incubation period, and it seems to be a whole range, anywhere from one day to 14 days. In the majority of cases—and that number is recalibrated every single day—the general incubation period is estimated to be five to six days right now, but you will have some outliers that are particularly long. In Canada we've considered the longest incubation period, 14 days, with regard to how we pursue our public health actions.

Mr. Don Davies: I would like to drill down to understand, if I can, exactly how this evacuation of Canadians is going to work in China. I've heard there are something like 160 Canadians who have indicated they want to return. Is Canada going to do any testing of those people to ensure that they are not infected with the coronavirus before they get on the plane?

Dr. Theresa Tam: As I've said, the details of that are being worked out. However, the Chinese authorities will not let anyone who might be infected on the plane. The rest we will be re-assessing with the protocol—

Mr. Don Davies: Is there a definitive test for people who might be infected with the virus but are not yet symptomatic? Is that the kind of test you're going to have for people?

Dr. Theresa Tam: The protocol of testing those passengers, all of that, is still being worked out. In China they do have the diagnostic test. No cases and no sick people will be leaving that city.

Mr. Don Davies: You read my mind. That's what I'm trying to establish. With an incubation period as long as 14 days, how do we ensure that people who are getting on the plane together don't have the coronavirus if they are not yet symptomatic? Can we definitively ensure that is not going to happen?

Dr. Theresa Tam: The protocols and the processes will be put in place to ensure we don't impact the Canadian public, but should anything happen on the flight, there are measures to separate anyone who suddenly develops symptoms, for example. We'll be very meticulous on how we work through all those processes in order for us to ensure that Canadians here are protected.

Mr. Don Davies: Do you know when the plane is scheduled to arrive in China and bring back the Canadians?

Ms. Tina Namiesniowski: All those details are being worked out, and obviously the Government of Canada is engaging closely with the Chinese authorities in relation to working out some of those details. From the point of view of the earlier questions you were asking, I can assure all committee members that we are very conscious of the concerns that exist around the potential for individuals to return to Canada and potentially be asymptomatic and then subsequently symptomatic. All of those issues are being taken fully into account as we develop and operationalize how we would ensure that we meet our obligations, pursuant to the Quarantine Act, around preventing the introduction and spread of communicable diseases into Canada.

● (1710)

Mr. Don Davies: If I may, I'm also concerned about the other people on the plane.

Ms. Tina Namiesniowski: Of course the concern also includes not just Canadians here but the Canadians who would be returning on the plane.

Mr. Don Davies: I have one quick question. Given that there's no specific antiviral treatment recommended for the coronavirus yet, I'm curious what treatment options are available right now to infected patients. As a follow-up, do you expect a vaccine for the coronavirus to be developed in the near term, and if so, how far away are we from a vaccine?

Dr. Theresa Tam: The current medical treatment is supportive care. That is what's available, as it is for many respiratory viruses that don't have a specific vaccine or treatment. In terms of medical care, if someone has pneumonia you may need to support them with oxygen. If someone is really severe you may actually need ventilation. There's also hydration and making sure someone can recover from the illness.

There is an international collaborative effort to look at what the clinical course is and what kinds of treatments might be important. The world is scanning every single antiviral we already have available to see if it has activity against this particular virus, and that is a global collaborative approach. WHO is coordinating a lot of that as well. In Canada, we are pulling together our research organizations and our academic expertise in order to contribute to that global effort. That's on the treatment, on the antiviral side.

On the vaccine, there have been a number of vaccines that have been previously developed for coronaviruses, but not this specific one. The world, again, is pulling together everyone who actually has one of these vaccines and seeing what we can do to accelerate that development. What I can say is that even with the most rapid acceleration, I don't believe we are going to see a vaccine that is ready for probably a year. We have to plan for the fact that we're going to be managing this particular virus with no specific vaccine.

The Chair: Thank you, Mr. Davies.

We now go to Monsieur Paul-Hus for five minutes.

[*Translation*]

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Thank you, Mr. Chair.

Once again, I am a little surprised. I am here more to talk about public safety.

Around the world, countries like the United States, Australia, and others, have been taking major steps to keep the situation under control. As I understand it, we are starting to take some steps here, but first, we have to get papers out of boxes and to reactivate protocols in order to remember how to put the Quarantine Act into effect.

Can you explain to me why everything takes so long in Canada? After all, there were recommendations in the 2003 report on SARS.

Ms. Namiesniowski, could you explain to me why things are not moving quickly?

[*English*]

Ms. Tina Namiesniowski: Mr. Chair, I just want to attempt to make it clear. Working very closely with our partners, including the Canada Border Services Agency, we are implementing the Quarantine Act across the country at every single port of entry. We're doing that now. We've been doing that for some period of time, and we'll continue to do that into the future.

We're very focused on ensuring that we're meeting our obligations pursuant to the Quarantine Act. If I left the impression that we are not doing this, that is not the case. We work quite diligently and closely together to ensure that we are protecting the health and safety of Canadians. The act very much aims to prevent the introduction and spread of communicable diseases. That is a role that's played every single day at every single port of entry.

[*Translation*]

Mr. Pierre Paul-Hus: I understand, and I do not want to criticize your work. We are here to ask questions because the public is asking them. We do not intend to create a panic either, but we want to know whether our government is ready to react.

You say that, at ports of entry, particularly the three airports, there are now notices telling people to report to a particular location.

When a flight arrives, particularly from China, of course, why are our border services officers not making sure that tests are done directly? Do we not have the tools to measure temperature, as other countries do, or quarantine areas? As it has been explained to me, I gather that we do not have separate checking lanes in the airports. Everyone from different flights ends up in the same place to go through customs.

Could we not put in place measures that are a little more robust?

