

Deelnemers BAO 28 januari

Organisatie	Naam	Email
BZ	(10)(2e)	(10)(2e) @minbuza.nl
GGD Kennemerland	Bert van de Velden	(10)(2e) @vrk.nl
GGD GHOR	Sjaak de Gouw	(10)(2e) @ggdhm.nl
IGJ	Korrie Louwes	(10)(2e) @igj.nl
IenW	(10)(2e)	(10)(2e) @rws.nl
LHV	(10)(2e)	(10)(2e) @lhv.nl
LNAZ	(10)(2e)	(10)(2e) @lnaz.nl
NCC	(10)(2e)	(10)(2e) @nctv.minjenv.nl
NHG	(10)(2e)	(10)(2e) @nhg.org
	Masha Loogman	
NFU	(10)(2e)	(10)(2e) @amsterdamumc.nl
NVZ	(10)(2e)	(10)(2e) @nvz-ziekenhuizen.nl
RIVM	Jaap van Dissel	(10)(2e) @rivm.nl
VNG	Mattias Gijsbertsen (wethouder Groningen)	(10)(2e) @groningen.nl
Veiligheidsberaad	Antoin Scholten (burgemeester Venlo)	(10)(2e) @venlo.nl
VWS intern		
CZ	(10)(2e)	(10)(2e) @minvws.nl
DGV	Angelique Berg	(10)(2e) @minvws.nl
PG	(10)(2e)	(10)(2e) @minvws.nl
PG	(10)(2e)	(10)(2e) @minvws.nl
PG/DCC	(10)(2e)	(10)(2e) @minvws.nl
PG/DCC	(10)(2e)	(10)(2e) @minvws.nl
DCo	(10)(2e)	(10)(2e) @minvws.nl
IZ	Niet aanwezig	-

MEDICAL QUESTIONNAIRE – CONFIDENTIAL Return to (10)(2e) @diplomatie.gouv.fr	
Surname:	First name:
Age:	Gender:
Telephone contact:	
MEDICAL HISTORY Tick all applicable boxes Specify disease and date	Are you receiving or have you received treatment for the following: <input type="checkbox"/> Heart disease (heart attack, heart failure, etc.) Specify: <input type="checkbox"/> Respiratory disease (asthma, chronic bronchitis, pneumothorax, etc.) Specify: <input type="checkbox"/> Psychiatric condition Specify: <input type="checkbox"/> Neurological disease (stroke, epilepsy, etc.) Specify: <input type="checkbox"/> Other diseases and treatments: Diabetes, dialysis, immunosuppressive treatment (corticoids, chemotherapy, etc.) or any other disease Specify: Have you recently undergone surgery? Specify: Are you pregnant? <input type="checkbox"/> YES If so, specify the term:
ONGOING TREATMENT	List of the medicines you take <u>regularly</u> or <u>when needed</u> : Do you have your medicines with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIAL REQUIREMENTS	Can you use a standard seat? <input type="checkbox"/> YES <input type="checkbox"/> NO Details: Can you eat and go to the toilets without assistance? <input type="checkbox"/> YES <input type="checkbox"/> NO Details: Do you need any particular equipment during the flight? (oxygen supply, wheelchair, stick, crutches, etc.) <input type="checkbox"/> NO <input type="checkbox"/> YES Details:
SYMPTOMS Tick the appropriate box.	Do you CURRENTLY have health problems? <input type="checkbox"/> fever <input type="checkbox"/> fatigue <input type="checkbox"/> fainting <input type="checkbox"/> coughing <input type="checkbox"/> breathing difficulties <input type="checkbox"/> nausea/vomiting <input type="checkbox"/> diarrhoea <input type="checkbox"/> headaches Other:

DECLARATION OF RESPONSIBILITY

I the undersigned,, hereby declare that I have been informed that, by boarding special flight no. provided by the French authorities between Wuhan and France as part of their efforts to enable the departure of those who wish to leave, I agree:

- To comply with the border crossing measures established by the Chinese authorities, the final decision being in any case a matter of their sovereign competence;
- To inform the medical personnel before boarding of any coronavirus (nCov) symptoms or confirmed infection concerning myself or children under my authority;
- To fill in the confidential medical questionnaire for myself and all members of my family;
- To submit to the epidemiological examination practiced as a precautionary measure before boarding by French medical personnel;
- To respect the decisions of medical personnel concerning my own travel conditions in the event of symptoms and those of children under my authority;
- To comply with all instructions given by crew during the flight;
- To accept a strict confinement period of 14 days upon arriving in France, under medical surveillance, in a place determined by the French authorities;
- To report all symptoms upon arrival in France and to submit to the medical treatment decided by the French authorities;
- Not to travel with pets;
- That any return to China following the period of strict isolation in France will be at my own expense;
- That the French authorities cannot be held liable for any costs incurred for storage or for any loss or damage concerning my movable and immovable goods left in China, caused by my departure from China on this flight;
- That the French authorities will, for reasons of public health and to safeguard my vital interests, process the personal data contained in the medical questionnaire, in accordance with the provisions of the General Data Protection Regulation of 27 April 2016. I hereby declare my awareness of the right to withdraw my consent to this processing of data at any time, and of the rights of access, rectification, objection and remedy set down by the aforementioned Regulation.

Signature preceded by the handwritten declaration "I hereby accept the conditions listed above and decide to board this flight"/ "J'accepte les conditions énumérées ci-dessus et je décide d'embarquer sur ce vol"		Signature preceded by the handwritten declaration "I hereby refuse the conditions listed above and, fully informed of the health situation in China and of its consequences, decide not to board this flight"/ "Je refuse les conditions énumérées ci-dessus et, pleinement informé de la situation sanitaire en Chine et de ses conséquences, renonce à embarquer à bord de ce vol"

Registratieformulier vertrek Wuhan

Let op: voor elk familielid apart invullen

Naam	
Voornamen (voluit)	
Geslacht	man / vrouw
Geboortedatum	
Geboorteplaats	
Datum aankomst Nederland	
Nationaliteit (eventueel dubbele)	
Nummer paspoort of legitimatie; Einddatum geldigheid	
Visum/VTV voor NL; Einddatum geldigheid	
Bereikbaarheidsgegevens (adres, telnr en email)	

Hulpvraag aan Nederlandse overheid

(opvang, primaire levensbehoefte, medische zorg, anders)
Welke medische hulp of medicijnen heeft u precies nodig?[1]

Heeft u nu last van koorts, hoesten, verkoudheidsklachten of ademhalingsklachten? Ja / nee

Bent u in contact geweest met mensen die (vermoedelijk) besmet zijn met het nieuwe coronavirus? (

Zo ja, wanneer was dat?	ja op / nee
-------------------------	-------------------

Burgerservicenummer (BSN)	
Type verblijfplaats en adres in Nederland:	
<input type="radio"/> eigen verblijf	
<input type="radio"/> familie	
wonen er op dit moment al mensen op het adres waar u wilt verblijven?	ja / nee
Zo ja, hoeveel volwassenen en hoeveel kinderen	volwassenen: kinderen:
<input type="radio"/> hotel	
<input type="radio"/> anders	
<input type="radio"/> onbekend	
Datum vertrek naar verblijfplaats in Nederland	

Welke verzekeringen heeft u (meerdere antwoorden mogelijk):

<input type="radio"/> Ziektekosten	in Nederland / China / anders.....
<input type="radio"/> Reisverzekering	dekt wel / geen zorgkosten
<input type="radio"/> WA in Nederland	
<input type="radio"/> Ongevallenverzekering	
<input type="radio"/> Annuleringsverzekering	
<input type="radio"/> Arbeidsongeschiktheid	
<input type="radio"/> Weet ik niet	

Heeft u middelen van bestaan: bijvoorbeeld een bankrekening/creditcard (in Nederland)

Andere informatie die u belangrijk vindt te melden

bv. Ziekenhuizen).



Insert National Logo
here

What is the novel coronavirus?

- An **outbreak of acute respiratory tract infection** linked to a novel coronavirus (2019-nCoV) is ongoing in China, with most cases **linked to** the city of Wuhan.
- Although a number of the initially reported cases occurred among people that had visited a wet market, human-to-human transmission is ongoing, and healthcare workers have also been infected.



Insert national link here
www.ecdc.europa.eu/en/novel-coronavirus-china

Advice to healthcare workers: management of patients with 2019-nCoV infection

When to suspect an 2019-nCoV infection?

When assessing patients with a **severe acute respiratory disease** with onset within 14 days after returning from Wuhan **or**

with any respiratory symptoms, who had been in contact with people diagnosed with a 2019-nCoV infection.

How to handle these patients?

- Provide the patient with a surgical mask; Separate from other patients in waiting areas; examine in a separate consultation room
- Apply standard precautions including hand hygiene and use personal protective equipment for contact and droplet transmission: surgical mask, eye protection, gown and gloves.
- Obtain diagnostic samples for 2019-nCoV.
- Report the case to public health authorities.

Care of patients with 2019-nCoV infection:

- Admit to a single or isolation room.
- Use personal protective equipment for contact and droplet transmission: surgical mask, eye protection, gown and gloves.
- When performing aerosol-generating procedures, such as tracheal intubation, broncho-alveolar lavage, other diagnostic airway procedures and manual ventilation, use personal protective equipment for airborne transmission. A well-fitted FFP3 respirator, tight-fitting eye protection, gloves and long-sleeved impermeable protective gowns.
- Health care personnel should self-monitor for any respiratory symptoms and fever in the 14 days following the last exposure to a confirmed case.



Insert national
logo here

Travel advice: outbreak of a novel coronavirus 2019-nCoV

Travellers FROM Wuhan / (affected areas, choose accordingly)

If you recently returned from Wuhan, China, and develop fever, cough or have difficulty breathing, within 14 days since your return:

1. Stay home and call XXXX for advice, mentioning that you were in Wuhan.
2. Seek medical advice from your primary care provider; make sure to mention that you were in Wuhan.
3. Go to XXXX health facility for advice and care; make sure to mention that you were in Wuhan.

Travellers TO Wuhan / (affected areas, choose accordingly)



Avoid contact with sick people, in particular those with a cough.



Avoid visiting markets and places where live or dead animals are handled.



Wash your hands with soap and water OR use an alcohol based disinfectant solution before eating, after using the toilet and after any contact with animals.



Avoid contact with animals, their excretions or droppings.

What is the novel Coronavirus?

An outbreak of a new coronavirus is currently ongoing in China. The virus can cause symptoms such as cough, fever and shortness of breath. In a limited number of cases it has led to more severe infections, even death.

How does the virus spread?

The first reported cases occurred among persons that had visited a wet market in Wuhan, China. You can also get the infection through close contact with a person who has symptoms from the virus (mostly cough).



Insert national link here
www.ecdc.europa.eu/en/novel-coronavirus

The above options "from Affected Areas" are indicative.
MS can choose and formulate the best text fitting their planning and health system
Delete this text box after formatting!

Ondergetekende [invullen naam, woonplaats] verklaart het volgende.

Ik bevind mij thans in Wuhan, China, waar een besmettelijke ziekte is uitgebroken. Ik stem in met evacuatie door of door bemiddeling van de Nederlandse Staat.

Ik verklaar dat ik na terugkeer in Nederland mij vrijwillig in thuisquarantaine zal begeven, indien de woning hiervoor geschikt is of in een door de Staat aangewezen locatie. Ook ben ik bereid om desgevraagd mee te werken aan eventuele gezondheidstesten.

Ik zal gedurende de quarantaine de woning of die andere locatie niet verlaten, en alle maatregelen nemen die tot de quarantaine en het monitoren van mijn gezondheid behoren, zoals het beperken van contact tot het minimum met eventueel aanwezige familieleden en contact met derden vermijden. Ik zal de instructies van de GGD voor het nemen van hygiënische en andere adviezen volgen.

Ik weet dat de Staat mijn repatriëring betaalt. Als is gebleken dat ik mij niet aan voornoemde quarantainebepalingen houd, zal ik de kosten van repatriëring aan de Staat terugbetalen.

Ik begrijp dat in het kader van de evacuatie en quarantaine mijn persoonsgegevens verwerkt worden. Voor meer informatie zie: <https://www.rijksoverheid.nl/ministeries/ministerie-van-buitenlandse-zaken/privacy>

Naam:

Handtekening:

Datum:

Plaats van ondertekening:

Factsheet Mondelinge Vraag

<p>Onderwerp: het lid DIERTENS (D66) aan de minister voor Medische Zorg en Sport over het bericht 'Drie coronapatiënten in Frankrijk, Nederlandse link misverstand'. Bron van artikel: Nos.nl</p> <p>Naam dossierhouder: (10)(2e)</p> <p>Telefoonnummer dossierhouder: (10)(2e)</p>	
Samenvatting van onderwerp dat voorligt	In China heerst een nieuw Corona-virus. Het virus is voor het eerst gevonden in de miljoenen stad Wuhan. De eerste besmettingen zijn hoogstwaarschijnlijk opgelopen op een markt waar levende dieren werden verhandelt. Maandag zijn 2820 ziektegevallen gemeld en zijn er 81 patiënten overleden. Het virus is daarnaast ook vastgesteld in andere Aziatische landen, Australië en de Verenigde Staten. Vrijdag heeft de NOS gemeld dat er drie patiënten met het nieuwe coronavirus gediagnosticeerd zijn in Frankrijk.
De context van het onderwerp	In Wuhan is een nieuw Corona-virus geconstateerd. In eerste instantie leken de patiënten alleen besmet geraakt door levende dieren op een markt, maar nu lijkt incidentele mens-op-mens besmetting ook mogelijk. Er zijn echter geen aanwijzingen voor aanhoudende mens-op-mens overdracht. De patiënten in Frankrijk zijn allemaal recent in Wuhan geweest. Volgens de berichtgeving op Nos zou één van de patiënten via Nederland vanuit Wuhan naar Frankrijk gereisd zijn. Volgens het RIVM is dit een misverstand, en is de patiënt niet in Nederland geweest.
Wat vinden wij van het bericht?	Het verbaast niet dat ergens in Europa nieuwe gevallen opduiken. Dit kan ook in Nederland gebeuren. Wij bereiden ons hier goed op voor.
Kernboodschap	In Nederland bereiden we ons goed voor op de mogelijke komst van patiënten met het nieuwe coronavirus. Het RIVM heeft een bericht gestuurd aan GGD'en, microbiologen en infectieziekte-artsen over de nieuwe ziekte en wat zij moeten doen indien zich er mensen melden met klachten die in Wuhan zijn geweest.
Handelingsperspectief (wat kunnen we als VWS doen of toezeggen)	Op dit moment worden er geen handel- en reizigersrestricties geadviseerd. Afgelopen vrijdag hebben de experts onder leiding van het RIVM met elkaar de situatie besproken. Het Wuhan virus een A-ziekte te maken. Dat betekent vooral dat we al in kunnen grijpen bij een verdenking, en dat ik als minister zo nodig extra maatregelen kan nemen om verdere verspreiding te voorkomen. In het uiterste geval kan dat bijvoorbeeld verplichte isolatie zijn. Deze maatregel is ook gecommuniceerd naar de betrokken zorgprofessionals en ziekenhuizen in Nederland. Ook zal op schiphol informatie verspreid worden en wordt geadviseerd geene ntry-screening op Schiphol te doen. Ik besloten de adviezen van het OMT te volgen.
Politieke afspraken (regerakkoord, convenant, coalitieafspraken e.d.)	Niet van toepassing.
Feiten&cijfers	<ul style="list-style-type: none"> - Er zijn op dit moment meer dan 80 personen overleden aan de ziekte. - Meer dan 2800 mensen zijn besmet geraakt. Deze aantallen worden dagelijks bijgewerkt. - Het is nog niet duidelijk hoe eenvoudig het virus overdraagbaar is en op welk

	moment patiënten het meest besmettelijk zijn. - Er wordt op dit moment hard gewerkt aan goede diagnostiek (testen) en er wordt getest of er vaccins of geneesmiddelen zijn. Indien nodig kan er door het Erasmus MC en RIVM diagnostiek worden ingezet.
Overig (zoals heikele punten en pers)	Niet van toepassing.

Spreektekst:
(in bullits, kort – max 1 a4)

- Wat vinden we van voorliggende?
- Hoe zit het volgens ons ?
- Wat is ons handelingsperspectief?

