

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

22 May 2020

PDR Number: IQ20-000251

Further advice of unofficial reports

Written

Senator: Rex Patrick

Question

In answer to a Question on Notice the Minister for Health has advised that the Department of Health initially became aware of “unofficial reports” of a cluster of pneumonia cases in China through its international surveillance processes in December 2019.

The CMO has further advised that Committee that “We first heard notification through the WHO on New Year's Day, on 1 January ...”.

A. What were the “unofficial reports” received in December? What was the source of such reports? Did they come directly from Chinese Health authorities, or from elsewhere?

Precisely on what date were they received by the Health Department? Who received them?

B. Please provide the Committee with copies of those initial reports?

Answer:

On 31 December 2019, the National Incident Room (NIR) in the Department of Health received an email from the Program for Monitoring Emerging Diseases (ProMED) subscription service advising of undiagnosed pneumonia in China.

A copy of this email is provided at Attachment A.

From: promed-bounces@promedmail.org on behalf of promed-request@promedmail.org
Sent: Tuesday, 31 December 2019 11:00 PM
To: promed@promedmail.org
Subject: ProMED Digest, Vol 90, Issue 75 [SEC=No Protective Marking]

Today's Topics:

1. PRO/PL> Red blotch disease, grapevine - USA
(promed@promedmail.org)
2. PRO/AH/EDR> Undiagnosed pneumonia - China (HU), RFI
(promed@promedmail.org)

Message: 1
Date: Mon, 30 Dec 2019 15:23:17 +0000
From: promed@promedmail.org
Subject: PRO/PL> Red blotch disease, grapevine - USA
To: promed-post@promedmail.org, promed-plant-post@promedmail.org
Message-ID:
<0100016f57677e28-ebfdd4c6-23c3-421c-ba44-44008c70c766-000000@email.amazonses.com>

Content-Type: text/plain; charset=UTF-8

RED BLOTCH DISEASE, GRAPEVINE - USA

A ProMED-mail post
<<http://www.promedmail.org>>
ProMED-mail is a program of the
International Society for Infectious Diseases <<http://www.isid.org>>

Date: Tue 10 Dec 2019
Source: University of California (UC) [edited]
<<https://www.ucdavis.edu/news/grapevine-red-blotch-disease-threatens-us-grape-industry/>>

Grapevine red blotch disease threatens the US grape industry. First noticed in 2007 at the UC [University of California] Davis Oakville research station, the virus wasn't identified until 2012, and much remains unknown about it or ways to manage it. Currently, the only treatment is to remove the entire vine.

In 2016, Frank Zalom, UC, and collaborators discovered the three-cornered alfalfa hopper [ProMED-mail post <http://promedmail.org/post/20160610.4276953>] was a vector of red blotch, but it may not be the only one. The disease has been detected in California, Oregon, and New York.

A grant will allow UC Davis, UC Berkeley, and Oregon State University researchers to examine the spread

of the disease, potential vectors, and assess its economic impact on grape production and wine quality.

"Red blotch is a huge new problem for the grape industry," said Anita Oberholster, UC. "We will be working to understand the disease and develop sustainable management practices to support the grape industry."

[Byline: Amy Quinton]

--

Communicated by:

ProMED-mail

<promed@promedmail.org>

[Grapevine red blotch (GRB) has been identified recently as a syndrome that affects fruit ripening. So far it is being reported from the US and Canada on a wide range of grape cultivars, including wine, table, raisin, and rootstock varieties. GRB does not appear to be a new disease but is likely to have escaped detection because its symptoms resemble leafroll disease (associated with several viruses within the family Closteroviridae; see previous ProMED-mail posts in the archives).

Symptoms of GRB appear in autumn when leaves normally would turn shades of yellow. They may include irregular red(ish) blotches on leaf blades, pink or red veins, occasional reddening of whole leaf blades, as well as slow accumulation of sugars or failure to mature in fruits.

Symptoms differ from leafroll disease mainly in that the leaf margins do not roll downwards.

The new geminivirus Grapevine red blotch virus (GRBV; genus Grablovirus) has recently been shown to be associated with GRB. GRBV has been detected in the host before appearance of symptoms and also in dormant canes. It is not known so far whether there are any effects on fruit yield or plant longevity. GRBV is transmitted by grafting tools, with infected budwood and via rootstocks. A treehopper (Spissistilus festinus; family Membracidae) vector for GRBV has also been identified (ProMED-mail post <http://promedmail.org/post/20160610.4276953>).