● (1715)

[*English*]

Ms. Tina Namiesniowski: Mr. Chair, again, from the point of view of the efforts we have in place with our colleagues with the Canada Border Services Agency, they are very aligned with what's actually happening in other countries as well. From our perspective, at the end of the day the efforts are very much focused on controlling the introduction and subsequently the spread of the novel coronavirus. The types of measures and the enhanced measures that we've put in place, from our perspective, are very aligned with what our key allies are doing, so I think at this point we're quite satisfied with that.

[*Translation*]

Mr. Pierre Paul-Hus: You mentioned in your presentation that 99% of the passengers from flight CZ311 had been contacted.

Are we talking about 10 or 12 passengers in specific rows, or passengers from the entire flight?

Ms. Tina Namiesniowski: No, not the entire flight.

We have a protocol that tells us what we must do in situations where contacts need to be found. We are following the protocol.

[*English*]

It's really a focused concentration on individuals who are in rows around the index case we're interested in. Again, based on the science and what we know about the disease, it is not a protocol that would have us look at contact tracing for everybody on the plane.

[*Translation*]

Mr. Pierre Paul-Hus: 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.

[*English*]

Ms. Tina Namiesniowski: In terms of the collaboration that's been taking place between the federal government and all of the provinces and territories, there has been a lot of work done to ensure there is agreed-upon guidance with regard to infection prevention and control measures that are utilized in hospital settings, and guidance around what should be done in the event there are individuals who present themselves at a health facility and indicate that they have been in Wuhan, for example.

That work has been under way for a number of weeks and, from our perspective, it's very clear there is commitment across the country at the provincial and territorial levels to ensure that we have consistency of approach and that cases are addressed in a way that ensures the health and safety of Canadians.

In that respect, from what we've seen to date, the system is definitely working as intended. In terms of individuals who may come through an airport and who have indicated through the kiosk questioning, for example, that they have been in one of the affected areas—as I said earlier, the questionnaire now asks about Hubei province and not just Wuhan—we're providing them with information so that it is very clear to individuals who are leaving the airport what they should do in the event they feel they are becoming sick or are concerned about their health. That has played out as anticipated.

The Chair: Thank you, Mr. Paul-Hus.

We will now go to Ms. Sidhu for five minutes.

Ms. Sonia Sidhu: Thank you, Chair.

Thank you all for giving us valuable information, and, Dr. Tam, thank you for your leadership.

I have heard about self-reporting. How are you ensuring the information gets to the traveller? I heard that you have set up a 1-800 line. Are there any language considerations with that? How are travellers getting that information?

Dr. Theresa Tam: 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.

● (1720)

Ms. Sonia Sidhu: If a person arrives at one of the three airports where you said people were coming, and they have symptoms of a virus, what would they experience?

On isolation, you mentioned the Quarantine Act. Would that start from the airport, or what system do we have in hospitals? Does the Quarantine Act work at the hospital, or does it start at the airport?

Dr. Theresa Tam: At the airport, if someone was exhibiting symptoms, they would immediately be separated from the rest of the people in the airport, and Public Health Agency staff would do an assessment. The next thing they would do is to send the individual to a designated emergency room for an actual assessment should that be necessary.

For individual patients, if we take another history and they have symptoms that are compatible with the illness, they will be sent to the emergency room. Paramedics or staff at the hospital emergency room will be alerted ahead of time so they can take the necessary precautions.

Once an individual has passed the international border and is in the local jurisdiction, it is the responsibility of that jurisdiction, through the very powerful local public health acts, to isolate cases and quarantine individuals. That will be done by local public health.

Ms. Sonia Sidhu: Thank you.

How can we avoid misinformation spreading on social media?

Dr. Theresa Tam: I think that is the challenge of our day. Our approach is to try to provide consistent, credible information through different channels. That's sort of escalating, of course, as we speak, with the website we have, providing regular technical briefings, and having that 1-800 number. It is quite a challenge. We have to try to improve, very broadly, Canadians' literacy in terms of health and what they can do to protect themselves but also almost their social media literacy. You cannot believe every rumour and everything you see. There are, of course, some elements of the social media environment.... I've been working in the vaccine confidence sphere, where you do have to actively look for misinformation and address it.

I think that's part of the strategy as well. It is of considerable significance. As I have always said, the epidemic of fear could be more difficult to control than the epidemic itself. I think everybody needs to do their part to try to address that.

Ms. Sonia Sidhu: Thank you.

The Chair: Thank you, Ms. Sidhu.

We go now to Mr. Kitchen for five minutes.

Mr. Robert Kitchen: Thank you, Mr. Chair.

First of all, I'd like to thank you all for what you do and for the great work you're doing in stepping forward here. We haven't seen this, as we're well aware with SARS, etc., for quite a while, so it does come forward. I appreciate the good work you do. We want to find out, because there will be people watching this show; we want to make certain that Canadians understand the level they're at and to educate them at the same time. That's one of the things we want to make sure we get out of this, and I appreciate that.

Ms. Namiesniowski, in your answer to Dr. Powlowski, when he was asking about self-isolation, you indicated that there were protocols you have in place on how to do that. Can you share those with this committee so that we can understand that, see what those protocols are and what those steps are? Is that possible?

● (1725)

Ms. Tina Namiesniowski: Do you want me to share them now?

Mr. Robert Kitchen: No, no, in writing. I assume you have them in writing, because they would be for you and you would also hand that down and disseminate this. Is that possible?

Ms. Tina Namiesniowski: Yes, Mr. Chair, that's possible.

Mr. Robert Kitchen: Okay. Thank you.

In my practice many years ago, before I became a member of Parliament, at times I had patients who would come in and ask me about SARS, etc. I know that if I were in practice today, that same thing would be happening. We want to make certain we're able to reassure Canadians that while there is an issue here, we're talking about a virus. We're talking about a virus that, as you are well aware, at this point in time appears to be of low risk but is there, and we need to take the proper steps. It is flu season, and we need to make certain we're doing the proper things that we need to do. I think that's important.