Factsheet Mondelinge Vraag

<p>Onderwerp: het lid HERMANS (VVD) aan de minister van Volksgezondheid, Welzijn en Sport, bij afwezigheid van de minister voor Medische Zorg, over het bericht 'Nieuwe Wuhan-virus overdraagbaar van mens op mens' Bron van artikel: Nos.nl</p> <p>Naam dossierhouder: (10)(2e)</p> <p>Telefoonnummer dossierhouder: (10)(2e)</p>	
Samenvatting van onderwerp dat voorligt	In China heerst een nieuw Corona-virus. Het virus is voor het eerst gevonden in de miljoenen stad Wuhan. De eerste besmettingen zijn hoogstwaarschijnlijk opgelopen op een markt waar levende dieren werden verhandeld. Vrijdag meldden de Chinese autoriteiten 59 ziektegevallen, gisteren waren dat er 217. Het longvirus is ook vastgesteld in Shanghai en in de hoofdstad Peking. Tot nu toe zijn vier patiënten overleden. Het Wuhan-virus is ook geconstateerd in Thailand, Japan en Zuid-Korea, bij reizigers die in China waren geweest.
De context van het onderwerp	Wuhan is een nieuw corona-virus. In eerste instantie leken de patiënten alleen besmet geraakt op een markt, vanuit levende dieren, maar inmiddels blijkt mens-op-mens besmetting ook mogelijk. Er bestaan veel corona-virussen, waarvan een deel gevaarlijk is en een deel minder gevaarlijk. Mers en SARS zijn beiden als A-ziekte geclassificeerd vanwege het risico destijds op globale verspreiding.
Wat vinden wij van het bericht?	We volgen de berichtgeving van de Chinese autoriteiten en de WHO nauwgezet. Dat er een nieuw corona-virus ontstaat is niet uniek. De grote toename van patiënten in de afgelopen dagen komt ook door het beleid van de Chinese autoriteiten door in de cijfers ook patiënten op te nemen die niet ernstig ziek zijn. Het is aangepaste andere maatregelen, met name in China. Het is echter nog niet duidelijk hoe eenvoudig het overdraagbaar is en in welk stadium van de ziekte dit gebeurt.
Kernboodschap	Op dit moment wordt het risico op verspreiding van het Wuhan virus in de EU als laag ingeschat door de ECDC (European Centre for Disease Prevention and Control). Er zijn geen directe vluchten vanuit Wuhan naar Nederland. Niettemin bereiden we ons er wel op voor. Het RIVM heeft afgelopen vrijdag een bericht gestuurd aan GGD'en, microbiologen en infectieziekte-artsen over de nieuwe ziekte en wat zij moeten doen indien zich er mensen melden met klachten die in Wuhan zijn geweest. Vrijdag organiseert het RIVM een Outbreak Management Team. Een team van experts bespreekt dan of Nederland al voldoende voorbereid is en of er eenzelfde beeld bestaat over Wuhan. Zij brengen vervolgens advies uit aan VWS. Een advies kan zijn om de ziekte (net als MERS en SARS) tot een A-ziekte te classificeren. Indien dergelijke maatregelen worden geadviseerd zal VWS, onder voorzitterschap van DGV, een Bestuurlijk Afstemmings Overleg (BAO) organiseren met de bestuurlijke partners om de haalbaarheid en toepasbaarheid van de voorgestelde maatregelen te beoordelen. Vanuit het BOA zal de minister van MZS geadviseerd worden eventuele maatregelen in te stellen.
Handelingsperspectief (wat kunnen we als VWS doen of toezeggen)	Nederland volgt de adviezen van de WHO en ECDC. Op dit moment worden er geen handel- en reizigersrestricties geadviseerd. Morgen komt de WHO samen om internationale maatregelen te bespreken. Daarnaast organiseert het RIVM vrijdag een OMT. Zij brengen vervolgens advies uit aan VWS. Een advies kan zijn om de ziekte (net als MERS en SARS) tot een A-ziekte te classificeren. Indien dit het geval is, informeer ik uw Kamer hier uiteraard ook over.
Politieke afspraken (regerakkoord, convenant,	Niet van toepassing.

coalitieafspraken e.d.)	
Feiten&cijfers	<ul style="list-style-type: none">- Er zijn op dit moment 4 personen overleden aan de ziekte.- Meer dan 200 mensen zijn besmet geraakt, zij zijn niet allemaal ernstig ziek.- Het is nog niet duidelijk hoe eenvoudig het virus overdraagbaar is en op welk moment patiënten het meest besmettelijk zijn.- Er wordt op dit moment hard gewerkt aan goede diagnostiek (testen) en er wordt getest of er vaccins of geneesmiddelen zijn.
Overig (zoals heikele punten en pers)	Niet van toepassing.

Spreektekst:
(in bullits, kort – max 1 a4)

- Wat vinden we van voorliggende?
- Hoe zit het volgens ons ?
- Wat is ons handelingsperspectief?



Safety Information Bulletin

Aerodromes – Operations

SIB No.: 2020-02

Issued: 27 January 2020

Subject: Coronavirus '2019-nCoV' Infections – Operational Recommendations

Ref. Publications:

European Centre for Disease Prevention and Control (ECDC):
<https://www.ecdc.europa.eu/en/novel-coronavirus-china>

World Health Organisation (WHO):
[International travel and health](#)
[Novel Coronavirus \(2019-nCoV\) situation reports](#)
[Passenger locator form](#)

Applicability: National Aviation Authorities (NAAs), Aircraft and Aerodrome operators

Description:

Following the evolution of the Coronavirus '2019-nCoV' outbreak in the city of Wuhan, People's Republic of China (PRC), and based on the reports published by the WHO, ICAO and the ECDC, EASA has issued this SIB, providing recommendations to the NAAs and Aircraft and Aerodrome operators in order to reduce the risk of spreading the '2019-nCoV' Coronavirus.

EASA is closely monitoring developments related to the Coronavirus outbreak in Wuhan (PRC) and is actively engaged with the WHO, ICAO, the European Commission (EC) and the [EC DG SANTE](#). Due to that, the latest guidance and recommendations issued by WHO, ECDC and ICAO should be considered in the context of this SIB.

At this time, the safety concern described in this SIB does not warrant the issuance of an operational directive under Regulation (EU) [965/2012](#), Annex II, ARO.GEN.135(c).

Recommendation(s):

The Agency draws the aviation community's attention to information and guidelines provided by the WHO, ECDC, ICAO and IATA. In particular, the WHO recommendations for public health authorities and the transport sector, including operational recommendations for the case of passengers presenting symptoms compatible with an acute respiratory infection.

Aircraft and aerodrome operators should provide information to crew members and aerodrome staff regarding the management of a case with acute respiratory infection on board an aircraft.

This is information only. Recommendations are not mandatory.



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Aircraft operators should provide crew with a lay-over in the PRC with the necessary information and materials as recommended by the Chinese authorities for their local inhabitants.

Aircraft operators performing passenger flights to or from the affected countries (see Note 1 of this SIB) should be equipped with one or more Universal Precaution Kits (UPKs). Such kits may be used to protect crew members who are assisting potentially infectious cases of suspected communicable disease and in cleaning up and correctly discarding any potential infectious contents.

Note 1: Affected countries are considered the PRC and other countries where human-to-human transmission of the 2019-nCoV coronavirus infection was confirmed without the history of travel to the PRC, in accordance with the latest [Situation Report](#) as published by WHO.

Aircraft operators should encourage their staff and crew members to identify passengers meeting the following criteria: having signs and symptoms indicative of acute respiratory infections, and having been in the PRC or in direct contact with people arriving from the PRC within the last 14 days. In the event of such a symptomatic passenger being identified, the crew should be encouraged to:

1. use the health part of the aircraft general declaration to register the health information on-board and submit it to the Point of Entry health authorities when required by a State's representative;
2. ask the passengers to fill in the passenger locator card forms in order to collect information regarding the passengers' position in the aircraft as well as other information regarding their immediate travel plans and contact details. The information is intended to be held by public health authorities in accordance with applicable law and is to be used only for authorized public health purposes. A passenger locator form can be downloaded [here](#);
3. recommend to the passengers to self-report if feeling ill, and if they meet the criteria mentioned above; and
4. follow the basic principles to reduce the general risk of transmission of acute respiratory infections as presented by WHO in their [Travel Advice](#).

Aircraft operators and aerodrome operators should collaborate as much as possible with the public health authorities in providing support in passenger tracing and epidemiological investigation in the event of flights where a Coronavirus '2019-nCoV' infection has been confirmed.

Contact(s):

For further information contact the EASA Programming and Continued Airworthiness Information Section, Certification Directorate, E-mail: 10124@easa.europa.eu.

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Crisisberaad Coronavirus

30/01/2020

Aanwezig: Wim Geerts (PEK), (10)(2e) (PEK), (10)(2e) (PEK), (10)(2e) (PEK), (10)(2e) (PEK), (10)(2e) (PEK), (10)(2e) (PEK), (10)(2e) (PEK), (10)(2e) (DEF), (10)(2e) (DEF), (10)(2e) (VWS), (10)(2e) (NCTV/NCC), (10)(2e) (bedrijfsarts), (10)(2e) (HDPO), (10)(2e) (DCV), (10)(2e) (DCV), (10)(2e) (COM), (10)(2e) (DAO), (10)(2e) (VCI/ Crisisteam), (10)(2e) (10)(2e) (wnd. CCC), (10)(2e) (VCI/ Crisisteam)

Beeldvorming

- In totaal zijn er 170 doden gevallen, ruim 7700 besmettingen, nu ook in Tibet.
- In Beijing zijn 102 mensen geïnfecteerd. In de andere Chinese gebieden met Nederlandse vertegenwoordigers zijn de aantallen als volgt: Chongqing 182; Guangdong 354; Hongkong en Macao 17 en Shanghai 112.
- Chinese overheid blijft maatregelen verder aanscherpen, o.a. a) beperkingen in vervoer in en tussen steden, b) minder vluchten (m.n. Westerse maatschappijen schrappen, maar ook Chinese maatschappijen, c) buurtcomités zijn gestart met controle en registratie op het niveau van appartementencomplexen en compounds (o.a. temperatuur meten, zelf-quarantaine opleggen aan mensen die naar andere delen van China of het buitenland zijn gereisd), d) groot deel van China heeft de instructie gekregen om niet-essentiële bedrijvigheid tot 9 februari gesloten te houden.
- Vrijwel alle EU-lidstaten werken aan terugkeer van hun onderdanen, exclusief uit de provincie Hubei Ook Japan, VS, Australië, Zuid-Korea, India, Singapore, Maleisië onderzoeken vertrek.
- Verschillende luchtvaartmaatschappijen hebben besloten vluchten van en naar China voorlopig op te schorten, deels ook vanwege minder vraag vanuit reizigers (o.a. British Airways, Lufthansa en KLM).
- De ANVR heeft gisteren het advies gegeven aan reizigers om niet meer af te reizen naar China voor de komende maand.
- VWS inventariseert of gesloten niet-essentiële bedrijvigheid in China grond is voor een mogelijk tekort aan grondstoffen voor medicijnen in NL.

Oordeelsvorming

Consulair

- Reisadvies andere landen
 - VK, DUI, VS, FR, IT, BEL, GRIE, LET, SLO: oranje
 - AUS: oranje met rood
 - Nordics: nog geen aanpassingen, alleen tekstueel
 - NOO, FIN, SPA, ZWE, JAP: (nog) niet oranje
 - AUS, CAN, VK, VS: evacuatie aan het uitvoeren.
- Binnenlandse vluchten zijn nog mogelijk – m.u.v. Wuhan. Vluchten zijn wel beperkt t.o.v. gisteren.
- Klinische verzorging bij medische voorzieningen is volledig bezet. Niet-poliklinieken zijn vaak beperkt open, in ieder geval tot 3 februari. Ministerie van Buitenlandse Zaken heeft ziekenhuizen aangegeven waar buitenlanders terecht kunnen met klachten die gerelateerd zijn aan Coronavirus.
- ANVR adviseert reizigers om de komende maand niet naar China te reizen.
- WHO oordeelt vandaag of er sprake is van een internationale noodsituatie (PHEIC). Antwoord hoeft niet perse ja of nee te zijn, maar kan ook een soort tussenvorm zijn met specifieke maatregelen. Voor NL worden geen directe extra maatregelen verwacht. Indien een PHEIC wordt afgekondigd zal het WHO een grotere coördinerende rol oppakken en zullen er naar verwachting meer middelen voor fondsen en hulpmiddelen vrij komen.
- NL reisadvies wordt aangepast naar oranje, met Hubei op rood.
- Telefoonnet 24/7: geen bijzonderheden. NL'ers in Hubei staan in direct contact met de post.

Veiligheid post

- Aanpassing van reisadvies naar oranje voor heel China – m.u.v. Hubei op rood – heeft consequenties voor bezetting van de post.
- Oranje betekent o.a. dat er geen stagiaires op de post mogen zijn. Op dit moment zijn er ook geen, maar de aankomst van 3 stagiaires staat gepland voor volgende week. Dit wordt uitgesteld tot nader order.
- Post staat in contact met partners over bezetting post.
 - DUI, EST, TSJ, SLO hebben niet-essentiële staf terug geroepen.
 - CAN heeft medewerkers met chronische ziektes en kinderen met één ouder de mogelijkheid geboden om te vertrekken.
- Bezetting post is nu al beperkt. De komende 3-4 weken is er voor veel mensen niet veel te doen doordat het publieke leven stil ligt. Het zou dus niet verkeerd zijn om families of niet-essentiële staf tijdelijk te laten vertrekken. Een of twee gezinnen reizen al op eigen kosten het land uit.
- Gezondheidszorg is minder toegankelijk en kan een mogelijke besmettingshaard zijn. Dat vormt een risico. Bovendien nemen de mogelijkheden om het land te verlaten af doordat luchtvaartmaatschappijen vluchten opschorten. Advies bedrijfsarts: geef niet-essentiële staf en familieleden de mogelijkheid om te vertrekken (naar NL of elders). Kleine kinderen tot 6 jaar en mensen met een zwakke gezondheid zouden stringenter moeten geadviseerd/verplicht moeten worden gesteld om te vertrekken.
- Een medewerker heeft zijn gezin opgehaald in Wuhan. Zijn vrouw en kind zijn ziek; geen Coronavirus vastgesteld, waarschijnlijk griep. Bedrijfsarts heeft contact met betrokkenen.

Bilaterale sporen

- Er is nog geen duidelijkheid over de FR optie. Het tweede vliegtuig staat waarschijnlijk gepland voor zaterdagochtend. Minimaal 24 uur voor vertrek uit China krijgt NL een manifest. Dat moet duidelijkheid geven over welke NL passagiers mee mogen. Alle signalen staan op groen dat NL mee mag met FR.
- DCV heeft ook contact met DUI en VK. DUI vlucht staat gepland voor zaterdag. Hierop zijn 210 plekken, maar er zijn 170 DUI die willen vertrekken.

Zelfstandig vertrek

- Chinese autoriteiten staan geen vertrek met militair toestel toe. Commerciële toestellen zijn wel toegestaan.
- Het zou een mogelijkheid zijn dat Defensie een commercieel toestel inhuurt. Op een dergelijke vlucht zouden een *flight surgeon* en een *flight nurse* mee. Het dragen van een mondkapje, schort en handschoenen door crew en passagiers zou voldoende moeten zijn.
- Zelfstandige optie kan binnen 48 uur worden uitgevoerd na het nemen van de beslissing.

Informerer NL'ers

- Vanochtend Chinese tijd is er een bericht uit gegaan naar de NL'ers in Hubei, waarin de basisvoorwaarden voor vertrek werden genoemd.
- In de loop van de dag wordt er nog een extra bericht naar de NL'ers gestuurd. Hierin kan ook additionele informatie van de NL'ers worden gevraagd.
- Tot nu toe staat 18 NL, 2 NZ, 5 CHI en één bipatride op de lijst. Post heeft een longlist van 27 personen.

