

	<ul style="list-style-type: none"> <li>o advised WHO to work to identify the animal source of SARS-CoV-2 with the World Organisation for Animal Health and the Food and Agriculture Organization of the United Nations, and on coordination, planning and monitoring, essential health services, risk communication and community engagement, surveillance, travel and trade.</li> <li>• On 1 May 2020, the WHO Director-General announced that WHO have signed a Memorandum of Understanding with the European Investment Bank (EIB) to: <ul style="list-style-type: none"> <li>o form a new EU Malaria Fund;</li> <li>o support the development of new innovative antibacterial treatments;</li> <li>o strengthen primary health care and build resilient health systems;</li> <li>o explore how the EIB could support the COVID-19 Supply Chain System of diagnostics, PPE and medical supplies; and</li> <li>o examine market failures in other areas of public health and how innovative financing could help overcome investment barriers to increase access to health products and services.</li> </ul> </li> </ul>
--	--

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>• The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>• There are <i>six</i> public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>• The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>• On 24 April 2020, the ACT Government expanded its COVID-19 testing criteria at designated COVID-19 testing sites for all symptomatic people over the next two weeks.</li> <li>• <i>On 1 May 2020, the Chief Minister announced easing of restrictions while maintaining physical distancing (including non-essential shopping, two adults and their children can visit another household if no other visitors are present, and eased travel restrictions outside Canberra region to visit family and friends).</i></li> <li>• <i>ACT public schools will continue to deliver remote learning for all of Term 2 and are preparing to move to face-to-face delivery during Term 2 if circumstances allow.</i></li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>• On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 hrs 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• <i>Effective noon 1 May 2020, the NT Government eased restrictions on a range of outdoor activities as well as home visitations and shopping.</i></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>• Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>• <i>On April 26 2020, Queensland Government announced that stay at home restrictions will ease from Saturday, 2 May 2020.</i></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening</li> </ul>

	testing capacity.
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>• A State of Emergency declaration was made on 15 March 2020 <i>and has been extended through to 14 May 2020.</i></li> <li>• A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> <li>• COVID <i>clinics continue to operate at nine locations across Perth and WA.</i></li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

#### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

#### 4. Appendix 1

##### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure reported by Johns Hopkins University (3,344,274), checked at 1500 hours.

Source: International cases based on WHO Situation Report 102, 1 May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,385	4,643	12	0
Hong Kong SAR	1,040	4	2	0
Taiwan	429	6	0	0
Macau SAR	45	0	0	0
United States of America	1,035,353	55,337	31,379	2,909
Spain	213,435	24,543	518	268
Italy	205,463	27,967	1,872	285
The United Kingdom	171,257	26,771	6,032	674
Germany	159,119	6,288	0	0
France	128,121	24,342	1,055	288
Turkey	120,204	3,174	2,615	93
Russian Federation	114,431	1,169	7,933	96
Iran (Islamic Republic of)	94,640	6,028	983	71
Brazil	78,162	5,466	6,276	449
Canada	52,056	3,082	1,693	178
Belgium	48,519	7,594	660	93
Netherlands	39,316	4,795	514	84
India	35,043	1,147	1,993	73
Peru	33,931	943	2,741	89
Switzerland	29,503	1,422	179	15
Portugal	25,056	989	551	16
Ecuador	24,934	900	259	17
Saudi Arabia	22,753	162	1,351	5
Sweden	21,092	2,586	790	124
Ireland	20,612	1,232	359	42
Mexico	17,799	1,732	1,047	163
Pakistan	16,817	385	1,058	39
Singapore	16,169	15	528	1
Chile	16,023	227	1,138	11
Israel	16,004	223	222	11
Austria	15,457	584	93	4
Japan	14,281	432	193	17

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Belarus	14,027	89	846	5
Qatar	13,409	10	845	0
Poland	12,877	644	237	20
United Arab Emirates	12,481	105	552	7
Romania	12,240	717	262	42
Ukraine	10,861	272	455	11
Republic of Korea	10,774	248	9	1
Indonesia	10,118	792	347	8
Denmark	9,158	452	150	9
Serbia	9,009	179	285	6
Philippines	8,488	568	276	10
Norway	7,710	204	43	2
Czechia	7,682	236	103	9
Bangladesh	7,667	168	564	5
Dominican Republic	6,972	301	320	8
Panama	6,378	178	178	2
Colombia	6,211	278	262	9
Malaysia	6,002	102	57	2
South Africa	5,647	103	297	0
Egypt	5,537	392	269	12
Finland	4,995	211	89	5
Morocco	4,423	170	64	2
Argentina	4,304	215	103	8
Kuwait	4,024	26	284	2
Algeria	4,006	450	158	6
Republic of Moldova	3,897	119	126	3
Luxembourg	3,784	90	15	1
Kazakhstan	3,551	25	218	0
Bahrain	3,040	8	119	0
Thailand	2,960	54	6	0
Hungary	2,863	323	88	11
Greece	2,591	140	15	1
Oman	2,447	11	99	1
Afghanistan	2,171	64	344	4
Armenia	2,148	33	82	1
Iraq	2,085	93	82	1
Croatia	2,076	69	14	2
Ghana	2,074	17	403	1
Uzbekistan	2,046	9	15	0
Nigeria	1,932	58	400	14
Cameroon	1,832	61	26	2
Azerbaijan	1,804	24	38	1
Iceland	1,797	10	0	0



Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Bosnia and Herzegovina	1,757	68	68	4
Estonia	1,689	52	23	2
Puerto Rico	1,539	54	106	0
Bulgaria	1,506	66	59	2
Cuba	1,501	61	34	3
Guinea	1,495	7	144	0
North Macedonia	1,465	77	23	4
Slovenia	1,429	91	11	2
Slovakia	1,396	23	5	1
Lithuania	1,385	45	10	0
Côte d'Ivoire	1,275	14	37	0
New Zealand	1,132	19	3	0
Bolivia (Plurinational State of)	1,110	59	57	4
Djibouti	1,089	2	12	0
Tunisia	994	41	14	1
Senegal	933	9	51	0
Latvia	858	15	9	0
Cyprus	850	20	7	0
Kosovo	799	22	0	0
Albania	773	31	0	0
Honduras	771	71	33	5
Kyrgyzstan	756	8	10	0
Andorra	746	42	0	1
Lebanon	725	24	4	0
Niger	719	32	6	0
Costa Rica	712	13	7	7
International conveyance (Diamond Princess)	712	13	0	0
Sri Lanka	665	7	16	0
Burkina Faso	645	43	7	1
Uruguay	630	15	5	0
Somalia	601	28	19	0
Guatemala	585	16	28	0
Democratic Republic of the Congo	572	31	72	0
San Marino	569	41	6	0
Georgia	566	6	27	0
Mayotte	539	4	79	0
Mali	490	26	8	1
United Republic of Tanzania	480	17	0	1
Malta	465	4	2	0
Jordan	453	8	2	0
Sudan	442	31	67	3
Réunion	420	0	0	0
Jamaica	396	7	15	0
Kenya	396	17	12	2

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Maldives	396	0	140	0
El Salvador	395	9	18	0
occupied Palestinian territory	344	2	0	0
Mauritius	332	10	0	0
Venezuela (Bolivarian Republic of)	331	10	2	0
Montenegro	322	7	0	0
Equatorial Guinea	315	2	0	1
Isle of Man	311	22	2	1
Jersey	290	20	6	0
Gabon	276	3	0	0
Viet Nam	270	0	0	0
Guernsey	251	13	4	0
Paraguay	249	9	10	0
Rwanda	243	0	18	0
Congo	220	9	0	0
Guinea-Bissau	201	1	124	0
Faroe Islands	187	0	0	0
Martinique	178	14	3	0
Guadeloupe	152	12	1	1
Myanmar	151	6	1	0
Guam	142	5	1	0
Gibraltar	141	0	0	0
Liberia	141	16	0	0
Brunei Darussalam	138	1	0	0
Madagascar	132	0	4	0
Ethiopia	131	3	1	0
French Guiana	126	1	1	0
Sierra Leone	124	7	8	2
Cambodia	122	0	0	0
Cabo Verde	121	1	8	0
Togo	116	9	7	2
Trinidad and Tobago	116	8	0	0
Bermuda	111	6	0	0
Zambia	106	3	9	0
Aruba	100	2	0	0
Eswatini	100	1	9	0
Benin	84	2	15	0
Liechtenstein	83	1	0	0
Uganda	81	0	2	0
Bahamas	80	11	0	0
Barbados	80	7	0	1
Guyana	78	8	3	0
Haiti	76	7	0	1

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Mozambique	76	0	0	0
Sint Maarten	76	13	1	0
Cayman Islands	73	1	0	0
Chad	73	3	21	1
Monaco	68	1	0	0
United States Virgin Islands	66	4	4	0
Central African Republic	64	0	14	0
Libya	61	3	0	1
French Polynesia	58	0	0	0
Nepal	57	0	0	0
Syrian Arab Republic	43	3	0	0
Eritrea	39	0	0	0
Mongolia	38	0	0	0
Saint Martin	38	3	0	0
Malawi	37	3	1	0
South Sudan	35	0	1	0
Zimbabwe	32	4	0	0
Angola	27	2	0	0
Antigua and Barbuda	24	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Grenada	20	0	1	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Vincent and the Grenadines	16	0	0	0
São Tomé and Príncipe	16	1	5	1
Burundi	15	1	0	0
Tajikistan	15	0	15	0
Saint Kitts and Nevis	14	2	0	2
Nicaragua	14	4	1	1
Northern Mariana Islands (Commonwealth of the)	14	2	0	0
Falkland Islands (Malvinas)	13	0	0	0
Gambia	12	1	1	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Holy See	11	0	1	0
Montserrat	11	1	0	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	8	1	1	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
British Virgin Islands	6	1	0	0
Saint Barthélemy	6	0	0	0
Yemen	6	2	0	2
Anguilla	3	0	0	0
Comoros	1	0	1	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,168,443</b>	<b>224,089</b>	<b>84,752</b>	<b>6,410</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #105 Novel Coronavirus (COVID-19)  
**Date:** Sunday, 3 May 2020 6:28:03 PM  
**Attachments:** [2020-05-03 NIR Health SitRep v105 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 3 May 2020, there have been 6,801 laboratory confirmed cases of COVID-19 in Australia, including 95 deaths.
- Since yesterday's situation report, an additional 18 newly confirmed cases and 2 deaths, have been reported in Australia.
- To date, more than 633,000 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 3 May 2020, a total of 3,428,422 cases of COVID-19 have been reported globally, including 243,831 deaths.
- Of the confirmed cases reported globally, the case fatality rate is approximately 7.1%.

The next Situation Report will be issued on 4 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at irrelevant information or irrelevant information (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to irrelevant information by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-03 1800 AEST	<b>Version</b>	105
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-04 1800 AEST
<b>Prepared By</b>	irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>National Cabinet met 1 May 2020 and encouraged Australians to download the COVIDSafe app, and agreed <i>to bring forward the review of the</i> first phase of <i>adjusting</i> baseline restrictions to Friday, 8 May 2020.</li> </ul> <p><b>Key metrics to relax restrictions</b></p> <ul style="list-style-type: none"> <li>National Cabinet endorsed medical advice from the AHPPC, which sets out key metrics to support decision making on the relaxation of restriction measures.</li> <li>Australia is currently on track to meet 11 of 15 precedent conditions.</li> <li>Governments will expedite four conditions - surveillance (testing), state and territory surveillance plans and resources, use of COVIDSafe App, and stocks of PPE.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>On 21 April 2020, the outgoing international travel ban for Australians was extended for a further four weeks, with a review date of 20 May 2020.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> </ul>

	<ul style="list-style-type: none"> <li>On 24 March 2020, the Prime Minister announced broader shutdown measures, including a ban on overseas travel under the Biosecurity Act 2015. Exemptions include aid work in the Pacific, compassionate travel and essential travel for employment.</li> <li>The Prime Minister announced on 15 March 2020 a 30-day ban on cruise ships from foreign ports from arriving at Australian ports, which has been extended until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 3 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>6,801</b> cases of COVID-19, including <b>95</b> deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report, an additional <b>18</b> confirmed cases and <b>2</b> new deaths, have been reported in Australia.</li> <li>The total number of newly confirmed cases reported over the last 7 days was <b>90</b>, which is down from the <b>105</b> reported in the week prior. Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.</li> </ul> </li> <li>The median age of cases is 48 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).</li> <li>To date 1.8% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> <li>According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 18% of these cases requiring admission to an ICU (2.2% of confirmed cases).</li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:             <ul style="list-style-type: none"> <li>Median age of cases is approximately <b>34</b> years.</li> <li>Almost half of cases were acquired overseas.</li> <li>Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.</li> </ul> </li> <li>Of the deaths reported so far:             <ul style="list-style-type: none"> <li>The median age is 80 years (range 42 to 96 years).                 <ul style="list-style-type: none"> <li><b>85%</b> of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.</li> </ul> </li> <li><b>57%</b> were male and <b>43%</b> were female.</li> <li>Where data was available regarding comorbidities, 91% had one or more comorbidities and 55% had two or more comorbidities. The three most commonly reported comorbidities were diabetes, cardiac disease (excluding hypertension) and chronic respiratory conditions (excluding asthma).</li> </ul> </li> </ul>
----------	--



Testing

- To date, more than **633,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 1.1% and the positivity in the past week was 0.1%.

Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
- Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over **1,250** cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- Clusters have been reported in some jurisdictions:
  - Tasmania is reporting an outbreak in North-West hospitals of at least 125 cases, including 78 staff members (as of 27 April 2020).
    - On 30 April, the Tasmanian Department of Health released an interim report based on the North-West hospitals outbreak. It reports that the original source of infection was most likely to have been one or both of the two patients admitted to hospital with COVID-19.
  - NSW Health is reporting 61 cases (24 staff and 37 residents) of COVID-19 associated with the Anglicare Newmarch House aged care facility as of 1 May 2020. There have also been **14** deaths associated with this outbreak.

Epidemiological Resources

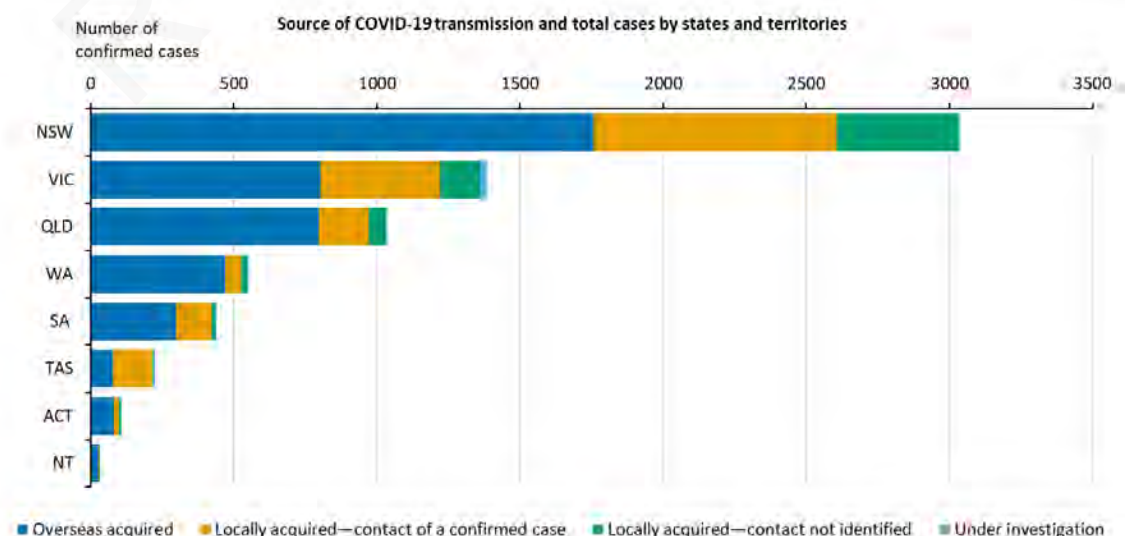
- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 26 April 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 3 May 2020)**

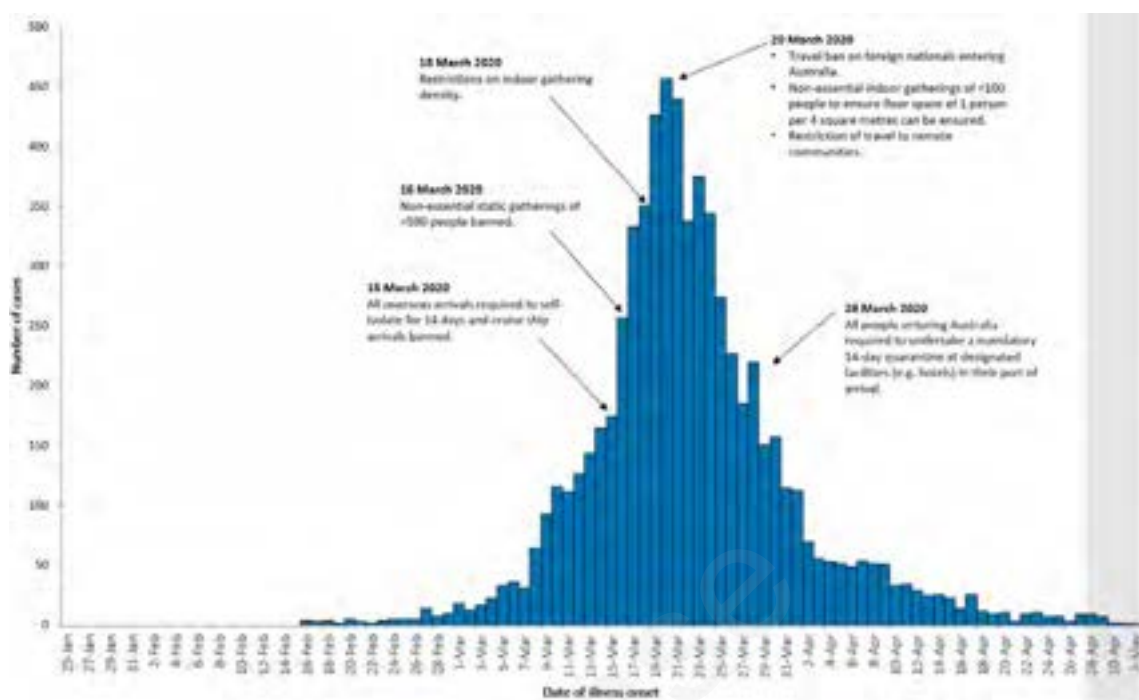
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld^	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,311	82	1,758	26	798	298	78	802	469
Locally acquired - contact of confirmed case and/or in a known cluster	1,774	17	846	2	174	124	137	418	56
Locally acquired - contact not identified	573	1	363	0	43	7	0	142	17
Locally acquired - contact not identified, but case had interstate travel	109	6	68	1	18	6	4	0	6
Under investigation	34	0	0	0	2	3	4	22	3
<b>Total cases</b>	<b>6,801</b>	<b>106</b>	<b>3,035</b>	<b>29</b>	<b>1,035</b>	<b>438</b>	<b>223</b>	<b>1,384</b>	<b>551</b>
<b>Deaths (of total)</b>	<b>95</b>	<b>3</b>	<b>42</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Change in last 24hrs (%change)	18 (0%)	0 (0%)	4 (0%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)	13 (1%)	0 (0%)
Change in the last 72hrs before (%change)	48 (1%)	0 (0%)	19 (1%)	2 (7%)	2 (0%)	0 (0%)	2 (1%)	23 (2%)	0 (0%)
Average daily increase over the past three days (compound)	0.2%	0.0%	0.2%	2.5%	0.1%	0.0%	0.3%	0.6%	0.0%
Increase over the past week	90	0	33	2	5	0	13	35	2

\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

^^On 3 May, Queensland reclassified one 'Overseas acquired' case to 'Locally acquired- contact of confirmed case'.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 3 May 2020**

**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 3 May 2020 by date of illness onset\***

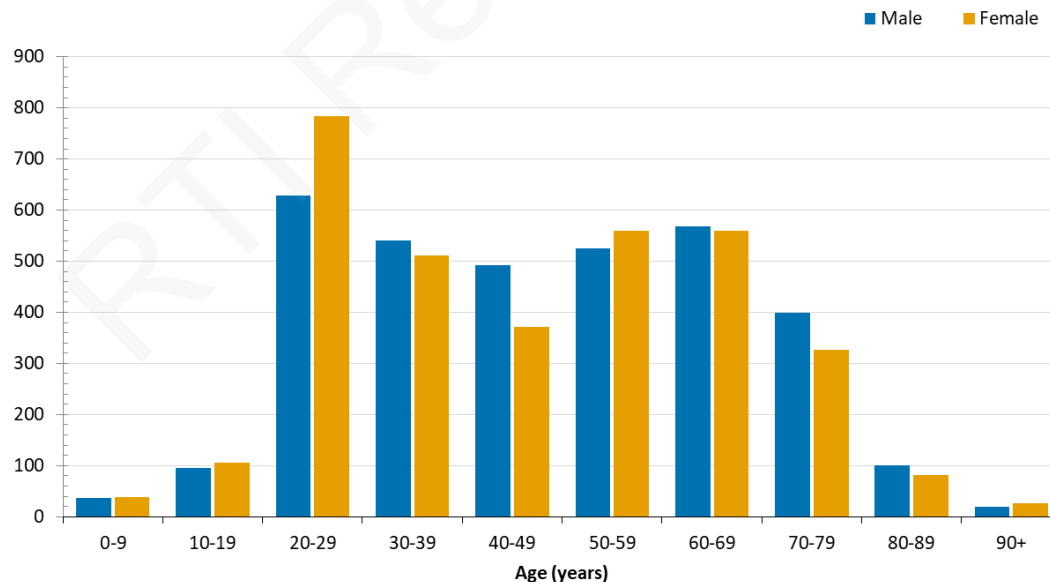


\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 3 May 2020**

Number of confirmed cases

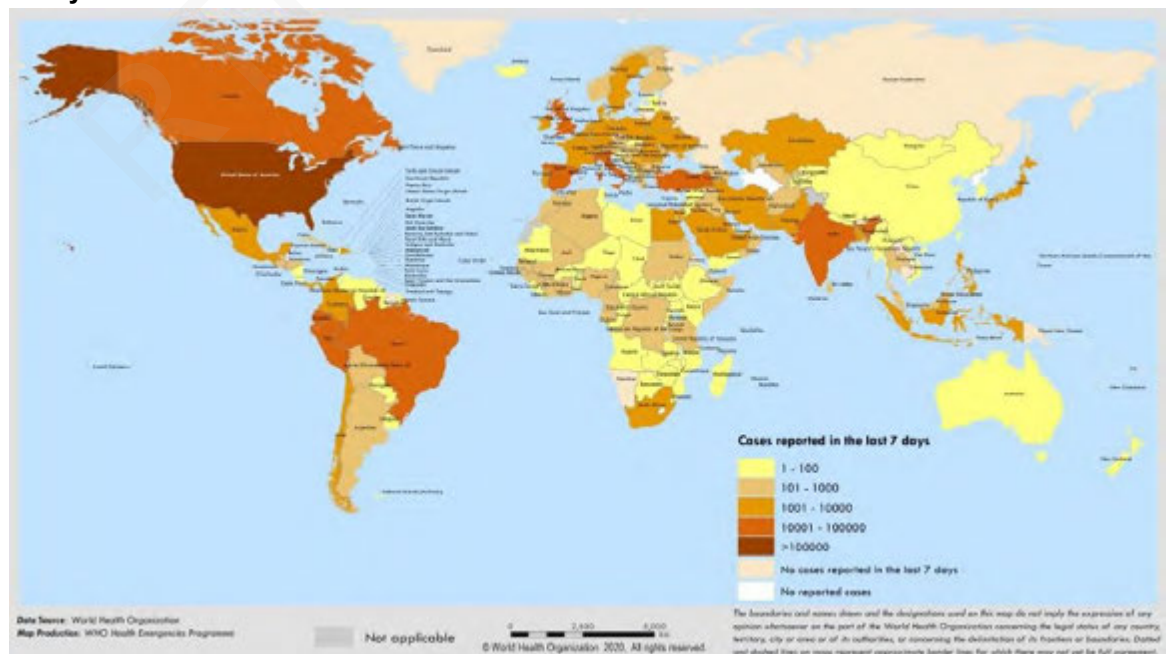
Total confirmed COVID-19 cases by sex and age group



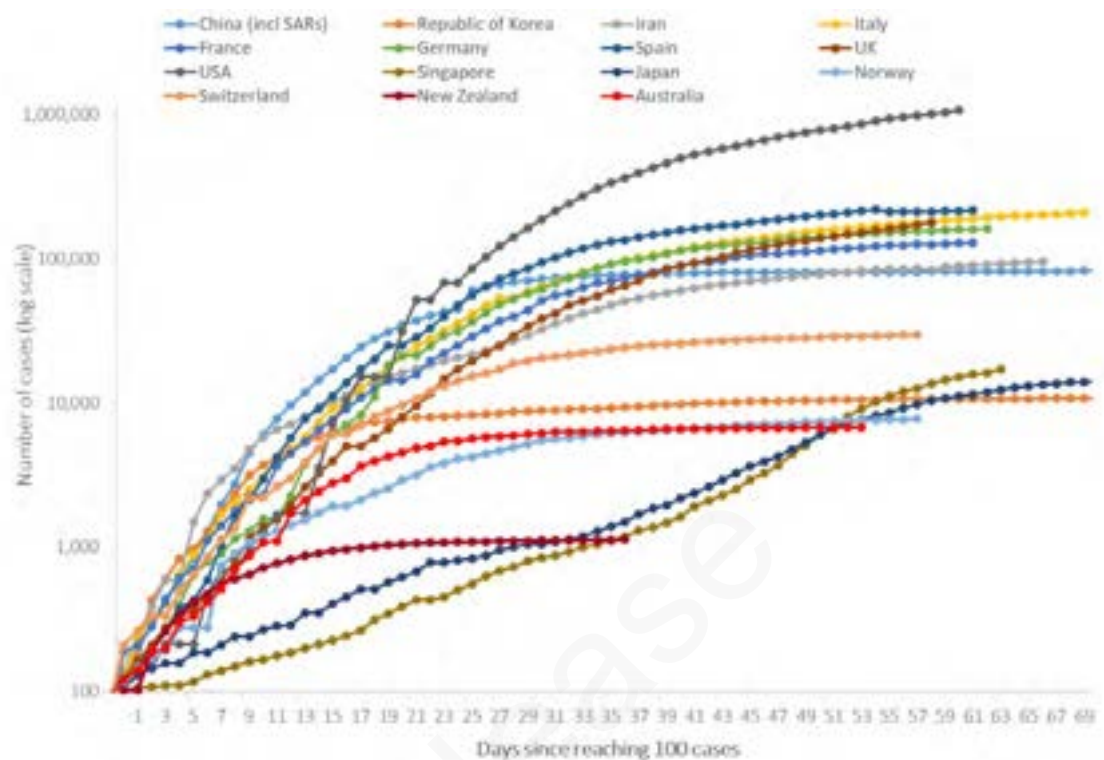
#### International Situation (as at 1430 hrs, 3 May 2020)

- The global number of confirmed COVID cases is currently **3,428,422**, including **243,831** deaths (John Hopkins).
  - A total of **84,148** new cases, including **5,056** deaths have been reported since yesterday's Situation Report.
- The majority of deaths are from the United States of America (**25%**), Italy and the United Kingdom (12% each), Spain and France (11% each) (WHO SitRep).
  - Based on the number of reported cases, the global case fatality rate is approximately 7.1%. The risk of death reportedly increases with age.
- The outbreak among residents of migrant worker dormitories in Singapore continues with the country reporting **447** new cases. Singapore has reported 15,207 cases among dormitory residents which represent **4.7%** of the estimated total population living in those facilities and 87% of all COVID-19 cases reported.
- The UK reports that it is over the peak of their epidemic. However it is too early to be sure if this apparent decline will be sustained. With the phased relaxing of measures for countries in the region occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- The number of new cases reported in Indonesia has fluctuated between 200 and 450 new cases per day for the past two weeks.
- Cases in India and Bangladesh remain trending upwards, but the rate of new infections is slowing slightly.
- In the Pacific no new cases or deaths have been reported in the Northern Mariana Islands, Fiji, New Caledonia, Papua New Guinea, French Polynesia or Timor-Leste in **4** days.