Perhaps you can just help educate Canadians on where we're at on this. The reality is that we're looking at a droplet that's being exposed. Then there is the question of exposure to that droplet, and then incubation time. Is that correct?

Ms. Tina Namiesniowski: Yes.

Mr. Robert Kitchen: As we see that, the question is about that droplet. What is the lifespan? Do we know at this point in time whether that droplet lies dormant or expires after a certain length of time? Can you explain that to people?

Dr. Theresa Tam: It's correct that this.... The current understanding of coronaviruses in general, and we believe with this one, is that it is spread through droplets that people cough or sneeze out but also through contaminated surfaces—e.g., if someone coughs up a droplet on this table. It depends on what surface it's on. I think the survival of the virus on different types of surfaces is probably being worked on right now, but viruses can survive for a number of hours on a surface. There is a lot you can do. As with other respiratory viruses, washing your hands is absolutely critical. You're touching all sorts of things all day. It doesn't matter whether it's a doorknob or a table; it's something that people can actually do. Of course, to stop droplets and sneezes and to protect other people, if you're sick, please don't show up anywhere. Don't go to work. Also, cover your cough. That's really important to protect everybody.

It's like other respiratory viruses, even though it is new. We know how you can protect yourself against a respiratory virus. These are some of the really sensible things you can do. It is true that it's not just the droplets directly from someone else. They can also land on a surface. Cleaning and disinfection are appropriate as well.

Mr. Robert Kitchen: That brings me to my next question. As recently as Friday, I came in internationally and landed in Toronto. As we came into the international airport and were walking through the airport, multiple planes came in at the same time. We all came to that very first point, so here's my first question.

I believe it has changed, but the reality was that the screening—so that people can actually see the documentation talking about this issue—when I came through was not very evident. I understand that it got bigger so people can see more of it. That brings me to the issue of how people come through to the computer and start to punch in numbers. We're basically touching a computer program that someone may or may not have put that droplet on.

As that goes through, there's a concern about it, and I'm hoping that you've looked at this issue and how you are going to advise on that. As it goes forward, the next step, as you mentioned, is to then go to the customs officer. I notice that the customs officers are being protected, and rightly so, with masks, facial masks that are actually protective. That's instead of the simple surgical mask that we see; as you know, the lifespan of those is very short.

The reality is, what orders are being given to those CBSA officers to identify that? As I went through there, I was scared not about this issue but just about so many people and so much confusion. Where would they go from there? How are they going to...? What authority are you giving them to make the decision on whether or not someone is sick?

● (1730)

Dr. Theresa Tam: The CBSA officers all have been trained by our agency's quarantine service, and that's very important. They are directly authorized through the Quarantine Act because they are the first screening officers, so they have authority. Also, should they be at all concerned about anyone, they then also have a reach-back mechanism to our staff, who can then manage the situation as appropriate.

The Chair: Thank you, Mr. Kitchen.

We go now to Mr. Kelloway for five minutes.

Mr. Mike Kelloway (Cape Breton—Canso, Lib.): Thank you, Mr. Chair.

I want to thank the three of you for your service and leadership on this file, and no doubt on many others. We talked today about the importance of this committee and this discussion around awareness and education. If you could, would you unpack the terms “presumed cases” and “confirmed cases” for us?

Dr. Theresa Tam: Again, in collaboration with the provinces and territories, we have case definitions. At the beginning of any emerging infectious disease, we have to develop the laboratory test. Now we have that.

At the beginning of any outbreak, not every laboratory can do the test, but they're beginning to acquire the testing capabilities. For example, Ontario has managed to develop a molecular test based on the sequence of the virus from China. It is a very good test, but we want to double-check it in the reference lab in Winnipeg, the National Microbiology Laboratory.

What you will see is that they'll be called “presumptive confirmed” until they've had that second check. They are confirmed. They are actually being treated as a confirmed case on all accounts, whether it's contact tracing or managing them. Until that second test comes back at the National Microbiology Laboratory, we will not call it actually “confirmed”. As you will see later on in the outbreak, many more laboratories will be able to confirm, and maybe we won't necessarily have to send that to Winnipeg. Every confirmed case will be reported to the Public Health Agency.

Mr. Mike Kelloway: Thank you so much. It is a question on terminology and common literacy that has come from my constituents as to what those terms mean, because it's very important to them.

I have a second question. If a person were to arrive at one of our airports and had the virus or was suspected of having the virus, what would they experience—I'm a visual learner—and what would they see at the border?

Dr. Theresa Tam: As you come through the border, first of all, you will be able to see those arrival screens saying, “Tell the border services officer if you're sick and you come from this area.” You would go through the kiosk and have the screening questions. When a flag comes up from that kiosk, the CBSA officer will look at that and say, “Okay, this is someone from an affected area.” In fact, they would screen anyone who's sick. That's their normal job every day, actually.

At that moment in time they will ask you.... In fact, they're not wearing masks and are not suited up. These are regular CBSA officers. As soon as they see that checked box, if you like, from the kiosk, and if you have any symptoms or you say you've had symptoms, you will be safely asked to distance yourself. Then, as appropriate, there are areas at the airport where you can undergo further assessment as needed.

The border services officers will ask you to wait. They will be calling the Public Health Agency's quarantine service for further assessment. Then, if necessary, if you actually have symptoms—and we have a very low threshold for further assessing someone—a quarantine order for examination will be put in place.

You will be safely transported to the emergency room. We already have designated hospitals, which have been collaborating ahead of time, next to those airports, which will then receive you. You will then be assessed by the physician in the ER. Then, depending on what they find, you'll be appropriately managed.

Mr. Mike Kelloway: Thank you so much.

Just as a follow-up on the threshold of assessment, can you break down the threshold of assessment, in two minutes or less?