GRBV is considered an emerging threat to grape industries. Given the vegetative propagation methods used for grapevines, longevity of the host, and historic international exchange of germplasm, viruses and viroids may be widely distributed in some or many commercial cultivars. They can accumulate over many generations, leading to general decline of plants and severe yield reductions. Disease management of grapevine viruses may include vector control and phytosanitation, such as removal of infected plants and disinfection of vineyard tools. Use of certified virus free planting material (including tissue cultures, rootstocks, and scions for grafting) is essential.

In the US, in addition to production vineyards, GRBV has also been found in a germplasm collection for distribution of cultivars to growers (ProMED-mail post <http://promedmail.org/post/20180117.5566550>). Isolates were related to 2 different GRBV groups, indicating multiple incursions. The presence of the virus in a germplasm collection compounds the risk of its spread.

Maps

USA:

<https://www.mapsofworld.com/usa/large-us-map.html> and

<http://healthmap.org/promed/p/106>

Individual states via:

<http://www.mapsofworld.com/usa/usa-state-and-capital-map.html>

Pictures

GRB symptoms:

<https://doublevineyards.com/news/app/uploads/2013/11/Red-Blotch-800x618.jpg>,

https://www.researchgate.net/profile/Marc_Fuchs/publication/273150571/figure/fig1/AS:294734955

[335684@1447281697433/Symptoms-of-Grapevine-red-blotch-associated-virus-on-Vitis-vinifera-A-Cabernet-Sauvignon.png](https://www.researchgate.net/profile/Marc_Fuchs/publication/273150571/figure/fig1/AS:294734955/335684@1447281697433/Symptoms-of-Grapevine-red-blotch-associated-virus-on-Vitis-vinifera-A-Cabernet-Sauvignon.png),

<https://pnwhandbooks.org/sites/pnwhandbooks/files/plant/images/grape-vitis-spp-virus-diseases/graperedblotchvirus13-1412.jpg>,

and

<https://extension.oregonstate.edu/sites/default/files/styles/full/public/images/2018-11/img8801.JPG?itok=0tVQAXD8>

GRB vs. leafroll leaf symptoms:

<http://www.goodfruit.com/wp-content/uploads/GrapeRLDisease2014WSU-620x325.jpg>,

http://www.princeofpinot.com/media/images/09_48/09_48-3.jpg, and

<http://ucanr.edu/blogs/FPSblog/blogfiles/14349.jpg>

Links

Information on GRB:

<http://www.goodfruit.com/new-grape-virus-in-washington/>,

<http://ucanr.edu/blogs/blogcore/postdetail.cfm?postnum=9386>,

<http://www.princeofpinot.com/article/1575/>,

<https://doublevineyards.com/news/2013/11/23/grapevine-red-blotch-disease/>,

http://www.agri-analysis.com/UserFiles/Form/redblotch_v2.pdf, and

<https://www.ncbi.nlm.nih.gov/pubmed/25738551>

Description of GRBV and genus _Grablovirus_:

https://talk.ictvonline.org/ictv-reports/ictv_online_report/ssdna-viruses/w/geminiviridae/580/genus-grablovirus

and via

<https://www.ncbi.nlm.nih.gov/pubmed/28213872>

Review on grape virus diseases and their impact:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-29452017000104001

Virus taxonomy via:

<https://talk.ictvonline.org/taxonomy/>

Information on virus vectors via:

<https://bugguide.net/node/view/15740>

UC:

<<https://www.universityofcalifornia.edu/>>
- Mod.DHA]

[See Also:

Leafroll & red blotch, grapevine - Canada: (NS)

<http://promedmail.org/post/20191029.6750913>

2018

Grapevine viruses: USA, Pakistan

<http://promedmail.org/post/20180117.5566550>

2016

Red blotch disease, grapevine - USA: vector

<http://promedmail.org/post/20160610.4276953>

2014

Red blotch disease, grapevine - USA: (WA)

<http://promedmail.org/post/20140210.2268934>

2013

Red blotch, grapevine - USA: new virus

<http://promedmail.org/post/20130308.1576556>

.....sb/dha/mjdk

Message: 2

Date: Tue, 31 Dec 2019 04:59:01 +0000

From: promed@promedmail.org

Subject: PRO/AH/EDR> Undiagnosed pneumonia - China (HU), RFI

To: promed-post@promedmail.org, promed-edr-post@promedmail.org,
promed-ahead-post@promedmail.org

Message-ID:

<0100016f5a524df6-af414121-907f-45c2-b17e-e887e03a0eaa-
000000@email.amazonses.com>