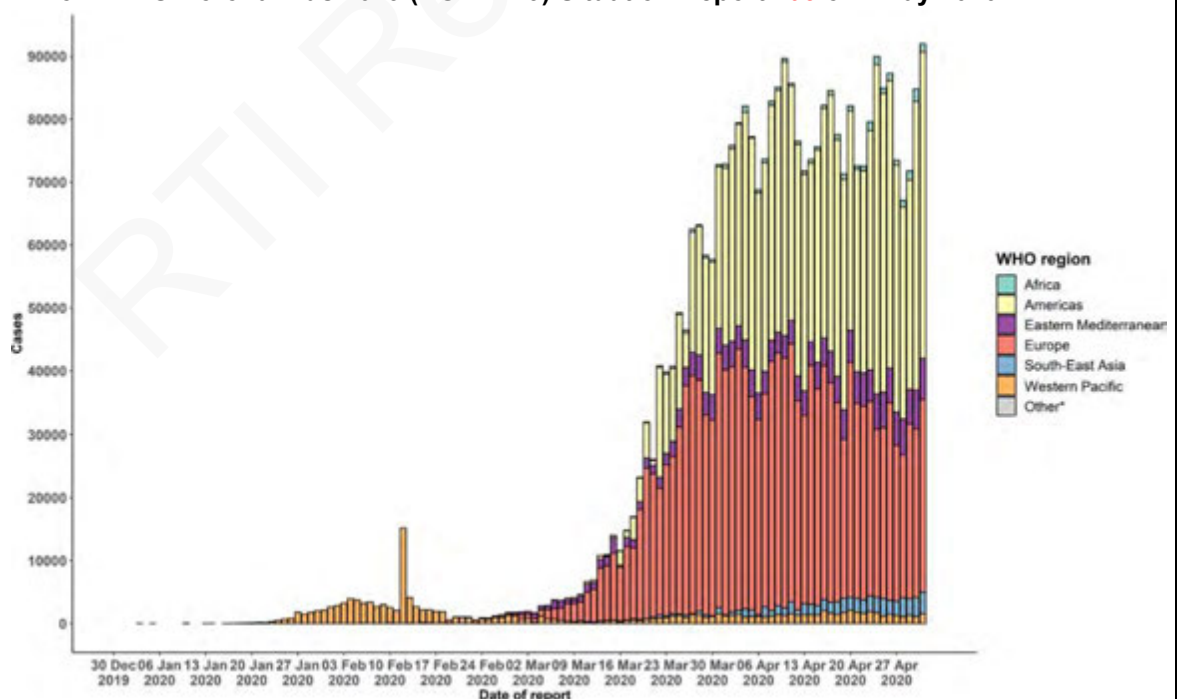
**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 103 of 2 May 2020**



**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, as at 1500 hrs 3 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 103 of 2 May 2020**



#### International response

#### WHO

- On 1 May 2020, the WHO Director-General announced that WHO have signed a Memorandum of Understanding with the European Investment Bank (EIB) to:
  - Form a new EU Malaria Fund,
  - Support the development of new innovative antibacterial treatments,
  - Strengthen primary health care and build resilient health systems,



	<ul style="list-style-type: none"> <li>○ Explore how the EIB could support the COVID-19 Supply Chain System of diagnostics, PPE and medical supplies, and</li> <li>○ Study market failures in other areas of public health, to examine how innovative financing could help overcome investment barriers to increase access to health products and services.</li> </ul>
--	--

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>• The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>• The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>• On 24 April 2020, the ACT Government expanded its COVID-19 testing criteria at designated COVID-19 testing sites for all symptomatic people over the following two weeks.</li> <li>• On 1 May 2020, the Chief Minister announced easing of restrictions while maintaining physical distancing (including non-essential shopping, two adults and their children can visit another household if no other visitors are present, and eased travel restrictions outside Canberra region to visit family and friends).</li> <li>• ACT public schools will continue to deliver remote learning for all of Term 2 and are preparing to move to face-to-face delivery during Term 2 if circumstances allow.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>• On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 hrs 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective noon 1 May 2020, the NT Government eased restrictions on a range of outdoor activities as well as home visitations and shopping.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>• On April 26 2020, Queensland Government announced that stay at home restrictions will ease from Saturday, 2 May 2020.</li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>

WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>• A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> </ul>
-----------	--

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

#### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.



#### 4. Appendix 1

##### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure reported by Johns Hopkins University (3,428,422), checked at 1500 hours.

Source: International cases based on WHO Situation Report 103, 2 May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,388	4,643	3	0
Hong Kong SAR	1,040	4	0	0
Taiwan	432	6	3	0
Macau SAR	45	0	0	0
United States of America	1,067,127	57,406	31,774	2,069
Spain	215,216	24,824	1,781	281
Italy	207,428	28,236	1,965	269
The United Kingdom	177,458	27,510	6,201	739
Germany	161,703	6,575	2,584	287
France	128,722	24,560	601	218
Russian Federation	124,054	1,222	9,623	53
Turkey	122,392	3,258	2,188	84
Iran (Islamic Republic of)	95,646	6,091	1,006	63
Brazil	85,380	5,901	7,218	435
Canada	53,657	3,223	1,601	141
Belgium	49,032	7,703	513	109
Netherlands	39,791	4,893	475	98
India	37,336	1,218	2,293	71
Peru	36,976	1,051	3,045	108
Switzerland	29,622	1,434	119	12
Ecuador	26,336	1,063	1,402	163
Portugal	25,351	1,007	295	18
Saudi Arabia	24,097	169	1,344	7
Sweden	21,520	2,653	428	67
Ireland	20,833	1,265	221	33
Mexico	19,224	1,859	1,425	127
Pakistan	18,114	417	1,297	32
Singapore	17,101	16	932	1
Chile	17,008	234	985	7
Israel	16,152	227	148	4
Austria	15,531	589	74	5
Belarus	14,917	93	890	4
Japan	14,545	454	264	22
Qatar	14,096	12	687	2
Poland	13,105	651	228	7

United Arab Emirates	13,038	111	557	6
Romania	12,567	744	327	27
Ukraine	11,411	279	550	7
Republic of Korea	10,780	250	6	2
Indonesia	10,551	800	433	8
Denmark	9,311	460	153	8
Serbia	9,205	185	196	6
Philippines	8,772	579	284	11
Bangladesh	8,238	170	571	2
Norway	7,759	204	49	0
Czechia	7,737	240	55	4
Dominican Republic	7,288	313	316	12
Panama	6,532	188	154	10
Colombia	6,507	293	296	15
Malaysia	6,071	103	69	1
South Africa	5,951	116	304	13
Egypt	5,895	406	358	14
Finland	5,051	218	56	7
Morocco	4,569	171	146	1
Argentina	4,476	220	172	5
Kuwait	4,377	30	353	4
Algeria	4,154	453	148	3
Republic of Moldova	3,980	122	83	3
Luxembourg	3,802	92	18	2
Kazakhstan	3,785	25	234	0
Bahrain	3,170	8	130	0
Thailand	2,966	54	6	0
Hungary	2,942	335	79	12
Greece	2,591	140	0	0
Oman	2,483	11	36	0
Afghanistan	2,469	72	298	8
Armenia	2,273	33	125	0
Nigeria	2,170	68	238	10
Iraq	2,153	94	68	1
Uzbekistan	2,094	9	48	0
Croatia	2,085	75	9	6
Ghana	2,074	17	0	0
Cameroon	2,069	61	237	0
Azerbaijan	1,854	25	50	1
Iceland	1,798	10	1	0
Bosnia and Herzegovina	1,757	68	0	0
Estonia	1,694	52	5	0
Bulgaria	1,588	69	82	3
Puerto Rico	1,575	54	36	0
Cuba	1,537	64	36	3
Guinea	1,537	7	42	0

North Macedonia	1,494	81	29	4
Slovenia	1,434	93	5	2
Slovakia	1,403	23	7	0
Lithuania	1,399	45	14	0
Côte d'Ivoire	1,275	14	0	0
Bolivia (Plurinational State of)	1,167	62	57	3
New Zealand	1,134	20	2	1
Djibouti	1,097	2	8	0
Senegal	1,024	9	91	0
Tunisia	998	41	4	0
Latvia	870	16	12	1
Cyprus	857	20	7	0
Kosovo	813	22	14	0
Honduras	804	75	33	4
Albania	789	31	16	0
Kyrgyzstan	769	8	13	0
Andorra	746	43	0	1
Lebanon	729	24	4	0
Niger	728	33	9	1
Costa Rica	719	6	7	0
International conveyance (Diamond Princess)	712	13	0	0
Sri Lanka	690	7	25	0
Burkina Faso	649	44	4	1
Uruguay	643	17	13	2
Democratic Republic of the Congo	604	32	32	1
Somalia	601	28	0	0
Guatemala	599	16	14	0
Georgia	582	8	16	2
San Marino	580	41	11	0
Mayotte	539	4	0	0
Sudan	533	36	91	5
Mali	508	26	18	0
United Republic of Tanzania	480	17	0	0
Maldives	468	1	72	1
Malta	467	4	2	0
Jordan	459	8	6	0
El Salvador	424	10	29	1
Jamaica	422	8	26	1
Réunion	420	0	0	0
Kenya	411	21	15	4
occupied Palestinian territory	353	2	9	0
Venezuela (Bolivarian Republic of)	333	10	2	0
Mauritius	332	10	0	0
Montenegro	322	7	0	0
Equatorial Guinea	315	2	0	0
Isle of Man	311	22	0	0

Gabon	308	4	32	1
Jersey	290	22	0	2
Viet Nam	270	0	0	0
Paraguay	266	10	17	1
Guinea-Bissau	257	1	56	0
Guernsey	251	13	0	0
Rwanda	249	0	6	0
Congo	229	10	9	1
Faroe Islands	187	0	0	0
Martinique	179	14	1	0
Guadeloupe	152	12	0	0
Liberia	152	18	11	2
Myanmar	151	6	0	0
Gibraltar	144	0	3	0
Guam	142	5	0	0
Brunei Darussalam	138	1	0	0
Sierra Leone	136	8	12	1
Madagascar	135	0	3	0
Ethiopia	133	3	2	0
French Guiana	128	1	2	0
Togo	123	9	7	0
Cambodia	122	0	0	0
Cabo Verde	121	1	0	0
Trinidad and Tobago	116	8	0	0
Bermuda	114	6	3	0
Zambia	109	3	3	0
Eswatini	106	1	6	0
Aruba	100	2	0	0
Benin	90	2	6	0
Liechtenstein	83	1	0	0
Uganda	83	0	2	0
Guyana	82	9	4	1
Bahamas	81	11	1	0
Barbados	81	7	1	0
Haiti	81	8	5	1
Mozambique	79	0	3	0
Sint Maarten	76	13	0	0
Cayman Islands	73	1	0	0
Chad	73	5	0	2
Monaco	68	1	0	0
United States Virgin Islands	66	4	0	0
Central African Republic	64	0	0	0
Libya	63	3	2	0
Nepal	59	0	2	0
French Polynesia	58	0	0	0
South Sudan	45	0	10	0

Syrian Arab Republic	44	3	1	0
Eritrea	39	0	0	0
Mongolia	38	0	0	0
Saint Martin	38	3	0	0
Malawi	37	3	0	0
Zimbabwe	34	4	2	0
Tajikistan	32	0	17	0
Angola	29	2	2	0
Antigua and Barbuda	24	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Grenada	20	0	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Vincent and the Grenadines	16	0	0	0
São Tomé and Príncipe	16	1	0	0
Burundi	15	1	0	0
Saint Kitts and Nevis	15	0	1	0
Nicaragua	14	4	0	0
Northern Mariana Islands (Commonwealth of the)	14	2	0	0
Falkland Islands (Malvinas)	13	0	0	0
Gambia	12	1	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Holy See	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
Yemen	7	2	1	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
British Virgin Islands	6	1	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Comoros	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,260,417</b>	<b>229,878</b>	<b>91,974</b>	<b>5,798</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #106 Novel Coronavirus (COVID-19)  
**Date:** Monday, 4 May 2020 8:10:09 PM  
**Attachments:** [2020-05-04 NIR Health SitRep v106 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 4 May 2020, there have been 6,825 laboratory confirmed cases of COVID-19 in Australia, including 95 deaths.
- Since yesterday's situation report, an additional 27 newly confirmed cases and no new deaths, have been reported in Australia.
- The media have reported a death in a Newmarch resident today, however, this is yet to be officially announced by NSW Health.
- To date, more than 650,000 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 4 May 2020, a total of 3,507,265 cases of COVID-19 have been reported globally, including 247,491 deaths.
- Of the confirmed cases reported globally, the case fatality rate is approximately 7.1%.
- Russian case data is showing a sharp and steady rise in daily case numbers and the country now has the seventh highest case count.
- The number of new cases reported in Indonesia has continued to fluctuate between 200 and 450 new cases per day.

The next Situation Report will be issued on 5 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-04 1800 AEST	<b>Version</b>	106
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-05 1800 AEST
<b>Prepared By</b>	irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>National Cabinet will meet tomorrow, Tuesday 5 May 2020.</i> <ul style="list-style-type: none"> <li><i>New Zealand Prime Minister, Jacinda Ardern, will join the meeting of the National Cabinet via teleconference to discuss strategies for tracing coronavirus cases, as well as a timeline for a potential 'trans-Tasman travel bubble'.</i></li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li><i>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</i></li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li><i>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</i></li> <li><i>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Health Minister determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</i></li> </ul>



	<p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	--

## 1. Situation

<p><b>Overview</b></p>	<p><b>Domestic Situation (as at 1500 hrs, 4 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>6,825</b> cases of COVID-19, including 95 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report, an additional <b>27</b> confirmed cases and <b>no new deaths</b>, have been reported in Australia.  <i>Note: There are media reports of an additional death in a Newmarch resident that has yet to be announced by NSW Health, we expect this to be included in the NSW update this evening.</i></li> <li>The total number of newly confirmed cases reported over the last 7 days was <b>105</b>, which is <b>up</b> from the <b>101</b> reported in the week prior. Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.</li> </ul> </li> <li>The median age of cases is 48 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).</li> <li>To date 1.8% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> <li>According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 18% of these cases requiring admission to an ICU (2.2% of confirmed cases).</li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:             <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> <li>Almost half of cases were acquired overseas.</li> <li>Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.</li> </ul> </li> <li>Of the deaths reported so far:             <ul style="list-style-type: none"> <li>The median age is 80 years (range 42 to 96 years).                 <ul style="list-style-type: none"> <li>85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.</li> </ul> </li> <li>57% were male and 43% were female.</li> <li>Where data was available regarding comorbidities, 91% had one or more comorbidities and <b>54%</b> had two or more comorbidities. The three most commonly reported comorbidities were diabetes, cardiac disease (excluding hypertension) and chronic respiratory conditions (excluding asthma).</li> </ul> </li> </ul>
------------------------	---

Testing

- To date, more than **650,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was **1.0%** and the positivity in the past week was 0.1%.

Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
- Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,250 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- Clusters have been reported in some jurisdictions:
  - Tasmania is reporting an outbreak in North-West hospitals of at least **128** cases, including **81** staff members (as of **3 May** 2020).
    - On 30 April, the Tasmanian Department of Health released an interim report based on the North-West hospitals outbreak. It reports that the original source of infection was most likely to have been patients admitted to hospital with COVID-19.
  - NSW Health is reporting **63** cases (**26** staff and 37 residents) of COVID-19 associated with the Anglicare Newmarch House aged care facility as of **3 May** 2020. There have also been 14 deaths associated with this outbreak. *An additional death in this cluster has been reported by the media.*
  - *Victoria is reporting an outbreak at a Melbourne meat processing facility. The Victorian Department of Health is working closely with the company. There are at total of 34 confirmed cases associated with this cluster.*

Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 26 April 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

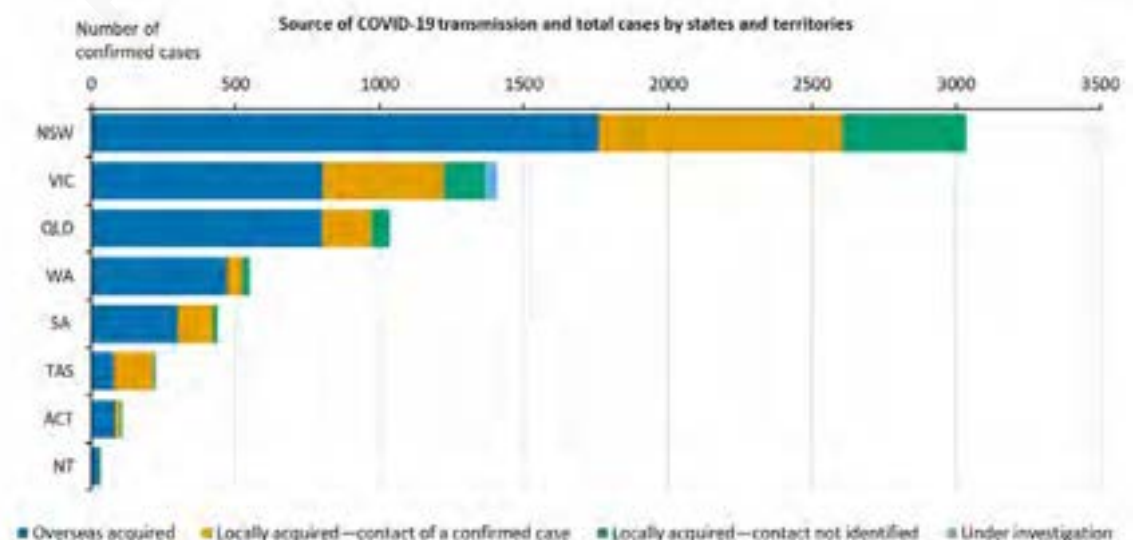
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 4 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW <sup>#</sup>	NT	Qld <sup>^</sup>	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,314	83	1,759	26	799	298	78	802	469
Locally acquired - contact of confirmed case and/or in a known cluster	1,776	17	846	2	174	125	137	419	56
Locally acquired - contact not identified	572	1	360	0	44	7	0	143	17
Locally acquired - contact not identified, but case had interstate travel	109	6	68	1	18	6	4	0	6
Under investigation	54	0	0	0	3	2	4	42	3
<b>Total cases</b>	<b>6,825</b>	<b>107</b>	<b>3,033</b>	<b>29</b>	<b>1,038</b>	<b>438</b>	<b>223</b>	<b>1,406</b>	<b>551</b>
<b>Deaths (of total)</b>	<b>95</b>	<b>3</b>	<b>42</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Change in last 24hrs (%change)	27 (0%) <sup>#</sup>	1 (1%)	1 (0%)	0 (0%)	3 (0%)	0 (0%)	0 (0%)	22 (2%)	0 (0%)
Change in the last 72hrs before (%change)	58 (1%)	1 (1%)	8 (0%)	2 (7%)	5 (0%)	0 (0%)	0 (0%)	42 (3%)	0 (0%)
Average daily increase over the past three days (compound)	0.3%	0.3%	0.1%	2.5%	0.2%	0.0%	0.0%	1.0%	0.0%
Increase over the past week	105	1	29	2	5	0	9	57	2

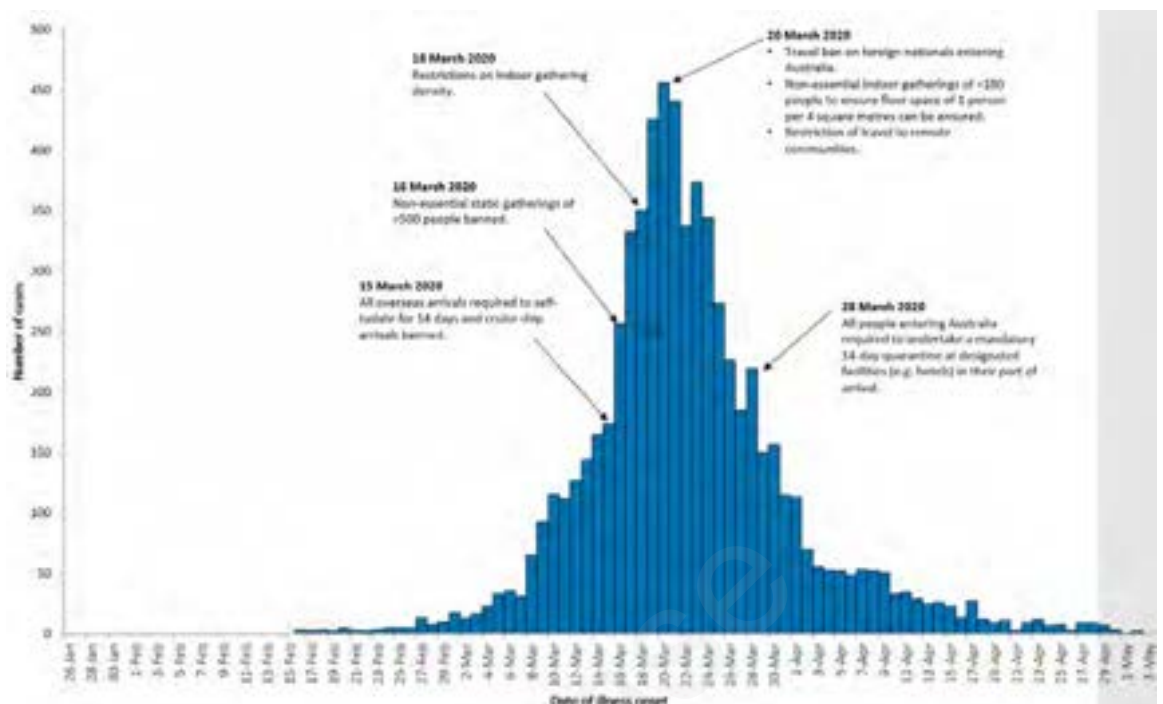
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

<sup>^</sup>On 3 May, Queensland reclassified one 'Overseas acquired' case to 'Locally acquired- contact of confirmed case'.

<sup>#</sup> On 3 May, NSW revised their number of cases, there were three people previously reported as cases that were subsequently excluded after further testing.

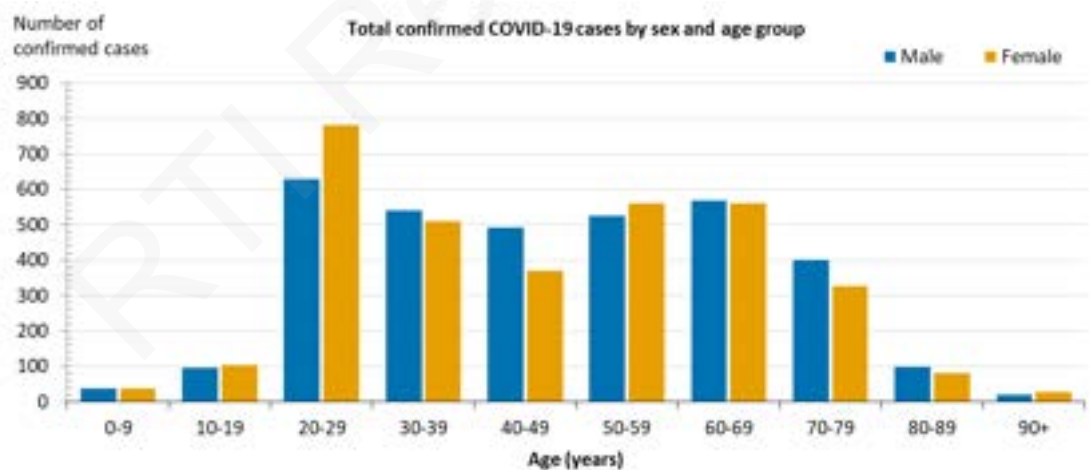
**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 4 May 2020**

**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 4 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 4 May 2020**

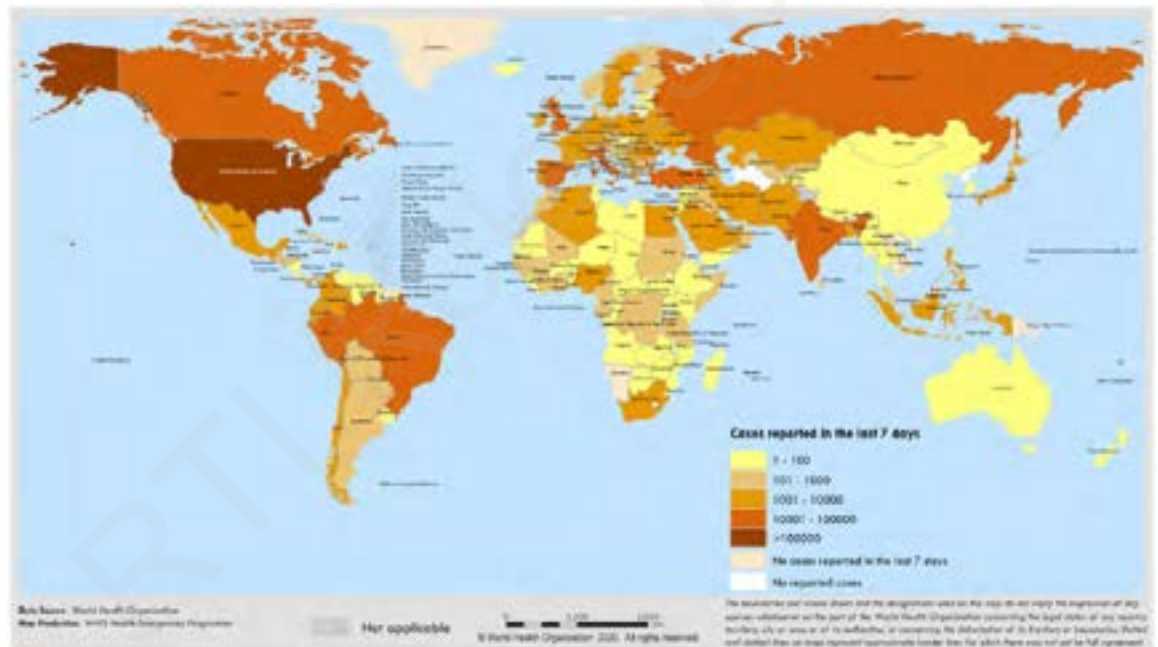


#### International Situation (as at 1530 hrs, 4 May 2020)

- The global number of confirmed COVID cases is currently **3,507,265** including **247,491** deaths (John Hopkins).
  - Around **78,000** new cases, and over **3,600** deaths have been reported since yesterday's Situation Report.
- The majority of deaths are from the **United States of America (26%)**, **Italy (12%)**, **UK (12%)**, **Spain (11%)** and **France (10%)**. As countries pass their peak number of new cases, the peak in daily deaths is expected to follow.
  - Of the confirmed cases reported globally, the case fatality rate is approximately **7.1%**.
- With the phased relaxing of measures for countries in the region occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.