● (1735)

Dr. Theresa Tam: We will be looking for anyone with a reported fever, cough or difficulties breathing. Those are the really key ones.

Mr. Mike Kelloway: Thank you so much.

The Chair: You have 28 seconds.

Mr. Mike Kelloway: That's the first time for a Cape Bretoner to talk less, but I do have some other questions here, again around definitions and around terminology. I hear that the risk to Canadians is low, and you've mentioned it several times today. Can you unpack that again around the terminology of “low”? I think it probably ties into a lot of what the previous answer referenced. Thank you.

Dr. Theresa Tam: It can get very technical, but on a broader scale, the risk is obviously very high in China. It has 99% of cases and transmissions. We have had, not unexpectedly, some imported cases that are being well managed. What we look at is the likelihood of importation by volume of travellers from an affected area, followed by essentially looking at the impact from its severity but also looking at impact in terms of whether we have the measures to mitigate the impact. It's a balance of all of those things.

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.

The Chair: Thank you, Mr. Kelloway.

We go now to Monsieur Thériault once more, for two and a half minutes.

[*Translation*]

Mr. Luc Thériault: I have two and a half minutes. Okay.

Just now, you said that tracing was very limited to the first cases, the passengers who were most at risk, given the way in which the virus spreads.

How long does it take to find those people? Once they have been tracked down, for how long are they monitored? It is possible that they have no symptoms. Is that during the incubation period? Specifically, how do you do what you do?

[*English*]

Dr. Theresa Tam: 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.

[*Translation*]

Mr. Luc Thériault: Okay, but were those people in quarantine, in isolation, for 14 days? If not, did they undergo different tests? Do they have to report the slightest symptom? What happens during those 14 days, specifically?

[*English*]

Dr. Theresa Tam: There are different types of contacts. For example, if someone is an actual family member or a fellow traveller, they would have had much closer and more prolonged exposure to the case. Those are the high-risk contacts. They will be essentially in isolation or quarantine for 14 days to protect against any further transmission. Other passengers or other contacts will be followed up on by local public health using their protocols.

Right now it is not necessarily keeping them completely isolated. It involves active monitoring by the local public health departments.

● (1740)

The Chair: Thank you, Monsieur Thériault.

Ms. Kwan, you have two and a half minutes.

Ms. Jenny Kwan (Vancouver East, NDP): Thank you very much.

Thank you to our witnesses.

I'd like to get back to the point about differences of opinion around asymptomatic situations versus what we understand, from the media anyway, the health minister from China has indicated, which is that you could be asymptomatic and still spread the disease.

I guess WHO is looking into this to try to get clarification. When do you expect an answer?

Dr. Theresa Tam: They are trying as hard as possible, but, as I said, even if that is the case, I think there are two things the experts will be looking at. One is whether they are truly asymptomatic, because they could actually have symptoms, so they would be looking at that first. Then even if there are asymptomatic people who could transmit, is that just a rare event or is that frequent? If it is rare, it's really the extent to which this phenomenon occurs, so it might take some time for that to be looked at.

We know with coronaviruses and many other viruses that even if you are infectious at the start of the illness, you don't really readily transmit. It's when you are coughing the virus up and the droplets spread. You are coughing; you are sneezing. You are much more likely to transmit when you have symptoms, so basically we're looking at not just whether it happens but whether it is a very rare phenomenon. We want to understand the extent to which this occurs.

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

Ms. Jenny Kwan: If I may ask just very quickly, I know that Wuhan is the epicentre. The second source, from what we understand now from China, is Guangdong province in China, in terms of people with the virus.

I'm wondering what plans we have, by way of the government, to support both the people who might be in Guangdong province and Canadians who might be there visiting over the holiday season who are tyring to make their way back. Is there any process in place with respect to that?

My second question is with regard to safety measures. I raise that because B.C. is the twinning province of Guangdong province. In my riding of Vancouver East, many of my constituents have travelled over to Guangdong and may have had contact with people—I don't know—and may be trying to make their way back. I'm very worried about them, both about their situations there and about whether or not they've been exposed and, if not, whether they will be able to make their way back.

I'm wondering what actions the government is taking with respect to those things.

Last, for people who—

The Chair: We're at three-and-some minutes, so....

Ms. Jenny Kwan: Oh. Sorry. Can I finish?

The Chair: Just finish really quickly.

Ms. Jenny Kwan: Okay.

This is with regard to people who may not be from Wuhan—for example, people who have travelled to, let's say, Japan, Korea and other places—who might have contracted the virus. In terms of measures for those other secondary individuals, what plans or considerations are being undertaken with respect to that from the Canadian government's point of view?

Ms. Tina Namiesniowski: Mr. Chair, maybe I could note that in relation to the question around what might be planned with respect to repatriation, that's really a question that is better directed to our colleagues at Global Affairs Canada.

In terms of the other question that was asked with respect to individuals who may have been in Wuhan, might now be in other parts of the world, and who would subsequently come home to Canada on a flight other than directly from China, the measures we have in airports would still apply. We talked about the measures we put in place in Montreal, Toronto and Vancouver. We actually had a couple of individuals who came through a couple of other locations and self-reported. They indicated that they had been in Wuhan at one point prior to their return to Canada, and the same sort of screening taking place in the other three airports was applied.

It's consistent across the country in the sense that, again, referencing back to the Quarantine Act, any time a traveller returns and indicates to a screening officer—all of our Canada Border Services Agency agents are screening officers pursuant to the Quarantine Act—that they're not feeling well for whatever reason, then, as Dr. Tam has indicated, there is a reach-back to our quarantine service. So that applies.

● (1745)

The Chair: Thank you, everyone.

Thank you so much to our witnesses, and thanks very much....

Yes.