Quarantaine-eis

- Post heeft nagevraagd hoe partners omgaan met de quarantaine-eis van de Chinese autoriteiten.
 - VS hanteert quarantaine van 72u.
 - JAP heeft mensen die ziekteverschijnselen vertoonden in quarantaine gebracht in ziekenhuizen. Anderen mochten naar huis of naar een hotel, zonder zelf-quarantaine.
 - DUI hanteert een quarantaine van 14 dagen, nog onbekend of dit in een ziekenhuis of thuis zal zijn.
 - Nog onduidelijk wat FR voor eisen stelt.

Reis naar en opvang in NL

- Volgen van EU-lijn. Er wordt benoemd dat voor de NL'ers die vertrekken uit Hubei andere maatregelen andere maatregelen gelden dan voor mensen die terugkeren uit andere delen van China.
- Inzet op thuis-quarantaine, waarbij geen contact met familie of vrienden is en er zo min mogelijk huisgenoten zijn.
- Incubatielijd wordt door VWS ingeschat op 2-10 dagen. Het is nog niet duidelijk of het Coronavirus besmettelijk is tijdens de incubatielijd.

Communicatie

- Berichtgeving over het dragen van kosten door staat en EU landt prima.
- Met nieuw reisadvies en terughalen niet-essentiële staf moet een nieuwe lijn worden voorbereid.
- Raadzaam om een oranje reisadvies te begeleiden met extra communicatie naar Nederlanders in China.

Besluitvorming

- VWS gaat na wat PHFIC inhoudt voor extra maatregelen.
- DCV en post stellen aanpassing van het reisadvies naar oranje op en leggen deze voor aan M. Taiwan en Hong Kong worden niet aangepast. Hubei wordt rood.
- Post schakelt met FR ambassade over mogelijkheden tot het meenemen van Chinese familieleden.
- Post doet *Note Verbale* uit aan Chinese autoriteiten (zowel aan *Foreign Affairs* als Hubei) om hen in te lichten over de NL plannen om mee te gaan met FR. Op de vlucht zal een NL SCOTTER aanwezig zijn, die niet van de vlucht af gaat. Daarnaast worden de autoriteiten geïnformeerd dat NL kijkt naar mogelijkheden voor zelfstandig vertrek.
- In de loop van vandaag gaat er nog een bericht uit naar de NL'ers met meer informatie over - en formulieren t.b.v. het vertrek.
- Crisisberaad legt advies voor aan PSG over bezetting post. Niet essentiële staf krijgt de mogelijkheid om het land te verlaten. Kleine kinderen en mensen met een kwetsbare gezondheid worden stringenter geadviseerd/moeten verplicht vertrekken.
- Het oranje reisadvies wordt met extra woordvoering/communicatie naar de Nederlanders in China begeleid. Post geeft signalen NL'ers door aan COM voor evt. extra woordvoering.
- CCC haakt DSH aan over evt. leveren hulpgoederen.
- Bedrijfsarts houdt contact met NBSO-medewerker.
- Oranje reisadvies wordt begeleid met extra communicatie richting NL'ers in China.
- NKC wordt aangehaakt.
- CCC plant morgenochtend om 09.30u een nieuw crisisberaad.



Round Table Report 22 January 2020

For restricted use

This report summarizes the ECDC daily roundtable discussion and provides update on threats detected and monitored by Epidemic Intelligence.

Active threats

Cluster of pneumonia cases associated with novel coronavirus – China – 2019

Source: [Wuhan Municipal Health Commission \(WMHC\)](#), WHO IHR, [WHO DON](#), [China CDC](#), [WHO statement](#), [WHO advice on trade and travel](#), [Hong Kong Department of Health](#), [WHO technical documents](#), [Thai MoH](#), [Japan MoH](#), [Vietnam MoH](#), [ECDC 2019-nCoV website](#), [WHO coronavirus website](#), [Health Commission of Beijing Province](#), [Health Commission of Guangdong Province](#), [Korean CDC](#), [National Health Commission of the People's Republic of China](#) [US CDC](#)

Update:

Since the last RT report and as of 21 January 2020, the [National Health Commission of China](#) reported 243 new cases, including five new deaths from 13 provinces. Outside China two additional cases have been reported in [Thailand](#) and one in the [US](#).

The [Chinese authorities](#) have announced incubation period of 2019-nCoV to be from 2 to 12 days with an average of 7 days.

On 21 January 2020, the US CDC reported a confirmed case of 2019-nCoV in the state of Washington. The case in his 30s returned to the state of Washington from Wuhan on 15 January 2020. The patient sought care at a medical facility on 19 January 2020 and was treated for the illness. A sample tested in CDC, Atlanta, US was confirmed positive by CDC's Real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test on 20 January 2020.

The US CDC has activated its Emergency Operations Center to better provide ongoing support to the 2019-nCoV response, and has announced [travel alert level 2](#), encouraging to practice enhanced precautions such as avoid contact with sick people, animals (alive or dead), and animal markets. On January 17, 2020, CDC began implementing public health entry screening at San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports. This week CDC will add entry health screening at two more airports – Atlanta (ATL) and Chicago (ORD).

On 22 January 2020, SANTE posted an EWRS on EU/EEA MS measures implemented for the 2019-nCoV.

[Romanian](#) authorities have advised to avoid travelling to the Hubei province, China. Italy will implement entry screening in the [Fiumicino](#) airport for all travellers from China on 23 January 2020.

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Summary:

Since 31 December 2019 and as of 22 January 2020, overall, 448 laboratory-confirmed cases of novel coronavirus 2019-nCoV infection, including nine deaths were reported. Of the reported cases 441 were from China: Hubei province (375), Guangdong (26), Beijing (10), Shanghai (9), Chongqing (5), Zhejiang (5), Jiangxi (2), Tianjin (2), Sichuan (2), Hunan (1), Shandong (1), Yunnan (1), also in Taiwan (1) and Macao (1). Of the cases reported in China, 102 were severe cases. Overall, 2 197 close contacts are being followed-up in China, of which 1 394 are still under medical observation. The reported cases include 15 previously reported healthcare workers in Wuhan.

Outside China, seven cases have been reported from: Thailand (4), Japan (1), South Korea (1), and the US (1).

Wuhan has implemented exit screening at the Wuhan Tianhe International Airport, also strengthened [screening measures](#) are implemented in other airports, railway stations, and long-distance bus stations for the entry and exit of the city, private vehicles are checked for live birds and wild animals, people are advised not to walk in groups. Passengers with fever are registered, provided with brochures and masks, and referred to the medical institutions. Public transport is disinfected on a daily basis. A list of designated medical institutions in Wuhan have been published on 20 January 2020.

On 31 December 2019, the Wuhan Municipal Health Commission in Wuhan City, Hubei province, China reported a cluster of pneumonia cases of unknown aetiology, with a common reported link to Wuhan's Huanan Seafood Wholesale Market (a wholesale fish and live animal market selling different animal species). The market was closed to the public on 1 January 2020. According to Wuhan Municipal Health Commission, samples from the market tested positive for the novel coronavirus. Cases showed symptoms such as fever, dry cough, dyspnoea, and radiological findings of bilateral lung infiltrates.

On 9 January 2020, China CDC reported that a novel coronavirus (2019-nCoV) was detected as the causative agent and the genome sequence was made publicly available. Sequence analysis showed that the newly identified virus is related to the SARS-CoV clade. Detection systems have been developed and are available for the Member States through WHO and the European Virus Archive global catalogue.

Laboratory diagnosis:

On 10 January 2020, the [novel coronavirus genome sequence](#) was made publicly available. The sequence was deposited on the GenBank database (accession number [MN908947](#)) and was uploaded to the Global Initiative on Sharing all Influenza Data (GISAID). Preliminary analysis showed that the novel coronavirus (2019-nCoV) clusters with the SARS-related CoV clade and differs from the core genome of known bat CoV.

WHO released a set of [technical documents](#) such as case definition, laboratory guidance, clinical management of cases and others, related to the novel coronavirus outbreak reported in Wuhan, China. Assays for [laboratory diagnostics](#) for the novel coronavirus detected in Wuhan, China are now available on the webpage of WHO. In addition, ECDC has published [guidelines](#) on laboratory testing of suspect cases of 2019-nCoV.

Preparedness and response activities outside China:

According to the International Air Transport Association (IATA) data from 2018, the [top five passenger destination](#) countries from Wuhan in decreasing order are Thailand, Hong Kong SAR, Japan, Taiwan and South Korea. To our knowledge, entry-screening activities for all incoming travellers from Wuhan are implemented in [Australia, Hong Kong, India, Indonesia, Malaysia, Mexico, Myanmar, New Caledonia, the Philippines, Singapore, Taiwan, Thailand, the US, Russia and Vietnam](#).

On 9 January 2020, the EC posted an EWRS notification requesting further information about the measures implemented by the Member States following the novel coronavirus cases reported in Wuhan. Italy has implemented enhanced surveillance in the incoming flights from China. Additionally, health authorities from Austria, Belgium, Bulgaria, the Czech Republic, Croatia, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, and the United Kingdom report to have informed their health care providers and/or general public about this event.

Assessment:

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In light of the currently available information, ECDC considers that: the potential impact of 2019-nCoV outbreaks is high; further global spread is likely; there is currently a moderate likelihood of infection for EU/EEA travellers visiting Wuhan; there is a high likelihood of case importation in countries with the greatest volume of people travelling to and from Wuhan (i.e. countries in Asia); there is a moderate likelihood of detecting imported cases in EU/EEA countries; adherence to appropriate infection prevention and control practices, in particular in health care settings in EU/EEA countries with direct links to Wuhan, make the likelihood that a case reported in the EU would result in secondary cases within the EU/EEA low.

The airport of Wuhan has [direct flight connections](#) with some EU cities: Paris (France) with six weekly flights, London (the United Kingdom) with three weekly flights and Rome (Italy) with three weekly flights. Health authorities in the concerned member states remain vigilant and closely monitor the ongoing situation in China.

The upcoming Chinese New Year celebrations at the end of January 2020 will cause an increased travel volume to/from China and within China, hence increasing the likelihood of arrival in the EU of possible cases.

Action: ECDC is monitoring this event through epidemic intelligence activities. ECDC published a threat assessment brief on '[Pneumonia cases possibly associated with a novel coronavirus in Wuhan, China](#)' on 9 January 2020. ECDC has published a '[Health emergency preparedness checklist for imported cases of high-consequence infectious diseases](#)', guidelines on [laboratory testing of suspect cases of 2019-nCoV using RT-PCR](#) and the rapid risk assessment '[Cluster of pneumonia cases caused by a novel coronavirus, Wuhan, China](#)'. ECDC will publish online the RRA update on 22 January 2020.

Threat under monthly review

Cholera – Multi-country (World) – Monitoring global outbreaks

Update:

Since the last update on 20 December 2019, new cholera cases have been reported worldwide.

Countries reporting the majority of new cases since the previous update are: Yemen with 33 885 cases and six deaths and DR Congo with 1 918 cases and 29 deaths.

Summary:

Americas

Haiti: In 2019 and as of 23 November, Haiti reported 684 cases including three deaths (CFR: 0.4%). This represents an increase of three cases and no deaths since the previous CDTR update. According to a [Unicef report](#), no confirmed cholera cases have been reported since February 2019. In 2018, Haiti reported 3 777 cholera cases including 41 deaths (CFR: 1.1%). Since the beginning of the outbreak in 2010 and as of 23 November 2019, Haiti has reported 820 461 suspected cholera cases including 9 792 deaths (CFR: 1.2%).

Africa

Cameroon: Since January 2019 and as of 9 January 2020, Cameroon reported 1 307 cholera cases including 55 associated deaths (CFR: 4.2%). This represents an increase of 236 cases and two deaths since the previous CDTR update. The outbreak is ongoing in North, Far North and South West regions.

DR Congo: In 2019 and as of 15 December, DR Congo reported 29 087 suspected cholera cases, including 501 deaths (CFR: 1.7%). This represents an increase of 1 918 cases and 29 deaths since the previous CDTR update. The majority of the recent cases reported in the country (91%) were notified in North and South Kivu, Haut Lomami, Haut Katanga, Tshopo and Tanganyika regions. In all 2018, 31 387 cases including 1 042 deaths were notified across the country.

Kenya: In 2019 and as of 29 December, 5 150 cases including 39 associated deaths (CFR: 0.8%) have been reported. The outbreak continues active in Garissa, Wajir, Turkana and Kirinyaga counties. This represents an increase of 264 cases and two deaths since the previous CDTR update.

Somalia: As of 5 January 2020, WHO reported 9 968 suspected cholera cases including 50 associated deaths (CFR: 0.5%) since December 2017. This represent an increase of 710 cases and two deaths since the previous CDTR update. In week 2020-01, 107 cases with no associated deaths were reported in Somalia.

Sudan: According to WHO, in 2019 and between August to 21 December, 346 cholera cases including 11

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associated deaths (CFR: 3.2%) have been reported in Sudan. The regions affected are the Al Jazirah state, Blue Nile state, Khartoum state and Sennar state. This represents an increase of three cases and no deaths since the previous CDTR update.

Asia

Bangladesh: According to WHO, between 5 September to 29 December 2019, 239 cases of acute watery diarrhoea (AWD) have tested positive by cholera rapid diagnostic test or culture in **Cox's Bazar**, in Bangladesh. This represents an increase of 92 cases that tested positive by cholera rapid diagnostic test or culture, since the previous CDTR update. In 2020 and as of 15 January, 4 988 AWD cases have been reported in the Cox's Bazar. In all 2019, 191 057 AWD cases were reported in the Cox's Bazar.

India: According to the Indian National Centre for Disease Control, cholera cases were reported in Maharashtra (112), Karnataka (20) and Madhya Pradesh (1), India in November 2019.

Yemen: Since the beginning of the outbreak in 2017 and as of 7 January 2020, Yemen reported 2 260 495 suspected cholera cases and 3 767 deaths (CFR: 0.2%). This represents an increase of 33 885 cases and six deaths since the last CDTR update. In 2020 and as of 7 January, 6 856 cases including one associated death were reported.

Disclaimer: Data presented in this report originate from several sources, both official public health authorities and non-official, such as media. Data completeness depends on the availability of reports from surveillance systems and their accuracy, which varies between countries. All data should be interpreted with caution as there may be areas of under-reporting and figures may not reflect the actual epidemiological situation.

Assessment:

Cholera cases continue to be reported in eastern Africa, the Horn of Africa and Gulf of Aden over the past few months. Cholera outbreaks have also been notified in the western and southern part of Africa and in some areas of Asia. Despite the number of cholera outbreaks reported worldwide, few cases are reported each year among returning EU/EEA travellers. In this context, the risk of cholera infection in travellers visiting these countries remains low, even though sporadic importation of cases in the EU/EEA remains possible. In 2018, 26 cases were reported in the EU/EEA Member States, while 17 and 23 cases were reported in 2017 and 2016 respectively. All cases had travel history to cholera-affected areas.

According to WHO, vaccination should be considered for travellers at higher risk, such as emergency and relief workers who are likely to be directly exposed. Vaccination is generally not recommended for other travellers.

Travellers to cholera-endemic areas should seek advice from travel health clinics to assess their personal risk and apply precautionary sanitary and hygiene measures to prevent infection. These can include drinking bottled water or water treated with chlorine, carefully washing fruit and vegetables with bottled or chlorinated water before consumption, regularly washing hands with soap, eating thoroughly cooked food and avoiding the consumption of raw seafood products.

Action:

ECDC monitors cholera outbreaks globally through epidemic intelligence activities in order to identify significant changes in epidemiology and to inform public health authorities. Reports are published on a monthly basis. The worldwide overview of cholera outbreaks is available on the [ECDC website](#).

Risk assessments under production

Risk Assessment update on Cluster of pneumonia cases associated with novel coronavirus – Wuhan, China – 2019, circulated to EC and MS on 22 January 2020 and which will be published online 22 January 2020.

Joint ECDC-EFSA rapid outbreak assessment 'Multi-country outbreak of *Salmonella* Enteritidis infections linked to Polish eggs, first update' to be circulated on 5 February 2020

Risk Assessment on 'multi-country outbreak of OXA-244-producing *Escherichia coli* ST 38' to be circulated on 5 February 2020.

Expert deployment

One ECDC scientific officer has been deployed to DRC on 7 January 2020 for five weeks to assist in the Ebola

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response.