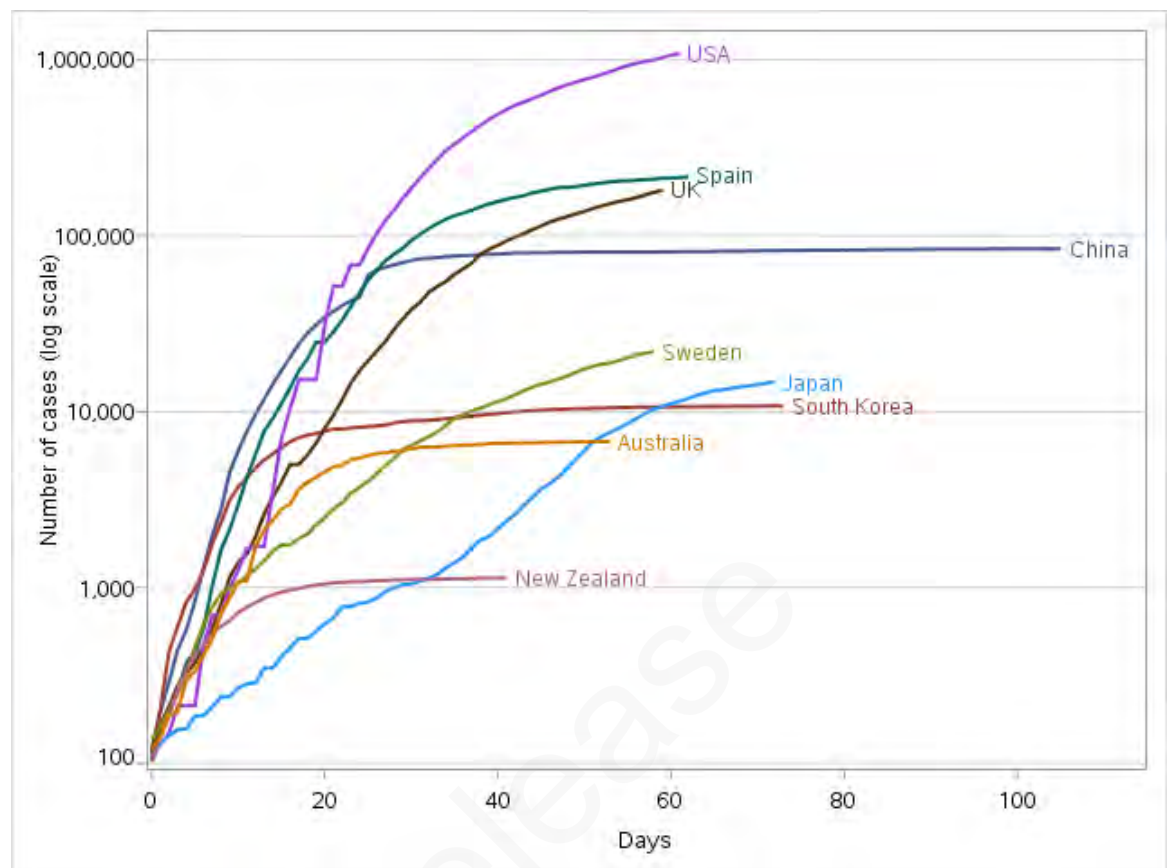
- Cases reported in the Middle East continue to increase with Saudi Arabia, Pakistan and Qatar all exceeding 15,000 cases. After a rapid increase in daily cases numbers from 500 to 1,000 per day, Saudi Arabia is now reporting small consistent rises in the number of new cases.
- Russian case data is showing a sharp and steady rise in daily case numbers and the country now has the 7<sup>th</sup> highest case count (after Germany). The CFR is very low, at 0.9%.
- In the near region the outbreak in the migrant worker population of Singapore continues with the country reporting 447 new cases. In total, Singapore has reported 15,833 cases (87% of all cases) among dormitory residents, which represents 4.9% of the estimated total population living in those facilities.
- The number of new cases reported in Indonesia has *continued to* fluctuate between 200 and 450 new cases per day.
- Cases in India and Bangladesh remain trending upwards.
- In the Pacific no new cases or deaths have been reported in the Northern Mariana Islands, Fiji, New Caledonia, Papua New Guinea, French Polynesia or Timor-Leste in 7 days.

**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 103 of 3 May 2020**



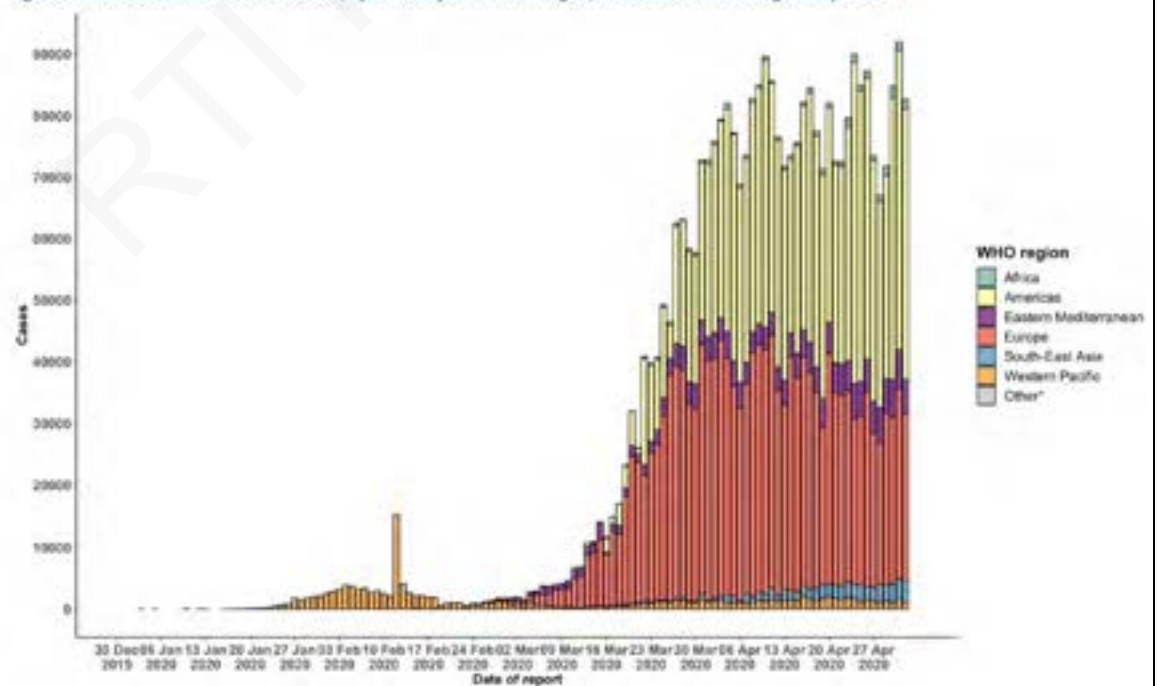


**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, as at 1500 hrs 4 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 103 of 3 May 2020**

Figure 2. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December 2019 through 3 May 2020\*\*



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 1 May 2020, the WHO Director-General announced that WHO have signed a Memorandum of Understanding with the European Investment Bank (EIB) to:             <ul style="list-style-type: none"> <li>Support the development of new innovative antibacterial treatments,</li> <li>Strengthen primary health care and build resilient health systems,</li> <li>Explore how the EIB could support the COVID-19 Supply Chain System of diagnostics, PPE and medical supplies, and</li> <li>Study market failures in other areas of public health, to examine how innovative financing could help overcome investment barriers to increase access to health products and services.</li> </ul> </li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>On 24 April 2020, the ACT Government expanded its COVID-19 testing criteria at designated COVID-19 testing sites for all symptomatic people over the following two weeks.</li> <li>On 1 May 2020, the Chief Minister announced easing of restrictions while maintaining physical distancing (including non-essential shopping, two adults and their children can visit another household if no other visitors are present, and eased travel restrictions outside Canberra region to visit family and friends).</li> <li>ACT public schools will continue to deliver remote learning for all of Term 2 and are preparing to move to face-to-face delivery during Term 2 if circumstances allow.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 hrs 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Effective noon 1 May 2020, the NT Government eased restrictions on a range of outdoor activities as well as home visitations and shopping.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>On April 26 2020, Queensland Government announced that stay at home restrictions will ease from Saturday, 2 May 2020.</li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> </ul>



VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>• A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> <li>• <i>Closure and Restriction (Elite Athlete Training) Modification Directions: Effective 1 May 2020, certain gatherings are exempt from being prohibited to enable certain activities to occur and to enable certain places to be open.</i></li> <li>• <i>Closure and Restriction (Limit the Spread) Directions (No 2): Effective 11.59pm 26 April 2020, indoor and outdoor gatherings for up to 10 people are allowed including weddings, outdoor personal training, and open house or display village inspections.</i></li> <li>• <i>Visitors to Residential Aged Care Direction (No 2): Effective 25 April 2020, a person whose presence at the premises is required for the purposes of emergency management, law enforcement or otherwise responding to an emergency does not have to have an up to date vaccination against influenza, irrespective of whether such a vaccination is available.</i></li> <li>• <i>Thousands of staff and students from WA schools have been invited to participate in a study to test for COVID-19 in schools and psychosocial impacts of the virus. The research forms part of the DETECT program - a new WA-based population study focused on testing targeted groups of people who do not have COVID-19 symptoms. Following schools, it is anticipated FIFO workers and frontline healthcare workers will be incorporated into the DETECT program which will see randomised testing of people who do not have COVID-19 symptoms.</i></li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

- Please note that the total global cases count reported in the table below is less than the 'live' figure reported by, checked at 1500 hours.

Source: International cases based on WHO Situation Report 103, 3 May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,393	4,643	5	0
Hong Kong SAR	1,040	4	0	0
Taiwan	436	6	4	0
Macau SAR	45	0	0	0
United States of America	1,093,880	62,406	26,753	5,000
Spain	216,582	25,100	1,366	276
Italy	209,328	28,710	1,900	474
The United Kingdom	182,264	28,131	4,806	621
Germany	162,496	6,649	793	74
Russian Federation	134,687	1,280	10,633	58
France	129,458	24,724	736	164
Turkey	124,375	3,336	1,983	78
Iran (Islamic Republic of)	96,448	6,156	802	65
Brazil	91,589	6,329	6,209	428
Canada	55,572	3,446	1,915	223
Belgium	49,517	7,765	485	62
Peru	40,459	1,124	3,483	73
Netherlands	40,236	4,987	445	94
India	39,980	1,301	2,644	83
Switzerland	29,734	1,466	112	32

Ecuador	27,464	1,371	1,128	308
Saudi Arabia	25,459	176	1,362	7
Portugal	25,190	1,023	-161	16
Sweden	22,082	2,669	562	16
Ireland	21,176	1,265	343	0
Mexico	20,739	1,972	1,515	113
Pakistan	19,103	440	989	23
Chile	18,435	247	1,427	13
Singapore	17,548	17	447	1
Israel	16,152	227	0	0
Belarus	15,828	97	911	4
Austria	15,558	596	27	7
Qatar	14,872	12	776	0
Japan	14,839	492	294	38
United Arab Emirates	13,599	119	561	8
Poland	13,375	664	270	13
Romania	12,732	771	165	27
Ukraine	11,913	288	502	9
Indonesia	10,843	831	292	31
Republic of Korea	10,793	250	13	0
Denmark	9,407	475	96	15
Serbia	9,362	189	157	4
Philippines	8,928	603	156	24
Bangladesh	8,790	175	552	5
Norway	7,759	204	0	0
Czechia	7,755	245	18	5
Dominican Republic	7,578	326	290	13
Colombia	7,006	314	499	21
Panama	6,720	192	188	4
South Africa	6,336	123	385	7
Egypt	6,193	415	298	9
Malaysia	6,176	103	105	0
Finland	5,179	220	128	2
Morocco	4,729	173	160	2
Kuwait	4,619	33	242	3
Argentina	4,532	229	56	9
Algeria	4,295	459	141	6
Republic of Moldova	4,052	124	72	2
Kazakhstan	3,877	26	92	1
Luxembourg	3,812	92	10	0
Bahrain	3,284	8	114	0
Hungary	2,998	340	56	5
Thailand	2,969	54	3	0
Greece	2,620	143	29	3
Oman	2,568	12	85	1
Afghanistan	2,469	72	0	0
Nigeria	2,388	85	218	17
Armenia	2,386	35	113	2
Iraq	2,219	95	66	1
Ghana	2,169	18	95	1
Uzbekistan	2,127	9	33	0

Croatia	2,088	77	3	2
Cameroon	2,077	64	8	3
Azerbaijan	1,894	25	40	0
Iceland	1,798	10	0	0
Bosnia and Herzegovina	1,757	68	0	0
Puerto Rico	1,757	54	182	0
Estonia	1,699	53	5	1
Cuba	1,611	66	74	2
Bulgaria	1,594	72	6	3
Guinea	1,586	7	49	0
North Macedonia	1,506	82	12	1
Slovenia	1,439	94	5	1
Slovakia	1,407	24	4	1
Lithuania	1,406	46	7	1
Côte d'Ivoire	1,362	15	87	1
Bolivia (Plurinational State of)	1,229	66	62	4
New Zealand	1,136	20	2	0
Senegal	1,115	9	91	0
Djibouti	1,112	2	15	0
Tunisia	1,009	42	11	1
Honduras	899	75	95	0
Latvia	871	16	1	0
Cyprus	864	20	7	0
Kosovo	823	22	10	0
Albania	795	31	6	0
Kyrgyzstan	795	10	26	2
Andorra	747	44	1	1
Niger	736	35	8	2
Lebanon	733	25	4	1
Costa Rica	725	6	6	0
International conveyance (Diamond Princess)	712	13	0	0
Sri Lanka	705	7	15	0
Democratic Republic of the Congo	674	33	70	1
Somalia	671	31	70	3
Burkina Faso	652	44	3	0
Uruguay	648	17	5	0
Guatemala	644	18	45	2
Mayotte	596	6	57	2
Sudan	592	41	59	5
Georgia	589	8	7	0
San Marino	580	41	0	0
Mali	544	26	36	0
Maldives	519	1	51	0
United Republic of Tanzania	480	18	0	1
Malta	467	4	0	0
Jordan	460	9	1	1
El Salvador	446	10	22	0
Kenya	435	22	24	1
Jamaica	432	8	10	0
Réunion	420	0	0	0
occupied Palestinian territory	353	2	0	0

Venezuela (Bolivarian Republic of)	345	10	12	0
Gabon	335	5	27	1
Paraguay	333	10	67	0
Mauritius	332	10	0	0
Montenegro	322	7	0	0
Equatorial Guinea	315	2	0	0
Isle of Man	315	23	4	1
Jersey	290	23	0	1
Viet Nam	270	0	0	0
Guinea-Bissau	260	1	3	0
Rwanda	255	0	6	0
Guernsey	252	13	1	0
Congo	229	10	0	0
Faroe Islands	187	0	0	0
Martinique	180	14	1	0
Sierra Leone	155	8	19	0
Liberia	154	18	2	0
Cabo Verde	152	2	31	1
Guadeloupe	152	12	0	0
Myanmar	151	6	0	0
Madagascar	149	0	14	0
Gibraltar	144	0	0	0
Guam	144	5	2	0
Brunei Darussalam	138	1	0	0
Ethiopia	133	3	0	0
French Guiana	128	1	0	0
Togo	123	9	0	0
Cambodia	122	0	0	0
Zambia	119	3	10	0
Chad	117	10	44	5
Trinidad and Tobago	116	8	0	0
Bermuda	114	6	0	0
Eswatini	108	1	2	0
Aruba	100	2	0	0
Benin	90	2	0	0
Haiti	85	8	4	0
Uganda	85	0	2	0
Liechtenstein	83	1	0	0
Bahamas	82	11	1	0
Guyana	82	9	0	0
Barbados	81	7	0	0
Mozambique	79	0	0	0
Sint Maarten	76	13	0	0
Tajikistan	76	2	44	2
Cayman Islands	74	1	1	0
Central African Republic	72	0	8	0
Monaco	68	1	0	0
United States Virgin Islands	66	4	0	0
Libya	63	3	0	0
Nepal	59	0	0	0
French Polynesia	58	0	0	0

South Sudan	45	0	0	0
Syrian Arab Republic	44	3	0	0
Eritrea	39	0	0	0
Mongolia	39	0	1	0
Malawi	38	3	1	0
Saint Martin	38	3	0	0
Angola	35	2	6	0
Zimbabwe	34	4	0	0
Antigua and Barbuda	24	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
São Tomé and Príncipe	23	3	7	2
Grenada	20	0	0	0
Burundi	19	1	4	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Gambia	17	1	5	0
Saint Lucia	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Vincent and the Grenadines	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Nicaragua	14	4	0	0
Northern Mariana Islands (Commonwealth of the)	14	2	0	0
Falkland Islands (Malvinas)	13	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Holy See	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Yemen	10	2	3	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
British Virgin Islands	6	1	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Comoros	3	0	2	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,343,003</b>	<b>238,535</b>	<b>82,586</b>	<b>8,657</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #107 Novel Coronavirus (COVID-19)  
**Date:** Tuesday, 5 May 2020 7:18:15 PM  
**Attachments:** [2020-05-05 NIR Health SitRep v107 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 5 May 2020, there have been 6,849 laboratory confirmed cases of COVID-19 in Australia, including 96 deaths.
- Since yesterday's situation report, an additional 25 newly confirmed cases and one new death, have been reported in Australia.
- The media have reported a death in a Newmarch resident today, however, this is yet to be officially announced by NSW Health.
- To date, more than 664,000 tests have been conducted across Australia.
- The Prime Minister announced today that Australia is pledging \$352 million dollars towards the global effort to fight COVID-19 and to find a vaccine.

#### Situation Overseas

- As at 1530 hrs 5 May 2020, a total of 3,584,174 cases of COVID-19 have been reported globally, including 251,575 deaths.
- Brazil, Peru, India, Ecuador, Saudi Arabia, Mexico, Pakistan and Chile are all experiencing mid-level epidemics which are currently increasing.
- Leaders from 40 countries came together to support the ACT Accelerator through the COVID-19 Global Response International Pledging Event, hosted by the European Commission.

The next Situation Report will be issued on 6 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>05</i> 1800 AEST	<b>Version</b>	<i>107</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>06</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Graeme Barden, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>• <i>The Prime Minister announced Australia is pledging \$352 million Australian dollars towards the global effort to fight COVID-19 and find a vaccine.</i></li> <li>• <i>National Cabinet met today, Tuesday 5 May 2020 and agreed:</i> <ul style="list-style-type: none"> <li>○ <i>To start work on a trans-Tasman COVID-19 safe travel zone, easing travel restrictions between Australia and New Zealand. National Cabinet noted that this arrangement would be put into place once it is safe to do so, with necessary health, transport and other protocols to protect public health. Any arrangements would need to factor in state and territory movement restrictions.</i></li> <li>○ <i>Safework Australia would be the single source of information in regards to returning to work safely and confidently.</i></li> <li>○ <i>To establish a three-step framework to gradually remove baseline restrictions to enable Australians to live in a COVID-19 safe economy. Details will be determined by National Cabinet on Friday 8 May 2020.</i></li> <li>○ <i>It is important to quickly finalise agreement of the National Legal Assistance Partnership to ensure continuity for services, such as Community Legal Centres.</i></li> <li>○ <i>Jurisdictions would plan for and manage COVID-19 outbreaks in prisons in accordance with the Communicable Diseases Network Australia National Guidelines.</i></li> <li>○ <i>The supply of Personal Protection Equipment (PPE) to corrections facilities should be considered a priority in the context of the national supply of PPE, as additional supplies become available and if COVID-19 cases are confirmed in the sector.</i></li> </ul> </li> <li>• <i>The Minister for Regional Health, Regional Communications and Local Government announced Australia's first regional Aboriginal Community Controlled Health Service-led GP respiratory clinic has opened today in Toowoomba to provide locals with a culturally safe place</i></li> </ul>
-------------------------------	--



	<i>to be tested and treated for COVID-19.</i>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Health Minister determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>

## 1. Situation

<b>Overview</b>	<p><b>Domestic Situation (as at 1500 hrs, 5 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>6,849</b> cases of COVID-19, including <b>96</b> deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2). <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>25</b> confirmed cases and <b>1</b> new death, have been reported in Australia.</li> <li>Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily. <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>122</b>, which is up from the <b>82</b> reported in the week prior. <i>The increase over the past 7 days is predominately associated with an outbreak in Victoria.</i></li> </ul> </li> </ul> </li> <li>The median age of cases is 48 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).</li> <li>To date 1.8% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> <li>According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with <b>19%</b> of these cases requiring admission to an ICU (2.2% of confirmed cases).</li> </ul>
-----------------	--

- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 57% were male and 43% were female.
  - Where data was available regarding comorbidities, 91% had one or more comorbidities and 55% had two or more comorbidities. The three most commonly reported comorbidities were diabetes, cardiac disease (excluding hypertension) and chronic respiratory conditions (excluding asthma).

#### Testing

- To date, more than 664,000 tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 1.0% and the positivity in the past week was 0.1%.

#### Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
- Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,250 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- Clusters have been reported in some jurisdictions:
  - Tasmania is reporting an outbreak in North-West hospitals of at least 128 cases, including 81 staff members (3 May 2020).
    - On 30 April, the Tasmanian Department of Health released an interim report based on the North-West hospitals outbreak. It reports that the original source of infection was most likely to have been patients admitted to hospital with COVID-19.
  - NSW Health is reporting 65 cases (28 staff and 37 residents) of COVID-19 associated with the Anglicare Newmarch House aged care facility (4 May 2020). There have also been 15 deaths associated with this outbreak.
  - Victoria is reporting an outbreak at a Melbourne meat processing facility. The Victorian Department of Health is working closely with the company. There are at total of 45 confirmed cases associated with this cluster (5 May 2020).

#### Epidemiological Resources

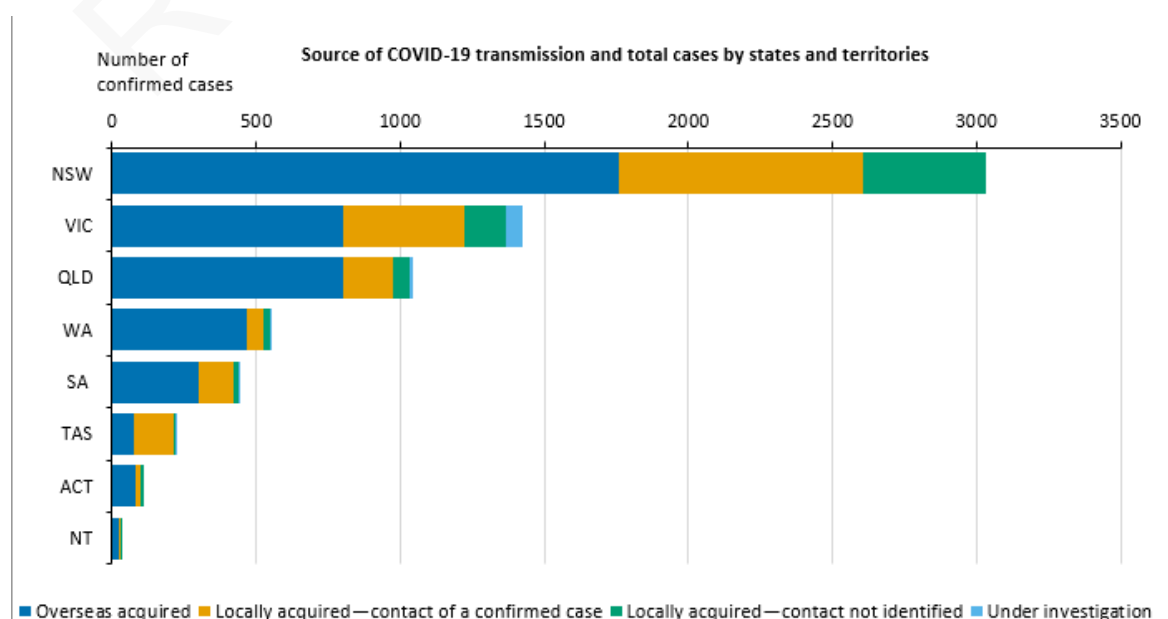
- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 26 April 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 5 May 2020)**

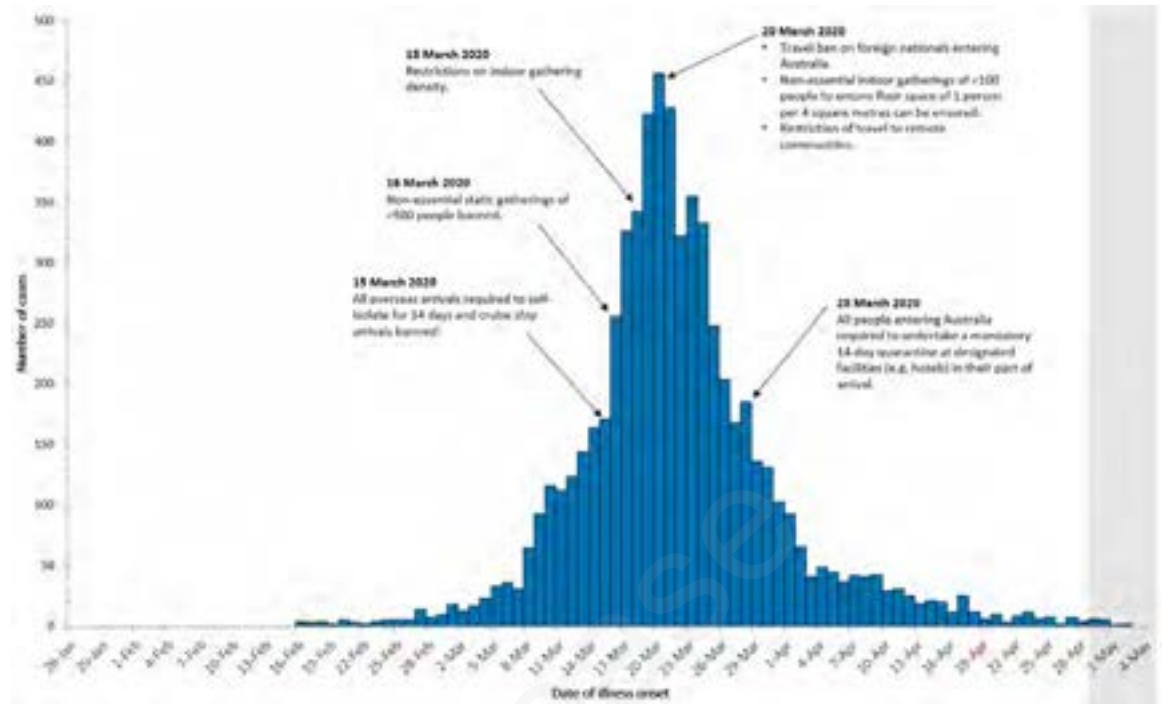
Confirmed COVID-19 cases	Australia	ACT	NSW <sup>#</sup>	NT	Qld	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,316	83	1,759	26	799	298	78	804	469
Locally acquired - contact of confirmed case and/or in a known cluster	1,781	17	849	2	174	125	137	421	56
Locally acquired - contact not identified	572	1	360	0	44	7	0	143	17
Locally acquired - contact not identified, but case had interstate travel	108	6	67	1	18	6	4	0	6
Under investigation	72	0	0	0	8	2	4	55	3
<b>Total cases</b>	<b>6,849</b>	<b>107</b>	<b>3,035</b>	<b>29</b>	<b>1,043</b>	<b>438</b>	<b>223</b>	<b>1,423</b>	<b>551</b>
<b>Deaths (of total)</b>	<b>96</b>	<b>3</b>	<b>43</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	25 (0%)	0 (0%)	3 (0%)	0 (0%)	5 (0%)	0 (0%)	0 (0%)	17 (1%)	0 (0%)
Cases in the last 72hrs before (%change)	66 (1%)	1 (1%)	4 (0%)	0 (0%)	9 (1%)	0 (0%)	0 (0%)	52 (4%)	0 (0%)
Average daily change over the past three days (compound)	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	1.2%	0.0%
Cases over the past week	122	1	30	2	10	0	6	72	1

\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

<sup>#</sup> On 4 May, NSW revised their number of cases. One person, previously reported as a case, has been subsequently excluded after further testing.