Mr. Matt Jeneroux: On a point of order, Mr. Chair, there are still a few members here who I'm sure would like to ask some questions. There are a couple on our side, and I know there's someone on your side over there. I'd like to have at least an opportunity for them to ask questions of these witnesses. I believe that would be at least three more rounds.

Again, the unanimous consent motion didn't have an end time. The clerk took it upon himself to put an end time on this. However, I would like to proceed until we exhaust all questions on all sides of the floor here.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): I have some very serious questions that have not been answered at all.

The Chair: Are the witnesses able to stick around longer?

How about we do one more round?

Mr. Matt Jeneroux: If we could, until all the questions are exhausted.... I believe that's the intent.

The Chair: That's pretty open-ended. Let's start with one more round and see where we're at.

Mr. Matt Jeneroux: The unanimous consent motion had no end time, Mr. Chair. If we could, again, in terms of the seriousness of this committee, I think putting no end time on it is appropriate at this time. As we go along, I am open to assessing it, but I certainly don't want to put a hard end stop on it if we're finding out details in the moment.

I am happy to do it ad hoc as we go, but just to say “one more round” I think is.... We have at least three more questioners.

The Chair: Mr. Fisher, please.

Mr. Darren Fisher: Mr. Chair, obviously this would be at the will of the committee, but perhaps we would like to retain the ability to bring these folks back again sometime because this is such an evolving issue. I've heard an awful lot about where we are today, but this is evolving so quickly that we might have totally different information in a week. We could do it on a case-by-case basis if the committee so deems.

The Chair: Are there any other comments?

Mr. Len Webber: Yes, I have a comment. This is an emergency situation here right now. We have this special meeting set up here today to get some questions answered. We have the presenters here today, and—

Mr. Marcus Powlowski: We agree.

Mr. Len Webber: Oh, you agree. Okay. Fantastic.

Voices: Oh, oh!

Mr. Len Webber: All right. Then I have nothing more to say.

Mr. Darren Fisher: But also in addition we'll have them back if they can....

The Chair: We have already proposed that we continue these briefings next week. In that regard, I don't know if you've seen the list of witnesses that Ms. Sidhu has suggested. She will share them with the clerk. The clerk will share them with everyone.

If you have any further witnesses you want to put on the list, I'll work with the clerk to try to arrange their presence if we can. I'm reluctant to go open-ended on this because I don't think it's fair to our witnesses. Let's start with one more round and see where we get.

Mrs. Tamara Jansen: The only thing with that, Mr. Chair, is that some of us won't be able to ask our questions. Can we make sure that everybody gets a chance to ask questions?

The Chair: With one more round, we would have two Conservative slots, two more Liberal slots, and the Bloc and the NDP. Okay? Will we do one more round?

Mr. Robert Kitchen: For how many minutes?

The Chair: Five minutes.

We're starting with the Conservative Party and Mr. Webber.

Mr. Len Webber: Thank you, Mr. Chair, and thanks to our witnesses for being here today.

Ms. Namiesniowski, thank you for your presentation. You talked a bit about travel and the concerns about international travel. You said to check with travel.gc.ca, so I went online, and of course for China you're to avoid “non-essential travel”. For Hubei province, you are to avoid “all travel”. Are there in fact Canadians still travelling over there currently? I know that is a difficult question to answer, but are you hearing of Canadians still travelling to these areas?

● (1750)

Ms. Tina Namiesniowski: Mr. Chair, I don't think we would have information that would enable us to answer that question.

Mr. Len Webber: I didn't think so, but I thought I would try anyway. There is certainly a concern with people travelling over there.

Many are suggesting that we implement a travel ban. Others say that it's not necessary right now. It sounds like that's what you're saying in your health department. Who determines that? Can you answer this question? Who determines whether or not there would be a travel ban put in place? What thresholds are needed before a travel ban would be implemented?

Ms. Tina Namiesniowski: I'll ask my colleague Dr. Tam to answer that question, because there's definitely an expectation that the World Health Organization has of countries with respect to imposing restrictions on trade and travel.

Dr. Theresa Tam: Again, the WHO International Health Regulations Emergency Committee will meet tomorrow. They will have some recommendations.

Mr. Len Webber: You will go based on their recommendations, then.

Dr. Theresa Tam: Not just that, but if we go beyond.... 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.

On the Global Affairs side, you can ask them, because some of the criteria are more for safety and security reasons, rather than health. That is a different reason because of some of the extraordinary measures, in fact, that China has put in place to try to contain the spread. We've never seen this type of extraordinary measure in modern public health history. If you put everything on a standstill, you have to look at what the implications are.

Mr. Len Webber: Do you know of any indications that other countries have put a travel ban in place?

Dr. Theresa Tam: 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.

Mr. Len Webber: Okay.

I have another question. You talked about the 6,000 confirmed cases in China and the 133 deaths, and the five confirmed cases in the U.S. and the three here. Can you describe the demographics of these cases at all? Are women more susceptible, or men? Is there an age at which they are more susceptible, old or young? Are there any indications there?

Dr. Theresa Tam: There have been very few imported cases. Overall, in terms of 100% of the cases, I don't think there is a very specific male-to-female ratio of note.

At the beginning, there was, when it was linked to a specific cluster in a particular market. There was a male preponderance in those cases, but I think right now not specifically. In the severe end of the spectrum, there are more people who are older, with underlying medical conditions, so that is a key observation.

Mr. Len Webber: Thank you.

The Chair: You have a few more minutes.

Dr. Theresa Tam: Just to add to that, though, about the exported cases, most of them have actually been relatively mild. There has been only one exported case that had a severe outcome.

● (1755)

Mr. Len Webber: I have a few more minutes here. Can I share my time with Tamara? She continues on the next round, so we could use those minutes.

The Chair: Go ahead.