The deployment of one EPIET fellow to WHO HQ has been extended until 25 January 2020 to work on Ebola in DRC.

One EPIET fellow was deployed in the Cox's Bazar in Bangladesh on 4 January 2020 for a six weeks mission.

The Round Table Report contains information that could be considered sensitive or is still under verification. Its distribution is restricted to intended users only.

Participants

Senior Management: (10)(2e)
EI and Response Head of Section: (10)(2e)

Duty Officers:

24/7: (10)(2e)
Threat Detection: (10)(2e)
Rapid Assessment and Outbreaks: (10)(2e)
Communication: (10)(2e)

Representative of:

Epidemic Intelligence: (10)(2e)
Response: (10)(2e)
Vaccine Preventable Diseases: (10)(2e)
Emerging and Vector-borne Diseases: (10)(2e)
Food and Water-borne Diseases: (10)(2e)
Influenza: -
Microbiology Coordination: -

Introduction by Gauden Galea, WHO Country Director regarding Public Health Emergency of International Concern (PHEIC)

Presentation

by Sylvie Briand, Director Infectious Hazards Management Department at World Health Organization

53 people on call

PHEIC is a trigger for action outside China

Main reason:

- . H2H transmission in other countries
- . Countries exceed WHO recommendations
- . Concerns for countries with a weak health system

Why now PHEIC: past week H2H transmission. Countries implement unilateral travel restrictions which exceed evidence based restrictions. No evidence which warrants the travel restrictions.

Committee does not recommend any travel and trade restrictions based on the current information available. Inside China or outside China, no travel restrictions.

State parties who implement travel or trade restrictions, will be asked by WHO for the health reasons for that decision

The rationale will have to be reported to WHO and published

Follows a technical discussion of Corona virus.

What is not known:

- 1) From where comes the virus
- 2) How easily does it spread
- 3) Who is vulnerable to infection

Not known if animal is the source and if so, which animal.

Time line going back to December 12. In total 20.000 people affected, numbers vary by hour.

Exported cases are mainly where direct connections with Wuhan exist, expect more cases in other countries

Number of newly confirmed cases seem to flatten.

Reproduction rate is 2.2 (one person infecting 2.2 people), comparable to other Corona viruses.

Number of severe cases is declining, more mild cases are being discovered, possibly to earlier detection, earlier treatment which has a better outcome.

Case Fatality Rate (CFR) Wuhan Virus 1-2 %, CFR=SARS 10% MERS = 13-30 %

China is conducting household surveys for determining transmission rate of non-symptomatic persons

Containment policy

- Hubei: control and mitigation of impact
- Other parts of China: stop transmission
- Countries with imported cases: stop transmission
- Other countries: readiness

Handshake can be a way of transmission so hand washing very important, no handshakes in office, try maintain an distance of 1 meter

Effectiveness of masks when not wearing the right way, is low. Don't touch mask.

No need for N95 , surgical masks are sufficient

Cough discipline is important (in elbow or tissue)

Highest risk are:

- 1) Household contact of an infected person
- 2) One confirmed health care worker cluster to date
- 3) Prolonged exposure in closed space
- 4) Older people and people with pre-existing conditions (asthma, diabetes heart disease obesity are more vulnerable)

In Beijing risk is very low

Returning from Hubei, follow national policies

- 1) Expect to be quarantined for 14 days
- 2) Twice daily monitoring > 38 indicative of illness, cough, shortness of breath
- 3) Maintain strict adherence to hand hygiene, cough etiquette of environmental cleaning
- 4) Wear medical masks to protect in closed settings
- 5) If symptoms develop, call health care workers or hospital ahead of time so that you can managed safely

After exposure to Corona:

. Public health actions are same if it concerns an ill person or a suspected case (1000's samples waiting for processing)

. You will be quarantined

Health authorities watch not how many new cases each day but date of onset of symptoms by new cases. That is indicative of the rate of progress.

WHO/China/Office has adopted work from home policy with outbreak team coming into office (team has visited Wuhan in the previous week)

Treatment: no specific treatment, based on patients clinical condition, early treatment has best outcome

11-12 February WHO meeting in Geneva about development vaccine and therapies

Regional WHO Director will hold a "Zoom" meeting with all MOH's the region about consequences of PHEIC

Q&A

How about survival of virus in open air: droplets main transmission, small particles not known but seems not. Avoid close contact

Average for transmission of close contact of a suspected case is 12 persons

Need to do 2 tests for each case, one day apart to confirm each case. Efficiency and capacity is increasing but huge back logs, a perfect storm.....

Question about proportion of suspected cases which are finally confirmed. Most important is day of onset of new cases. Accumulation of daily cases increases but trend is that recent cases are relatively declining in Hubei

For families with young children: small number of children are affected under 5 yrs. Very different from influenza where young children are affected. For Corona virus: mostly elderly people and with underlying conditions. Pregnant women unknown but few are contaminated.

Household surveys are crucial, so understand if not incubating somewhere else,

About the route of numbers: National Health Commission gives WHO BJ the numbers, BJ checks and reports to Geneva.

Most respiratory viruses are susceptible to higher temperature, too little information yet to say something concrete

Travelling to China, exposure in airports and planes ? diseases is transmitted by close contact, if one meter apart, very low risk. Exit screening when leaving, if temperature, medical examination. If people start feeling unwell during the flight, report to crew, isolate immediately.

Case fatality ratio has declined, was quite high, now 1-2%. More and more mild cases are identified, seeking treatment earlier, medical services are improving. Does not mean that virus is becoming less aggressive.

No special recommendations regarding food (for children)

(10)(2e)

Counselor for Health, Welfare and Sports

Beijing China

31-01-2020



Handelingsperspectief ten aanzien van het N-Coronavirus voor de BHV-organisatie op luchthaven Schiphol

Hoewel er dagelijks nieuwe ontwikkelingen worden gemeld, zowel door de WHO, het ECDC als in de media, is er nog veel onbekend over dit nieuwe Coronavirus en de wijze van verspreiding. Inmiddels is bij enkele personen besmetting van mens-op-mens aangetoond, maar het virus lijkt vooralsnog niet gemakkelijk van mens-op-mens overdraagbaar.

Het gebruik van persoonlijke beschermende maatregelen (FFP2 mondkapje en handschoenen) kan toegepast worden indien de reiziger:

- 1. Last heeft van koorts en/of hoesten en/of kortademigheid**
EN
- 2. In de afgelopen 14 dagen in Wuhan is geweest of contact heeft gehad met iemand met het Nieuwe Corona virus**

Neem vervolgens conform de normale procedure contact op met de alarmcentrale tel: 020-601 2222

Zorg daarnaast altijd voor goede hoesthygiëne. Deze bestaat uit:

- hoesten of niezen met een afgewend gezicht;
- hoesten of niezen met de hand voor de mond of in de elleboogplooï;
- gebruiken van bij voorkeur een papieren zakdoek;
- de papieren zakdoek maar één keer gebruiken en weggooien in de afvalcontainer;
- de handen regelmatig wassen met ruim water en zeep of inwrijven met handalcohol.

Ga voor meer informatie over het Nieuwe Coronavirus naar de volgende website:

<https://www.rivm.nl/coronavirus/nieuw-coronavirus-in-China>

FACTSHEET 2019-nCoV (New Corona Virus China)

Factsheet in verband met de berichtgeving over een nieuw virus in China

Bericht 8, 27 januari 2020

Bron: KLM Health Services

1. Wat is 2019-nCoV ?

Eind december is in de miljoenenstad Wuhan in het oosten van China bij een groep mensen een besmetting met een nieuw virus geconstateerd. Het virus kan leiden tot ernstige luchtwegklachten. Het virus hoort tot de groep coronavirussen. De WHO heeft het virus de naam 2019-nCoV gegeven.

2. Wat zijn de ziekteverschijnselen?

Bij veel patiënten veroorzaakt het virus ernstige luchtwegklachten, gepaard met koorts, hoesten, kortademigheid en ademhalingsproblemen.

3. Waar komt de ziekte voor en wat is de stand van zaken?

Het eerste geval van 2019-nCoV is bij de WHO gemeld in december 2019. Het merendeel van patiënten hadden een link met een seafood markt, waar vis en levende dieren worden verhandeld. Deze markt is onmiddellijk gesloten. De afgelopen dagen zijn er steeds meer gevallen gemeld in China en daarbuiten. In Europa heeft Frankrijk melding gemaakt van de eerste besmette personen. Ook hier was een directe relatie met een bezoek aan Wuhan. De verwachting is dat de komende tijd het aantal gevallen nog verder zal toenemen.

4. Wat is het risico: hoe verloopt de besmetting?

Hoe mensen precies besmet raken met dit virus is nog niet helemaal duidelijk. Bij een aantal patiënten is geen directe relatie met een bezoek aan de markt te leggen. Overdracht van mens op mens is bevestigd maar er is meer onderzoek nodig. Het RIVM meldt dat in China niet veel familieleden van patiënten ziek zijn geworden. Daarom lijkt het erop dat de ziekte niet makkelijk van mens op mens overdraagbaar is. Er komen van verschillende kanten berichten dat het virus ook overdraagbaar zou zijn voordat er klachten ontstaan. Deze berichten zijn nog niet bevestigd door de WHO, ECDC (European Center for Disease Control) en RIVM. Het virus wordt gemakkelijk vernietigd door gebruikelijke was- en schoonmaakmiddelen.

5. Wanneer moet worden gedacht aan een mogelijke besmetting?

Aan mogelijke 2019-nCoV-infectie wordt gedacht bij mensen die koorts en een ernstige luchtweginfectie hebben met benauwdheidsklachten en recent (afgelopen 14 dagen) in Wuhan zijn geweest. Ook intensief contact met een bewezen 2019-nCoV patiënt moet worden nagevraagd.

6. Preventie en maatregelen

Het WHO Emergency Committee kwam op 22 en 23 januari bijeen om alle beschikbare informatie en de verspreiding van de ziekte te beoordelen. Het [WHO Emergency Committee](#) concludeert dat er op dit moment nog geen sprake is van een Public Health Emergency of International Concern. Het RIVM in Nederland heeft informatie voor hulpverleners beschikbaar gesteld. Hier staat in wanneer aan een besmetting te denken en hoe dan te handelen.

Op dit moment zijn geen bijzondere reisadviezen van kracht voor vliegend personeel, zaken-, dienst- en andere gezonde reizigers. Algemene hygiënemaatregelen worden aangeraden, zoals regelmatig handen wassen met zeep en water of desinfecterende handgel/spray, alleen dierlijke producten te nuttigen als die goed doorgekookt zijn en contact met dieren vermijden.

WHO, ECDC, RIVM en KLM Health Services volgen de situatie nauwlettend, om zo nodig onmiddellijk verdere maatregelen te kunnen nemen. Tegen 2019-n-CoV bestaan geen vaccins of geneesmiddelen. De behandeling bestaat uit bestrijding van de symptomen.

7. Zijn er bijzondere maatregelen voor de luchtvaart?

WHO en IATA adviseren op dit moment geen bijzondere maatregelen voor de luchtvaart, luchthavens, personen- of goederenverkeer. De kans dat een 2019-nCoV patiënt aan boord gaat blijft zeer klein omdat patiënten en contacten van patiënten onder observatie staan. De Chinese autoriteiten zijn overgegaan tot het afsluiten van al het uitgaande verkeer uit Wuhan en diverse andere Chinese steden. Dit zijn tot dusver geen KLM bestemmingen. Verschillende vliegvelden zijn overgegaan tot entry screening van directe en indirecte vluchten vanuit China.

8. Wat adviseert KLM Health Services aan vliegend personeel en waarom?

Wij adviseren de bestaande protocollen hoe te handelen bij verdenking van een zieke passagier aan boord strikt te volgen. Er wordt contact onderhouden met het OCC, het CSH, het lokale station management en de medische dienst van Air France. Belangrijke veranderingen in de 2019-nCoV situatie worden meteen gecommuniceerd.

Voor desbetreffende bestemmingen krijgt vliegend personeel een mondkapje en handgel/desinfecterende spray ter beschikking voor aan boord en tijdens het verblijf op de bestemming. Op vluchten van en naar China is het toegestaan mondmaskers te dragen tijdens de vlucht. Vanuit medisch oogpunt is dit op basis van de huidige informatie niet noodzakelijk. Echter, veel passagiers reizend naar deze bestemmingen dragen een mondmasker en verzoeken aan crew dit ook te doen.



In het bemanningencentrum is dagelijks een medisch deskundige van KLM Health Services of Airport Medical Services aanwezig om vragen van crew te beantwoorden.

Lees meer [vragen en antwoorden over het coronavirus](#) (RIVM).

Dit bericht is samengesteld op grond van de laatste informatie van WHO, CDC, ECDC en RIVM. Deze informatie loopt soms wat achter op nieuwsmedia, maar is wel betrouwbaarder.

Voor meer informatie:

KLM Health Services / International Medical Advice

Tel: + [redacted] (10)(2e) (buiten kantoor tijden: + [redacted] (10)(2e))

Email: [redacted] (10)(2e) @klm.com



Deadline: 31-01-2020

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GezondheidOntworpen door
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Afschrift aan

nota

(ter beslissing) het artikel

'Nieuwe Wuhan-virus overdraagbaar van mens op mens

(10)(2e)

*Zie
enkele
kleine
opmerkingen*

Uw kenmerk
2020Z00918**1 Aanleiding voor deze nota**

Naar aanleiding van de uitbraak van het nieuwe corona virus in Wuhan heeft de VVD Kamervragen gesteld.

2 Beslispunten, advies en mogelijk alternatief

Bijgaand vindt u het antwoord op deze vragen, ik adviseer u deze antwoorden aan de Kamer te doen toekomen voorafgaand aan het AO preventie van 6 februari.

3 Samenvatting en conclusies

De antwoorden op de Kamervragen zijn in lijn met de brieven die u eerder naar de kamer heeft gestuurd.

4 Draagvlak politiek

Dit is het enige stel Kamervragen tot nu toe, naar aanleiding van een vraag van de heer Baudet om een debat is niet besloten tot een debat maar kunnen we vragen verwachten tijdens het AO preventie.

5 Draagvlak maatschappelijk en eenduidige communicatie

Er is, door de zich snel opvolgende ontwikkelingen, nog steeds veel aandacht voor het nieuw virus in de pers.

6 Financiële en personele gevolgen

geen



7 Juridische aspecten en haalbaarheid
nvt

Directie Publieke
Gezondheid

8 Afstemming (intern, interdepartementaal en met veldpartijen)
Afgestemd met RIVM en BZ

Kenmerk
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9 Gevolgen administratieve lasten
Geen

10. Toezeggingen
Geen

11. Fraudetoets
nvt

(10)(2e)

Coördinerend Beleidsmedewerker

Coronavirus

Kernboodschap

- * Bij de bestrijding van een infectieziektecrisis werkt VWS met de andere departementen, waaronder IenW, samen.
- * In Nederland monitort het RIVM de situatie en adviseert, samen met een team van deskundigen, over de benodigde maatregelen. De situatie wordt nauwlettend gevolgd. Het RIVM informeert GGD'en dagelijks.
- * Het is niet uit te sluiten dat passagiers met symptomen van het longvirus aankomen in Nederland.
- * GGD Kennemerland en Schiphol zijn goed voorbereid om verspreiding via luchthaven Schiphol zoveel als mogelijk te voorkomen. Dit zonder daarbij het luchtverkeer onnodig te belemmeren.
- * GGD Kennemerland heeft een regierol bij eventuele maatregelen op Schiphol, als hiertoe door de minister van MZS (Medische Zorg en Sport) wordt besloten.
- * Hiervoor is een noodplan opgesteld. Jaarlijks vindt ook een oefening plaats.

Actuele stand van zaken

- * Op advies van het RIVM Outbreak Management Team (OMT) zijn op 28 januari de volgende besluiten genomen:
 1. Het nieuwe coronavirus als A-ziekte te classificeren waardoor ook het vermoeden op het nieuwe coronavirus meldingsplicht wordt.
 2. Geen entry-screening in te stellen op de luchthavens.
 3. Casus definitie, isolatiemaatregelen, de procedures voor de diagnostiek en de communicatie daarvan te bekrachtigen.
- * In aanvulling hierop ontvangen passagiers op Schiphol voorlichting middels de informatieborden. Dit is inmiddels in werking getreden.
- * Uitgebreide informatie voor het publiek is beschikbaar op de website van het RIVM. Dit betreft onder andere antwoorden op veel gestelde vragen.