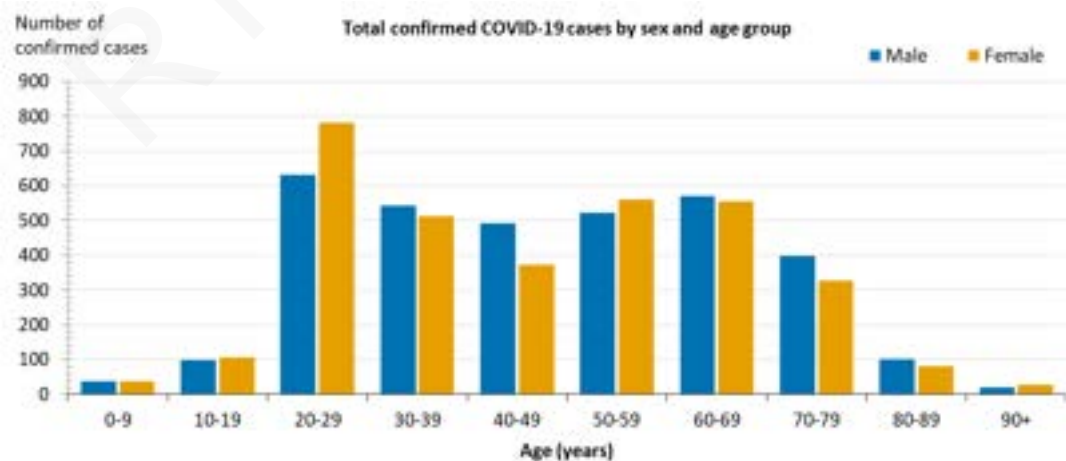
**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 5 May 2020**

**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 5 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

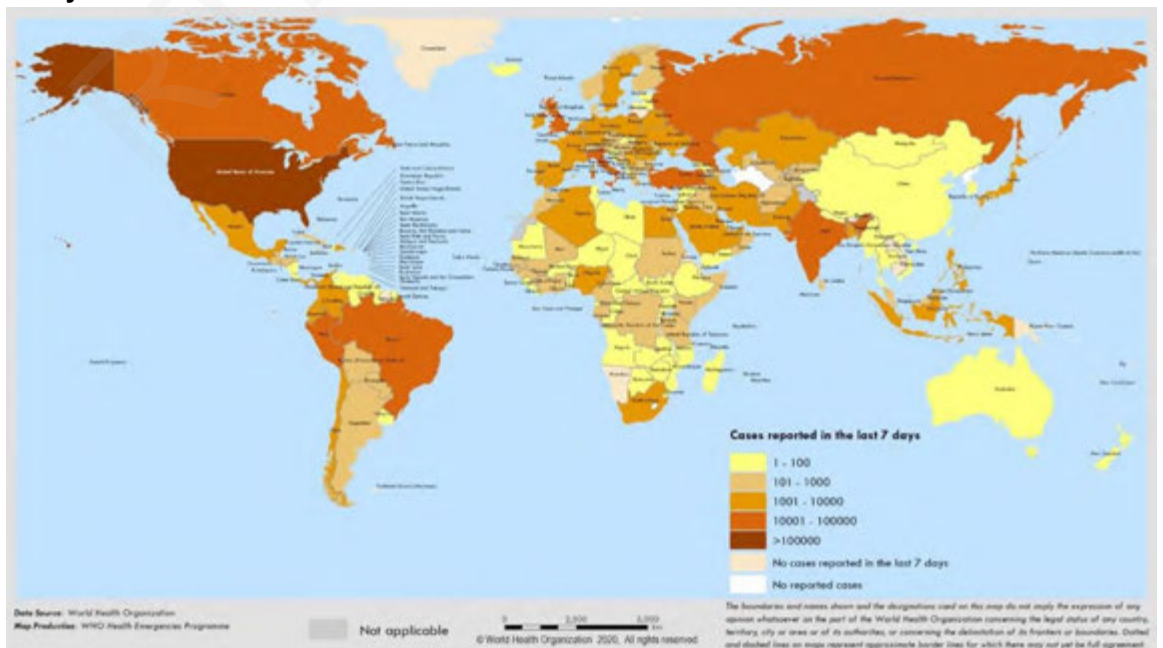
**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 5 May 2020**



#### International Situation (as at 1530 hrs, 5 May 2020)

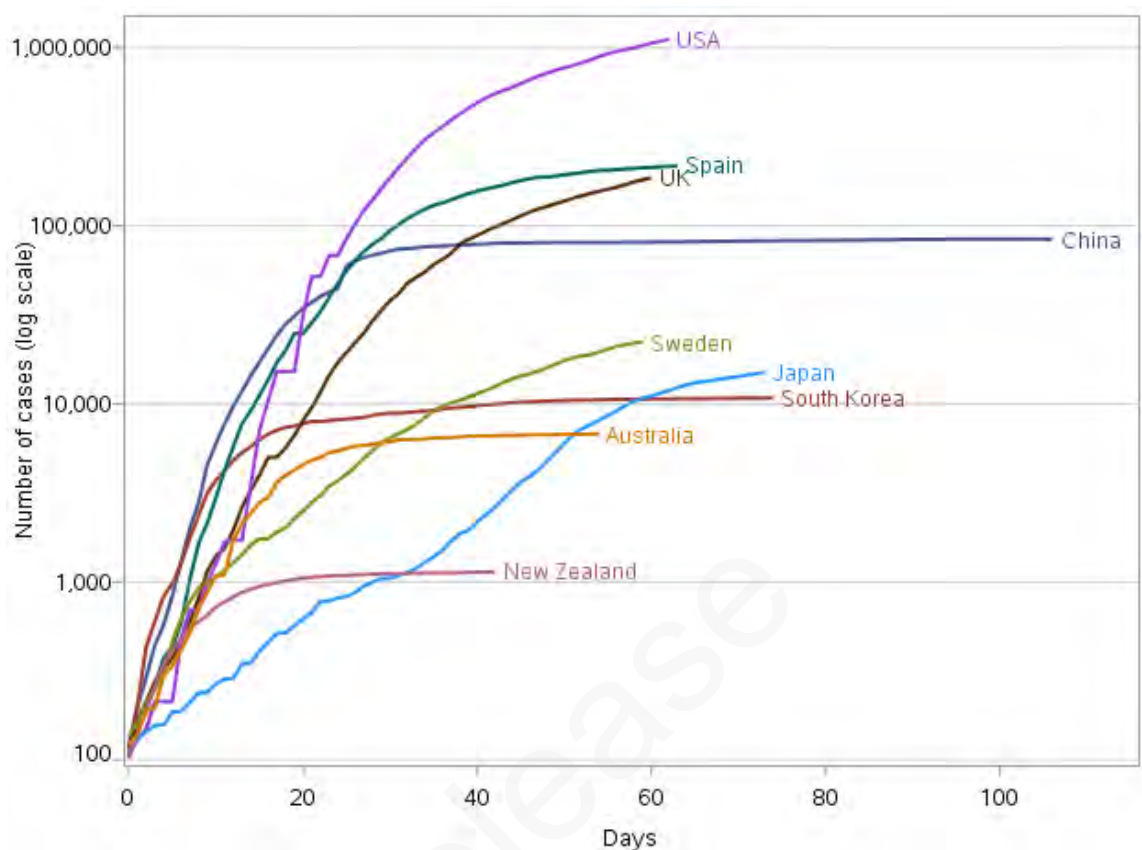
- The global number of confirmed COVID cases is currently **3,584,174** including **251,575** deaths (John Hopkins).
  - Around **77,000** new cases, and over **4,000** deaths have been reported since yesterday's Situation Report.
- The majority of deaths are from the United States of America (**27%**), Italy (12%), UK (**11%**), Spain (**10%**) and France (10%). As countries pass their peak number of new cases, the peak in daily deaths is expected to follow.
  - Of the confirmed cases reported globally, the case fatality rate is approximately 7.1%.
- With the phased relaxing of measures for countries in heavily affected regions occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- Cases reported in the Middle East continue to increase with Saudi Arabia, Pakistan and Qatar all exceeding 15,000 cases.
- Russian case data is showing a sharp and steady rise in daily case numbers and the country is now approaching Germany's case count. The case fatality rate is very low, at 0.9%.
- The outbreak in migrant worker dormitories in Singapore continues with the country reporting **573** new cases. These workers have comprise 87% of all cases (**16,393** cases), which represents **5.08%** of the estimated total population living in those facilities.
- The number of new cases reported in Indonesia has continued to fluctuate between 200 and 450 new cases per day.
- *Brazil, Peru, India, Ecuador, Saudi Arabia, Mexico, Pakistan and Chile are all experiencing mid-level epidemics which are currently increasing.*
- In the Pacific no new cases or deaths have been reported in the Northern Mariana Islands, Fiji, New Caledonia, Papua New Guinea, French Polynesia or Timor-Leste in **8** days.

**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 105 of 4 May 2020**

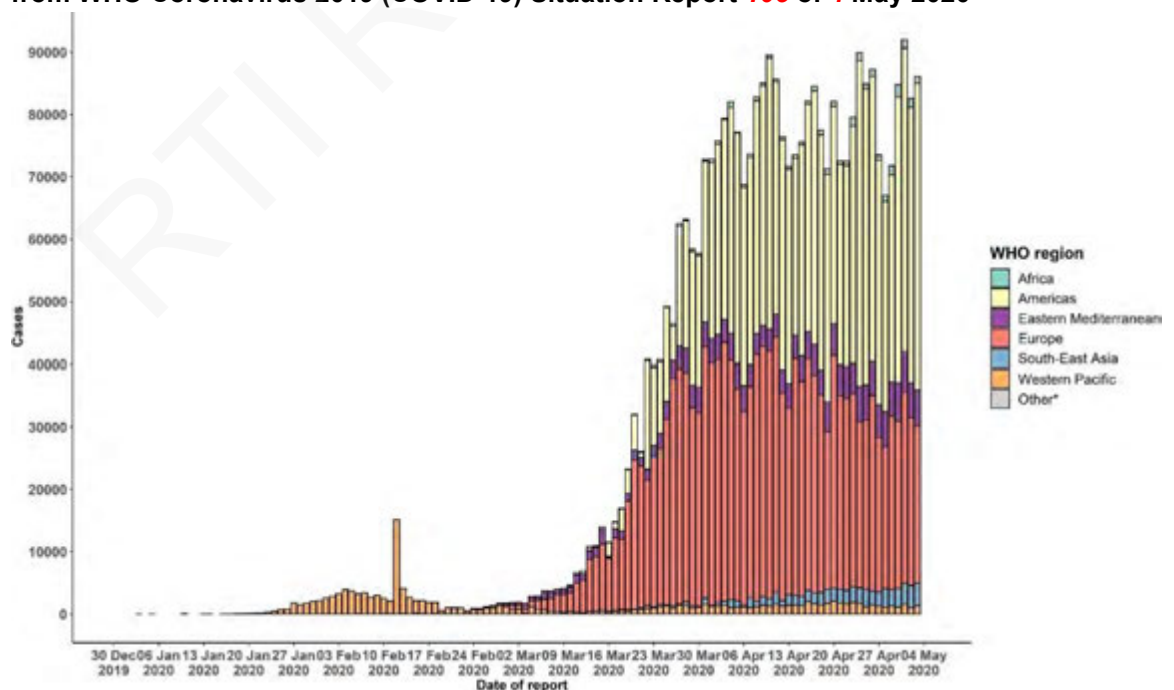




**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, as at 1500 hrs 5 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 105 of 4 May 2020**



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 4 May 2020, the WHO Director-General noted that:             <ul style="list-style-type: none"> <li>Leaders from 40 countries all over the world came together to support the ACT Accelerator through the COVID-19 Global Response International Pledging Event, hosted by the European Commission.</li> <li>WHO is grateful to the more than 300,000 individuals, corporations and foundations who have contributed to the Solidarity Response Fund, which has generated more than US\$210 million in the past 6 weeks.</li> </ul> </li> <li>On 1 May 2020, the WHO Director-General announced that WHO have signed a Memorandum of Understanding with the European Investment Bank (EIB) to:             <ul style="list-style-type: none"> <li>Support the development of new innovative antibacterial treatments,</li> <li>Strengthen primary health care and build resilient health systems,</li> <li>Explore how the EIB could support the COVID-19 Supply Chain System of diagnostics, PPE and medical supplies, and</li> <li>Study market failures in other areas of public health, to examine how innovative financing could help overcome investment barriers to increase access to health products and services.</li> </ul> </li> </ul>
------------------------	--

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li><i>There are seven public health emergency directions in force under the Public Health Act 1997.</i></li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>On 24 April 2020, the ACT Government expanded its COVID-19 testing criteria at designated COVID-19 testing sites for all symptomatic people over the following two weeks.</li> <li>On 1 May 2020, the Chief Minister announced easing of restrictions while maintaining physical distancing (including non-essential shopping, two adults and their children can visit another household if no other visitors are present, and eased travel restrictions outside Canberra region to visit family and friends).</li> <li>ACT public schools will continue to deliver remote learning for all of Term 2 and are preparing to move to face-to-face delivery during Term 2 if circumstances allow.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 hrs 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the <i>Biosecurity Act</i> regional control measures on 26 March 2020.</li> <li>Effective noon 1 May 2020, the NT Government eased restrictions on a range of outdoor activities as well as home visitations and shopping.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>On April 26 2020, Queensland Government announced that stay at home restrictions ease from Saturday 2 May 2020.</li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> </ul>



	<ul style="list-style-type: none"> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> <li>Closure and Restriction (Elite Athlete Training) Modification Directions: Effective 1 May 2020, certain gatherings are exempt from being prohibited to enable certain activities to occur and to enable certain places to be open.</li> <li>Closure and Restriction (Limit the Spread) Directions (No 2): Effective 11.59pm 26 April 2020, indoor and outdoor gatherings for up to 10 people are allowed including weddings, outdoor personal training, and open house or display village inspections.</li> <li>Visitors to Residential Aged Care Direction (No 2): Effective 25 April 2020, a person whose presence at the premises is required for the purposes of emergency management, law enforcement or otherwise responding to an emergency does not have to have an up to date vaccination against influenza, irrespective of whether such a vaccination is available.</li> <li>Thousands of staff and students from WA schools have been invited to participate in a study to test for COVID-19 in schools and psychosocial impacts of the virus. The research forms part of the DETECT program - a new WA-based population study focused on testing targeted groups of people who do not have COVID-19 symptoms. Following schools, it is anticipated FIFO workers and frontline healthcare workers will be incorporated into the DETECT program which will see randomised testing of people who do not have COVID-19 symptoms.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild

disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **3,584,174** reported by Johns Hopkins, checked at **1530** hours.

Source: International cases based on WHO Situation Report **105**, 4 May 2020, excluding Australian cases.

*\* On May 4 2020, death data for the United States of America was retro-adjusted by national authorities.*

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,400	4,643	7	0
Hong Kong SAR	1,041	4	1	0
Taiwan	438	6	2	0
Macau SAR	45	0	0	0
United States of America*	1,125,719	60,710	31,839	-1,696
Spain	217,466	25,264	884	164
Italy	210,717	28,884	1,389	174
The United Kingdom	186,603	28,446	4,339	315
Germany	163,175	6,692	679	43
Russian Federation	145,268	1,356	10,581	76
France	129,708	24,859	250	135
Turkey	126,045	3,397	1,670	61

Iran (Islamic Republic of)	97,424	6,203	976	47
Brazil	96,559	6,750	4,970	421
Canada	59,365	3,681	3,793	235
Belgium	49,906	7,844	389	79
Peru	42,534	1,200	2,075	76
India	42,533	1,373	2,553	72
Netherlands	40,571	5,056	335	69
Switzerland	29,822	1,472	88	6
Ecuador	29,538	1,564	2,074	193
Saudi Arabia	27,011	184	1,552	8
Portugal	25,282	1,043	92	20
Sweden	22,317	2,679	235	10
Mexico	22,088	2,061	1,349	89
Ireland	21,506	1,303	330	38
Pakistan	20,084	457	981	17
Chile	19,663	260	1,228	13
Singapore	18,205	18	657	1
Belarus	17,489	103	1,661	6
Israel	16,152	227	0	0
Austria	15,597	598	39	2
Qatar	15,551	12	679	0
Japan	15,057	510	218	18
United Arab Emirates	14,163	126	564	7
Poland	13,693	678	318	14
Romania	13,163	780	431	9
Ukraine	12,331	303	418	15
Indonesia	11,192	845	349	14
Republic of Korea	10,801	252	8	2
Denmark	9,523	484	116	9
Serbia	9,464	193	102	4
Bangladesh	9,455	177	665	2
Philippines	9,223	607	295	4
Dominican Republic	7,954	333	376	7
Norway	7,809	208	50	4
Czechia	7,781	248	26	3
Colombia	7,285	324	279	10
Panama	7,090	197	370	5
South Africa	6,783	131	447	8
Egypt	6,465	429	272	14
Malaysia	6,298	105	122	2
Finland	5,254	230	75	10
Kuwait	4,983	38	364	5
Morocco	4,903	174	174	1
Argentina	4,681	241	149	12
Algeria	4,474	463	179	4
Republic of Moldova	4,121	128	69	4

Kazakhstan	3,988	27	111	1
Luxembourg	3,824	96	12	4
Bahrain	3,356	8	72	0
Hungary	3,035	351	37	11
Thailand	2,987	54	18	0
Greece	2,626	144	6	1
Oman	2,568	12	0	0
Armenia	2,507	39	121	4
Afghanistan	2,469	72	0	0
Nigeria	2,388	85	0	0
Iraq	2,219	95	0	0
Ghana	2,169	18	0	0
Uzbekistan	2,160	10	33	1
Croatia	2,096	79	8	2
Cameroon	2,077	64	0	0
Azerbaijan	1,932	25	38	0
Bosnia and Herzegovina	1,857	76	100	8
Puerto Rico	1,808	97	51	43
Iceland	1,799	10	1	0
Estonia	1,700	55	1	2
Guinea	1,650	7	64	0
Cuba	1,649	67	38	1
Bulgaria	1,618	73	24	1
North Macedonia	1,511	84	5	2
Bolivia (Plurinational State of)	1,470	71	241	5
Slovenia	1,439	96	0	2
Lithuania	1,410	46	4	0
Slovakia	1,408	24	1	0
Côte d'Ivoire	1,398	17	36	2
Senegal	1,273	9	158	0
New Zealand	1,137	20	1	0
Djibouti	1,112	2	0	0
Honduras	1,010	76	111	1
Tunisia	1,009	42	0	0
Latvia	879	16	8	0
Cyprus	872	20	8	0
Kosovo	851	27	28	5
Kyrgyzstan	830	10	35	0
Albania	795	31	0	0
Niger	750	36	14	1
Andorra	749	45	2	1
Lebanon	737	25	4	0
Costa Rica	733	6	8	0
Somalia	722	32	51	1
Sri Lanka	718	7	13	0
International conveyance (Diamond Princess)	712	13	0	0

Guatemala	688	19	44	1
Democratic Republic of the Congo	682	34	8	1
Burkina Faso	662	45	10	1
Uruguay	652	17	4	0
Mayotte	650	6	54	0
Georgia	593	9	4	1
Sudan	592	41	0	0
San Marino	582	41	2	0
Mali	563	27	19	1
Maldives	527	1	8	0
El Salvador	490	11	44	1
United Republic of Tanzania	480	18	0	0
Malta	477	4	10	0
Kenya	466	24	31	2
Jamaica	463	8	31	0
Jordan	461	9	1	0
Réunion	423	0	3	0
Paraguay	370	10	37	0
occupied Palestinian territory	353	2	0	0
Venezuela (Bolivarian Republic of)	345	10	0	0
Gabon	335	5	0	0
Mauritius	332	10	0	0
Montenegro	322	8	0	1
Isle of Man	320	23	5	0
Equatorial Guinea	315	2	0	0
Guinea-Bissau	292	2	32	1
Jersey	291	24	1	1
Viet Nam	271	0	1	0
Rwanda	259	0	4	0
Guernsey	252	13	0	0
Congo	229	10	0	0
Faroe Islands	187	0	0	0
Martinique	181	14	1	0
Cabo Verde	165	2	13	0
Liberia	158	18	4	0
Sierra Leone	157	8	2	0
Myanmar	155	6	4	0
Guadeloupe	152	12	0	0
Madagascar	151	0	2	0
Guam	146	5	2	0
Gibraltar	144	0	0	0
Brunei Darussalam	138	1	0	0
Ethiopia	135	3	2	0
French Guiana	128	1	0	0
Tajikistan	128	4	52	2
Togo	124	9	1	0

Zambia	124	3	5	0
Cambodia	122	0	0	0
Chad	117	10	0	0
Trinidad and Tobago	116	8	0	0
Bermuda	115	7	1	1
Eswatini	112	1	4	0
Aruba	100	2	0	0
Monaco	95	1	27	0
Benin	90	2	0	0
Uganda	88	0	3	0
Haiti	85	8	0	0
Liechtenstein	83	1	0	0
Bahamas	82	11	0	0
Guyana	82	9	0	0
Barbados	81	7	0	0
Mozambique	80	0	1	0
Sint Maarten	76	13	0	0
Nepal	75	0	16	0
Cayman Islands	74	1	0	0
Central African Republic	72	0	0	0
United States Virgin Islands	66	4	0	0
Libya	63	3	0	0
French Polynesia	58	0	0	0
South Sudan	46	0	1	0
Syrian Arab Republic	44	3	0	0
Eritrea	39	0	0	0
Malawi	39	3	1	0
Mongolia	39	0	0	0
Saint Martin	38	3	0	0
Angola	35	2	0	0
Zimbabwe	34	4	0	0
Antigua and Barbuda	25	3	1	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
São Tomé and Príncipe	23	3	0	0
Grenada	21	0	1	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Gambia	17	1	0	0
Saint Lucia	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0

Saint Vincent and the Grenadines	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Nicaragua	14	4	0	0
Northern Mariana Islands (Commonwealth of the)	14	2	0	0
Falkland Islands (Malvinas)	13	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Holy See	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Yemen	10	2	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
British Virgin Islands	6	1	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Comoros	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,429,093</b>	<b>239,509</b>	<b>86,090</b>	<b>974</b>



**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #108 Novel Coronavirus (COVID-19)  
**Date:** Wednesday, 6 May 2020 8:05:32 PM  
**Attachments:** [2020-05-06 NIR Health SitRep v108 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 6 May 2020, there have been 6,875 laboratory confirmed cases of COVID-19 in Australia, including 97 deaths.
- Since yesterday's situation report, an additional 26 newly confirmed cases and one new death, have been reported in Australia.
- To date, more than 668,000 tests have been conducted across Australia.
- The Minister for Health announced a potentially lifesaving immunoglobulin treatment for Australians with COVID-19.

#### Situation Overseas

- As at 1500 hrs 6 May 2020, a total of 3,663,911 cases of COVID-19 have been reported globally, including 257,288 deaths.
- Russian case data is showing a sharp and steady rise in daily case numbers, reporting over 10,000 new cases yesterday.

The next Situation Report will be issued on 7 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-06 1800 AEST	<b>Version</b>	108
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-07 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>The Minister for Health announced today that CSL Behring and Australian Red Cross Lifeblood (Lifeblood) are working together to start production of a potentially lifesaving plasma-derived treatment for people with COVID-19.               <ul style="list-style-type: none"> <li>The product, COVID-19 Immunoglobulin, could be used to treat people seriously ill with complications caused by the virus, particularly those whose illness is progressing towards the need for ventilation.</li> <li>Convalescent plasma can only be donated by someone with a confirmed laboratory diagnosis of COVID-19, who has fully recovered from the virus and been symptom-free for at least 28 days.</li> <li>In addition to the recovery period, donors need to meet Lifeblood's eligibility criteria, see <a href="#">Lifeblood's media release</a> for more information.</li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> </ul>

	<ul style="list-style-type: none"> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Health Minister determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 6 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>6,875</b> cases of COVID-19, including <b>97</b> deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>26</b> confirmed cases and <b>1</b> new death, have been reported in Australia.                 <ul style="list-style-type: none"> <li><b>There were no new cases reported in ACT, NT, Qld, SA or WA.</b></li> </ul> </li> <li>Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>132</b>, which is up from the <b>94</b> reported in the week prior. The increase over the past 7 days is predominately associated with an outbreak in Victoria.</li> </ul> </li> </ul> </li> <li>The median age of cases is 48 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).</li> <li>To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> <li>According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with <b>18%</b> of these cases requiring admission to an ICU (2.2% of confirmed cases).</li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:             <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> <li>Almost half of cases were acquired overseas.</li> <li>Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.</li> </ul> </li> <li>Of the deaths reported so far:             <ul style="list-style-type: none"> <li>The median age is 80 years (range 42 to 96 years).                 <ul style="list-style-type: none"> <li><b>86%</b> of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.</li> </ul> </li> <li>57% were male and 43% were female.</li> </ul> </li> </ul>
----------	--

- Where data was available regarding comorbidities, 91% had one or more comorbidities and 55% had two or more comorbidities. The three most commonly reported comorbidities were cardiac disease (excluding hypertension), diabetes and chronic respiratory conditions (excluding asthma).