Mrs. Tamara Jansen: I have been receiving many messages from a number of concerned parents who are permanent residents and whose children have travelled across the water. Let me read from one of these for you.

A mother here in Canada contacted me about her husband, who is a permanent resident, and her two-and-a-half-year-old baby, Cerena, who is a Canadian citizen. The father and the daughter are currently in China. Her husband is hospitalized with a suspected case of the virus and her daughter is in quarantine, though showing no symptoms.

The government isn't giving any answers to some really serious questions. I've had many people ask me this first one. Will permanent residents be eligible to get on that plane?

Ms. Tina Namiesniowski: I think, Mr. Chair, again, that's a question we can't answer. I think it would be better directed to our colleagues at Global Affairs Canada, who are the ones having discussions with Chinese authorities.

Mrs. Tamara Jansen: You guys have no clue on that one. All right.

Next—

The Chair: Actually, the time is up. We'll go now to Mr. Fisher for five minutes.

Mr. Darren Fisher: Thank you very much, Mr. Chair.

Folks, this is incredible. Thank you so much for this, and thank you not just for what you've done today, but for all you've done in the last few weeks.

Dr. Tam, I've heard your name a thousand times in the last few weeks, so thank you for the transparency and the information as this evolves. I appreciate all you've done. You've talked about all of the collaboration and the engagement with PT and the FPT advisory committee and also about us contributing to the vaccine effort. The minister is constantly engaging with her provincial counterparts.

What are we doing differently from other countries, or additionally, or are we following...? I appreciate that you're a special adviser to the World Health Organization. Are we doing anything different in Canada? Not since SARS, but are we doing anything to protect our citizens that's different from what the rest of the international world is doing?

Dr. Theresa Tam: I think we are very much in line with similar countries. 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've been preparing since the beginning of even hearing about this outbreak and we have all these protocols, so I would say that we're commensurate with countries that are similar in terms of health capacities. 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.

Mr. Darren Fisher: Are you happy with the collaboration you're getting from China, as compared to maybe the situation in the past, in 2003?

Dr. Theresa Tam: Obviously, we collaborate as part of WHO and the member states.

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. But even the fastest of countries still needs a bit of time to actually digest some of this information. They have been open to WHO and an international team to support and to essentially look at what's actually happening.

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.

● (1800)

Mr. Darren Fisher: Excellent.

I was happily surprised when you said that Ontario now has the ability to test. We're obviously still using the National Microbiology Laboratory in Winnipeg as the true tester, but will we get to a point where Ontario and other provinces will not need to use Winnipeg's results as the true proving point?

Dr. Theresa Tam: We have—

Mr. Darren Fisher: Do we also have the ability to test in other places in Canada?

Dr. Theresa Tam: I think that after SARS, much capacity has been put in place, including the Canadian Public Health Laboratory Network, which involves all the provinces, so there are provincial laboratories.

I think our end goal, if possible, is that as many of them as possible can do the test, because you need to be rapid. Sending a sample to Winnipeg takes a bit of time even if we run it really fast when we get it.

I think some of the provinces, such as British Columbia, which is the other one, did very rapid testing. Part of that was that they actually sequenced the whole genome overnight, so we know they can, and other jurisdictions can as well. Eventually, though, there will be much broader, maybe even commercial test kits, that a laboratory can use to rapidly identify it as well. Those are the research efforts.

Mr. Darren Fisher: Do I have any time, Mr. Chair?

The Chair: No, you've burned it all up. Thank you.

We now go back to Mrs. Jansen for five minutes.

Mrs. Tamara Jansen: I'm just trying to figure out the situation we have here. I have residents reaching out to me, including another family with a little baby, Grace Tan. She is one and a half years old and she went to Enshi with her grandma. She has no other family there and she is a Canadian.

We're trying to figure out how she can come home with her grandma, because her grandma is Chinese. She is not a Canadian citizen. We're trying to figure out, if a plane gets there and there are children who are minors, how we can get minor Canadians on a plane if we don't even know details like whether a permanent resident can go with them.

These are all very urgent questions, and I'm not sure how we're going to get that communicated.

The Chair: May I suggest that these are questions for Global Affairs? These people aren't able to speak to that. We will be inviting someone from Global Affairs, I believe, next week.

Mrs. Tamara Jansen: The challenge I have with that is that I believe the plane will be leaving before that, so how do I help my constituents and residents understand? Can a permanent resident go on the plane? How do you get a child, a minor, onto a plane without a guardian? What are we going to do for these people?

The Chair: That's your question. I don't think they can answer, but....

Ms. Tina Namiesniowski: Maybe I could just note with regard to our colleagues at Global Affairs that there's been quite a bit of publicity about consular services. For those feeling they're in need of support from the Canadian government, our colleagues at Global Affairs have very much counselled individuals to reach out to consular services so that the officials will know and have a good understanding of what the need might be and the different individuals who are looking for support. Again, that's not something that falls within the purview of the Public Health Agency of Canada.

Mrs. Tamara Jansen: Again, my challenge is that these people are sending me these questions. Obviously, they know. They've even registered and so forth, and yet somehow they're asking me, “Can a permanent resident go? How am I going to do this with a minor child”, and so forth.

There's a lack of communication. Wires aren't crossing, or they are crossing and it's extremely urgent. That plane, from what I understand, is going to be there soon. We need to make sure that we have good answers for these people.

● (1805)

The Chair: Did the witnesses—

Mrs. Tamara Jansen: I can pass the rest over to my colleague. Is that all right?

The Chair: Sure.

Mr. Len Webber: I still have some time here.

Very quickly, Ms. Tam, you talked about the international, global collaborative efforts with regard to developing a vaccine and, of course, exploring candidate vaccines. There are apparently scientists here in Canada who are working on this right now, along with scientists around the world. Has there been more focus on getting more scientists here to work on developing a vaccine, or are you relying on global efforts? Is there more money being put in here into getting scientists to work?