Waarom heeft BA besloten niet meer op China te vliegen (berichtgeving vandaag)?

- * De afwegingen die British Airways heeft gemaakt zijn bij mij niet bekend.
- * Wel is duidelijk dat dit niet op advies is geweest van de autoriteiten.
- * In zijn algemeenheid geldt dat de luchtvaartmaatschappijen zelf verantwoordelijk zijn om deze afweging te maken.

Waarom neemt KLM niet hetzelfde besluit? Hoe en wie maakt die afweging?

- * De afweging om wel of niet te vliegen wordt door KLM gemaakt.

- * Daarbij wordt nauw samengewerkt tussen de medische dienst van KLM, het RIVM en het ministerie van Buitenlandse Zaken
- * De situatie in China bespreekt KLM vandaag. KLM informeert mijn ministerie hierover.
- * Ik heb vanuit mijn verantwoordelijkheid voor luchtvaartveiligheid geen directe instrumenten om vluchten te weigeren op grond van infectieziekten.
- * Wel geldt op grond van de luchtvaartovereenkomsten dat vluchtvaartmaatschappijen moeten voldoen aan alle nationale voorschriften, waaronder gezondheidsvoorschriften.
- * Hiervoor is mijn collega van VWS verantwoordelijk.
- * Het ministerie van Buitenlandse Zaken gaat over het reisadvies naar China.

Wat is er in internationale luchtvaartregelgeving vastgelegd over dit soort situaties?

- * De WHO heeft internationale regels opgesteld om verspreiding van infectieziekten tegen te gaan, o.a. via de luchtvaart.
- * Vanuit ICAO wordt dit ondersteund met verplichtingen en aanbevelingen gericht op het voorbereid zijn op en het beheersen van gezondheids calamiteiten.
- * In Nederland zijn deze verplichtingen met name geïmplementeerd in de Wet Publieke Gezondheid. Dit is een verantwoordelijkheid van VWS.
- * De verantwoordelijkheid van mijn ministerie ligt primair bij het borgen van de vliegveiligheid.
- * Regelgeving vanuit ICAO heeft betrekking op:
 - o Voorzorgmaatregelen in het vliegtuig (Annex 6)
 - o Compliance met de International Health Regulations van de WHO en faciliteiten op luchthavens (Annex 9)
 - o Noodplannen voor luchtverkeerleiding (Annex 11) en luchthavens (Annex 14).
 - o Voorschriften op het gebied van passagiersinformatie (Annex 15).
 - o Voorschriften voor luchtverkeersleiding.

Hoe zijn rollen en verantwoordelijkheden binnen Nederland verdeeld?

- * Het ministerie van VWS is primair verantwoordelijk bij de bestrijding van een infectieziekte, maar werkt hierbij samen met andere departementen, waaronder IenW.
- * Zowel het ministerie van VWS als het RIVM monitoren de situatie in Nederland en nemen maatregelen indien dit nodig is.
- * De operationele uitvoeringsverantwoordelijkheid ligt bij de GGD's. GGD Kennemerland heeft een regierol bij eventuele maatregelen op Schiphol.

- * Schiphol is (als A luchthaven) verantwoordelijk voor het voorzieningenniveau om infectieziekten te kunnen bestrijden.
- * Dit betekent concreet dat Schiphol beschikt over een crisisdienst, quarantaineruimte en een noodplan voor infectieziektebestrijding.
- * Jaarlijks vindt ook een oefening plaats.
- * De verantwoordelijkheid van mijn ministerie ligt primair bij het borgen van de vliegveiligheid.
- * De minister van IenW kan daarnaast besluiten nemen over het uitwijken van vliegtuigen naar Schiphol. Dit gebeurt in overleg met VWS. Schiphol heeft in Nederland het voorzieningenniveau om infectieziekten te kunnen bestrijden.

Wat betekent de repatriëring concreet voor luchtvaart/luchthavens?

- * De coördinatie voor het repatriëren van (17) Nederlanders die nu in de Wuhan-regio verblijven ligt bij BZ.
- * De verschillende opties om deze mensen terug te halen worden de komende dagen door het ministerie van BZ onderzocht.
- * Het voornemen is om de passagiers te ontvangen op Eindhoven airport, als crisisluchthaven.
- * Mijn ministerie is nauw betrokken (via het crisis-coördinatiecentrum) bij de verdere stappen.

Waarom gelden reisadviezen van BZ niet ook voor luchtvaart?

- * BZ geeft algemene veiligheidsadviezen uit over landen.
- * Het is aan de transportondernemingen om deze adviezen al dan niet te betrekken in hun operationele afwegingen.
- * Voor China is de code geel afgekondigd. Dat wil zeggen dat sprake is van aanwezigheid van algemene veiligheidsrisico's.
- * Enkel voor de regio Wuhan geldt code oranje. Het advies is alleen reizen indien noodzakelijk.

Informatie over vluchten

- * Er zijn geen directe vluchten tussen Schiphol en de Wuhan regio.
- * Wel zijn er dagelijks vluchten tussen Schiphol en China. Dit zijn ongeveer 26 vluchten per dag van en naar China.
- * De vluchten worden uitgevoerd door KLM, China Airlines, China Eastern Airlines, China Southern Airlines, Xiamen Airlines, Cathay Pacific en EVA Air.

Informatieborden op Schiphol



The image shows a blue information board with white text and icons. At the top right, it features the logo of the National Institute for Public Health and the Environment, along with the text 'National Institute for Public Health and the Environment' and 'Ministry of Health, Welfare and Sport'. The main heading is 'Novel coronavirus'. Below this, it asks 'Are you travelling from Wuhan/China and are you experiencing:'. There are three items listed: 'Fever' with a thermometer icon, 'Respiratory symptoms' with a person icon, and '14 in the next 14 days' with a circle containing the number 14. At the bottom, it says 'Call your general practitioner and mention your stay in China'.

National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

Novel coronavirus

Are you travelling from Wuhan/China and are you experiencing:

-  Fever
-  Respiratory symptoms
-  14 in the next 14 days

Call your general practitioner and mention your stay in China

Achtergrondinformatie

VWS volgt het advies van het team van experts (het Outbreak Management Team) om geen entry-screening op Schiphol uit te voeren en ook het gebruik van mondkapjes niet te adviseren. Overigens kunnen mondkapjes buiten de zorgsector wel gebruikt worden door bijvoorbeeld personeel van vliegmaatschappijen of op luchthavens. Dit personeel, vaak de gehele dag aanwezig op de luchthaven, heeft een ander blootstellingsrisico dan passagiers, die doorgaans slechts kort op de luchthaven aanwezig zijn. Het ter beschikking stellen van mondkapjes en uitleg over het gebruik is in die gevallen een verantwoordelijkheid van de werkgever op basis van de Arbeidsomstandighedenwet.

Ministerie van Volksgezondheid,
Welzijn en Sport

Directie Publieke
Gezondheid

Ontworpen door
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Datum

Kenmerk
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Afschrift aan

nota

(ter beslissing) vervolgbrief coronavirus

Uw kenmerk

- 1 Aanleiding voor deze nota**
Naar aanleiding van het uitroepen van een PHEIC door de WHO stelt u de Kamer opnieuw op de hoogte van de stand van zaken rond het nieuwe coronavirus.
- 2 Beslispunten, advies en mogelijk alternatief**
Ik adviseer u de bijgaande brief aan de kamer te doen toekomen
- 3 Samenvatting en conclusies**
In de brief geeft u aan dat de PHEIC voor Nederland weinig consequenties zal hebben, u geeft een update van de inventarisatie van de bedden en van de mogelijkheden op de BES. U geeft aan dat de kamer door het ministerie van buitenlandse zaken op de hoogte gesteld zal worden van de repatriëring van mensen uit Wuhan.
- 4 Draagvlak politiek**
Er zijn opnieuw Kamervragen gesteld over corona, ook een set aan LNV over de verkoop van levende dieren op de markt in Wuhan.
- 5 Draagvlak maatschappelijk en eenduidige communicatie**
Er is nog steeds veel persaandacht voor corona.
- 6 Financiële en personele gevolgen**
nvt
- 7 Juridische aspecten en haalbaarheid**
nvt

8 Afstemming (intern, interdepartementaal en met veldpartijen)
nvt

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9 Gevolgen administratieve lasten
nvt

Kenmerk
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10. Toezeggingen
nvt

11. Fraudetoets
nvt

(10)(2e)

Coördinerend Beleidsmedewerker

Agenda BAO Nieuw Corona Wuhan**Algemeen**

Het overleg is maar een uur, dus het is zaak niet al teveel vertraging op te lopen. We hebben de zaal daarom ook een kwartier eerder dan het begin van het overleg geopend, als het goed is heeft iedereen dus al koffie en kunnen we meteen beginnen.

Aanwezig

- VWS intern, PG, CZ (10)(2e), DCO (10)(2e), IGZ en RIVM (Jaap Van Dissel)
- Veiligheidsberaad, Antoin Scholten (burgemeester Venlo)
- Vereniging Nederlandse Gemeenten
 - Wethouder, voorzitter commissie gezondheid en welzijn
 - Wethouder te
- GGD-GHOR Nederland,
 - (10)(2e) GGD Hollands Midden) en
 - (10)(2e) (GGD Kennemerland)
- Ministerie van V&J, (10)(2e)
- Ministerie van I&W, (10)(2e) (Hoofd DCC-IenW)
- Ministerie van BZ, (10)(2e)
- LHV (10)(2e)
- LNAZ (10)(2e)
- NVZ (10)(2e)
- NHG (10)(2e) en (10)(2e)
- NFU (10)(2e) Concernstaf Patiëntenzorg AMC

Bij de uitnodiging is meegestuurd

- toelichting structuur infectieziektebestrijding bij een (dreigende) uitbraak of crisis en de plaats van het deskundigenberaad en BAO daarin

Vandaag wordt verstuurd

- het advies van het OMT
- De concept kamerbrief

Opening

De taak van het BAO is om de door het deskundigenberaad geadviseerde maatregelen te beoordelen op politiek-bestuurlijke haalbaarheid en wenselijkheid. Voor een aantal aanwezigen is dit de eerste keer dat ze deelnemen aan een BAO. Zo'n bestuurlijk overleg in de vaste structuur van de infectieziektebestrijding kan worden gezien als puur instrumenteel aan die centraal aangestuurde infectieziektebestrijding: de gemeentelijke bestuurders meenemen in wat onder hun verantwoordelijkheid wordt uitgevoerd. De curatieve sector is uitgenodigd om hen vanaf het begin mee te nemen in een mogelijke uitbraak in Nederland waarop zij zich voor zouden moeten bereiden en om te kijken welke vragen daar leven.

Voorstelronde

Om tijd te winnen suggereren we dat jij de introductie van de deelnemers doet.

Naast de vaste BAO leden zijn voor dit BAO ook de ministeries van I&W, J&V en BZ uitgenodigd, daarnaast zijn de partners uit de acute zorg uitgenodigd.

- Vaste partners zijn
 - o VNG en veiligheidsberaad (medebestuurders die verantwoordelijk zijn voor infectieziektebestrijding),
 - o GGD GHOR NL (kennis over voorkomen en ernst ziekte),
 - o Inspectie (toezichthouder maar ook contactpersoon met de regio) en
 - o RIVM (inhoudelijk deskundig)
- Gelet op deze inhoud daarnaast ook
 - o ministeries van I&W (verantwoordelijk voor luchthavens en havens)
 - o J&V (vanuit verantwoordelijkheid voor crises)
 - o BZ (vanuit verantwoordelijkheid voor reizigersadvisering)
- Gelet op belang van voorbereiding van de reguliere zorg
 - o LHV en NHG als vertegenwoordigers van de huisartsen (eerste opvang mogelijke verdenking)
 - o NFU, NVZ en LNAZ als vertegenwoordigers van ziekenhuizen (voorbereiding op mogelijke uitbraak)

Inhoudelijke toelichting op het advies van het deskundigenberaad.

Je kunt Jaap van Dissel vragen het advies kort toe te lichten, de deelnemers kunnen dan ook hun vragen over het advies stellen.

Het deskundigenberaad heeft geadviseerd om:

- 1) De casusdefinitie is vastgesteld. Er wordt een bredere definitie gehanteerd zodat er niemand gemist wordt. Als iemand verschijnselen vertoont (ademhalingsproblemen, longklachten, koorts) en een link met China heeft, valt iemand onder de definitie.
- 2) Als mensen besmet zijn is diagnostiek al mogelijk in het Erasmus MC en bij het RIVM, daar komt bij dat er eventuele uitbreiding mogelijk is naar inzet van andere labs (opschaallaboratoria).
- 3) Als mensen besmet zijn, is isolatie aan de orde. Dit is mogelijk in elk Nederlands ziekenhuis. Mocht dit vol raken, kunnen eventueel regionaal afspraken gemaakt worden. Thuisisolatie is onder voorwaarden ook mogelijk.

- 4) Het OMT adviseert het nieuwe coronavirus als A-ziekte te classificeren. Op deze manier is ook een verdenking op het virus al voldoende om isolatiemaatregelen te treffen en hoeft een definitieve diagnose niet afgewacht te worden.
- 5) Entry-screeningen op het vliegveld worden niet geadviseerd. Wel wordt geadviseerd op de luchthavens voorlichting te geven aan reizigers (in verschillende talen). Dit kan bijvoorbeeld op de schermen bij de bagage-afhandeling.
- 6) Arbo-luchtvaart geeft een apart advies voor piloten en luchtvaartpersoneel.

Inventarisatie bevindingen deelnemers op aspecten wenselijkheid en haalbaarheid.

(11)(1)

Formuleren van advies over maatregelen aan de minister van VWS.

(11)(1)

Proces

De Minister heeft in de brief aan de kamer al toegezegd de maatregelen uit het advies uit te zullen voeren, de voorbereidingen daarvoor zijn in gang gezet zodat deze zo snel mogelijk doorgevoerd kunnen worden.

Communicatie

Het BAO advies gaat met een vervolgbrief mee naar de Tweede Kamer



Notice of Wuhan Municipal People's Government on the Implementation of Relevant Measures for Wearing Masks in Public Places

Wuhan Radio and TV Station Today

In order to further implement the national and Hubei province's deployment of prevention and control of pneumonia epidemics of new coronavirus infection, strengthen management of public places, cut off the transmission of the virus, and prevent the spread of pneumonia epidemics of new coronavirus infection, according to The Law on Prevention and Control, the Law of the People's Republic of China on Emergency Response, the Regulations on Emergency Response to Public Health Emergencies, the Regulations on the Management of Public Places, and other relevant laws and regulations, after research, decided to implement the control of wearing masks in public places in our city. Measures are hereby notified as follows:

I. Scope of implementation

- (1) hotels, restaurants, inns, hotels, guest houses, cafes, bars, tea houses;
- (2) public baths, barber shops, and beauty shops;
- (3) theaters, video halls (rooms), entertainment halls (rooms), dance halls, concert halls;
- (4) stadiums (halls), swimming pools (halls), parks;
- (5) Exhibition halls, museums, art galleries, and libraries;
- (6) shopping malls (shops) and bookstores;
- (7) waiting room, waiting room (machine, ship) room, public transportation;
- (8) Public places where other crowds gather.