#### Testing

- To date, more than **668,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 1.0% and the positivity in the past week was 0.1%.
  - *Testing in Australia has increased in recent weeks. Over the last 7 days there were over 135,000 tests conducted, which is up from around 92,000 reported in the week prior.*

#### Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
- Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,250 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- Clusters have been reported in some jurisdictions:
  - Tasmania is reporting an outbreak in North-West hospitals of at least 128 cases, including 81 staff members (3 May 2020).
    - On 30 April, the Tasmanian Department of Health released an interim report based on the North-West hospitals outbreak. It reports that the original source of infection was most likely to have been patients admitted to hospital with COVID-19.
  - NSW Health is reporting **66** cases (**29** staff and 37 residents) of COVID-19 associated with the Anglicare Newmarch House aged care facility (**5** May 2020). There have also been **16** deaths associated with this outbreak.
  - Victoria is reporting an outbreak at a Melbourne meat processing facility. *The health department is undertaking contact tracing and the company has agreed to close the facility for 14 days.* The Victorian Department of Health is working closely with the company. There are at total of **49** confirmed cases associated with this cluster. *All staff are in the process of being tested.* (**6** May 2020).

#### Epidemiological Resources

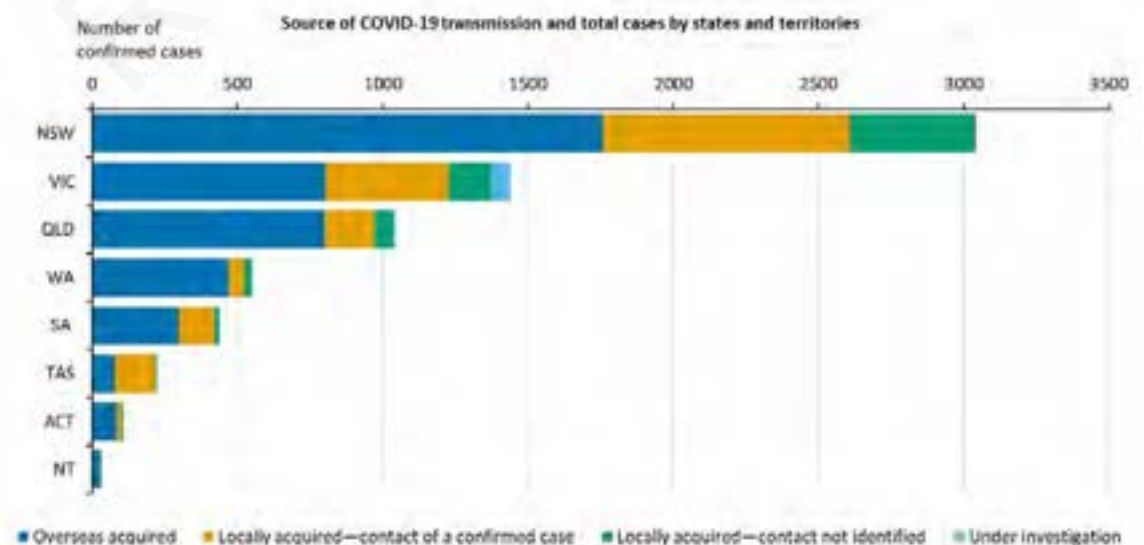
- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 26 April 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 6 May 2020)**

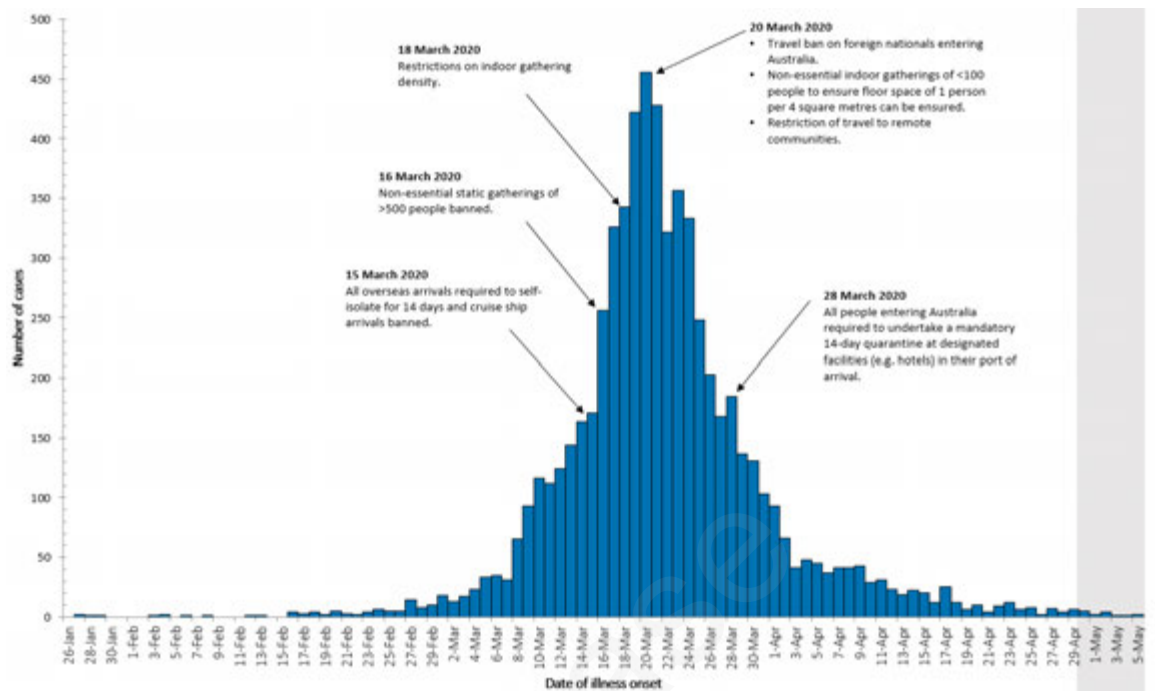
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,315	83	1,758	26	799	298	78	804	469
Locally acquired - contact of confirmed case and/or in a known cluster	1,786	17	850	2	174	125	139	423	56
Locally acquired - contact not identified	579	1	364	0	45	7	0	145	17
Locally acquired - contact not identified, but case had interstate travel	109	6	68	1	18	6	4	0	6
Under investigation	86	0	2	0	7	2	4	68	3
<b>Total cases</b>	<b>6,875</b>	<b>107</b>	<b>3,042</b>	<b>29</b>	<b>1,043</b>	<b>438</b>	<b>225</b>	<b>1,440</b>	<b>551</b>
<b>Deaths (of total)</b>	<b>97</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	26 (0%)	0 (0%)	7 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (1%)	17 (1%)	0 (0%)
Cases in the last 72hrs before (%change)	77 (1%)	1 (1%)	10 (0%)	0 (0%)	8 (1%)	0 (0%)	2 (1%)	56 (4%)	0 (0%)
Average daily change over the past three days (compound)	0.4%	0.3%	0.1%	0.0%	0.3%	0.0%	0.3%	1.3%	0.0%
Cases over the past week	132	1	28	2	10	0	5	86	0

\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 6 May 2020**

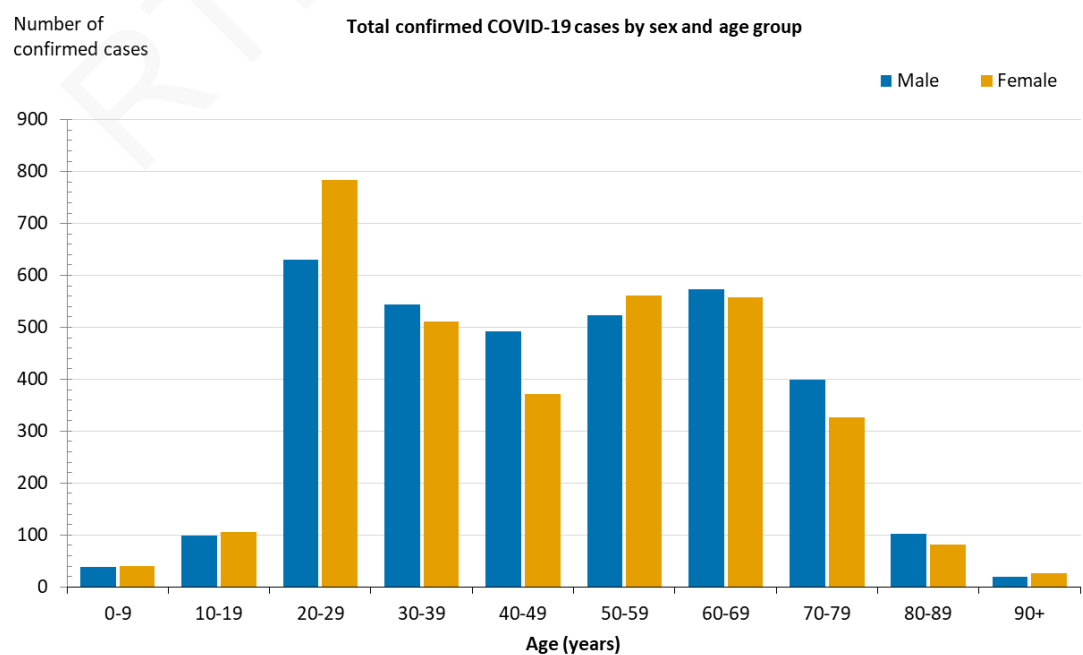


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 6 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 6 May 2020**

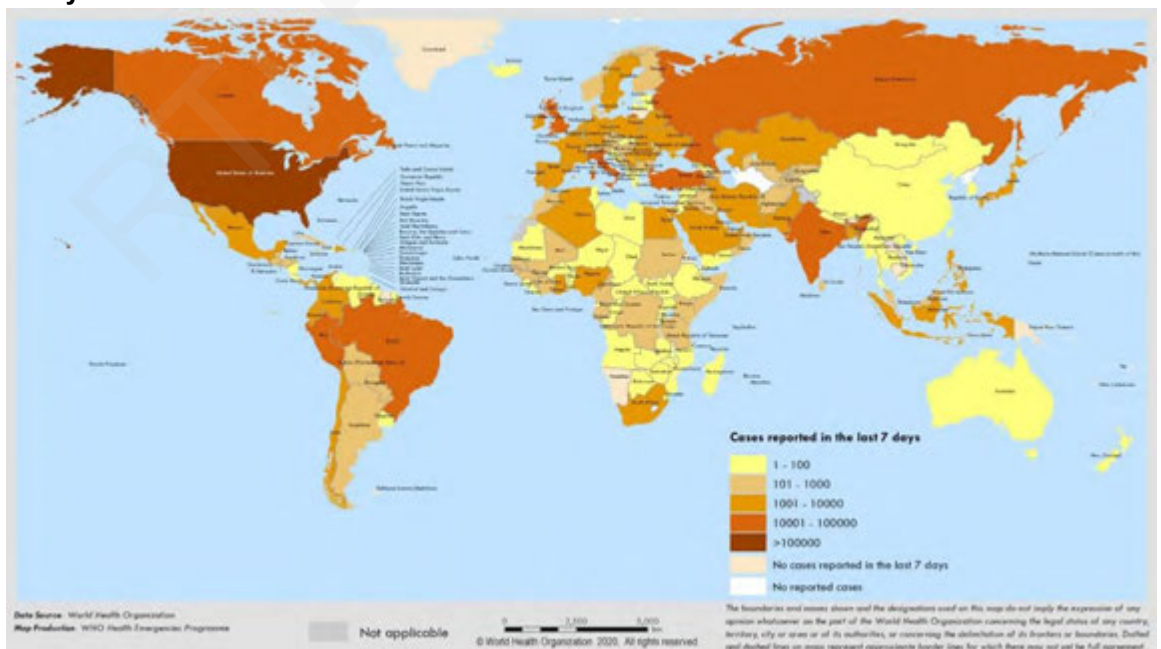




#### International Situation (as at 1500 hrs, 6 May 2020)

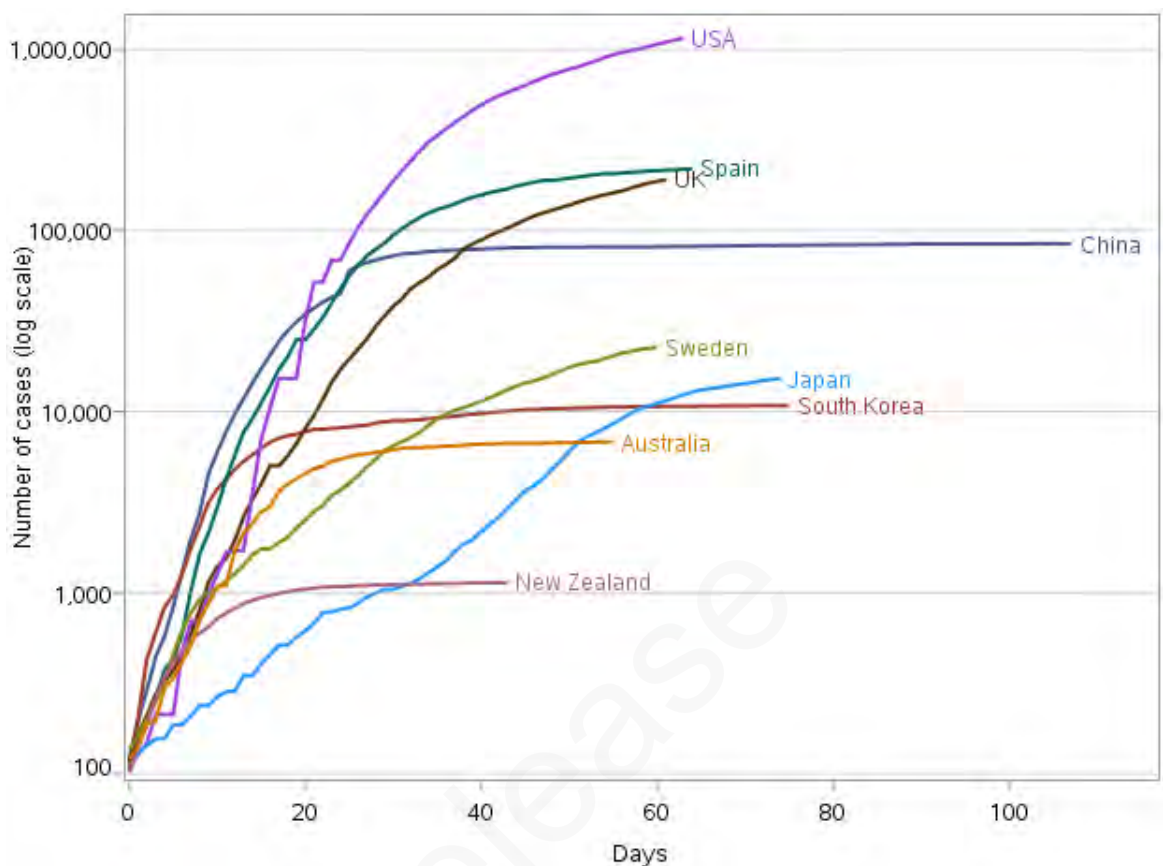
- The global number of confirmed COVID cases is currently **3,663,911** including **257,288** deaths (John Hopkins).
  - Around **80,000** new cases, and over **5,700** deaths have been reported since yesterday's Situation Report.
- The WHO Situation Report from 5 May 2020 indicates the majority of deaths are from the United States of America (**25%**), Italy (**12%**), the United Kingdom (**12%**), Spain and France (**10%**). Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately **6.9%**.
- With the phased relaxing of measures for countries in heavily affected regions occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- Cases reported in the Middle East continue to increase.
- Russian case data is showing a sharp and steady rise in daily case numbers and the country is now approaching Germany's case count, **reporting over 10,000 new cases yesterday**. The case fatality rate is very low, at 0.9%.
- The outbreak in the migrant worker population of Singapore continues with the country reporting **623** new cases. In total, Singapore has reported **16,998** cases among dormitory residents (**88%** of all cases), which represents **5.26%** of the estimated total population living in those facilities.
- The number of new cases reported in Indonesia has continued to fluctuate between 200 and **500** new cases per day.
- Brazil, Peru, India, Ecuador, Saudi Arabia, Mexico, Pakistan and Chile are all experiencing mid-level epidemics which are currently increasing.
- In the Pacific no new cases or deaths have been reported in the Northern Mariana Islands, Fiji, New Caledonia, Papua New Guinea, or Timor-Leste in **9** days. **French Polynesia reported 2 new cases on 5 May 2020**.

**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 106 of 5 May 2020**

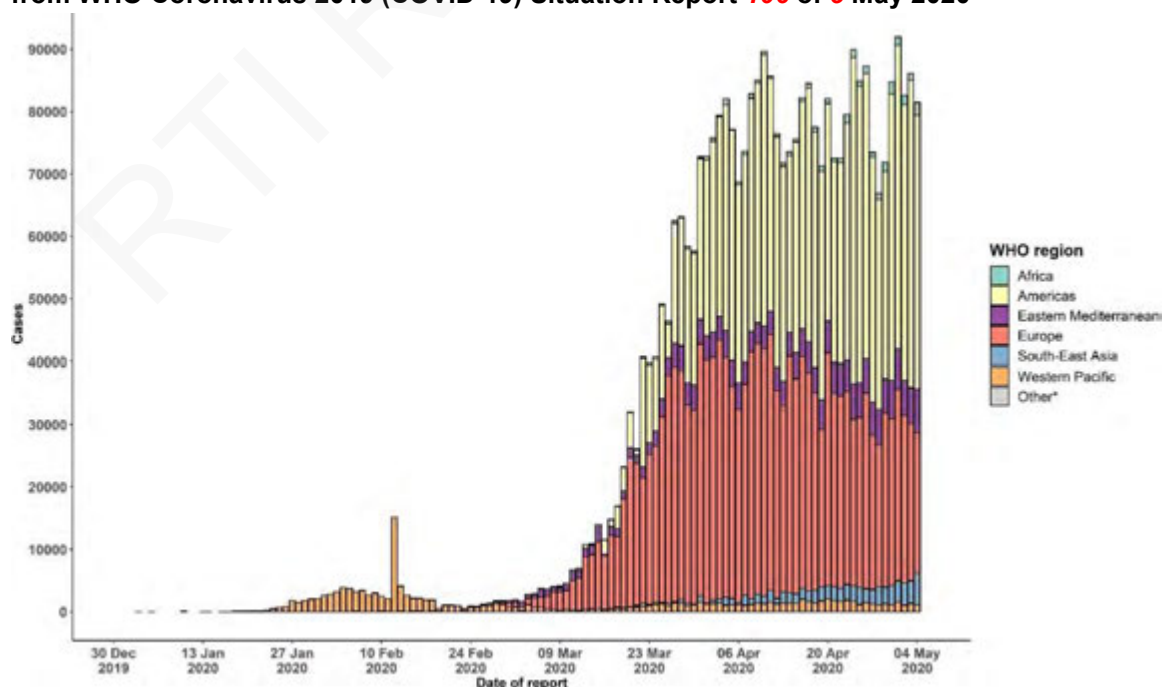




**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, as at 1500 hrs 6 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 106 of 5 May 2020**



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 4 May 2020, the WHO Director-General noted that:             <ul style="list-style-type: none"> <li>Leaders from 40 countries all over the world came together to support the ACT Accelerator through the COVID-19 Global Response International Pledging Event, hosted by the European Commission.</li> <li>WHO is grateful to the more than 300,000 individuals, corporations and foundations who have contributed to the Solidarity Response Fund, which has generated more than US\$210 million in the past 6 weeks.</li> </ul> </li> <li>On 1 May 2020, the WHO Director-General announced that WHO have signed a Memorandum of Understanding with the European Investment Bank (EIB) to:             <ul style="list-style-type: none"> <li>Support the development of new innovative antibacterial treatments,</li> <li>Strengthen primary health care and build resilient health systems,</li> <li>Explore how the EIB could support the COVID-19 Supply Chain System of diagnostics, PPE and medical supplies, and</li> <li>Study market failures in other areas of public health, to examine how innovative financing could help overcome investment barriers to increase access to health products and services.</li> </ul> </li> </ul>
------------------------	--

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>There are seven public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>On 24 April 2020, the ACT Government expanded its COVID-19 testing criteria at designated COVID-19 testing sites for all symptomatic people over the following two weeks.</li> <li>On 1 May 2020, the Chief Minister announced easing of restrictions while maintaining physical distancing (including non-essential shopping, two adults and their children can visit another household if no other visitors are present, and eased travel restrictions outside Canberra region to visit family and friends).</li> <li>ACT public schools will continue to deliver remote learning for all of Term 2 and are preparing to move to face-to-face delivery during Term 2 if circumstances allow.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 hrs 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Effective noon 1 May 2020, the NT Government eased restrictions on a range of outdoor activities as well as home visitations and shopping.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>On April 26 2020, Queensland Government announced that stay at home restrictions ease from Saturday 2 May 2020.</li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> </ul>

	<ul style="list-style-type: none"> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> <li>Closure and Restriction (Elite Athlete Training) Modification Directions: Effective 1 May 2020, certain gatherings are exempt from being prohibited to enable certain activities to occur and to enable certain places to be open.</li> <li>Closure and Restriction (Limit the Spread) Directions (No 2): Effective 11.59pm 26 April 2020, indoor and outdoor gatherings for up to 10 people are allowed including weddings, outdoor personal training, and open house or display village inspections.</li> <li>Visitors to Residential Aged Care Direction (No 2): Effective 25 April 2020, a person whose presence at the premises is required for the purposes of emergency management, law enforcement or otherwise responding to an emergency does not have to have an up to date vaccination against influenza, irrespective of whether such a vaccination is available.</li> <li>Thousands of staff and students from WA schools have been invited to participate in a study to test for COVID-19 in schools and psychosocial impacts of the virus. The research forms part of the DETECT program - a new WA-based population study focused on testing targeted groups of people who do not have COVID-19 symptoms. Following schools, it is anticipated FIFO workers and frontline healthcare workers will be incorporated into the DETECT program which will see randomised testing of people who do not have COVID-19 symptoms.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild

disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **3,663,911** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **106**, 5 May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,404	4,643	4	0
<i>Hong Kong SAR</i>	1,041	4	0	0
<i>Taiwan</i>	438	6	0	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,154,985	61,906	29,266	1,196
Spain	218,011	25,428	545	164
Italy	211,938	29,079	1,221	195
The United Kingdom	190,588	28,734	3,985	288
Germany	163,860	6,831	685	139
Russian Federation	155,370	1,451	10,102	95
France	130,242	25,165	534	306
Turkey	127,659	3,461	1,614	64

Brazil	101,147	7,025	4,588	275
Iran (Islamic Republic of)	98,647	6,277	1,223	74
Canada	59,844	3,766	479	85
Belgium	50,267	7,924	361	80
India	46,433	1,568	3,900	195
Peru	45,928	1,286	3,394	86
Netherlands	40,770	5,082	199	26
Ecuador	31,881	1,569	2,343	5
Switzerland	29,898	1,476	76	4
Saudi Arabia	28,656	191	1,645	7
Portugal	25,524	1,063	242	20
Mexico	23,471	2,154	1,383	93
Sweden	22,721	2,769	404	90
Ireland	21,722	1,319	216	16
Pakistan	21,501	486	1,417	29
Chile	20,643	270	980	10
Singapore	18,778	18	573	0
Belarus	17,489	103	0	0
Israel	16,237	234	85	7
Qatar	16,191	12	640	0
Austria	15,621	600	24	2
Japan	15,231	521	174	11
United Arab Emirates	14,730	137	567	11
Poland	14,006	698	313	20
Romania	13,512	803	349	23
Ukraine	12,697	316	366	13
Indonesia	11,587	864	395	19
Republic of Korea	10,804	254	3	2
Bangladesh	10,143	182	688	5
Denmark	9,670	493	147	9
Serbia	9,557	197	93	4
Philippines	9,485	623	262	16
Dominican Republic	8,235	346	281	13
Norway	7,847	208	38	0
Czechia	7,819	252	38	4
Colombia	7,668	340	383	16
South Africa	7,220	138	437	7
Panama	7,197	200	107	3
Egypt	6,813	436	348	7
Malaysia	6,353	105	55	0
Finland	5,327	240	73	10
Kuwait	5,278	40	295	2
Morocco	5,053	179	150	5
Argentina	4,799	250	118	9
Algeria	4,648	465	174	2
Republic of Moldova	4,248	133	127	5

Kazakhstan	4,160	29	172	2
Luxembourg	3,828	96	4	0
Bahrain	3,533	8	177	0
Hungary	3,065	363	30	12
Thailand	2,988	54	1	0
Nigeria	2,802	93	414	8
Oman	2,735	12	167	0
Ghana	2,719	18	550	0
Greece	2,632	146	6	2
Armenia	2,619	40	112	1
Afghanistan	2,469	72	0	0
Iraq	2,346	98	127	3
Uzbekistan	2,189	10	29	0
Croatia	2,101	80	5	1
Cameroon	2,077	64	0	0
Azerbaijan	1,984	26	52	1
Bosnia and Herzegovina	1,926	77	69	1
Puerto Rico	1,843	54	35	-43
Iceland	1,799	10	0	0
Guinea	1,710	9	60	2
Estonia	1,703	55	3	0
Cuba	1,668	69	19	2
Bulgaria	1,652	78	34	5
Bolivia (Plurinational State of)	1,594	76	124	5
North Macedonia	1,518	85	7	1
Slovenia	1,439	97	0	1
Côte d'Ivoire	1,432	17	34	0
Lithuania	1,419	46	9	0
Slovakia	1,413	25	5	1
Senegal	1,271	10	0	1
New Zealand	1,137	20	0	0
Djibouti	1,116	2	4	0
Honduras	1,055	82	45	6
Tunisia	1,018	43	9	1
Latvia	896	16	17	0
Cyprus	874	20	2	0
Kosovo	855	27	4	0
Kyrgyzstan	843	10	13	0
Albania	803	31	8	0
Somalia	756	35	34	3
Niger	755	37	5	1
Andorra	751	45	2	0
Lebanon	740	25	3	0
Costa Rica	739	6	6	0
Sri Lanka	718	7	0	0
International conveyance (Diamond Princess)	712	13	0	0

Guatemala	703	17	15	-2
Mayotte	686	6	36	0
Democratic Republic of the Congo	682	34	0	0
Sudan	678	41	86	0
Burkina Faso	672	46	10	1
Uruguay	655	17	3	0
Georgia	604	9	11	0
San Marino	582	41	0	0
Mali	580	29	17	2
El Salvador	555	12	65	1
Maldives	545	1	18	0
occupied Palestinian territory	532	4	179	2
Kenya	490	24	24	0
Malta	480	4	3	0
United Republic of Tanzania	480	18	0	0
Jamaica	469	9	6	1
Jordan	465	9	4	0
Réunion	424	0	1	0
Paraguay	396	10	26	0
Gabon	367	6	32	1
Venezuela (Bolivarian Republic of)	357	10	12	0
Mauritius	332	10	0	0
Montenegro	323	8	1	0
Isle of Man	321	23	1	0
Equatorial Guinea	315	2	0	0
Guinea-Bissau	292	2	0	0
Jersey	292	24	1	0
Viet Nam	271	0	0	0
Rwanda	261	0	2	0
Guernsey	252	13	0	0
Congo	236	10	7	0
Tajikistan	230	7	102	3
Faroe Islands	187	0	0	0
Martinique	181	14	0	0
Sierra Leone	178	9	21	1
Liberia	166	18	8	0
Cabo Verde	165	2	0	0
Myanmar	161	6	6	0
São Tomé and Príncipe	161	3	138	0
Madagascar	158	0	7	0
Guadeloupe	152	12	0	0
Guam	145	5	0	0
Gibraltar	144	0	0	0
Ethiopia	140	3	5	0
Brunei Darussalam	138	1	0	0
Zambia	137	3	13	0



French Guiana	133	1	5	0
Togo	126	9	2	0
Cambodia	122	0	0	0
Chad	117	10	0	0
Eswatini	116	1	4	0
Trinidad and Tobago	116	8	0	0
Bermuda	115	7	0	0
Aruba	100	2	0	0
Benin	96	2	6	0
Monaco	95	1	0	0
Central African Republic	94	0	22	0
Uganda	89	0	1	0
Haiti	88	9	3	1
Bahamas	83	11	1	0
Liechtenstein	83	1	0	0
Barbados	82	7	1	0
Guyana	82	9	0	0
Nepal	82	0	7	0
Mozambique	80	0	0	0
Sint Maarten	76	13	0	0
Cayman Islands	74	1	0	0
United States Virgin Islands	66	4	0	0
Libya	63	3	0	0
French Polynesia	58	0	0	0
South Sudan	49	0	3	0
Syrian Arab Republic	44	3	0	0
Malawi	41	3	2	0
Mongolia	40	0	1	0
Eritrea	39	0	0	0
Saint Martin	38	3	0	0
Angola	35	2	0	0
Zimbabwe	34	4	0	0
Antigua and Barbuda	25	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Grenada	21	0	0	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	1	0
Gambia	17	1	0	0
Saint Vincent and the Grenadines	17	0	1	0
Curaçao	16	1	0	0
Dominica	16	0	0	0

Namibia	16	0	0	0
Nicaragua	15	5	1	1
Saint Kitts and Nevis	15	0	0	0
Northern Mariana Islands (Commonwealth of the)	14	2	0	0
Falkland Islands (Malvinas)	13	0	0	0
Turks and Caicos Islands	12	1	0	0
Yemen	12	2	2	0
Greenland	11	0	0	0
Holy See	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
British Virgin Islands	6	1	0	0
Saint Barthélemy	6	0	0	0
Comoros	4	1	1	1
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,510,520</b>	<b>243,306</b>	<b>81,430</b>	<b>3,797</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #109 Novel Coronavirus (COVID-19)  
**Date:** Thursday, 7 May 2020 7:23:26 PM  
**Attachments:** [2020-05-07 NIR Health SitRep v109 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 7 May 2020, there have been 6,896 laboratory confirmed cases of COVID-19 in Australia, including 97 deaths.
- Since yesterday's situation report, an additional 22 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 722,000 tests have been conducted across Australia.
- Today the Minister for Health announced an additional 40 million masks would be dispatched from the NMS by the end of the month.
- National Cabinet will meet tomorrow, to establish a three-step framework for the gradual removal of baseline COVID-19 restrictions.