Dr. Theresa Tam: I think this is part of the collaboration we're trying to pull together. At the Public Health Agency we are contacting other departments. The Canadian Institutes of Health Research, which is part of our health portfolio, is also part of this effort. They are looking at the researchers we have here, but we do have to link with the global effort. The response, of course, is mainly focused in one area of the world. To be really, really fast you have to pull everybody together.

I know there are a number of candidates, and there's a whole list of those that WHO is developing. We expect to link them into that global effort.

Mr. Len Webber: Do we have more time, Mr. Chair?

The Chair: You have 40 seconds.

Mr. Len Webber: Mr. Kitchen, go ahead.

Mr. Robert Kitchen: I'll just ask a quick question. In the report “Learning from SARS”, one of the recommendations was that the Government of Canada “should ensure that an adequate complement of quarantine officers is maintained at airports and other ports of entry, as required.” That's the procedure we put forward. Is that procedure in place? If so, have these been updated and increased at this point in time?

Ms. Tina Namiesniowski: Mr. Chair, in terms of the question of procedures and protocols, we committed to provide information back to the committee, if that's what I understand the question to be.

Mr. Robert Kitchen: Have we increased the number of quarantine officers since this outbreak?

Ms. Tina Namiesniowski: Do you mean, in terms of just now?

Mr. Robert Kitchen: Yes.

Ms. Tina Namiesniowski: We have a complement of quarantine officers and are thinking to the future. We're in the process of ensuring that, from a contingency plan point of view, we're training additional staff in the event they would be necessary. Right now the complement of our quarantine officers is able to support the measures we have in place and the level of effort that's been made with the border measures that have been described.

The Chair: Thank you, Mr. Kitchen.

We go now to Mr. Van Bynen.

Mr. Tony Van Bynen (Newmarket—Aurora, Lib.): Thank you, Mr. Chair.

Being new to this, I'd be interested in knowing what would happen if the World Health Organization does declare a public health emergency. What does that mean, and how does Canada respond?

Dr. Theresa Tam: That's a very good question. WHO, of course, will have recommendations for countries that have the actual epidemic, and then others. It has already given some advice ahead of this. For example, for other countries, not China, the advice is to be vigilant and to prepare to respond to contain any imported cases.

In fact, Canada has already been doing all of these and has looked at the advice that was provided. Even though an emergency wasn't declared, there was some advice from WHO, and we are already meeting some of those recommendations. Really it's about preparedness. As the president just said, we started alerting the jurisdictions as soon as we heard about this virus. We have all these protocols and capacities so that hospitals are on alert. I think that's essentially what the expectations would be. I'm not sure that there would be anything more that we would do, but we'll certainly be looking closely at what comes out of that meeting to see if anything additional needs to be done. As far as I am concerned, we've actually been preparing for about a month now.

● (1810)

Mr. Tony Van Bynen: As a former municipal officer, I can say that when we had SARS there was an important engagement at the provincial, regional and municipal levels. If I recall correctly, we had to designate a local arena for people to get vaccinations once a vaccine was defined. To what level are those discussions going on, so that as soon as we discover that there is a vaccine or something that can be done, people are able to mobilize?

Dr. Theresa Tam: Since SARS, certainly learning from the pandemic of H1N1 but also with our existing vaccination programs, we have a lot of capacity and protocols already in place. This is what public health is every day. In our pandemic preparedness plans and our national federal-provincial-territorial response plans, the vaccine response is a major piece of the response, which goes all the way down from the acquisition of a vaccine. For example, for a pandemic of influenza, we actually have contracts and everything in place. There isn't a vaccine available, unfortunately, for this novel virus. Should there be, all of the experiences and processes and infrastructures that we use to get ourselves prepared for an influenza pandemic will be brought to bear on how we do this.

In the last pandemic, H1N1, Canada had the highest vaccination rate globally. We have the ability. Essentially our aim is, should anybody in Canada want a vaccine at the time, to be able to deliver it to them. Unfortunately, right now that is not an option.

Mr. Tony Van Bynen: I know that this has been mentioned earlier, but I would like to get more detail on how, if there is a viral outbreak, we are better prepared to respond than we were in the past with SARS. Can you contrast our readiness now with the SARS readiness? How much further ahead are we now in our ability to respond?

Dr. Theresa Tam: 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. You've seen countries that previously didn't have the capacity, like China, having acquired that capacity.

In Canada, the Public Health Agency didn't exist at the time. We now have that. In Ontario, there's Public Health Ontario. We've enhanced our laboratory capacity and our surveillance capacity. Having this diagnostic done very rapidly was very important. We have this formalized federal-provincial-territorial coordination mechanism so that I can immediately contact all of my colleagues and set up the best processes to coordinate, because coherence in response is really important. Otherwise, the public will be confused and the health system will be confused. We're trying to be in lockstep and have a coordinated effort.

The infection prevention control practices in hospitals are really important. 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.

Then of course there's everything else. Public health agencies regularly do the case identification and contact tracing and management that you've seen Toronto Public Health, Vancouver Coastal Health and others doing right now, and I think obviously they provide information to the public on a regular basis. I take my role very seriously, and I'm going to try to communicate what I know, what I don't know and when I'm going to potentially be able to tell you new information. That is absolutely important.

The fact that we had all the systems alerted in such a short time and picking up these cases, and how well they've managed that, is a testament to how the system has improved over time.

The Chair: Thank you. You're out of time.

We'll go now to Mr. Thériault.

[*Translation*]

You have two and a half minutes.

● (1815)

Mr. Luc Thériault: Earlier, you talked about close collaboration between Quebec and the other provinces. I would like to know specifically how that is done.

In Quebec, there were only six cases, reported voluntarily, and they turned out to be negative. However, if someone were to be found carrying the virus, how long would it take for the entire system to go into operation, and for other countries to be made aware?