Division of responsibilities

- (1) The municipal administrative department of education is responsible for the implementation and supervision of the control measures of schools, childcare institutions and education and training institutions supervised by them;
- (2) The municipal administrative department of public security is responsible for the implementation and supervision of control measures at hotels, inns, hotels, public entertainment venues, and Internet access service business venues;

- (3) The municipal administrative law enforcement department is responsible for the implementation and supervision of public place control measures within the scope of its supervision and management;
- (4) The municipal administrative department of transportation is responsible for the implementation and supervision of control measures for public transport and related places other than civil aircraft and trains;
- (5) The municipal market supervision and administration department is responsible for the implementation and supervision of the control measures for places such as catering service places and bazaars;
- (6) The municipal administrative department of commerce is responsible for the implementation and supervision of control measures in shopping malls and supermarkets;
- (7) The municipal administrative department of culture and tourism is responsible for the implementation and supervision of control measures for cultural sites and tourist attractions;
- (8) The Municipal Sports Department is responsible for the implementation and supervision of the control measures of the stadiums and public places within their supervision and management;
- (9) The municipal health administrative department is responsible for the implementation and supervision of workplace control measures in medical and health institutions;
- (10) The competent administrative department of civil affairs is responsible for the implementation and supervision of control measures for places such as old-age service agencies;
- (11) Urban rail transit operating units are responsible for the implementation and supervision of control measures for subway, light rail and other rail vehicles and their related public places;
- (12) Civil aviation, railway and other operating units are responsible for the implementation and supervision of civil aircraft, train and other public place control measures in accordance with relevant state regulations;
- (13) Other municipal departments and units are responsible for the implementation and supervision of control measures in their respective fields in accordance with their respective divisions of duties.

The people's governments of various districts are responsible for the implementation of control measures in their respective jurisdictions and check the implementation of their own jurisdictions.

Implementation requirements

Staff of state organs, enterprises and institutions shall wear masks while they are on duty. The legal representative or main responsible person of each unit is the first person responsible for the implementation of the control measures of the unit.

Operators of public places shall require customers who enter their premises to wear masks before entering their public places of operation, and set up a clear and clear prompt for wearing a mouthpiece at the entrance of the premises; those who do not wear masks shall be discouraged from entering the premises, Those who do not listen to dissuasion shall report to the relevant competent authorities in accordance with the provisions of the Law of the People's Republic of China on the Prevention and Control of Infectious Diseases and the Regulations on the Administration of Health in Public Places, and the relevant competent authorities shall deal with them in accordance with their respective duties and laws. Public security organs shall be punished in accordance with the law if they hinder the emergency response staff from performing their duties and violate the Public Security Management Punishment Law of the People's Republic of China. If they constitute a violation of public security management, they shall be punished according to law. This notice comes into effect on the date of its release, and the termination date will be announced separately by the Municipal People's Government.

Wuhan Municipal People's Government
January 22, 2020

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**Transcript of the press conference of the State Council
Information Office of January 22, 2020** (last before Spring Festival)

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(machine translation)

Location: Information Office of the **State Council**

Moderator: **Xi Yanchun**, Deputy Director of the Information Bureau of the State Council Information Office

Guest:

Li Bin, Deputy Director of National Health Committee

Xu Shuqiang, Director, Emergency Management Office, National Health Commission

Jiao Yahui, head of the Medical Administration and Hospital Administration of the National Health Council

(10)(2e), member of the Chinese Academy of Sciences and director of the Chinese Center for Disease Control and Prevention

Yanyan Chun:

Good morning, ladies and gentlemen, journalist friends. Everyone is welcome to attend the press conference of the State Council Information Office. Recently, everyone has paid great attention to the prevention and control of pneumonia outbreaks of new coronavirus infections. To help you better understand the relevant situation, today we invited Mr. Li Bin, Deputy Director of the National Health and Health Committee, and Mr. Xu Shuqiang, Director of the Emergency Management Office of the National Health and Health Committee. Ms. Jiao Yahui, person in charge of the Medical Administration and Hospital Administration of the National Health and Health Committee, Mr. **(10)(2e)**, member of the Chinese Academy of Sciences and director of the Chinese Center for Disease Control and Prevention. Ask them to introduce the relevant situation to everyone and answer the questions from friends of the reporter.

First of all, Mr. Li Bin is invited to make an introduction. 2020-01-22 10:01:44

Li Bin:

Since the outbreak of pneumonia caused by the new coronavirus, the Party Central Committee and the State Council have attached great importance to it. General Secretary Xi Jinping has repeatedly questioned the epidemic situation and the treatment of patients, and made important instructions and instructions for the prevention and control of the epidemic. Premier Li Keqiang has made important instructions on many occasions. On the morning of January 20, the executive meeting of the State Council studied the deployment of epidemic prevention and control. Vice Premier Sun Chunlan listened to reports many times and studied and guided the prevention and control work. On the afternoon of January 20th, an important deployment was made on the conference call of the National Joint Prevention and Control Mechanism. On the evening of January 20th, a conference was convened to conduct a special study on the deployment of prevention and control work

The National Health and Health Commission seriously implemented the spirit of the important instructions of General Secretary Jinping, implemented the important instructions of Premier Li Keqiang and the work arrangement of the State Council executive meeting, and quickly established a leading group for epidemic response and disposal of the comrades in

charge of the comrades. Discussed the epidemic prevention and control work, and sent a national working group and expert team to Wuhan to guide the implementation of epidemic prevention and control measures in Wuhan, Hubei Province in accordance with the principle of territorial management.

The **first** is to strengthen disease tracing and technical guidance. More than a week after the epidemic was discovered, the pathogen was quickly identified as a new coronavirus, and technical solutions such as case diagnosis and treatment, emergency monitoring, epidemiological investigation and disposal, and sampling and testing were formulated.

The **second** is to do our best to reduce severe illness and death. According to the "four concentration" principle of centralized cases, centralized experts, centralized resources, and centralized treatment, suspicious cases are collected in designated hospitals. One case per person for severe cases is implemented, and national medical experts have been stationed in Wuhan for a long time to guide medical treatment.

The **third** is to persist in information disclosure and international exchanges and cooperation. Guide Wuhan to establish a daily epidemic information system to the public, strengthen public awareness of disease prevention and other work, take the initiative to strengthen communication with the World Health Organization, relevant countries, and Hong Kong, Macao and Taiwan on epidemic information, and carry out timely and regular expert-level. The prevention and control technical details were exchanged, and experts from the World Health Organization, Hong Kong, Macao and Taiwan were invited to go to Wuhan to inspect the epidemic prevention and control work.

With the changes in the situation of epidemic prevention and control, we have further strengthened the deployment of epidemic prevention and control work on the basis of continuing to do the above work.

The **first** is to strengthen the multi-sector joint prevention and control work mechanism. Improved the National Health and Health Commission's lead, including more than 30 departments to work with new coronavirus infection pneumonia epidemic joint prevention and control work mechanism, under the comprehensive, epidemic prevention and control, medical treatment, scientific research, logistics support, forward working groups, respectively Responsible comrades of the relevant departments serve as the team leader, clarify responsibilities, divide work and cooperate to jointly advance the epidemic prevention and control work.

The **second** is to strengthen guidance for the prevention and control of the epidemic in Wuhan. **Urge Wuhan City**, Hubei Province to strengthen emergency response, "import entrance", strict management of farmers' markets, prohibit the sale of live poultry, and prohibit the entry of wild animals and live poultry into Wuhan. Take the "exit barriers" well, implement temperature screening at airports, train stations, bus stations, and docks, strictly adopt isolation and observation measures for patients with fever and close contacts, and minimize public gathering activities.

The **third** is to do a good job in preventing and responding to epidemics across the country. Pneumonia infected by the new coronavirus is included in the legally infectious disease class B, and measures for the prevention and control of class A infectious diseases are adopted. At the same time, it is included in the frontier health quarantine and infectious disease management. Case diagnosis and treatment, prevention and control programs were issued to the whole country, and a daily report and zero report system was established throughout the country. The National Office of Health and Welfare deployed a patriotic health campaign in winter and spring with the theme of strengthening market environmental sanitation.

As of 24:00 on January 21, our committee received a total of 440 confirmed cases of pneumonitis with new coronavirus infection in 13 provinces (autonomous regions and municipalities) in China, a total of 9 reported deaths, and 3 new cases, all of which were Hubei cases. . 149 new cases of pneumonia confirmed by coronavirus infection were reported, 1 confirmed case was received from Japan, 3 confirmed cases were reported from Thailand, and 1 confirmed case was reported from South Korea. At present, 2197 close contacts have been tracked, 765 have been released from medical observation, and 1394 are still receiving medical observation.

Recently, the number of cases has changed greatly, which has something to do with the continuous deepening of our understanding of the disease, the improvement of diagnostic methods, the optimization and distribution of diagnostic reagents to the country. Experts judged that the cases were mainly related to Wuhan, that human-to-human transmission and medical staff infections had occurred, and there was a certain range of community transmission. The epidemic is mainly transmitted through the respiratory tract. The virus may mutate and the epidemic is at risk of further spread. At present, during the Spring Festival, the surge in personnel mobility has objectively increased the risk of epidemic spread and the difficulty of prevention and control. We must not take it lightly and be highly vigilant.

In the **next step**, we will work with members of the joint prevention and control mechanism to resolutely implement the decision-making arrangements of the Party Central Committee and the State Council, put the people's lives and health in the first place, and guide localities to take effective measures in accordance with the principles of territorial management To ensure that the people have a peaceful and peaceful Spring Festival.

The **first** is to strictly guard against death and control the epidemic in Wuhan. Urge Hubei Province and Wuhan City to adopt the strictest prevention and control measures in accordance with the law, strengthen the supervision of farmer's markets and wildlife control, prevent internal proliferation and external export, persuade the public to disperse and not to gather, minimize the gathering activities of the public and avoid gathering The outbreak occurred. Adopt the strictest measures for fever detection, implement medical observations for fever, and prevent further spread of the epidemic.

The **second** is to keep an eye on work across the country and resolutely implement epidemic prevention and control measures. We will keep close monitoring of pneumonia of unknown cause, and send out two nets for pre-examination and sub-diagnosis of fever, make preparations for case treatment, and timely detect and effectively handle the epidemic situation. Strengthen environmental sanitation, combined with the increased mobility of personnel during the Spring Festival, and implement measures such as ventilation, disinfection, and temperature measurement at stations, airports, terminals, and other important places, as well as closed vehicles such as cars, trains, and airplanes.

The third is to spare no effort to treat patients. Allocate the strongest Chinese and Western medical resources and expert resources, and integrate Chinese and Western medicine to minimize deaths. Strengthen the protection of patient medical treatment costs to ensure that patients are treated in a timely manner. Caring for and caring for medical staff, providing logistical support, and arranging reasonable rest, especially directing personal protection to prevent medical staff from being infected during the treatment of patients.

The **fourth** is to do a good job of information release and international cooperation. Timely, openly and transparently release epidemic information, objectively report the progress of the epidemic and preventive control measures adopted by the government, seek truth from facts, and scientifically publicize epidemic protection knowledge. Continue to proactively strengthen the communication of epidemic information with the World Health Organization,

relevant countries, Hong Kong, Macao and Taiwan, timely share epidemic monitoring, investigation, prevention information and risk assessment opinions, and jointly discuss and improve epidemic prevention and control measures.

The **fifth** is to increase research efforts on epidemic prevention and control. Give full play to the strength of experts, find out the source of infection and the route of transmission as soon as possible, and do a good job in the research and development and screening of antiviral drugs. Closely track and monitor the changes in virus virulence and transmission to improve the science and effectiveness of epidemic prevention and control.

Sixth is to deploy a national health system to strengthen watchkeeping. Arrange health administrative departments and medical and health units at all levels to dispatch personnel who are familiar with the work, and do a good job on duty during the Spring Festival, and medical institutions and disease control agencies at all levels will retain sufficient staff.

The occurrence of the epidemic affects everyone's heart. We will go all out to do a good job of prevention and control and resolutely curb the spread of the epidemic. I believe that we have the strong leadership of the Party Central Committee with Comrade Xi Jinping as the core, the institutional advantages of socialism with Chinese characteristics, the relatively complete prevention and control system for sudden and emerging infectious diseases established since SARS in 2003, and the response to the H1N1 influenza A. The practical experience accumulated in major public health incidents such as bird flu, Ebola hemorrhagic fever, and the like, with the support of the broad masses of the people, we are confident of victory in epidemic prevention and control.

Yanyan Chun:

Thank you Mr. Li Bin for your introduction. Let 's start asking questions. Please inform your news organization before asking questions. 2020-01-22 10:22:47

CCTV reporter:

As we all know, the SARS epidemic in 2003 eventually turned into a public health crisis affecting many countries around the world. What measures will China take to prevent the epidemic from spreading further? Thank you.

Li Bin:

23 days ago, that is, December 30, 2019, our committee was informed of the occurrence of viral pneumonia of unknown cause in Wuhan, Hubei Province, and dispatched a national working group and an expert group to implement the national, provincial and municipal linkage. Guide and support Wuhan to make every effort to prevent and control the epidemic.

The first is to spare no effort to treat patients. The second is to seriously organize the investigation and judgment of the epidemic situation. According to the information available, Wuhan has decisively closed the place where patients were concentratedly exposed, that is, the South China Seafood Wholesale Market. Carry out case search and isolation treatment, close contact tracing and medical observation throughout the city. Third, experts from provinces and cities of the country immediately studied and formulated related prevention and treatment programs, organized the implementation of epidemiological investigations, specimen collection and inspection, and traceability of pathogens. Fourth, the situation will be announced to the public on December 31.

On January 8, 2020, after the preliminary determination of the outbreak pathogen as a new coronavirus, China immediately organized the development of a test kit, optimized the detection plan, strengthened the case search, detection, and review, while paying close

attention to the changes in the epidemic situation and timely revising the relevant control plans, Adjust case management and various prevention and control measures, and strive to reduce the incidence of severe cases and deaths.

On the basis of the original measures, efforts have been made to strengthen measures to prevent the spread of the epidemic. These measures include strengthening the isolation and treatment of cases, tracking and medical observation of close contacts, strengthening the environmental regulation and management of the farmers' market in Wuhan, launching patriotic health campaigns, and publishing Epidemic information, universal knowledge on prevention and control, and body temperature screening at airports and stations.

In the **next step**, China's governments at all levels, health and other departments will continue to implement the decision-making arrangements of the Party Central Committee. It is required to continue to focus on Wuhan and strengthen the implementation of various prevention and control measures. At the same time, further strengthen national prevention and control work, strictly implement prevention and control measures during the "Spring Festival Transport" period, strengthen epidemic monitoring reports, response and timely release of information, and increase research efforts on epidemic prevention and control, and further strengthen international exchanges and cooperation. . The Chinese government and people are confident of defeating this new infectious disease and winning the sniper war of this epidemic. Thank you.

Bloomberg reporter:

I have two questions: First, it is now during the Spring Festival that a large number of people are moving. Is it possible that people will continue to travel from Wuhan to other places, resulting in greater transmission risks? Second, a British university study said that according to last week's epidemiological study, 2,000 people were expected to be infected in China. Has there been any prediction of how many infected people have not yet been treated? Thank you.

Li Bin:

This is a very important issue. I will first introduce the relevant situation of the first question, and then I will invite Academician (10)(2e) of the Chinese Center for Disease Control and Prevention to introduce the research of British universities and answer the current epidemic situation.

In view of the current situation of prevention and control of pneumonia caused by new-type coronavirus infection, and in view of the large flow of people during the Spring Festival, the Chinese government has raised the prevention and control of pneumonia caused by new-type coronavirus infection to the national level, made institutional arrangements, and decisively initiated the joint prevention and control mechanism. The pandemic prevention and control efforts have established a joint pneumonia joint prevention and control working mechanism to respond to new coronavirus infection, led by the National Health and Health Commission, and composed of 32 departments. As I have just introduced, there are several groups to implement departmental responsibilities. Centering on epidemic prevention and control, breaking the boundaries of departmental responsibilities, forming an effective command coordination force, and realizing three-dimensional, full coverage and efficient coordination of epidemic prevention and response.

The National Health and Health Commission deployed and supervised and guided the local health and health departments to strengthen the prevention and control measures of the epidemic. On January 14th, a video conference of the national health and health system was held to inform the provincial health and health departments of the epidemic prevention and

control situation, and the localities were strengthened to monitor the epidemic. , Make every effort to prepare for the response. From January 17th to 18th, 7 supervision teams were dispatched to supervise and inspect 8 provinces including Hebei and Guangdong to guide the prevention and control work. Now we have also specially appointed government officials and experts to form a number of supervision groups to further increase supervision and push forward the implementation of work. On January 19, clear requirements were made for the prevention and control of pneumonia caused by new-type coronavirus infections in various places. The national health system was deployed to strengthen on-duty duty and strictly implement prevention and control measures during the Spring Festival

In response to the outbreak in Wuhan, Director **Ma Xiaowei** of the National Health and Health Commission made a special trip to the local area on January 15 to instruct Wuhan City, Hubei Province to further implement various prevention and control measures.