Content-Type: text/plain; charset=UTF-8

RED: UNDIAGNOSED PNEUMONIA - CHINA (HUBEI), REQUEST FOR INFORMATION

A ProMED-mail post

<<http://www.promedmail.org>>

ProMED-mail is a program of the

International Society for Infectious Diseases <<http://www.isid.org>>

[1]

[1]

Date: 30 Dec 2019

Source: Finance Sina [machine translation] <<https://finance.sina.cn/2019-12-31/detail-i1hnzakh1074832.d.html?from=wap>>

Wuhan unexplained pneumonia has been isolated test results will be
announced [as soon as available]

On the evening of [30 Dec 2019], an "urgent notice on the treatment of
pneumonia of unknown cause"

was issued, which was widely distributed on the Internet by the red-headed
document of the Medical

Administration and Medical Administration of Wuhan Municipal Health Committee.

On the morning of [31 Dec 2019], China Business News reporter called the official hotline of Wuhan Municipal Health and Health Committee 12320 and learned that the content of the document is true.

12320 hotline staff said that what type of pneumonia of unknown cause appeared in Wuhan this time remains to be determined.

According to the above documents, according to the urgent notice from the superior, some medical institutions in Wuhan have successively appeared patients with pneumonia of unknown cause. All medical institutions should strengthen the management of outpatient and emergency departments, strictly implement the first-in-patient responsibility system, and find that patients with unknown cause of pneumonia actively adjust the power to treat them on the spot, and there should be no refusal to be pushed or pushed.

The document emphasizes that medical institutions need to strengthen multidisciplinary professional forces such as respiratory, infectious diseases, and intensive medicine in a targeted manner, open green channels, make effective connections between outpatient and emergency departments, and improve emergency plans for medical treatment.

Another piece of emergency notification, entitled "City Health and Health Commission's Report on Reporting the Treatment of Unknown Cause of Pneumonia" is also true. According to this document, according to the urgent notice from the superior, the South China Seafood Market in our city has seen patients with pneumonia of unknown cause one after another.

The so-called unexplained pneumonia cases refer to the following 4 cases of pneumonia that cannot be diagnosed at the same time: fever (greater than or equal to 38C); imaging characteristics of pneumonia or acute respiratory distress syndrome; reduced or normal white blood cells in the early stages of onset. The number of lymphocytes was reduced. After treatment with antibiotics for 3 to 5 days, the condition did not improve significantly.

It is understood that the 1st patient with unexplained pneumonia that appeared in Wuhan this time came from Wuhan South China Seafood Market.

12320 hotline staff said that the Wuhan CDC went to the treatment hospital to collect patient samples as soon as possible, specifically what kind of virus is still waiting for the final test results. Patients with unexplained pneumonia have done a good job of isolation and treatment, which does not

prevent other patients from going to the medical institution for medical treatment. Wuhan has the best virus research institution in the country, and the virus detection results will be released to the public as soon as they are found.

--

Communicated by:
ProMED-mail
<promed@promedmail.org>

[2]

Date: 31 Dec 2019

Source: Sina Finance Mobile

<<https://tech.sina.com.cn/roll/2019-12-31/doc-iihnzhfz9428799.shtml>>

Patients with unknown cause of pneumonia in Wuhan have been isolated from multiple hospitals

Whether or not it is SARS has not yet been clarified, and citizens need not panic.

On [31 Dec 2019], various hospitals in Wuhan held an emergency symposium on the topic of the treatment of patients with pneumonia of unknown cause in some medical institutions. The 21st Century Business Herald reporter learned from multiple cross-examinations that these patients have gradually appeared in the South China Seafood Market in Wuhan. At present, the patients have been isolated at the hospital where they saw them. At the scene of the South China Seafood Market, the scene has been isolated and medical staff have confirmed Preventive treatment on site. However, several hospital sources said that at present, the etiology of these patients is not clear, and it cannot be concluded that it is the SARS virus [presently] rumored online. Even if the SARS virus is eventually diagnosed, there is a mature prevention and treatment system in place, and citizens need not panic.

On [31 Dec 2019], an official report from Hubei Province said: "Following the report of the Provincial Health and Health Commission, since December [2019], Wuhan has continued to monitor influenza and related diseases, and 27 cases of viral pneumonia have been found, all of which were diagnosed with viral pneumonia / pulmonary infection. Of the 27 cases, 7 were critically ill, and the remaining cases were controllable. Two of them improved and were expected to be discharged soon. The investigation found that most of the cases were operated by South China Seafood City in Jiangnan District, Wuhan. The National Health and Health Commission has decided to send an expert group to our province to guide the epidemic disposal on the morning of [31 Dec 2019]. At present, related virus typing, isolation treatment, public opinion control, and terminal disinfection are underway.