#### Situation Overseas

- As at 1500 hrs 7 May 2020, a total of 3,755,379 cases of COVID-19 have been reported globally, including 263,831 deaths.
- The UK now has the greatest number of deaths in Europe.

The next Situation Report will be issued on 8 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [\[redacted\]](#) or [\[redacted\]](#) (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [\[redacted\]](#) by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>07</i> 1800 AEST	<b>Version</b>	<i>109</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>08</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>• <i>National Cabinet meet tomorrow, Friday 8 May 2020 to consider a three-step framework for the gradual removal of baseline COVID-19 restrictions.</i></li> <li>• <i>On 7 May 2020, the Minister for Health announced an additional 40 million masks would be dispatched from the NMS by the end of May 2020. This includes 35 million to support those working in the public hospital system, 3 million to support primary care, 500,000 for allied health, and 1.5 million for aged care.</i></li> <li>• The Minister for Health announced <i>on 6 May 2020</i>, that CSL Behring and Australian Red Cross Lifeblood (Lifeblood) are working together to start production of a potentially lifesaving plasma-derived treatment for people with COVID-19.               <ul style="list-style-type: none"> <li>○ The product, COVID-19 Immunoglobulin, could be used to treat people seriously ill with complications caused by the virus, particularly those whose illness is progressing towards the need for ventilation.</li> <li>○ Convalescent plasma can only be donated by someone with a confirmed laboratory diagnosis of COVID-19, who has fully recovered from the virus and been symptom-free for at least 28 days.</li> <li>○ In addition to the recovery period, donors need to meet Lifeblood's eligibility criteria, see <u>Lifeblood's media release</u> for more information.</li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>• On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>• In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> </ul>

- From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.
- Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.
- On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment
- The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Health Minister determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.

#### Emergency Response Plan for COVID-19

- On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.

#### Commonwealth emergency powers

- On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.
- The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.
- The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.
- The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 7 May 2020)</b></p> <ul style="list-style-type: none"> <li>• A total of <b>6,896</b> cases of COVID-19, including 97 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>○ Since yesterday's situation report, <b>22</b> confirmed cases and <b>no</b> new deaths, have been reported in Australia.                 <ul style="list-style-type: none"> <li>▪ There were no new cases reported in ACT, NT, or WA.</li> <li>▪ <b>Today, SA reported 1 new case (overseas acquired), after 14 days of no new cases; Qld reported 2 new cases (overseas acquired), after 1 day of no new cases.</b></li> </ul> </li> <li>○ Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.                 <ul style="list-style-type: none"> <li>▪ The total number of newly confirmed cases reported over the last 7 days was <b>143</b>, which is up from the <b>92</b> reported in the week prior. The increase over the past 7 days is predominately associated with an outbreak in Victoria.</li> </ul> </li> </ul> </li> <li>• The median age of cases is <b>47</b> years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).</li> <li>• To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> <li>• According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with <b>19%</b> of these cases requiring admission to an ICU (2.2% of confirmed cases).</li> <li>• Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:             <ul style="list-style-type: none"> <li>○ Median age of cases is approximately 34 years.</li> </ul> </li> </ul>
----------	---

- Almost half of cases were acquired overseas.
- Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 57% were male and 43% were female.
  - Where data was available regarding comorbidities, 91% had one or more comorbidities and 55% had two or more comorbidities. The three most commonly reported co-morbidities were cardiac disease (excluding hypertension), diabetes and chronic respiratory conditions (excluding asthma).

#### Testing

- To date, more than **722,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 1.0% and the positivity in the past week was 0.1%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over **158,000** tests conducted, which is up from around **97,000** reported in the week prior.

#### Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,250 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- Clusters have been reported in some jurisdictions:
  - Tasmania is reporting an outbreak in North-West hospitals of at least 128 cases, including 81 staff members (3 May 2020).
    - On 30 April, the Tasmanian Department of Health released an interim report based on the North-West hospitals outbreak. It reports that the original source of infection was most likely to have been patients admitted to hospital with COVID-19.
  - NSW Health is reporting **68** cases (**31** staff and 37 residents) of COVID-19 associated with the Anglicare Newmarch House aged care facility (**6** May 2020). There have also been 16 deaths associated with this outbreak.
  - Victoria is reporting an outbreak at a Melbourne meat processing facility. The health department is undertaking contact tracing and the company has agreed to close the facility for 14 days. The Victorian Department of Health is working closely with the company. There are at total of **62** confirmed cases associated with this cluster. All staff are in the process of being tested. (**7** May 2020).
  - *Over the last 7 days close to 50% of new cases have been linked to the Newmarch House and Cedar Meats clusters.*

#### Epidemiological Resources

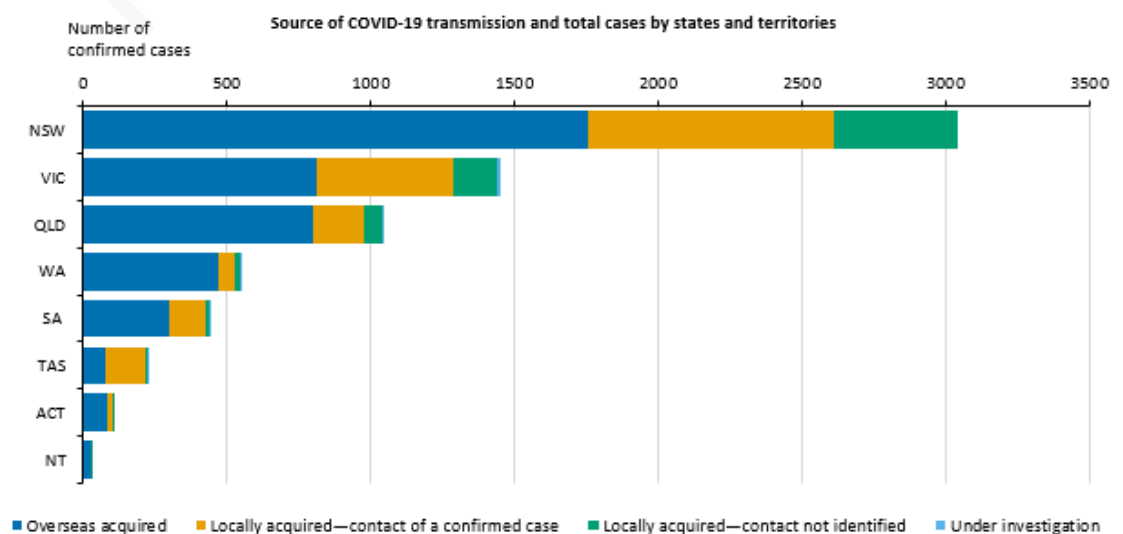
- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 26 April 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 7 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW <sup>^</sup>	NT	Qld	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,326	83	1,758	26	801	299	78	812	469
Locally acquired - contact of confirmed case and/or in a known cluster	1,838	17	853	2	174	125	139	472	56
Locally acquired - contact not identified	586	1	363	0	45	7	0	153	17
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	35	0	0	0	7	2	5	18	3
<b>Total cases</b>	<b>6,896</b>	<b>107</b>	<b>3,044</b>	<b>29</b>	<b>1,045</b>	<b>439</b>	<b>226</b>	<b>1,455</b>	<b>551</b>
<b>Deaths (of total)</b>	<b>97</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	22 (0%)	0 (0%)	3 (0%)	0 (0%)	2 (0%)	1 (0%)	1 (0%)	15 (1%)	0 (0%)
Cases in the last 72hrs before (%change)	72 (1%)	0 (0%)	12 (0%)	0 (0%)	7 (1%)	1 (0%)	3 (1%)	49 (3%)	0 (0%)
Average daily change over the past three days (compound)	0.4%	0.0%	0.1%	0.0%	0.2%	0.1%	0.4%	1.1%	0.0%
Cases over the past week	143	1	28	2	12	1	5	94	-

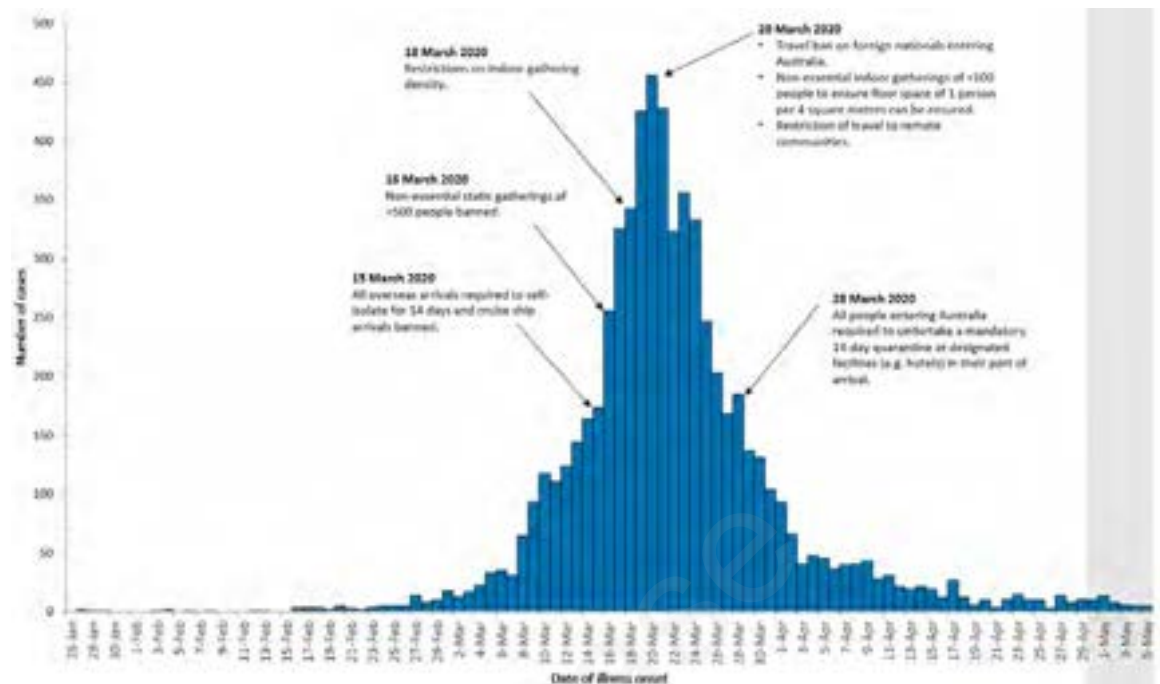
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

<sup>^</sup> On 6 May 2020, NSW excluded 1 previously reported case after further testing.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 7 May 2020**

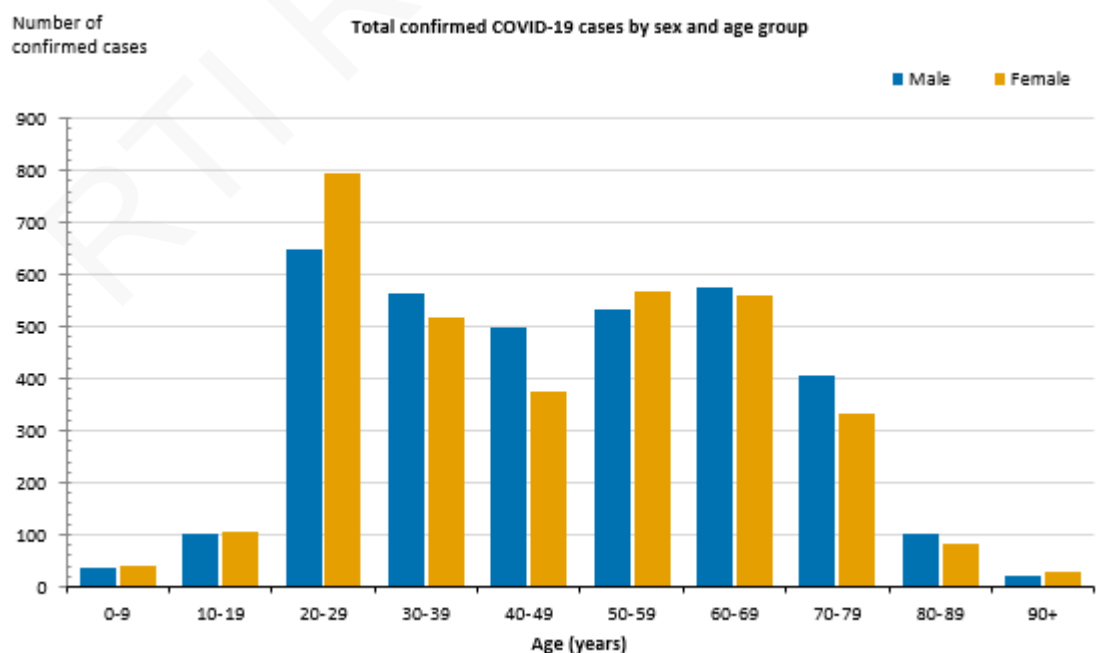


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 7 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

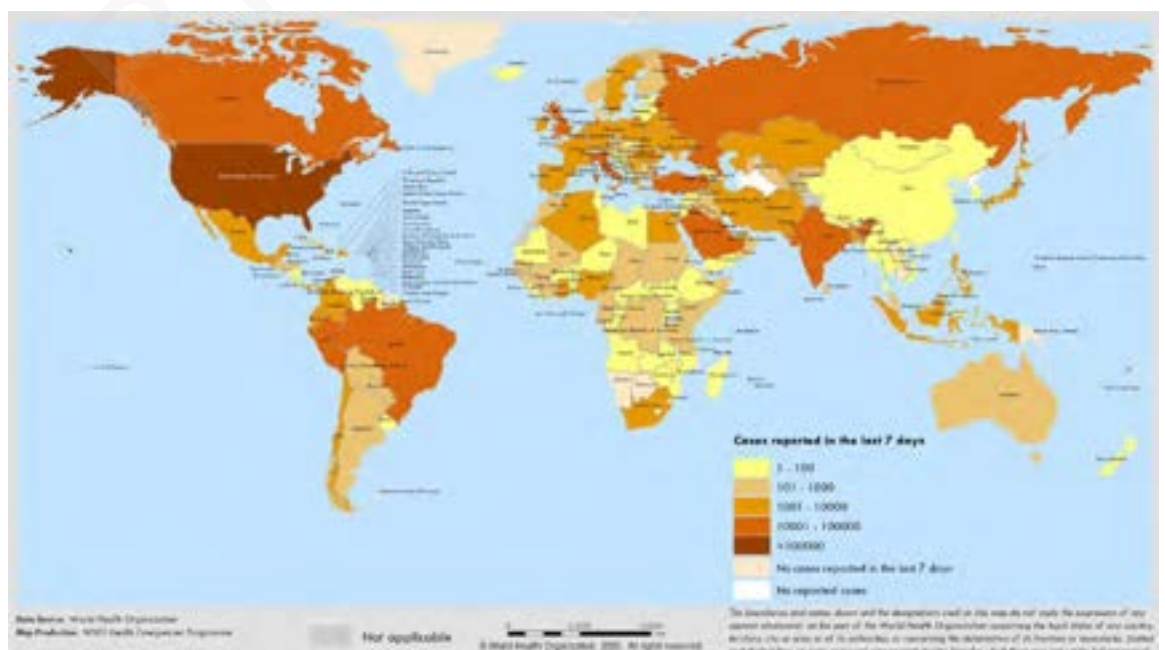
**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 7 May 2020**



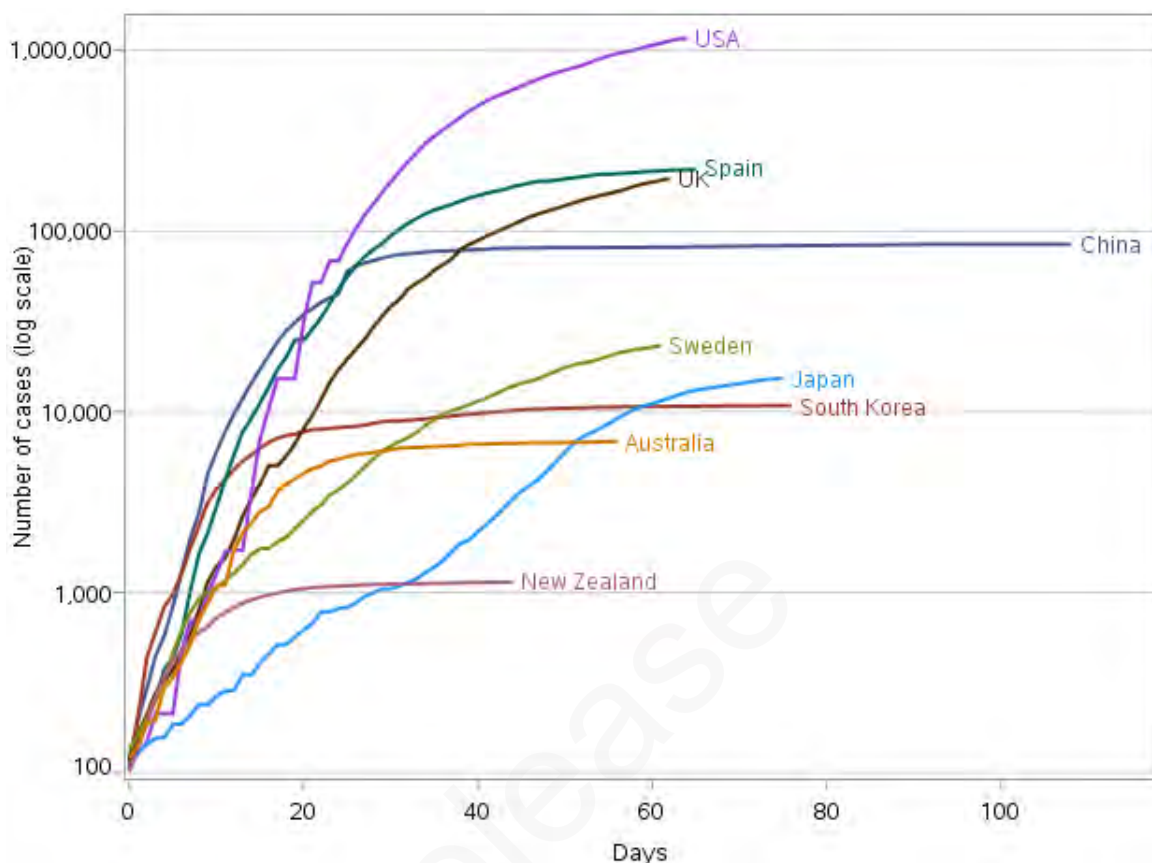
#### International Situation (as at 1500 hrs, 7 May 2020)

- The global number of confirmed COVID cases is currently **3,755,379** including **263,831** deaths (John Hopkins).
  - Around **91,000** new cases, and over **6,500** deaths have been reported since yesterday's Situation Report.
- The WHO Situation Report from **6 May 2020** indicates the majority of deaths are from the United States of America (25%), **the United Kingdom and Italy** (12%), Spain and France (10%). **The UK now has the greatest number of deaths in Europe.** Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately 6.9%.
- With the phased relaxing of measures for countries in heavily affected regions occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- Cases reported in the Middle East continue to increase.
- Russian case data is showing a sharp and steady rise in daily case numbers and the country is now **above** Germany's case count, reporting over 10,000 new cases **for each of the last three days**. The case fatality rate is very low, at 0.9%.
- The outbreak in the migrant worker population of Singapore continues with the country reporting **788** new cases. In total, Singapore has reported **17,758** cases among dormitory residents (88% of all cases), which represents **5.5%** of the estimated total population living in those facilities.
- Brazil, Peru, India, Ecuador, Saudi Arabia, Mexico, Pakistan and Chile are all experiencing mid-level epidemics which are currently increasing.
- **Indonesia and the Philippines have reported higher than expected case fatality rates. Indonesia has a rate of 7.2% and the Philippines has a rate of 6.6%. The high case fatality rate is impacted both by limited testing and reporting of COVID related deaths.**
- In the Pacific no new cases or deaths have been reported in the Northern Mariana Islands, Fiji, New Caledonia, Papua New Guinea, **French Polynesia**, or Timor-Leste in **24 hours**.