The first is to strengthen the management of Wuhan's foreign transport personnel, start body temperature detection at airports, railway stations, and coach stations to screen fever patients. Currently, Wuhan Tianhe Airport has 15 probe-type thermometers and three major railway stations. 20 probe-type thermometers.

The second is to strengthen the management of the source of the infection. I have just introduced this situation. On the basis of strengthening the management of the farmer's market, we have also strengthened supervision of key departments such as supermarkets and restaurants to severely crack down on wild animal trading.

The third is to strengthen the management of crowd activities and reduce the gathering activities of large publics.

The fourth is to carry out patriotic health campaigns. In order to prevent the spread of the epidemic, the Wuhan Municipal People 's Government has issued an appeal in the media on January 21. Journalists and friends may have received this information. In principle, if it is not necessary, it is recommended that people outside do not go to Wuhan. Wuhan 's citizens have not Do not leave Wuhan under spécial circumstances. This can reduce the mobility of personnel and reduce the possibility of virus transmission.

For provinces where cases have occurred, the first is to strengthen the surveillance and response to the epidemic situation and implement the "five early" measures, that is, early detection, early reporting, early isolation, early diagnosis, and early treatment of cases. The word "early" is very important. The second is to allocate medical resources to strengthen the treatment of cases, do a good job of tracking and management of close contacts, prevention and control of hospital infection and laboratory biosafety. The third is to launch a "patriotic health campaign" to increase environmental governance and delay the spread of the epidemic.

For provinces where no cases have been found, the first is to develop and improve emergency plans and work plans. The second is to do a good job in preparations for negative pressure ambulances, negative pressure wards, diagnosis and treatment experts, therapeutic drugs, testing reagents, killing drugs, protective drugs, prevention and control teams and emergency teams. The third is to carry out training for medical staff and public health professionals to ensure that effective treatment can be regulated in the event of an outbreak.

Through the above measures, the risk of cross-regional and cross-border spread of the epidemic during the Spring Festival will be minimized. Regarding your second question, please ask Academician **(10)(2e)** to answer

(10)(2e):

Dear journalists, this question is very good. I think any such question is a science-based one. First of all, I also looked at the calculation results of this scientist. This is a mathematical model. The number you just asked is the maximum number of numbers he calculated. Everyone knows that knowing any new thing, especially a virus like this, must be "facts are facts, and knowledge theory is theory." We also welcome everyone to propose various models, in fact, many models have come out now. Is this model consistent with the facts? Director Li has just announced our measures and the open and transparent epidemic situation. I think, as you get to know the virus, you will verify this model.

The situation we have at present is not the situation of the model calculated by this scientist.

Reuters reporter:

I have two questions. First of all, can you give more details, and why has the number of confirmed cases surged in recent days? Is it because of some new detection measures? In addition, compared with SARS and MERS (Middle East Respiratory Syndrome), is the virus more severe or less severe this time? Please make a specific comparison.

Li Bin:

This question is very professional, please Academician (10)(2e) share some details with you.

(10)(2e):

When a reporter friend asked a question, he mentioned new detection technology, so he has already given some answers. As I mentioned just now, especially in the face of such an epidemic, humans have a process of understanding it. The model just mentioned is a model based on your past cognition of this type of virus, and it is the crystallization of human wisdom.

You mentioned the increase in the outbreak. This is a fact. You answered some of the questions. Our knowledge of the virus is also a gradual process. Everyone thinks back, in this cognitive process, science is our powerful weapon.

Just now, Deputy Director Li Bin and everyone said that after the epidemic situation was discovered, professional organizations made professional work arrangements in a timely manner, and soon discovered that it is a new type of coronavirus, quickly clarified its genome sequence, and quickly isolated it. virus. This is also the past 70 years since the founding of New China, especially in terms of disease prevention and control specialization in recent years. It is a scientific progress. In the process of cognitive disease, I think everyone is concerned about how this virus is different from SARS and MERS (Middle East Respiratory Syndrome). Coronaviruses that infect humans, and now there are seven of them, four of which are weakly pathogenic to humans and weaker than seasonal flu. Everyone knows that SARS and MERS (Middle East respiratory syndrome) are more serious. We are constantly learning about this virus. thank you all.

China Daily reporter:

At present, medical personnel have confirmed the infection. Can you tell us more about this situation and what measures will be taken to protect the safety of front-line medical personnel? Thank you.

Li Bin:

With regard to infection by medical personnel, the whole society is very concerned about it. From the health and health department, this work is highly valued. In this regard, please ask Deputy Director Jiao Yahui of the Medical Administration and Hospital Authority to introduce the relevant situation to friends in the media. 2020-01-22 10:43:52

Jiao Yahui:

Thank you for your question. Recently, everyone also saw that from the WeChat notification of the **Wuhan Municipal Health and Health Commission**, medical personnel were notified of pneumonia cases confirmed by a new coronavirus infection. In our committee, when the high-level expert group answered questions from reporters, Academician **Zhong Nanshan** also mentioned the presence of medical staff infections, and also reminded that the phenomenon of human-to-human transmission has occurred, and we must be vigilant. We are also saddened to see cases of infection by medical staff. Medical staff is indeed a high-risk occupation. Especially since the outbreak of pneumonia, they have been adhering to the clinical front line and working overtime continuously. The medical staff of each shift has to work for 10 hours a day, and they also need to wear isolation clothing and protective clothing, protective equipment, work It was very hard. When I came out of the ward, my whole body was soaked with sweat, and my physical health declined, but they remained firmly at the clinical front line and we paid tribute to them.

Jiao Yahui:

The emergence of medical staff infection cases, on the one hand, provides evidence for human transmission, on the other hand, it also reveals that our medical institutions still have some weak links in the prevention and control of hospital infections. Of course, just as Academician **(10)(2e)** mentioned just now, our development of this disease is also a process of gradual recognition. This disease also has a process of development and change. It also has different characteristics in the early and present, so our protection and hospital infection control measures need to be adjusted accordingly. Now we have taken a series of measures to address this weak link. On the one hand, we have revised and improved the personal protection standards and specifications of medical personnel. On the other hand, we have proposed more stringent measures for the prevention and control of hospital infections. After improving these technical solutions, it is also necessary to train medical personnel nationwide.

The emergence of infection by medical personnel this time also reminds us that not only in the departments related to patient infection, but also in other non-infection-related departments, we must also be highly vigilant about hospital infection prevention and early detection of patients. We will also take more stringent prevention and control measures to ensure the treatment of patients, while also protecting the personal protection and safety of medical staff. Because only if the medical personnel's personal protection is done, can they have a stronger fighting force to defeat this pneumonia epidemic. Thank you.

Singapore Lianhe Zaobao reporter:

We have seen a surge in the number of confirmed cases over the past few days. May I ask if the early information disclosure was not sufficient? Is there any government concealment of the epidemic? Thank you.

Li Bin:

Mr. **Xu Shuqiang**, Director of the Emergency Management Office, is invited to introduce the relevant situation to you

Xu Shuqiang:

Deputy Director Li Bin has emphasized in the introduction just now that we attach great importance to information disclosure, and information disclosure is very important. After the outbreak, the National Health and Health Commission directed the Wuhan Municipal Health and Health Committee of Hubei Province to release outbreak and prevention and control information on December 31, 2019 and January 3, 5, and 9, 2020. According to changes in the

development of the epidemic, Daily updates released from January 11. On January 9th, our commission publicly released the results of the pathogen detection and determined it to be a new type of coronavirus.

Recently, cases have been reported in areas outside Wuhan, Hubei. In order to enable the general public to grasp the information of the epidemic in a timely, accurate and comprehensive manner, starting from January 20th, the National Health and Health Commission will collect and publish the data of confirmed and suspected cases in all provinces across the country daily. We will stick to the daily release system, including during the Spring Festival, until the release is no longer needed. Thank you.

Surging news reporter:

We know that SARS produced super communicators that year, which led to a rapid increase in the epidemic. Yesterday it was reported that a super communicator that infected 14 medical staff had appeared. I would like to ask, will there be a large-scale outbreak of this epidemic due to the presence of super-spreaders due to the mutation of this virus? Will this epidemic evolve into another SARS? Thank you.

Li Bin:

My friends in the media are still very interested in some technical questions and ask very professionally. Academician (10)(2e), please communicate the situation with you.

(10)(2e):

Your question is really good. If you are willing to read related professional articles, about two or three years ago, there was no new coronavirus at that time. A magazine called "Microbiology Trends" specifically talked about the occurrence of SARS, MERS (Middle Eastern Respiratory Syndrome) and super communicators. The relationship between. As I said just now, we are in the process of constantly cognizing this new coronavirus and constantly accumulating knowledge about it. So, we have no evidence that we already have the super communicator you just mentioned. You should know that MERS (Middle East Respiratory Syndrome) has occurred in the Middle East, and no super communicator has been found, but when it comes to South Korea, it can be said that there is a super communicator, otherwise there will not be more than 180 patients and 38 death Case. This is what everyone has observed. If you are interested, you can read my related articles. This is entirely a scientific issue and we will pay close attention to it. Because professionally and technically, we have seen this kind of coronavirus. Our prevention and control measures are prevention and control measures under the guidance of theory. We pay special attention to the possible super communicators you mentioned.

Your question is also a very important direction to guide our prevention and control.

Iton Tass News Agency reporter:

The border between China and Russia is very long. In order to curb the spread of the pneumonia epidemic of the new coronavirus infection, what kind of prevention and control measures has China taken in areas relying on Russian territory? Do Chinese and Russian government departments keep in touch on this issue? Please introduce the detailed situation of international cooperation. Thank you.

Li Bin:

Let me answer this question. Regarding national prevention and control, I have just introduced it. At present, we must implement these prevention and control measures and truly achieve the "five early", early detection, early reporting, early diagnosis, early isolation, and

early treatment. We must implement these measures well and effectively control the epidemic situation. At the same time, we have also strengthened the control of infectious diseases. Now we have classified this infectious disease as a Class B infectious disease and a Class A management. You may have seen the announcement of the Commission. The announcement is in two aspects. The first aspect is that according to the Infectious Diseases Prevention Law, we have classified this infectious disease as a Type B infectious disease and Category A management. Items. The second aspect is that according to the international quarantine law, this infectious disease is classified as an international quarantine infectious disease. We have also strengthened port management. The customs department is further implementing various prevention and control measures in this regard.

Regarding international and regional cooperation, I would like to introduce several aspects:

First, after the outbreak, in a manner of openness and transparency and a high degree of responsibility for global health security, China promptly notified the World Health Organization, relevant countries including Russia, and Hong Kong, Macao and Taiwan regions of the epidemic. As of January 20, the information has been shared 15 times in total.

Second, maintain close communication with the World Health Organization. Director Ma Xiaowei has written to the WHO Director-General several times to report the epidemic situation information, exchange the progress of epidemic prevention and control, share the whole sequence of new coronavirus to the World Health Organization as soon as possible, and set up a special class to organize Chinese experts and WHO Experts conducted in-depth exchanges. At present, four expert communication meetings have been held, and WHO experts are invited to visit Wuhan, Hubei, to conduct field inspections and visits to further understand the epidemic situation, deepen the understanding of the epidemic situation and reach consensus, and strengthen cooperation and joint response.

Third, do a good job of bilateral communication. Our committee maintains close communication with counterpart technical departments and embassies in China such as Thailand, Japan, South Korea, and the United States, shares epidemic information, verifies information on suspected and confirmed cases, and promptly responds to foreign concerns.

Fourth, strengthen communication and collaboration with Hong Kong, Macao and Taiwan. In addition to regular information sharing, our committee has invited experts from Hong Kong, Macau, and Taiwan to visit the corresponding medical and health institutions in Wuhan, and conducted in-depth exchanges with local medical and health personnel to further understand the situation. In response to requests from Hong Kong and Macau, we have provided diagnostic kits to Hong Kong and Macau free of charge. Thank you.

Economic Daily News reporter:

I would like to ask how ordinary people should prevent this pneumonia. Any suggestions? For example, we are highly skeptical that we are taking this coronavirus pneumonia. What medicines can we take to improve the symptoms? If the diagnosis is pneumonia, are there any specialized medical institutions or outpatient clinics to receive these patients? Specialized medical institutions to treat patients? Thank you.

Li Bin:

This topic has become a topic of concern to the whole people, and today is also a very good opportunity to further relevant information and knowledge, please media friends to help us do a good job of publicity. Now, please ask Deputy Director Jiao Yahui to introduce the relevant situation and prevention knowledge. 2020-01-22 11:25:33

Jiao Yahui:

Thank you for your question. For ordinary people, everyone is very concerned about how I can't prevent this kind of pneumonia. **First** of all, we should pay attention to it. At this time, you should try to reduce to people-intensive places, whether it is home, workplace, or school. Of course, now students have already holidays, and it is necessary to maintain the habit of regular indoor ventilation. Even in the north, it is recommended to open the window for a short time in winter. When symptoms of fever or cough appear, it is recommended to wear a mask. We advocate the the habitual wearing of masks. Cover your mouth and nose with a handkerchief or paper when you sneeze. In addition, you must wear a mask to protect yourself and other people. This is routine. In addition, wash your hands frequently. If you accidentally cover your mouth and nose, wash your hands after sneezing. Do not rub your eyes or touch the mucous membranes after sneezing. In general, personal protection and personal hygiene are required.

When there are some discomforts, such as cough and fever, we recommend not to take the medicine first, or to check it online. Follow the online advice to take the medicine yourself, without going to the hospital. I think it can be over for two days. . At this stage, we recommend that if such symptoms occur, you must go to the hospital in time to seek the correct diagnosis and treatment of a doctor. Hospitals at level 2 or higher, that is, our hospitals in districts, counties, cities, and provinces all have fever clinics. When patients have symptoms, whether they go to a general clinic or a fever clinic, even if they go to a general clinic, they will have professional medical services. The staff took the body temperature and found that the patient's temperature had risen. He would prompt him to wear a mask and guide him to a fever clinic for investigation. Because this season is also the season when other respiratory diseases are high, clear other respiratory diseases are excluded, and those with high suspicion will be isolated and observed. We use laboratory testing methods to make a clear diagnosis. Even when visiting a primary medical institution, such as a community health service center, doctors will conduct preliminary screening during admission, will record the information of fever patients in detail, and will be referred to a second-level or higher hospital that has the conditions for diagnosis and treatment if they are highly suspect. Diagnosis and treatment.

For suspected and confirmed cases, we receive intensive treatment from designated hospitals, designated hospitals and backup hospitals have been designated in various places. Once the epidemic has expanded and cases have increased, backup hospitals are activated at any time. There are more patients with epidemic conditions and the designated hospitals cannot accept them. At that time, we also have reserve hospitals, and detailed plans have been formulated in each place. In SARS in 2003, Beijing also urgently built Xiaotangshan Hospital and undertook the transformation of the centralized admission hospital. If the epidemic really develops to this stage, we can also temporarily rebuild some hospitals to receive patients. Of course, our current epidemic situation is far from reaching this level, so our medical resources are still sufficient to provide timely diagnosis and treatment services for the majority of patients. Thank you.

Hong Kong Grand Official Reporter:

There are a lot of rumors on the Internet now. We are very concerned about the real situation in Wuhan now. Are there any cases of "no admission to hospital" on the Internet? Do people in Wuhan now recommend going home to visit relatives during the Spring Festival? Thank you.

Li Bin:

This issue was also introduced in the introduction process just now. There is a process for cognition of new cases. Therefore, this process needs to be based on scientific evidence. In

the light of the development of the entire epidemic situation, the various diagnosis and treatment, Prevention and control programs. Recently, the number of cases in Wuhan has indeed increased relatively quickly. The main reason is that after the pathogen is determined to be a new type of coronavirus, laboratory diagnostic methods have been rapidly established, and pathogen diagnostic reagents have been rapidly developed and optimized, so cases can be detected relatively quickly. . But this all has a process. With our continuous development, continuous optimization, and continuous application in the clinic, we continuously improve the level of diagnosis and treatment and the ability to discover. At the same time, according to the analysis of the epidemiological investigation, the search scope of pneumonia cases treated by relevant medical institutions in Wuhan was expanded in time, sampling tests were conducted, and timely diagnosis was given. For patients diagnosed, we also release the epidemic situation in a timely manner. As the diagnosis continues to be clarified, the epidemic situation is also followed up and released in a timely manner.