Not counting the technical and scientific screening procedures, if a case like that is detected, do things happen instantaneously, say, in two hours, in one hour, in a day?

[*English*]

Dr. Theresa Tam: 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.

Quebec, for instance, will be able to test for all sorts of viruses and maybe the first step of the coronavirus testing. That's critical. Then the transportation of course to the National Microbiology Laboratory can take a number of hours, and we will run the test very fast, also within hours. However, that doesn't mean the individual, the sick person, has not already been managed. It's really fast.

[*Translation*]

Mr. Luc Thériault: Suppose I declare that I have symptoms. From that moment, how long would it take for you to know whether I have the virus? One minute, five minutes?

Ms. Tina Namiesniowski: Mr. Chair, I will try to answer the question.

It is almost instantaneous.

[*English*]

The provinces and territories are very seized with the importance of ensuring that the federal government in particular is aware as soon as they think they have a presumptive case. We've been getting notification, at least in the context of the three cases, very, very quickly. As soon as they know, they're engaging us.

[*Translation*]

Mr. Luc Thériault: Is that the case in the United States? The American border is not far away.

[*English*]

The Chair: Very quickly, please.

Ms. Tina Namiesniowski: Mr. Chairman, we are working very closely with our colleagues in the United States. We have daily calls with the CDC, the Centers for Disease Control; I think “prevention” and “disease control” are actually in their official title. They are sharing information with us quite quickly. Obviously, they have their own system, and there's no obligation for them to tell Canada in advance of reporting to WHO, but we're working closely together. We're each aware of what the other is doing.

The Chair: Thank you.

Mr. Davies, you have two and a half minutes.

Mr. Don Davies: Dr. Tam, are there any countries that you're aware of, like France, quarantining people, their citizens in China, for 14 days?

Dr. Theresa Tam: I'm not. I don't think I can be absolutely certain about that. It sounds like the U.K. may be doing something like that, but—

Mr. Don Davies: You're not sure at this point.

Dr. Theresa Tam: I think each individual country does have some variation.

Mr. Don Davies: Okay.

Dr. Tam, in 2005 you co-authored a study. I'm going to quote from it. It found that:

> ...from March through May 2003, Canada introduced various measures to screen airplane passengers at selected airports for symptoms and signs of SARS.... 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. Canadian screening results raise questions about the effectiveness of available screening measures for SARS at international borders.

In your view, Dr. Tam, are available screening measures for the novel coronavirus any more effective today than they were for SARS, when your study was published?

● (1820)

Dr. Theresa Tam: We know that entry screening—into Canada, for example—can never be 100% in terms of stopping any.... 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. 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.

Mr. Don Davies: Yes, and we're not doing that now.

Dr. Theresa Tam: We're not doing that, yes.

Mr. Don Davies: I'll get one quick question in. It may be an unfair question. We have three cases in Canada. Are you working with any modelling to project what might be the range of cases Canada might expect? If so, what are those numbers?

Dr. Theresa Tam: I think there are models that have been done in terms of flight paths and the numbers over January to March from Wuhan, for instance, so we have those numbers, but 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.

The Chair: Thank you, Mr. Davies.

That brings us to the end finally, I think.

Thank you to the witnesses for their excellent and comprehensive responses to excellent and comprehensive questions. As we progress, we may want to invite you back at some point, and I hope you'll be able to come.

I remind everybody that regular meetings are starting Monday, 3:30 to 5:30 and Wednesday, 3:30 to 5:30. Get your witness lists to the clerk, and we'll try to sort something out so we have proper witnesses as we go forward.

Ms. Kwan.

Ms. Jenny Kwan: Thank you very much, Mr. Chair.

In preparation for the next meeting, I'm wondering if the analysts can prepare some information for the committee members, including what the other countries are doing, for example, on the question that was just asked about France in terms of the evacuation procedures and in terms of the U.K. How many countries have embarked on putting forward a travel ban, and so on? All of that kind of information that is out there we are getting haphazardly, I would say. It would be so lovely for the committee members to get that factual information.

The Chair: Okay.

Are there any more comments?

Mr. Matt Jeneroux: Mr. Chair, could we just make sure ahead of time that the meetings are televised, going forward, for the Monday and Wednesday meetings as well?

The Chair: Is there agreement on that?

Do you mean every meeting? I don't think we're going to have it at every meeting.

Mr. Matt Jeneroux: Sorry, I mean just the Monday and Wednesday ones coming up here, so we don't have to suspend at the beginning of the meeting.

The Chair: Do we have agreement on that? They will be televised when services are available.

Some hon. members: Agreed.

The Chair: Mr. Davies.

Mr. Don Davies: Just quickly, I realize we are establishing the agenda. I'm just wondering when we will come back to our routine proceedings, or the routine motions of the committee.

● (1825)

The Chair: I'm sorry, I missed your question.

Mr. Don Davies: We still have a little bit of unfinished business from the standing committee. I stood that down today, but before we get too far in terms of scheduling Monday and Wednesday, when is that going to be taken care of?

The Chair: I will propose to the committee that we deal with your motions that we put off when we come in on Monday.

Mr. Don Davies: If the committee prefers, we can defer that to the latter half of the meeting. It shouldn't take longer than about 10 or 15 minutes.

The Chair: Okay. That works.

Mr. Don Davies: I leave that to the chair, but it's up for Monday's meeting at some point.

The Chair: All right. I'm dying to pound this hammer.

Mr. Thériault.

[*Translation*]

Mr. Luc Thériault: I wonder whether my colleague Mr. Davies would agree to send them to us. Once we have read them, we can move faster.

[*English*]

Mr. Don Davies: I'll be happy to circulate that to committee members tomorrow.

The Chair: Thanks, everybody.

With that, we're now adjourned.

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