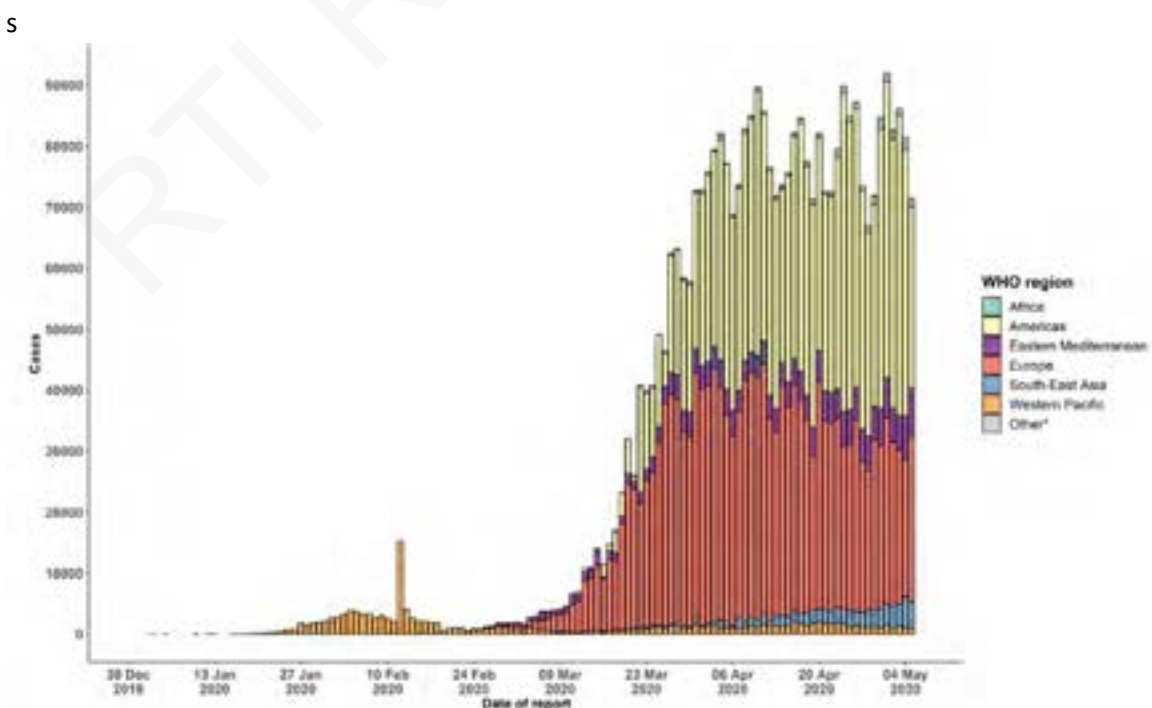
**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 107 of 6 May 2020**



**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, as at 1500 hrs 7 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 107 of 6 May 2020**



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 6 May 2020, the WHO Director-General announced that WHO, UNICEF and the International Federation of the Red Cross published guidance for countries on how to maintain community-based health care in the context of COVID-19.             <ul style="list-style-type: none"> <li>This guidance complements the United Nations framework for the socio-economic response to COVID-19, published last week.</li> </ul> </li> <li>The WHO Director-General reiterated the six criteria that WHO recommends countries consider as they ease so-called lockdown restrictions.             <ol style="list-style-type: none"> <li>That surveillance is strong, cases are declining and transmission is controlled.</li> <li>Health system capacities are in place to detect, isolate, test and treat every case and trace every contact.</li> <li>Outbreak risks are minimised in special settings like health facilities and nursing homes.</li> <li>Preventive measures are in place in workplaces, schools and other places where it is essential for people to go.</li> <li>That importation risks can be managed.</li> <li>Communities are fully educated, engaged and empowered to adjust to the “new norm”.</li> </ol> </li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).</li> <li>There are seven public health emergency directions in force under the Public Health Act 1997.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>On 24 April 2020, the ACT Government expanded its COVID-19 testing criteria at designated COVID-19 testing sites for all symptomatic people over the following two weeks.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 hrs 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Effective noon 1 May 2020, the NT Government eased restrictions on a range of outdoor activities as well as home visitations and shopping.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>On April 26 2020, Queensland Government announced that stay at home restrictions ease from Saturday 2 May 2020.</li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> </ul>

VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>• A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> <li>• Closure and Restriction (Elite Athlete Training) Modification Directions: Effective 1 May 2020, certain gatherings are exempt from being prohibited to enable certain activities to occur and to enable certain places to be open.</li> <li>• Closure and Restriction (Limit the Spread) Directions (No 2): Effective 11.59pm 26 April 2020, indoor and outdoor gatherings for up to 10 people are allowed including weddings, outdoor personal training, and open house or display village inspections.</li> <li>• Visitors to Residential Aged Care Direction (No 2): Effective 25 April 2020, a person whose presence at the premises is required for the purposes of emergency management, law enforcement or otherwise responding to an emergency does not have to have an up to date vaccination against influenza, irrespective of whether such a vaccination is available.</li> <li>• <i>The DETECT program was expanded to FIFO workers within the resources sector on 06 May 2020, randomised testing of people who do not have COVID-19 symptoms.</i></li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no



pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **3,755,379** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **107**, 6 May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,406	4,643	6	0
<i>Hong Kong SAR</i>	1,041	4	0	0
<i>Taiwan</i>	439	6	1	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,171,185	62,698	16,200	792
Spain	219,329	25,613	1,318	185
Italy	213,013	29,315	1,075	236
The United Kingdom	194,994	29,427	4,406	693
Russian Federation	165,929	1,537	10,559	86
Germany	164,897	6,996	1,037	165
France	131,292	25,491	1,050	326
Turkey	129,491	3,520	1,832	59
Brazil	107,780	7,321	6,633	296
Iran (Islamic Republic of)	99,970	6,340	1,323	63
Canada	61,159	3,915	1,315	149
Belgium	50,509	8,016	242	92
India	49,391	1,694	2,958	126
Peru	47,372	1,344	1,444	58
Netherlands	41,087	5,168	317	86
Ecuador	31,881	1,569	0	0
Saudi Arabia	30,251	200	1,595	9

Switzerland	29,926	1,482	28	6
Portugal	25,702	1,074	178	11
Mexico	24,905	2,271	1,434	117
Sweden	23,216	2,854	495	85
Pakistan	22,533	526	1,032	40
Chile	22,016	275	1,373	5
Ireland	21,983	1,339	261	20
Singapore	19,410	18	632	0
Belarus	19,255	112	1,766	9
Qatar	17,142	12	951	0
Israel	16,268	237	31	3
Austria	15,586	606	17	6
Japan	15,354	543	123	22
United Arab Emirates	15,192	146	462	9
Poland	14,431	716	425	18
Romania	13,837	827	325	24
Ukraine	13,184	327	487	11
Indonesia	12,071	872	484	8
Bangladesh	10,929	183	786	1
Republic of Korea	10,806	255	2	1
Denmark	9,821	503	151	10
Philippines	9,684	637	199	14
Serbia	9,677	200	120	3
Dominican Republic	8,480	354	245	8
Colombia	7,973	358	305	18
Norway	7,903	209	56	1
Czechia	7,896	257	77	5
South Africa	7,439	148	219	10
Panama	7,387	203	190	3
Egypt	7,201	452	388	16
Malaysia	6,383	106	30	1
Kuwait	5,804	40	526	0
Finland	5,412	246	85	6
Morocco	5,219	181	166	2
Argentina	4,922	262	123	12
Algeria	4,838	470	190	5
Republic of Moldova	4,363	140	115	7
Kazakhstan	4,298	29	138	0
Luxembourg	3,840	96	12	0
Bahrain	3,720	8	187	0
Afghanistan	3,224	95	755	23
Hungary	3,111	373	46	10
Thailand	2,989	55	1	1
Nigeria	2,950	98	148	5
Oman	2,903	13	168	1
Armenia	2,782	40	163	0



Ghana	2,719	18	0	0
Greece	2,642	146	10	0
Iraq	2,431	102	85	4
Cameroon	2,265	108	188	44
Uzbekistan	2,217	10	28	0
Croatia	2,112	83	11	3
Azerbaijan	2,060	26	76	0
Bosnia and Herzegovina	1,968	82	42	5
Puerto Rico	1,924	56	81	2
Guinea	1,811	10	101	1
Iceland	1,799	10	0	0
Estonia	1,711	55	8	0
Bulgaria	1,689	78	37	0
Cuba	1,685	69	17	0
Bolivia (Plurinational State of)	1,681	82	87	6
North Macedonia	1,526	86	8	1
Côte d'Ivoire	1,464	18	32	1
Slovenia	1,445	98	6	1
Lithuania	1,423	46	4	0
Slovakia	1,421	25	8	0
Senegal	1,329	11	58	1
Honduras	1,178	89	123	7
New Zealand	1,138	21	1	1
Djibouti	1,120	2	4	0
Tunisia	1,022	43	4	0
Latvia	896	17	0	1
Cyprus	878	20	4	0
Kyrgyzstan	871	12	28	2
Kosovo	856	27	1	0
Somalia	835	38	79	3
Albania	832	31	29	0
Sudan	778	45	100	4
Sri Lanka	771	9	53	2
Niger	763	38	8	1
Andorra	751	46	0	1
Costa Rica	742	6	3	0
Lebanon	741	25	1	0
Mayotte	739	9	53	3
Guatemala	730	19	27	2
International conveyance (Diamond Princess)	712	13	0	0
Democratic Republic of the Congo	705	34	23	0
Burkina Faso	689	48	17	2
Uruguay	657	17	2	0
Mali	612	32	32	3
Georgia	610	9	6	0
San Marino	589	41	7	0

El Salvador	587	13	32	1
Maldives	573	2	28	1
occupied Palestinian territory	543	4	11	0
Kenya	535	23	45	-1
Malta	482	5	2	1
United Republic of Tanzania	480	18	0	0
Jamaica	471	9	2	0
Jordan	471	9	6	0
Equatorial Guinea	439	4	124	2
Paraguay	431	10	35	0
Réunion	425	0	1	0
Gabon	397	6	30	0
Venezuela (Bolivarian Republic of)	361	10	4	0
Mauritius	332	10	0	0
Isle of Man	325	23	4	0
Montenegro	324	8	1	0
Jersey	293	24	1	0
Tajikistan	293	7	63	0
Guinea-Bissau	292	2	0	0
Viet Nam	271	0	0	0
Rwanda	261	0	0	0
Guernsey	252	13	0	0
Congo	236	10	0	0
Sierra Leone	199	11	21	2
Faroe Islands	187	0	0	0
Cabo Verde	186	2	21	0
Martinique	181	14	0	0
São Tomé and Príncipe	171	3	10	0
Chad	170	17	53	7
Liberia	170	20	4	2
Myanmar	161	6	0	0
Madagascar	158	0	0	0
Guadeloupe	152	13	0	1
Ethiopia	145	4	5	1
Guam	145	5	0	0
Gibraltar	144	0	0	0
Brunei Darussalam	138	1	0	0
Zambia	137	4	0	1
French Guiana	133	1	0	0
Togo	128	9	2	0
Cambodia	122	0	0	0
Eswatini	119	1	3	0
Trinidad and Tobago	116	8	0	0
Bermuda	115	7	0	0
Benin	102	2	6	0
Aruba	101	2	1	0

Haiti	100	11	12	2
Uganda	97	0	8	0
Monaco	95	1	0	0
Central African Republic	94	0	0	0
Guyana	92	9	10	0
Bahamas	84	11	1	0
Liechtenstein	83	1	0	0
Barbados	82	7	0	0
Nepal	82	0	0	0
Mozambique	80	0	0	0
Sint Maarten	76	14	0	1
Cayman Islands	75	1	1	0
United States Virgin Islands	66	4	0	0
Libya	63	3	0	0
French Polynesia	60	0	2	0
South Sudan	49	0	0	0
Syrian Arab Republic	44	3	0	0
Malawi	41	3	0	0
Mongolia	41	0	1	0
Eritrea	39	0	0	0
Saint Martin	38	3	0	0
Angola	36	2	1	0
Zimbabwe	34	4	0	0
Antigua and Barbuda	25	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Yemen	23	3	11	1
Grenada	21	0	0	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Gambia	17	1	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Nicaragua	15	5	0	0
Saint Kitts and Nevis	15	0	0	0
Northern Mariana Islands (Commonwealth of the)	14	2	0	0
Falkland Islands (Malvinas)	13	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Holy See	11	0	0	0

Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
British Virgin Islands	7	1	1	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Comoros	4	1	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,581,924</b>	<b>247,407</b>	<b>71,460</b>	<b>4,101</b>

RTI Release

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #110 Novel Coronavirus (COVID-19)  
**Date:** Friday, 8 May 2020 8:23:48 PM  
**Attachments:** [covid\\_19\\_australia\\_epidemiology\\_report\\_14\\_reporting\\_week\\_to\\_23\\_59\\_aest\\_3\\_may\\_2020.pdf](#)  
[2020-05-08 NIR Health SitRep v110 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities. Also attached is the latest COVID-19, Australia: Epidemiology Report 14: Reporting week ending 23:59 AEST 3 May 2020, in Communicable Diseases Intelligence 2020, Volume 44.

#### Situation in Australia

- As at 1500 hrs 8 May 2020, there have been 6,914 laboratory confirmed cases of COVID-19 in Australia, including 97 deaths.
- Since yesterday's situation report, an additional 18 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 757,000 tests have been conducted across Australia.
- National Cabinet met today and released a three-step framework for the easing of COVID-19 restrictions.

#### Situation Overseas

- As at 1500 hrs 8 May 2020, a total of 3,846,861 cases of COVID-19 have been reported globally, including 269,584 deaths.
- Brazil experienced over 600 deaths overnight, marking the largest number of deaths in a 24 hour period in the Southern Hemisphere.

The next Situation Report will be issued on 9 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-08 1800 AEST	<b>Version</b>	110
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-09 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>• <i>National Cabinet met today, 8 May 2020 and released a three-step framework for the easing of COVID-19 restrictions.</i> <ul style="list-style-type: none"> <li>○ <i>Each step taken needs to be underpinned by a strong commitment from all to:</i> <ul style="list-style-type: none"> <li>▪ <i>stay 1.5 metres away from other people whenever and wherever we can;</i></li> <li>▪ <i>maintain good hand washing and cough/sneeze hygiene;</i></li> <li>▪ <i>stay home when we're unwell, and getting tested if we have respiratory symptoms or a fever;</i></li> <li>▪ <i>download the COVIDSafe app so we can find the virus quickly; and</i></li> <li>▪ <i>develop COVID safe plans for workplaces and plans.</i></li> </ul> </li> <li>○ <i>The three-step plan provides a pathway for jurisdictions to move towards COVID safe communities in a way that best suits their individual circumstances.</i></li> <li>○ <i>States and territories are able to move between the steps on the pathway at different times, in line with their current public health situation and local conditions.</i></li> <li>○ <i>States and territories need to maintain steady case numbers and be able to rapidly contain outbreaks.</i> <ul style="list-style-type: none"> <li>▪ <i>Step 1 focuses on carefully reopening the economy, and giving Australians opportunities to return to work and social activities, including gatherings of up to 10 people, up to 5 visitors in the family home and some local and regional travel;</i></li> <li>▪ <i>Step 2 builds on this with gatherings of up to 20, and more businesses reopening, including gyms, beauty services and entertainment venues like galleries and cinemas; and</i></li> <li>▪ <i>Step 3 transitions to COVID safe ways of living and working, with gatherings of up to 100 people permitted. Arrangements under step 3 will be the 'new normal' while the</i></li> </ul> </li> </ul> </li> </ul>
-------------------------------	---

	<p><i>virus remains a threat. International travel and mass gatherings over 100 people will remain restricted.</i></p> <ul style="list-style-type: none"> <li>○ <i>A detailed plan of the steps, as well as a summary, was released.</i></li> <li>○ <i>Individuals and business are encouraged to refer to local authorities for information, or visit <a href="http://www.australia.gov.au">www.australia.gov.au</a>.</i></li> <li>○ <i>Special arrangements will continue in Indigenous biosecurity areas and for vulnerable groups.</i></li> <li>○ <i>National Cabinet also committed to regular reviews and stocktake assessments of our progress every 3 weeks.</i></li> <li>○ <i>National Cabinet's goal is to have a sustainable COVID safe Australia in July 2020.</i></li> <li>● <i>National Cabinet will meet again on Friday, 15 May 2020.</i></li> <li>● <i>On 7 May 2020, the Minister for Health provided a briefing to member states of the WHO on Australia's domestic response to COVID19. Six member states (Jordan, Indonesia, Ghana, Austria, Venezuela and Australia) gave presentations.</i> <ul style="list-style-type: none"> <li>○ <i>Australia's presentation covered four key areas: containment, capacity, recovery and international cooperation.</i></li> <li>○ <i>More than 330 individuals and Ministries from countries around the world dialled in.</i></li> </ul> </li> </ul>
Response	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>● On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>● In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>● From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>● Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>● On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>● The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Health Minister determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>● On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>● On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>● The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>● The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>● The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>



## 1. Situation

## Overview

**Domestic Situation (as at 1500 hrs, 7 May 2020)**

- A total of **6,914** cases of COVID-19, including 97 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - Since yesterday's situation report, **18** confirmed cases and no new deaths, have been reported in Australia.
    - There were no new cases reported in ACT, NT, **QLD**, or **SA**.
    - Today, **Vic reported 13 new cases (locally acquired and under investigation); NSW reported 3 new cases (locally acquired); WA** reported 1 new case (overseas acquired) after **8** days of no new cases; **Tas** reported **1 new case (under investigation)**.
  - Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.
    - The total number of newly confirmed cases reported over the last 7 days was **147**, which is up from the 92 reported in the week prior. The increase over the past 7 days is predominately associated with an outbreak in Victoria.
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
- To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)
- According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 19% of these cases requiring admission to an ICU (2.2% of confirmed cases).
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - **85%** of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - **59%** were male and **41%** were female.
  - Where data was available regarding comorbidities, 91% had one or more comorbidities and 55% had two or more comorbidities. The three most commonly reported comorbidities were cardiac disease (excluding hypertension), diabetes and chronic respiratory conditions (excluding asthma).

Testing

- To date, more than **757,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was **0.9%** and the positivity in the past week was 0.1%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over **168,000** tests conducted, which is up from around **106,000** reported in the week prior.

Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,250 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.

- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak associated with healthcare facilities in the Northwest Region of Tasmania.
    - As at 6 May 2020, Tasmania has reported 130 cases, including 81 staff members.
  - An outbreak at Cedar Meats (Melbourne).
    - As at 7 May 2020, Victoria has reported 71 cases associated with this outbreak.
    - The Victorian Department of Health is working closely with the company. Media are reporting cases in two health care workers associated with this outbreak.
    - Meat processing facilities have been identified in the US as a setting with increased risk transmission for SARS-CoV-2 transmission.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 7 May, NSW has reported 69 cases (32 staff and 37 residents). There have also been 16 deaths associated with this outbreak.
    - Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected.
- Over the last seven days close to 50% of new cases have been linked to the Newmarch House and Cedar Meats outbreaks.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 3 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

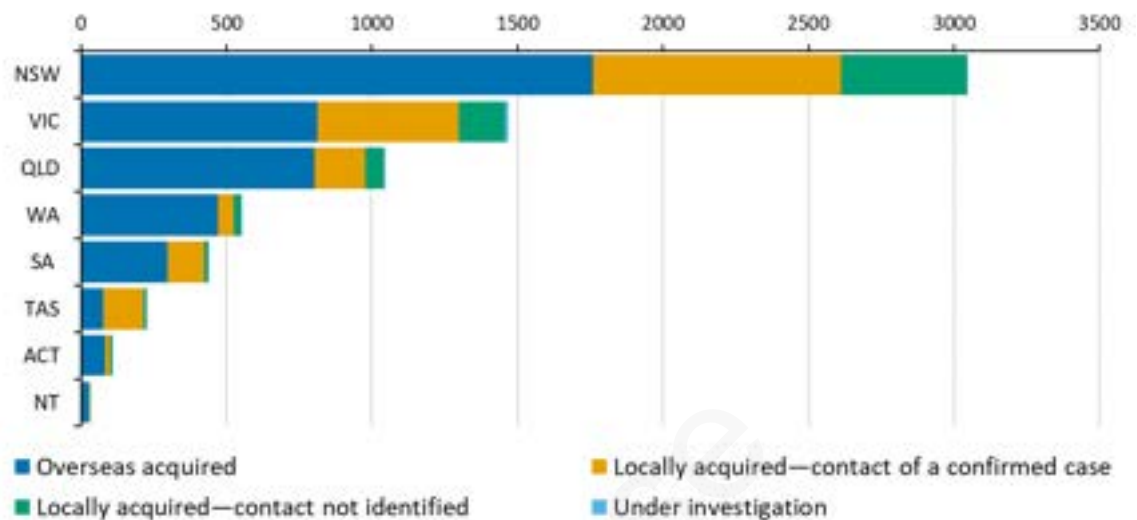
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 8 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW <sup>a</sup>	NT	Qld	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,328	83	1,758	26	802	299	78	812	470
Locally acquired - contact of confirmed case and/or in a known cluster	1,854	17	855	2	174	125	139	486	56
Locally acquired - contact not identified	590	1	362	0	45	7	0	158	17
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	31	0	2	0	6	2	6	12	3
<b>Total cases</b>	<b>6,914</b>	<b>107</b>	<b>3,047</b>	<b>29</b>	<b>1,045</b>	<b>439</b>	<b>227</b>	<b>1,468</b>	<b>552</b>
<b>Deaths (of total)</b>	<b>97</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	18 (0%)	0 (0%)	3 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (0%)	13 (1%)	1 (0%)
Cases in the last 72hrs before (%change)	65 (1%)	0 (0%)	12 (0%)	0 (0%)	2 (0%)	1 (0%)	4 (2%)	45 (3%)	1 (0%)
Average daily change over the past three days (compound)	0.3%	0.0%	0.1%	0.0%	0.1%	0.1%	0.6%	1.0%	0.1%
Cases over the past week	147	1	22	2	12	1	4	104	1

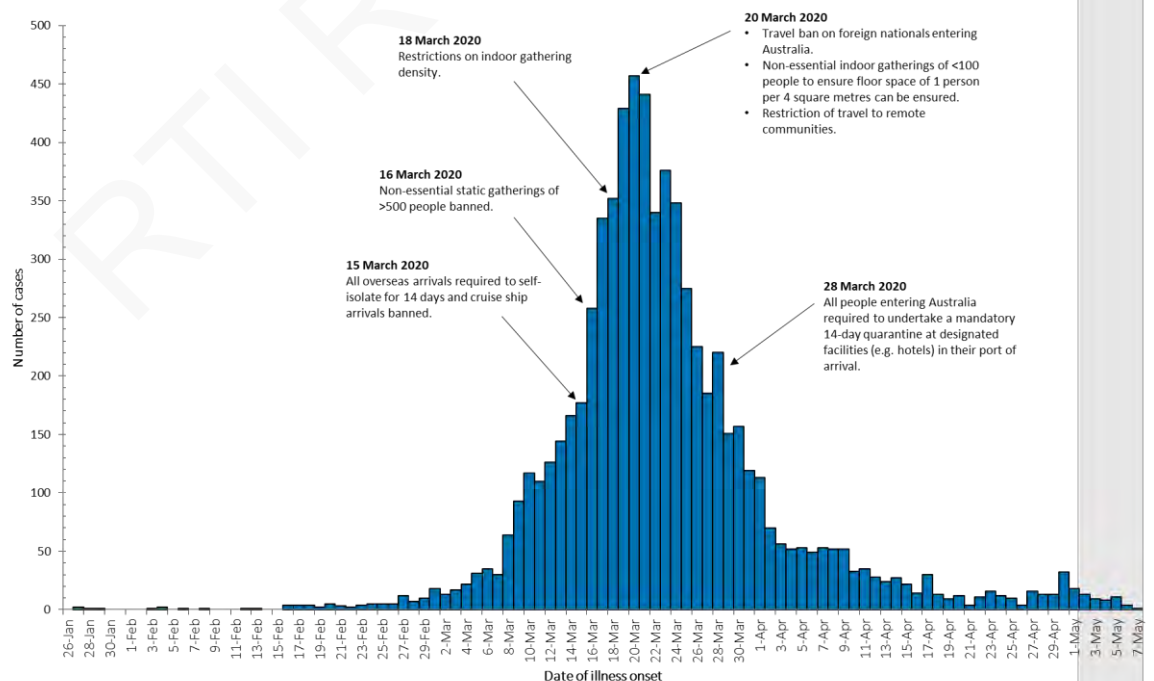
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

^ On 6 May 2020, NSW excluded 1 previously reported case after further testing.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 8 May 2020**

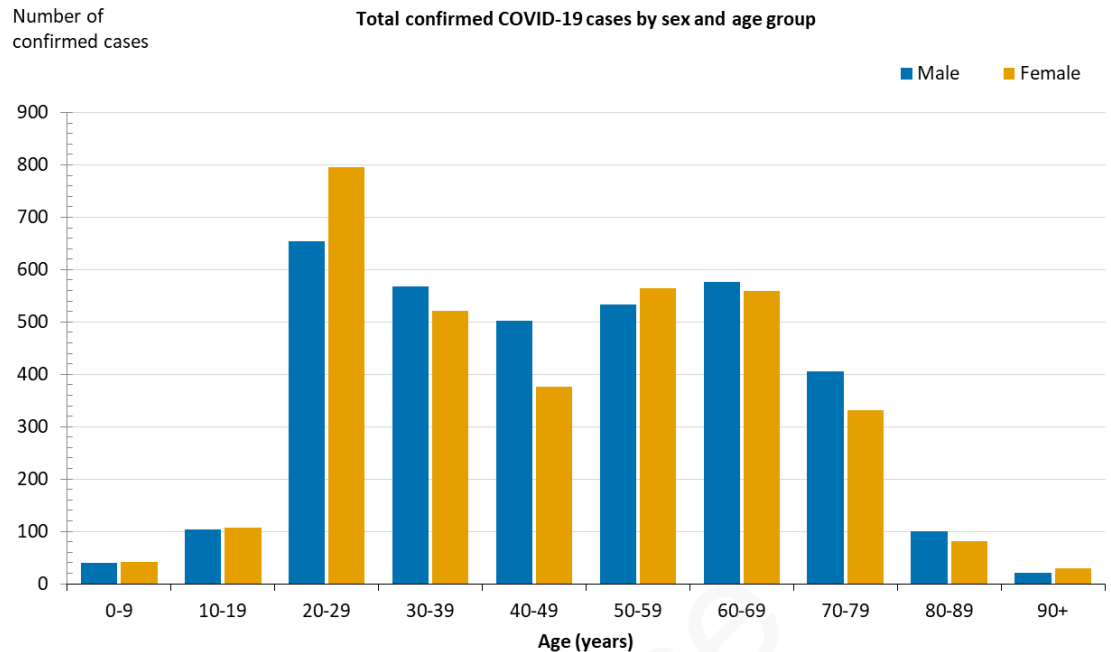


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 8 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

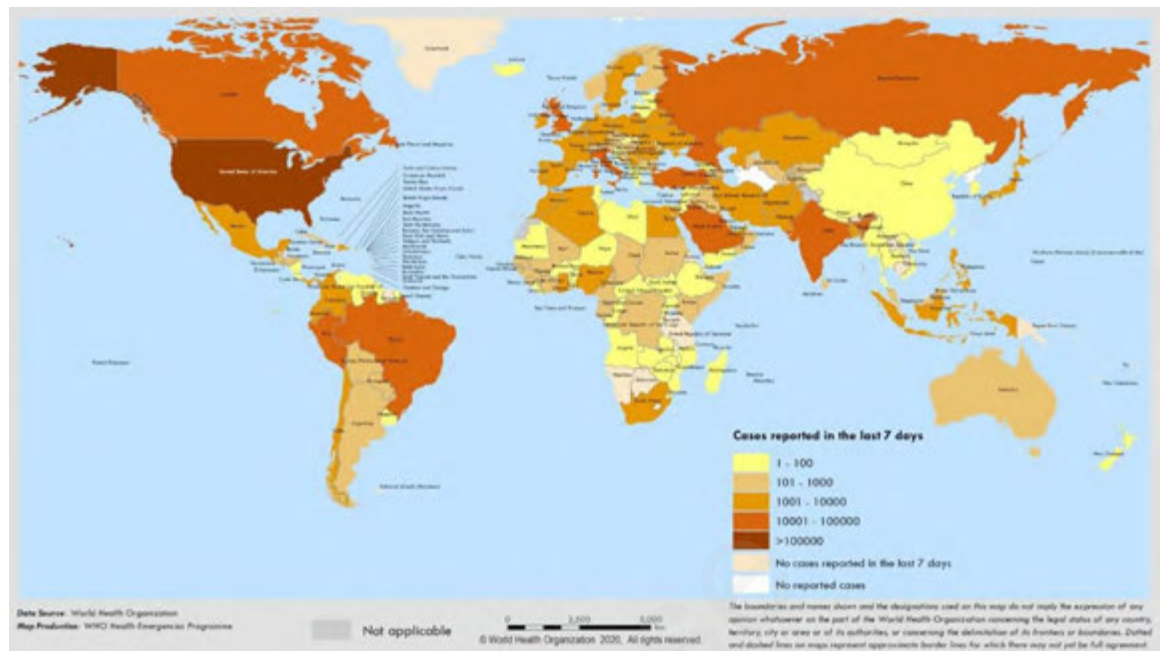
**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 8 May 2020**