On the evening of [30 Dec 2019], an "Urgent Notice on Doing a Good Job in the Treatment of Unknown Cause of Pneumonia" issued by the Wuhan Municipal Health Commission circulated. The document was verified by cross-examination. "We are holding a special meeting on this," said a medical worker at a famous 3rd-level hospital in Wuhan on the morning of [31 Dec 2019], but it was clear that the cause of the patient was not clear. For more detailed information, it is temporarily inconvenient to disclose. At present, Wuhan Health and Health

Commission official phone 12320 and official website are busy and unable to log in respectively.

Baidu encyclopedia information shows that human diseases caused by SARS virus are mainly respiratory infections (including severe acute respiratory syndrome). The virus is sensitive to temperature and grows well at 33 C, but it is suppressed at 35 C. Because of this characteristic, winter and early spring are the epidemic seasons of the virus disease. SARS virus is one of the main pathogens of the common cold in adults. The infection rate in children is high, mainly upper respiratory tract infection, and it rarely spreads to the lower respiratory tract. In addition, it can cause acute gastroenteritis in infants and newborns. The main symptoms are watery stools, fever, and vomiting. It can be pulled more than 10 times a day. In severe cases, bloody stools can occur. In rare cases, it also causes nervous system syndrome. .

The serotype and antigenic variability of SARS virus is unknown. SARS virus can be repeatedly infected, indicating that it has multiple serotypes (at least 4 are known) and antigenic variations, and its immunity is difficult.

The SARS virus is mainly excreted through respiratory secretions, transmitted through oral fluids, sneezing, and contact, and transmitted through air droplets. The peak of infection occurs in autumn, winter, and early spring. Sensitive to heat, UV, Lysol water, 0.1% peroxyacetic acid, and 1% keliaolin [?] can kill the virus in a short time. [studies on removal of the SARS-CoV from surfaces demonstrated that the virus was rapidly killed by bleach, ethanol, acetone, and formaldehyde.
<<http://www.cidrap.umn.edu/news-perspective/2003/05/sars-virus-can-last-2-days-surfaces-and-feces>>.
- Mod.MPP]

There is specific prevention for SARS virus prevention, that is, targeted preventive measures, that is, prevention through vaccines, but there is no preventive vaccine against SARS. In addition, non-specific preventive measures can be taken, that is, measures to prevent respiratory infections in the spring, such as keeping warm, washing hands, ventilating, avoiding excessive fatigue and contacting patients, and going to less public places.

--

Communicated by:
ProMED-mail
<promed@promedmail.org>

[Having been involved in moderating the SARS-CoV (Severe acute respiratory syndrome - coronavirus) and the MERS-CoV (Middle Eastern Respiratory Syndrome - coronavirus), the type of social media activity that is now surrounding this event, is very reminiscent of the original "rumors" that accompanied the SARS-CoV outbreak. The exception is the transparency of the local government in responding to this currently undiagnosed outbreak. While this report does not contain the tweets, there have been numerous tweets about this as yet undiagnosed outbreak.

Returning to the rumor mill, the discussion of this outbreak (a cluster of 4 or 7 cases) involves an "atypical pneumonia". and now additional information of apparently 27 cases, with 7 severe cases.

We do not know if influenza tests were performed, or if tests for the SARS-CoV are underway (but presumably are according to section [2] media report) in addition to other known (or unknown) respiratory viruses. As one of the tweets mentioned, another unusual pneumonia could be associated with infection with the bacteria *Yersinia pestis* (plague) which has been diagnosed in Inner Mongolia in November 2019, but presumably has already been ruled out. the most recent report refers to the outbreak as a "viral pneumonia", suggesting bacterial agents have been ruled out. But has legionellosis been ruled out? or have viral panels been performed?

More information on this outbreak including demographics of cases, possible known common contacts, and a clinical description of the illness would be greatly appreciated. And if results of testing are released.

According to Wikipedia, Wuhan city is the capital city of Hubei province. It has an estimated population over 11 million inhabitants and is the largest city in central China, and the 7th largest city in all of China. Geographically it is located in the eastern Jiangnan Plain, on the Yangtze river's intersection with the Han river.

A map of China showing locations of major cities in China can be found at: <<https://www.chinadiscovery.com/china-maps/city-maps.html>>. The HealthMap/PromED map of China: <<http://healthmap.org/promed/p/155>>.