Everyone is more concerned about going to Wuhan. I just introduced it. The Wuhan government has already issued reminders and reminders. At present, more than 90% of the confirmed cases nationwide are concentrated in Wuhan, and human-to-human and medical staff infections have occurred in the local area. There is a certain range of community-based transmission. At present, the virus is mainly transmitted through the respiratory tract. There is a possibility that the virus may mutate and the epidemic situation is at risk of further spread. Recently, Academician **Zhong Nanshan**, the leader of the high-level expert group of the National Health and Health Commission, said that the pneumonia epidemic of new coronavirus infection is currently a local outbreak in Wuhan, and the focus of prevention and control of the recent epidemic is still in Wuhan. Academician Zhong as a scientist has put forward suggestions in a very responsible manner to the broad masses of the people. In principle, do not go to Wuhan, and the masses in Wuhan do not go to Wuhan. This is the academician Zhong 's advice to everyone. This advice is still very responsible. .

In order to prevent the spread of the epidemic, the leaders of the Wuhan Municipal People's Government issued an appeal in the media on January 21, and I have just introduced the situation just now. The appeal of the Wuhan Municipal Government is that if it is not necessary in principle, it is recommended that people outside do not go to Wuhan, and Wuhan citizens do not leave Wuhan without special circumstances. This can reduce personnel mobility, reduce the possibility of virus transmission, and enable prevention and control to be obtained as soon as possible. effect. This also fully reflects the sense of responsibility and mission of the Wuhan Municipal Government and the people of Wuhan in preventing the spread of the epidemic, and also expressing their determination and confidence in preventing and controlling the epidemic and defeating the disease. Thank you.

Japanese TV reporter:

Mr. (10)(2e) just said that the virus is still in the process of continuous recognition. Please tell us about the virus, such as the source of the virus, how long the incubation period is, and the risk factor, especially for children and how young is the risk factor. Thank you.

(10)(2e) :

We also introduced just now that we are in a cognitive process of this virus. It now appears that it has some common characteristics when the coronavirus appeared in many aspects, but this virus also displays some of its own characteristics, including its source. We now know that the source of this virus is now focused on a market where there are wildlife trades, so the source may be wildlife and the environment it pollutes. At first, it was only animal-to-human transmission, and then the virus was making adaptive mutations to the host. Everyone has seen Disney's "Cat and Mouse". The relationship between viruses and humans is like a cat and

mouse game, adapting to each other. To this stage, the phenomenon of person-to-person transmission has indeed occurred, and some community transmissions have occurred. So, it goes through three processes. From now on, its source is the wild animals sold in the seafood market. The virus of this wild animal is also gradually adapting, which also accords with human's understanding of this type of coronavirus. Of course, I also said at the beginning that it still needs to be further researched over time. For example, just as you said, how does it affect children and younger people, in terms of current epidemiology and current In terms of cognition, it is not easy to determine.

Beijing Youth Daily reporter:

I would like to ask, just now we have been emphasizing that the pneumonia of the new coronavirus is included in the control of type A management of type B. What does this sentence mean? What levels of public health emergencies are considered in this outbreak for emergency response? Thank you.

Li Bin:

I may not have introduced it in detail just now. I would like to ask Director Xu Shuqiang to introduce the overall management and emergency situation in detail.

Xu Shuqiang:

Just now Director Li introduced that the current epidemic prevention and control has reached a most critical stage. The State Council has incorporated pneumonitis infected with a new coronavirus into a legal infectious disease and classified it as a Class A tube. Prevention and control measures, which means that various localities, departments and various types of medical and health institutions can adopt screening for fever patients, diagnosis and treatment of suspected cases, close contact isolation medical observation, and other stricter measures. Prevention and control measures effectively control the spread of the epidemic.

Regarding the grading of the incident, you may already know that in the early morning of the 22nd, the People's Government of Hubei Province issued the "Notice on Strengthening the Prevention and Control of New Coronavirus Infection and Pneumonia", and decided to start a public health emergency level II emergency response. It is the emergency response to major public health emergencies under the unified leadership and command of the provincial people's government. After the emergency response at the major level is initiated, measures that can be taken include: emergency mobilization and collection of relevant personnel, materials, vehicles and related facilities and equipment, on-site isolation, identification and closure of epidemic areas, and guaranteeing the material funds required for emergency response. Organize the isolation of patients and their close contacts, patient treatment and evacuation, and do a good job of publicity and guidance of public opinion in a timely manner. If necessary, the State Council can ask for support to ensure the smooth handling of public health emergencies. Thank you.

Yanyan Chun:

Today 's press conference is highly concerned. Before the end, I would like to say a few more words. I want to emphasize that the Party Central Committee and the State Council attach great importance to the prevention and control of pneumonia caused by new coronavirus infections, and always put the people's lives and health in the first place. We believe that under the strong leadership of the Party Central Committee with Comrade Xi Jinping at the core, with the joint efforts of all localities and departments and the concerted efforts of all medical staff, the people of all nations, including the people of Wuhan, will be able to achieve the goal. Victory in epidemic prevention and control.

I also want to emphasize that we will adhere to the principle of openness and transparency, timely release the latest epidemic situation and progress in prevention and control, and respond to public concerns as soon as possible. I have noticed that there are still many issues that everyone is concerned about. You are welcome to send us your interview needs and questions that you need to know to us or the Health Office's Information Office. We are willing to provide you with information services in a timely manner.

Today's press conference is the last press conference before the Spring Festival of the State Council Information Office. I also want to take this opportunity to say hard to the vast number of medical staff who are fighting in the front line, and to say to the people of the country, including the people of Wuhan, that we are always together. I wish you all a happy Chinese New Year and happiness.

Thanks again to several publishers and thank you all. That concludes today's press conference.

Ministerie van Volksgezondheid,
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nota

(ter beslissing) Vervolg Uitbraak van een nieuw coronavirus in Wuhan

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Afschrift aan

1 Aanleiding voor deze nota

De WHO en ECDC zijn gekomen met adviezen over de uitbraak van een nieuw coronavirus in Wuhan. Vandaag was het outbreakmanagementteam bij het RIVM, maandag volgt hiervan het schriftelijk verslag. Dinsdag staat het bestuurlijk afstemmingsoverleg gepland, dat u adviseert over eventueel te nemen maatregelen.

Met bijgaande brief informeert u de Kamer over de laatste stand van zaken en maakt u duidelijk welke informatie ze wanneer kunnen verwachten.

Uw kenmerk

2 Beslispunten, advies en mogelijk alternatief

Ik adviseer u akkoord te gaan met de inhoud van bijgaande kamerbrief.

3 Samenvatting en conclusies

In de brief vermelden we de actuele situatie in China, de adviezen van de WHO en ECDC en hoe wij hier in Nederland mee omgaan.

De WHO gaat nog niet over tot het afkondigen van een public health emergency of international concern, maar roept lidstaten wel op om voorbereid te zijn wanneer een geval opduikt. We leggen in de brief uit hoe we dit in Nederland georganiseerd hebben, deels herhaling van de kamerbrief eerder deze week.

4 Draagvlak politiek

Er zijn Kamervragen gesteld door Hermans en Veldman (beiden VVD) aan de minister voor Medische Zorg over het artikel 'Nieuwe Wuhan-virus overdraagbaar van mens op mens'. (ingezonden 22 januari 2020)

5 Draagvlak maatschappelijk en eenduidige communicatie

De betrokken bestuurlijke partijen komen conform de crisisstructuur voor infectieziektenbestrijding dinsdag bijeen voor het bestuurlijk afstemmingsoverleg, om de door het OMT geadviseerde maatregelen te toetsen op bestuurlijk draagvlak.

Directie Publieke
Gezondheid

Kenmerk
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6 Financiële en personele gevolgen

nvt

7 Juridische aspecten en haalbaarheid

nvt

8 Afstemming (intern, interdepartementaal en met veldpartijen)

De brief is afgestemd met het RIVM.

9 Gevolgen administratieve lasten

nvt

10. Toezeggingen

In de brief zegt u toe de Kamer volgende week nader te informeren.

(10)(2e)

Senior Beleidsmedewerker

Het testen van gerepatrieerden uit China

Het testen van personen die terugkeren uit de regio Wuhan gebeurt in Nederland niet standaard. Daar zijn een aantal redenen voor. Een diagnostische test is nooit 100% sensitief, dat betekent dat er een kans is dat er patiënten worden gemist die de ziekte wel hebben. Daarom is het zaak een heldere indicatie te stellen voor het gebruiken van het test. Bij patiënten met symptomen is de kans het grootst dat met de test ook daadwerkelijk virus wordt aangetroffen. De rol van asymptomatische personen bij de overdracht van dit nieuwe corona virus is nog niet geheel duidelijk. De kans dat er bij asymptomatische personen virus wordt aangetoond kan vooralsnog als laag worden ingeschat. Om deze redenen adviseren wij momenteel dan ook personen die terugkeren uit de regio Wuhan niet standaard te testen.



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buiten reikwijdte



buiten reikwijdte

d) Update nieuw hemorragische koortsgeval en nieuwe Coronavirus

Jaap geeft een toelichting op beide ziekten.

Er is nog steeds weinig bekend over het nieuwe coronavirus, zo zijn de besmettelijkheid van mens op mens en het moment van besmettelijkheid nog niet duidelijk. De casusdefinitie is recent veranderd waardoor er nu meer gevallen zijn. Er zijn meerdere steden en landen waar het virus is opgedoken. Of de gevallen ook allemaal met een test bevestigd zijn is nog onduidelijk. Erasmus en het RIVM hebben inmiddels een PCR-test om vermoedelijke gevallen in Nederland te kunnen testen. De protocollen zijn helder en gecommuniceerd met professionals.



buiten reikwijdte

Situatie

- * Cijfers van 30-1: 7824 patiënten in China, 170 mensen overleden.
- * Het aantal patiënten dat is gediagnosticeerd blijft oplopen.
- * De meeste patiënten komen uit Wuhan of zijn in Wuhan geweest.
- * Inmiddels zijn er 4 patiënten in Frankrijk, 4 in Duitsland, 1 in Finland bevestigd.
- * Er zijn nog geen patiënten in Nederland bevestigd. Er heeft wel diverse keren diagnostiek plaatsgevonden
- * Officiële cijfers over het aantal patiënten worden bijgehouden door het ECDC (European Center for Disease Control) en de WHO.
- * Er is nog weinig epidemiologische kennis over het virus.
- * De WHO heeft bekend gemaakt het virus nog niet uit te roepen tot PHEIC (Public Health Emergency of International Concern).

Effecten

- * Het is mogelijk dat het virus in Nederland opduikt.
- * Dit zal naar verwachting tot veel maatschappelijke onrust leiden.
- * Doordat er weinig over het virus bekend is, zie je nu al onrust ontstaan.
- * Er is enorm veel media aandacht voor dit virus, nationaal en internationaal.
- * Ook politiek is er veel aandacht voor de situatie.

Maatregelen

- * Op 28-1 is het nieuwe coronavirus aangewezen als A-ziekte.
- * Nederlandse infectieziekteartsen worden door het RIVM Rijksinstituut voor Volksgezondheid en Milieu geïnformeerd over de laatste stand van zaken en de ontwikkelingen rond het nieuwe coronavirus.
- * Bij het RIVM en het Erasmus MC Erasmus University Medical Center zijn testen beschikbaar waarmee vastgesteld kan worden of iemand het virus heeft.
- * Er zijn protocollen waarin staat beschreven hoe een patiënt met klachten opgevangen moet worden.
- * Zorgcapaciteit en de beschikbaarheid van persoonlijke beschermingsmiddelen worden geïnventariseerd.
- * Op Schiphol hangen informatieborden voor passagiers die aankomen uit China.
- * Het algemene publiek kan bij het RIVM informatienummer terecht met vragen over het coronavirus, hiervoor is een optie aangemaakt in het keuzemenu.

Duiding

- * Doordat er nog veel onduidelijk is over het virus, zie je ook veel onrust.
- * Hierdoor zie je ook dat er in landen om ons heen, te beginnen in China, extreme maatregelen worden genomen.
- * Deze maatregelen zijn niet allemaal op medische gronden te verklaren.
- * Experts weten nog niet goed hoe dit virus zich vergelijkt met een gebruikelijk griep. De officiële cijfers van dit moment lijken niet heel verontrustend. Maar we weten niet precies hoeveel vertraging er in de gegevens zit en of er sprake is van een onderrapportage en hoe groot die is.
- * Mensen die in Nederland verkouden zijn of longklachten hebben, hoeven zich geen zorgen te maken dat ze het nieuwe coronavirus hebben. Zeker niet als ze niet recent in Wuhan zijn geweest. De kans is veel groter dat mensen gewoon griep hebben of een ander verkoudheidsvirus.

- * Door het aanwijzen van het coronavirus als een A-ziekte heeft de minister van VWS de coördinatie gekregen over de bestrijding ervan. In de praktijk ligt de coördinatie hiervan bij het RIVM.
- * A-ziekten brengen ook meer mogelijk wettelijke maatregelen met zich mee: bijvoorbeeld gedwongen opname tot isolatie of thuisisolatie, gedwongen onderzoek, gedwongen quarantaine (inclusief medisch toezicht), verbod van beroepsuitoefening.
- * Een burgemeester en voorzitter van de Veiligheidsregio zijn bevoegd om mensen zonodig in quarantaine te plaatsen, gebouwen te sluiten of anderszins aanvullende maatregelen te nemen.

Planning of procedure to transfer Dutch national to the Netherlands after evacuation from Wuhan

- A. The Ministry of Foreign Affairs of the Netherlands will arrange private transport from the airport of arrival/or location where initial reception will take place to The Netherlands. This can either be an airplane (military or chartered) or a touring bus (with facilities on board).
In both ways we can guarantee that the Dutch nationals will not have to leave the transport vehicle to avoid any contact with French nationals. If transport will be by road, Belgian authorities will be informed of the transport.
- B. Reception of Dutch nationals upon arrival in the Netherlands will be according to the public health procedures of the Netherlands health authorities for the novel coronavirus (2019-nCoV) valid at that time. This would comprise of the following: the Dutch nationals will be awaited on arrival in The Netherlands by the Dutch Public Health Authorities (the 'GGD'). The GGD will brief them about 2019-nCoV, and they will be given detailed instructions on what to do in case they develop symptoms. If a Dutch national has developed symptoms, they will be isolated according to national protocols, and subsequently tested for 2019-nCoV.

Infection with 2019-nCoV is a notifiable disease in category A, conform the Dutch Public Health Act. This means that doctors and laboratories are obliged to notify the public health authorities immediately, even if there is only a suspicion of a possible infection with 2019-nCoV. In this way we can make sure that there will be no delay in public health measures as isolation and diagnostic procedures, as well as contact tracing.

C.

If quarantine is obliged by either the Chinese or the French government, the Dutch government will arrange this accordingly. Before evacuation Dutch nationals will be requested to inform the Dutch government of their place of residence in the Netherlands as well as their willingness to undergo quarantine procedures. According to current Dutch guidelines, quarantine for 2019-nCoV can be carried out at a person's own residence, if this residence is qualified for quarantine by the GGD.

The qualifications for quarantine at a residence are as follows, according to our national protocol: 1. The person can remain at the residence during the whole time quarantine is necessary (14 days after departure from the affected area), 2. The number of housemates is preferably zero, but could be minimized to essential family members, 3. If other family members are present the person is asked to minimize any form of contact with them and to wear an appropriate facemask. 4. No visitors are allowed in the residence. 5. Appropriate hygiene measures are taken in the household.

Quarantine for these persons would comprise the following: transport will be arranged as described under A. Reception of the Dutch nationals in the Netherlands will be arranged at Eindhoven Airport. The GGD will brief them about 2019-nCoV, and they will be given detailed instructions for monitoring and quarantine. Subsequently, from Eindhoven Airport transfer will be arranged to the residence of each person, where quarantine will take place. The GGD will have regular contact with persons in quarantine, until the quarantine is lifted (14 days after departure from the affected area).