- Mod.MPP]

[See Also:

Plague - China (04): (NM) pneumonic
<http://promedmail.org/post/20191130.6814943>
Plague - China (03): (NM) bubonic
<http://promedmail.org/post/20191128.6802547>
Plague - China (02): (NM) bubonic
<http://promedmail.org/post/20191118.6785027>
Plague - China: (NM) pneumonic
<http://promedmail.org/post/20191113.6776154>
MERS-CoV (76): Qatar, Saudi Arabia, new vaccine trial, WHO
<http://promedmail.org/post/20191226.6858986>
MERS-CoV (01): Saudi Arabia (RI)
<http://promedmail.org/post/20190104.6241859>
2018

MERS-CoV (52): Saudi Arabia (RI) WHO
<http://promedmail.org/post/20181228.6226691>
MERS-CoV (01): Malaysia (ex KSA), Saudi Arabia, UAE (ex Oman)
<http://promedmail.org/post/20180102.5532148>
2017

MERS-CoV (77): Saudi Arabia, camels, human, epidemiology, assessment
<http://promedmail.org/post/20171222.5520561>
MERS-CoV (01): Saudi Arabia (QS, RI, MD) RFI
<http://promedmail.org/post/20170105.4744802>
2016

MERS-CoV (123): Saudi Arabia (MK, AS) new cases
<http://promedmail.org/post/20161231.4734758>
MERS-CoV (01): Oman, Saudi Arabia
<http://promedmail.org/post/20160105.3911188>
2015

MERS-CoV (167): acute management and long-term survival

<http://promedmail.org/post/20151231.3904300>

MERS-CoV (01): Saudi Arabia, new cases, new death

<http://promedmail.org/post/20150104.3069383>

2014

MERS-CoV (69): Saudi Arabia, new case, RFI

<http://promedmail.org/post/20141230.306305>

MERS-CoV (01): Bangladesh, KSA, Algeria, UAE, Iran, WHO, RFI

<http://promedmail.org/post/20140616.2541707>

MERS-CoV - Eastern Mediterranean (82): anim. res., camel,
seroepidemiology <http://promedmail.org/post/20140613.2537848>

MERS-CoV - Eastern Mediterranean (01): Saudi Arabia, UAE, Oman, WHO

<http://promedmail.org/post/20140103.2150717>

2013

MERS-CoV - Eastern Mediterranean (106): animal reservoir, camel,

Qatar, OIE <http://promedmail.org/post/20131231.2145606>

MERS-CoV - Eastern Mediterranean: Saudi Arabia, new case, RFI

<http://promedmail.org/post/20130518.1721601>

Novel coronavirus - Eastern Mediterranean (29): MERS-CoV, ICTV
nomenclature <http://promedmail.org/post/20130516.1717833>

Novel coronavirus - Eastern Mediterranean: bat reservoir

<http://promedmail.org/post/20130122.1508656>

2012

Novel coronavirus - Eastern Mediterranean (06): comments

<http://promedmail.org/post/20121225.1468821>

Novel coronavirus - Eastern Mediterranean: WHO, Jordan, conf., RFI

<http://promedmail.org/post/20121130.1432498>

Novel coronavirus - Saudi Arabia (18): WHO, new cases, cluster

<http://promedmail.org/post/20121123.1421664>

Novel coronavirus - Saudi Arabia: human isolate

<http://promedmail.org/post/20120920.1302733>

2003

SARS - worldwide (183): etiology

<http://promedmail.org/post/20031128.2948>

SARS - worldwide: cases <http://promedmail.org/post/20030323.0722>

Severe acute respiratory syndrome - worldwide (17)

<http://promedmail.org/post/20030322.0713>

Severe Acute Respiratory Syndrome - Worldwide

<http://promedmail.org/post/20030315.0637>

Acute respiratory syndrome - Canada (Ontario)

<http://promedmail.org/post/20030314.0631>

Acute respiratory syndrome - East Asia

<http://promedmail.org/post/20030314.0630>

Acute respiratory syndrome - China (HK), VietNam (03)

<http://promedmail.org/post/20030313.0624>

Acute respiratory syndrome - China (HK), VietNam

<http://promedmail.org/post/20030312.0602>

Undiagnosed illness - Vietnam (Hanoi): RFI

<http://promedmail.org/post/20030311.0595>

Pneumonia - China (Guangdong) (07)

<http://promedmail.org/post/20030221.0452>

Pneumonia - China (Guangdong): RFI

<http://promedmail.org/post/20030210.0357>

.....mpp/dk/mpp/dk

List-Unsubscribe: <https://join.isid.org/promed/>

End of ProMED Digest, Vol 90, Issue 75