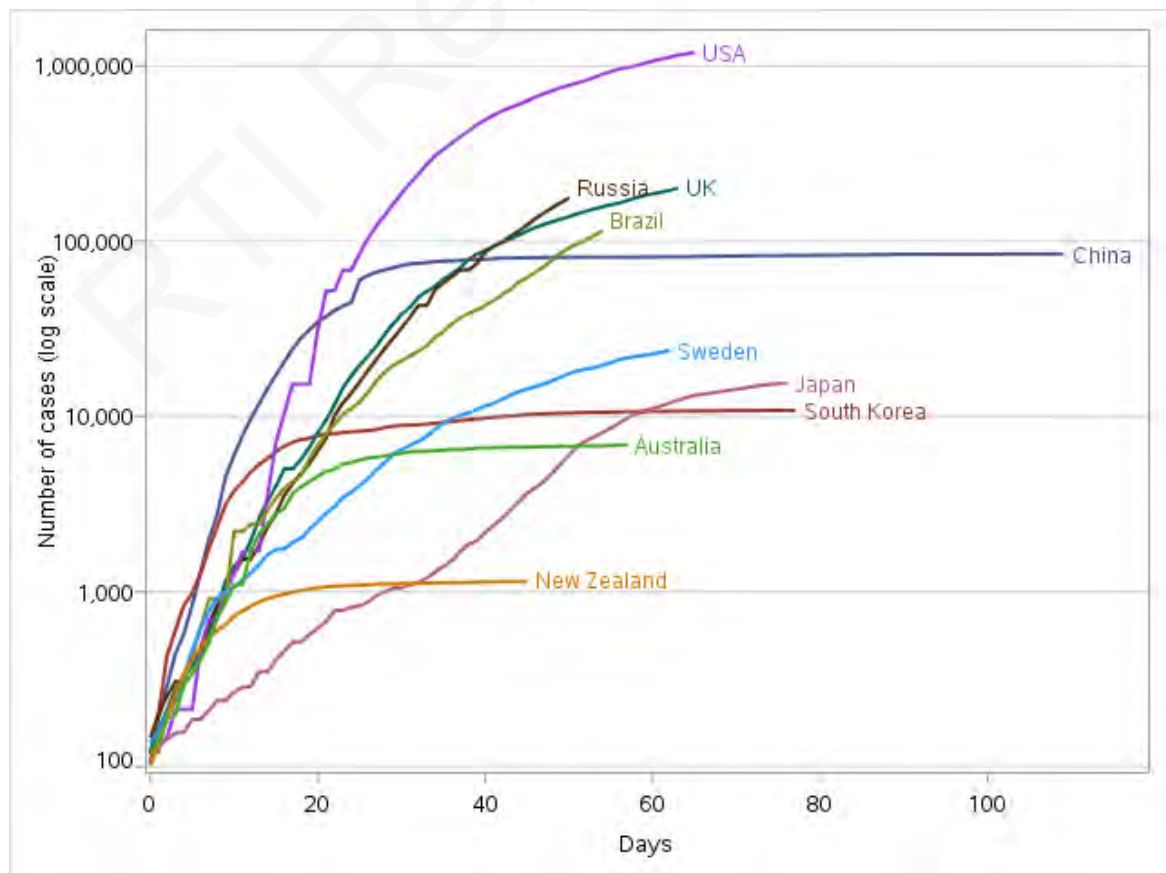
**International Situation (as at 1500 hrs, 8 May 2020)**

- The global number of confirmed COVID-19 cases is currently **3,846,861** including **269,584** deaths (John Hopkins).
  - Globally, in the past 24 hours, around **91,000** new cases and over **5,700** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **7 May 2020** indicates the majority of deaths are from the United States of America (**26%**), the United Kingdom and Italy (**12%**), Spain and France (**10%**).
- Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately **6.9%**.
- With the phased relaxing of measures for countries in heavily affected regions occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- Cases reported in the Middle East continue to increase. **The UAE now exceeds 15,000 cases, while Saudi Arabia exceeds 30,000.**
- Russian case data is showing a sharp and steady rise in daily case numbers and the country is now above Germany's case count, reporting over 10,000 new cases for each of the last **four** days. The case fatality rate is very low, at **0.9%**.
- The outbreak in the migrant worker population of Singapore continues with the country reporting **741** new cases. Singapore has reported **18,483** cases among dormitory residents (**88%** of all cases), which represents **5.72%** of the estimated total population living in those facilities.
- Brazil, Peru, India, Ecuador, Saudi Arabia, Mexico, Pakistan and Chile are all experiencing mid-level epidemics which are currently increasing. **Brazil experienced over 600 deaths overnight, marking the largest number of deaths in a 24 hour period in the Southern Hemisphere.**
- Indonesia and the Philippines have reported higher than expected case fatality rates. Indonesia has a rate of **7.2%** and the Philippines has a rate of **6.6%**. The high case fatality rate is impacted both by limited testing and reporting of COVID related deaths.
- In the Pacific no new cases or deaths have been reported in Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste in **two days**. **Northern Mariana Islands confirmed one additional case.**

**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 108 of 7 May 2020**

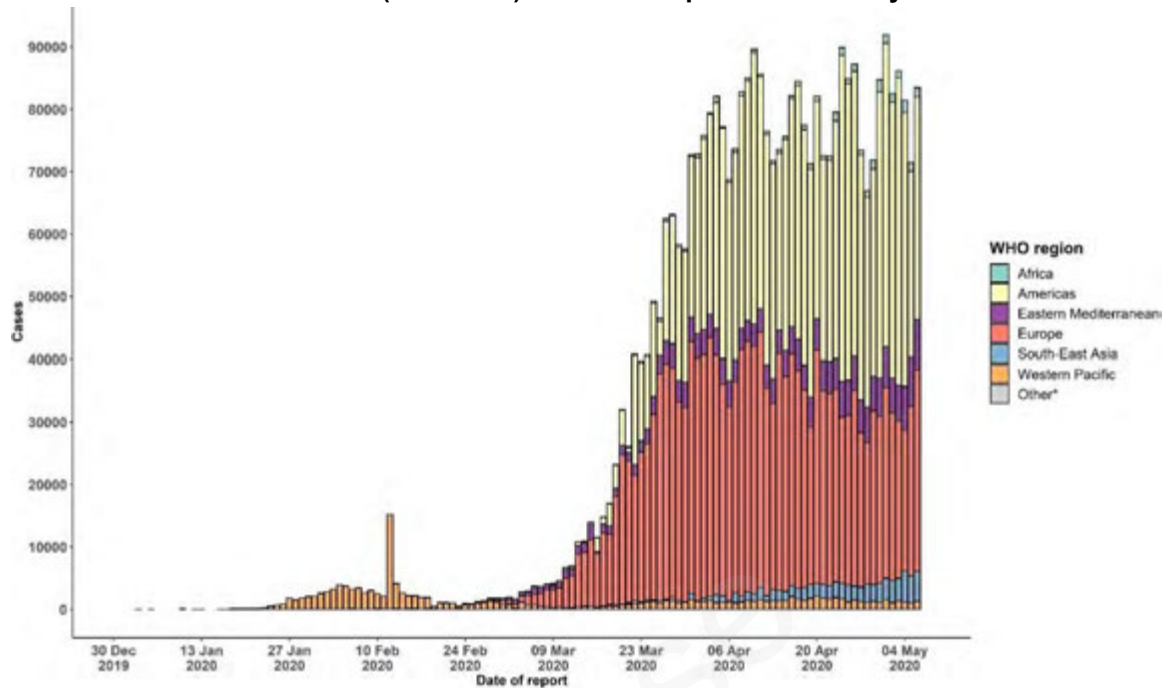


**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, as at 1500 hrs 7 May 2020**





**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 108 of 7 May 2020**



#### International response

##### WHO

- On 6 May 2020, the WHO Director-General announced that WHO, UNICEF and the International Federation of the Red Cross published guidance for countries on how to maintain community-based health care in the context of COVID-19.
  - This guidance complements the United Nations framework for the socio-economic response to COVID-19, published last week.
- The WHO Director-General reiterated the six criteria that WHO recommends countries consider as they ease so-called lockdown restrictions.
  1. That surveillance is strong, cases are declining and transmission is controlled.
  2. Health system capacities are in place to detect, isolate, test and treat every case and trace every contact.
  3. Outbreak risks are minimised in special settings like health facilities and nursing homes.
  4. Preventive measures are in place in workplaces, schools and other places where it is essential for people to go.
  5. That importation risks can be managed.
  6. Communities are fully educated, engaged and empowered to adjust to the “new norm”.

## 2. Health Responses by States and Territories

#### ACT Health

- The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).
- There are seven public health emergency directions in force under the Public Health Act 1997.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- On 24 April 2020, the ACT Government expanded its COVID-19 testing criteria at designated COVID-19 testing sites for all symptomatic people over the following two weeks.
- *From 2359 hrs on Friday, 8 May 2020, key changes will take effect across the ACT:*
  - *All indoor and outdoor gatherings can have a maximum of 10 people (including children).*
  - *This includes gatherings at a person's home, which can be a maximum of 10 people (with exceptions where two households coming together results in a gathering of more than 10 people).*
  - *Weddings can now have up to 10 people attend, excluding those conducting the ceremony.*
  - *Indoor funerals can have up to 20 people attend, excluding those conducting the service, OR outdoor funerals can have up to 30 people attend, excluding those conducting the service.*

	<ul style="list-style-type: none"> <li>o Religious ceremonies and places of worship can have up to 10 people attend, excluding those conducting the service.</li> <li>o Outdoor boot camps and personal fitness training can be held with a maximum of 10 people and no sharing of equipment.</li> <li>o Real estate open houses and auctions can proceed with a maximum of 10 people.</li> <li>o Public schools will return to on-campus learning in stages over the coming four weeks from Monday, 18 May 2020 (week three of term 2) to Tuesday, 2 June 2020 (week 6 of term 2).</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>• On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> <li>• The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties. The Order will commence on 9 May.</li> <li>• As at 8 May 2020, there has been no change to the current level of restrictions, and there will be no relaxation of restrictions in time for Mother's Day on Sunday, 10 May 2020.</li> <li>• Up to two adults and children in their care can visit another person's home at any one time. There is no restriction on how far persons can travel to visit others.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 hrs 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective noon 1 May 2020, the NT Government eased restrictions on a range of outdoor activities as well as home visitations and shopping.</li> <li>• Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>• NT will be looking to lift biosecurity zone restrictions on remote communities next month (June).</li> <li>• NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>• On April 26 2020, Queensland Government announced that stay at home restrictions ease from Saturday 2 May 2020.</li> <li>• From 16 May 2020, the following will be allowed: <ul style="list-style-type: none"> <li>o Gatherings in homes with a maximum of five people;</li> <li>o Visit a nail salon or beauty parlour;</li> <li>o Take a day trip up to 150km;</li> <li>o Visit an outdoor gym (max 10 people);</li> <li>o Attend a wedding (max 10 people); and</li> <li>o Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• From 11 May 2020, outdoor dining, community centres and sports training can resume.</li> <li>• More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>• Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>• In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul>



TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li><i>From 11 May 2020, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</i></li> <li><i>On 11 May 2020, the number of attendees allowed at a funeral will increase from 10 to 20. Aged care visits will be allowed once a week for a maximum of two visitors. National Parks and reserves will open to residents who live no more than 30km away.</i></li> <li><i>On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at 5 people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</i></li> <li><i>On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</i></li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> <li>Closure and Restriction (Elite Athlete Training) Modification Directions: Effective 1 May 2020, certain gatherings are exempt from being prohibited to enable certain activities to occur and to enable certain places to be open.</li> <li>Closure and Restriction (Limit the Spread) Directions (No 2): Effective 11.59pm 26 April 2020, indoor and outdoor gatherings for up to 10 people are allowed including weddings, outdoor personal training, and open house or display village inspections.</li> <li>Visitors to Residential Aged Care Direction (No 2): Effective 25 April 2020, a person whose presence at the premises is required for the purposes of emergency management, law enforcement or otherwise responding to an emergency does not have to have an up to date vaccination against influenza, irrespective of whether such a vaccination is available.</li> <li>The DETECT program was expanded to FIFO workers within the resources sector on 06 May 2020, randomised testing of people who do not have COVID-19 symptoms.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal

outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **3,846,861** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **108**, 7 May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,409	4,643	3	0
<i>Hong Kong SAR</i>	1,045	4	4	0
<i>Taiwan</i>	440	6	1	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,193,452	65,197	22,267	2,499
Spain	220,325	25,857	996	244
Italy	214,457	29,684	1,444	369
The United Kingdom	201,205	30,076	6,211	649

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Russian Federation	177,160	1,625	11,231	88
Germany	166,091	7,119	1,194	123
France	135,468	25,769	4,176	278
Turkey	131,744	3,584	2,253	64
Brazil	114,715	7,921	6,935	600
Iran (Islamic Republic of)	101,650	6,418	1,680	78
Canada	62,458	4,111	1,299	196
India	52,952	1,783	3,561	89
Peru	51,189	1,444	3,817	100
Belgium	50,781	8,339	272	323
Netherlands	41,319	5,204	232	36
Saudi Arabia	31,938	209	1,687	9
Switzerland	29,977	1,504	51	22
Ecuador*	29,420	1,618	-2,461	49
Portugal	26,182	1,089	480	15
Mexico	26,025	2,507	1,120	236
Pakistan	24,073	564	1,540	38
Sweden	23,918	2,941	702	87
Chile	23,048	281	1,032	6
Ireland	22,248	1,375	265	36
Singapore	20,198	20	788	2
Belarus	19,255	112	0	0
Qatar	17,972	12	830	0
Israel	16,314	238	46	1
United Arab Emirates	15,738	157	546	11
Austria	15,651	608	65	2
Japan	15,463	551	109	8
Poland	14,740	733	309	17
Romania	14,107	858	270	31
Ukraine	13,691	340	507	13
Indonesia	12,438	895	367	23
Bangladesh	11,719	186	790	3
Republic of Korea	10,810	256	4	1
Philippines	10,004	658	320	21
Denmark	9,983	506	162	3
Serbia	9,791	203	114	3
Dominican Republic	8,807	362	327	8
Colombia	8,613	378	640	20
Czechia	7,974	262	78	5
Norway	7,953	209	50	0
South Africa	7,808	153	369	5
Egypt	7,588	469	387	17
Panama	7,523	210	136	7

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Malaysia	6,428	107	45	1
Kuwait	6,289	42	485	2
Finland	5,573	252	161	6
Morocco	5,408	183	189	2
Argentina	5,076	264	154	2
Algeria	4,997	476	159	6
Kazakhstan	4,509	30	211	1
Republic of Moldova	4,476	143	113	3
Bahrain	3,934	8	214	0
Luxembourg	3,851	98	11	2
Afghanistan	3,392	104	168	9
Hungary	3,150	383	39	10
Nigeria	3,145	103	195	5
Thailand	2,992	55	3	0
Oman	2,958	13	55	0
Armenia	2,884	42	102	2
Ghana	2,719	18	0	0
Greece	2,663	147	21	1
Iraq	2,480	102	49	0
Uzbekistan	2,266	10	49	0
Cameroon	2,265	108	0	0
Azerbaijan	2,127	28	67	2
Croatia	2,119	85	7	2
Bosnia and Herzegovina	2,017	87	49	5
Puerto Rico	1,968	56	44	0
Guinea	1,856	11	45	1
Bolivia (Plurinational State of)	1,802	86	121	4
Iceland	1,799	10	0	0
Bulgaria	1,778	84	89	6
Estonia	1,713	55	2	0
Cuba	1,703	69	18	0
North Macedonia	1,539	88	13	2
Côte d'Ivoire	1,516	18	52	0
Slovenia	1,448	99	3	1
Senegal	1,433	12	104	1
Slovakia	1,429	25	8	0
Lithuania	1,428	48	5	2
Honduras	1,270	93	92	4
New Zealand	1,139	21	1	0
Djibouti	1,124	3	4	1
Tunisia	1,025	43	3	0
Latvia	900	17	4	0
Kyrgyzstan	895	12	24	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Cyprus	883	21	5	1
Somalia	873	39	38	1
Kosovo	860	27	4	0
Sudan	852	49	74	4
Albania	832	31	0	0
Democratic Republic of the Congo	797	35	92	1
Sri Lanka	797	9	26	0
Niger	770	38	7	0
Guatemala	763	19	33	0
Costa Rica	755	6	13	0
Andorra	752	47	1	1
Lebanon	750	25	9	0
Mayotte	739	9	0	0
Burkina Faso	729	48	40	0
International conveyance (Diamond Princess)	712	13	0	0
Uruguay	670	17	13	0
El Salvador	633	14	46	1
Mali	631	32	19	0
Maldives	618	2	45	0
Georgia	614	9	4	0
San Marino	608	41	19	0
Kenya	582	26	47	3
occupied Palestinian territory	546	4	3	0
Guinea-Bissau	508	2	216	0
Malta	484	5	2	0
United Republic of Tanzania	480	18	0	0
Jamaica	473	9	2	0
Jordan	473	9	2	0
Paraguay	440	10	9	0
Equatorial Guinea	439	4	0	0
Réunion	425	0	0	0
Gabon	397	6	0	0
Tajikistan	379	9	86	2
Venezuela (Bolivarian Republic of)	367	10	6	0
Mauritius	332	10	0	0
Isle of Man	326	23	1	0
Montenegro	324	8	0	0
Jersey	293	24	0	0
Viet Nam	271	0	0	0
Rwanda	268	0	7	0
Congo	264	10	28	0
Guernsey	252	13	0	0
Sierra Leone	225	14	26	3

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Madagascar	193	0	35	0
Cabo Verde	191	2	5	0
Faroe Islands	187	0	0	0
Martinique	182	14	1	0
Liberia	178	20	8	0
São Tomé and Príncipe	174	3	3	0
Chad	170	17	0	0
Ethiopia	162	4	17	0
Myanmar	162	6	1	0
Guadeloupe	153	13	1	0
Guam	147	5	2	0
Gibraltar	144	0	0	0
Brunei Darussalam	139	1	1	0
Zambia	139	4	2	0
French Guiana	138	1	5	0
Togo	128	9	0	0
Eswatini	123	2	4	1
Cambodia	122	0	0	0
Trinidad and Tobago	116	8	0	0
Bermuda	115	7	0	0
Benin	102	2	0	0
Aruba	101	2	0	0
Haiti	101	12	1	1
Nepal	99	0	17	0
Uganda	98	0	1	0
Monaco	95	1	0	0
Central African Republic	94	0	0	0
Guyana	93	10	1	1
Bahamas	89	11	5	0
Liechtenstein	83	1	0	0
Barbados	82	7	0	0
Mozambique	81	0	1	0
Cayman Islands	78	1	3	0
Sint Maarten	76	14	0	0
United States Virgin Islands	66	4	0	0
Libya	64	3	1	0
French Polynesia	60	0	0	0
South Sudan	58	0	9	0
Syrian Arab Republic	45	3	1	0
Malawi	43	3	2	0
Mongolia	41	0	0	0
Eritrea	39	0	0	0
Saint Martin	38	3	0	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Angola	36	2	0	0
Zimbabwe	34	4	0	0
Yemen	26	6	3	3
Antigua and Barbuda	25	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Grenada	21	0	0	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Gambia	17	1	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Nicaragua	16	5	1	0
Northern Mariana Islands (Commonwealth of the)	15	2	1	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	1	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Comoros	8	1	4	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,665,363</b>	<b>253,948</b>	<b>83,439</b>	<b>6,541</b>

\* The numbers of cases for Ecuador have been revised by national authorities.





**Australian Government**  
**Department of Health**

# COMMUNICABLE DISEASES INTELLIGENCE

2020      Volume 44  
<https://doi.org/10.33321/cdi.2020.44.42>

## **COVID-19, Australia: Epidemiology Report 14:** Reporting week ending 23:59 AEST 3 May 2020

COVID-19 National Incident Room Surveillance Team

# Communicable Diseases Intelligence

ISSN: 2209-6051 Online

This journal is indexed by Index Medicus and Medline.

Creative Commons Licence - Attribution-NonCommercial-NoDerivatives CC BY-NC-ND

© 2020 Commonwealth of Australia as represented by the Department of Health

This publication is licensed under a Creative Commons Attribution-Non-Commercial NoDerivatives 4.0 International Licence from <https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode> (Licence). You must read and understand the Licence before using any material from this publication.

## Restrictions

The Licence does not cover, and there is no permission given for, use of any of the following material found in this publication (if any):

- the Commonwealth Coat of Arms (by way of information, the terms under which the Coat of Arms may be used can be found at [www.itsanhonour.gov.au](http://www.itsanhonour.gov.au));
- any logos (including the Department of Health's logo) and trademarks;
- any photographs and images;
- any signatures; and
- any material belonging to third parties.

## Disclaimer

Opinions expressed in Communicable Diseases Intelligence are those of the authors and not necessarily those of the Australian Government Department of Health or the Communicable Diseases Network Australia. Data may be subject to revision.

## Enquiries

Enquiries regarding any other use of this publication should be addressed to the Communication Branch, Department of Health, GPO Box 9848, Canberra ACT 2601, or via e-mail to: [copyright@health.gov.au](mailto:copyright@health.gov.au)

## Communicable Diseases Network Australia

Communicable Diseases Intelligence contributes to the work of the Communicable Diseases Network Australia.  
<http://www.health.gov.au/cdna>



Communicable Diseases Intelligence (CDI) is a peer-reviewed scientific journal published by the Office of Health Protection, Department of Health. The journal aims to disseminate information on the epidemiology, surveillance, prevention and control of communicable diseases of relevance to Australia.

## Editor

Tanja Farmer

## Deputy Editor

Simon Petrie

## Design and Production

Kasra Yousefi

## Editorial Advisory Board

David Durrheim,  
Mark Ferson, John Kaldor,  
Martyn Kirk and Linda Selvey

## Website

<http://www.health.gov.au/cdi>

## Contacts

Communicable Diseases Intelligence is produced by:  
Health Protection Policy Branch  
Office of Health Protection  
Australian Government  
Department of Health  
GPO Box 9848, (MDP 6)  
CANBERRA ACT 2601

## Email:

[cdi.editor@health.gov.au](mailto:cdi.editor@health.gov.au)

## Submit an Article

You are invited to submit your next communicable disease related article to the Communicable Diseases Intelligence (CDI) for consideration. More information regarding CDI can be found at:  
<http://health.gov.au/cdi>.

Further enquiries should be directed to:  
[cdi.editor@health.gov.au](mailto:cdi.editor@health.gov.au).

## Weekly epidemiological report

### COVID-19, Australia: Epidemiology Report 14: Reporting week ending 23:59 AEST 3 May 2020

COVID-19 National Incident Room Surveillance Team

*Notified cases of COVID-19 and associated deaths reported to the National Notifiable Diseases Surveillance System (NNDSS) to 3 May 2020.*

#### Summary

The reduction in international travel and domestic movement, social distancing measures and public health action have likely slowed the spread of COVID-19 in Australia.

Currently new notifications in Australia are mostly considered to be locally-acquired with some cases still reported among people with recent overseas travel. Most locally-acquired cases can be linked back to a confirmed case or known cluster, with a small portion unable to be epidemiologically linked to another case. The ratio of overseas-acquired cases to locally-acquired cases varies by jurisdiction.

The crude case fatality rate (CFR) in Australia remains low (1.3%) compared to the World Health Organization's globally-reported rate (7.1%) and to other comparable high-income

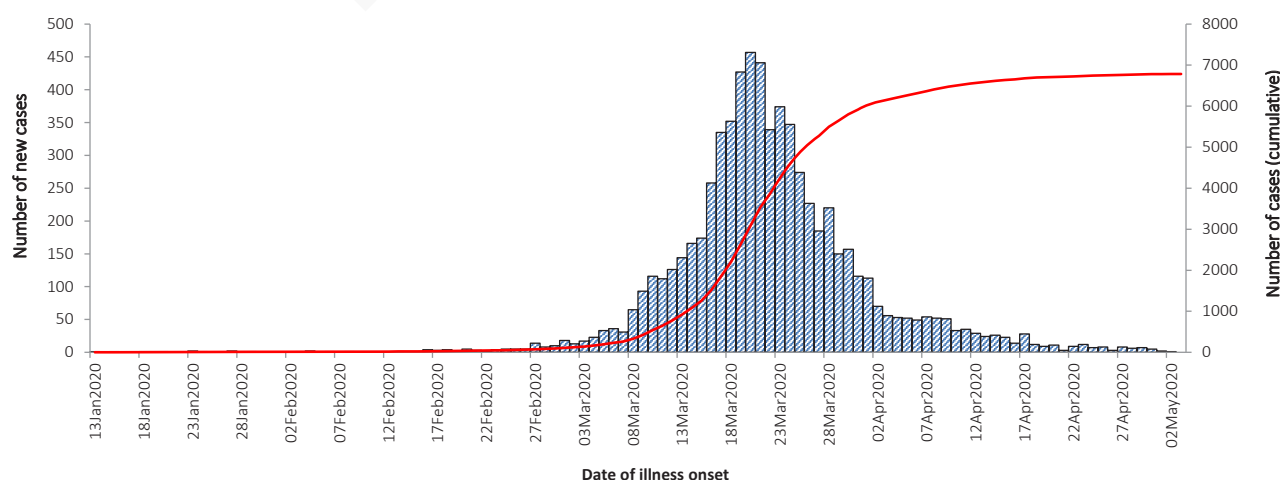
#### Confirmed cases in Australia notified up to 3 May 2020<sup>i</sup>

Notifications	6,784
Deaths	89

countries such as the United States of America (5.7%) and the United Kingdom (15.4%). The lower CFR in Australia is likely reflective of high case ascertainment including detection of mild cases.

Internationally, cases continue to increase. The rates of increase have started to slow in several regions, although it is too soon to tell whether this trend will be sustained.

Keywords: SARS-CoV-2; novel coronavirus; 2019-nCoV; coronavirus disease 2019; COVID-19; acute respiratory disease; epidemiology; Australia



- <sup>i</sup> Data caveats: Based on data extracted from the National Notifiable Diseases Surveillance System (NNDSS) on 5 May 2020. Due to the dynamic nature of the NNDSS, data in this extract are subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories.



## Australian cases: descriptive epidemiology

### National trends

For the week ending 3 May 2020, there were ninety cases of COVID-19 notified to the NNDSS, bringing the total number of confirmed cases notified in Australia to 6,784.

Following the national peak in cases during the week of 16–22 March, the number of new cases has continued to decrease (Table 1), which indicates a reduction in disease transmission, as demonstrated by a flattening of the cumulative cases curve. Note that rates are presented by diagnosis date and may differ from the number of new notifications in each week. While reduction in international travel has decreased the number of imported cases, public health measures such as social distancing remain important in continuing to limit domestic spread.

At the jurisdictional level, NSW, Vic, Qld, SA, and ACT reported their highest rates of new cases during the week 16–22 March (Figure 1). For Tasmania the highest rate of new cases was recorded in the week 6–12 April, which was the result of outbreak-associated cases in North West Tasmania.

### Aboriginal and Torres Strait Islander persons

Fifty-five cases (0.8%) have been reported in Aboriginal and Torres Strait Islander persons since the start of the epidemic in Australia.

These cases were reported across several jurisdictions, with the majority reported in areas classified as 'Major cities of Australia' based on the case's usual place of residence (Table 2). No cases among Aboriginal and Torres Strait Islander persons have been notified from remote or very remote areas of Australia.

Across all Australian cases, completeness of the Indigenous status field was approximately 95%.

Forty-seven percent ( $n = 26$ ) of cases in Aboriginal and Torres Strait Islander persons acquired their infection overseas, while 45% ( $n = 25$ ) of cases acquired their infection domestically. Four (7%) were still under investigation at the time of this report.

The median age of COVID-19 cases among Aboriginal and Torres Strait Islander persons is 34 years (interquartile range: 21–55 years), which is lower than the median age of non-Indigenous COVID-19 cases.

Of the cases notified amongst Aboriginal and Torres Strait Islander persons, 11% were admitted to hospital, which is similar to the proportion of all cases hospitalised (All cases = 13%). Of cases in Aboriginal and Torres Strait Islander persons, no cases were reported as being admitted to ICU.

### Geographical distribution

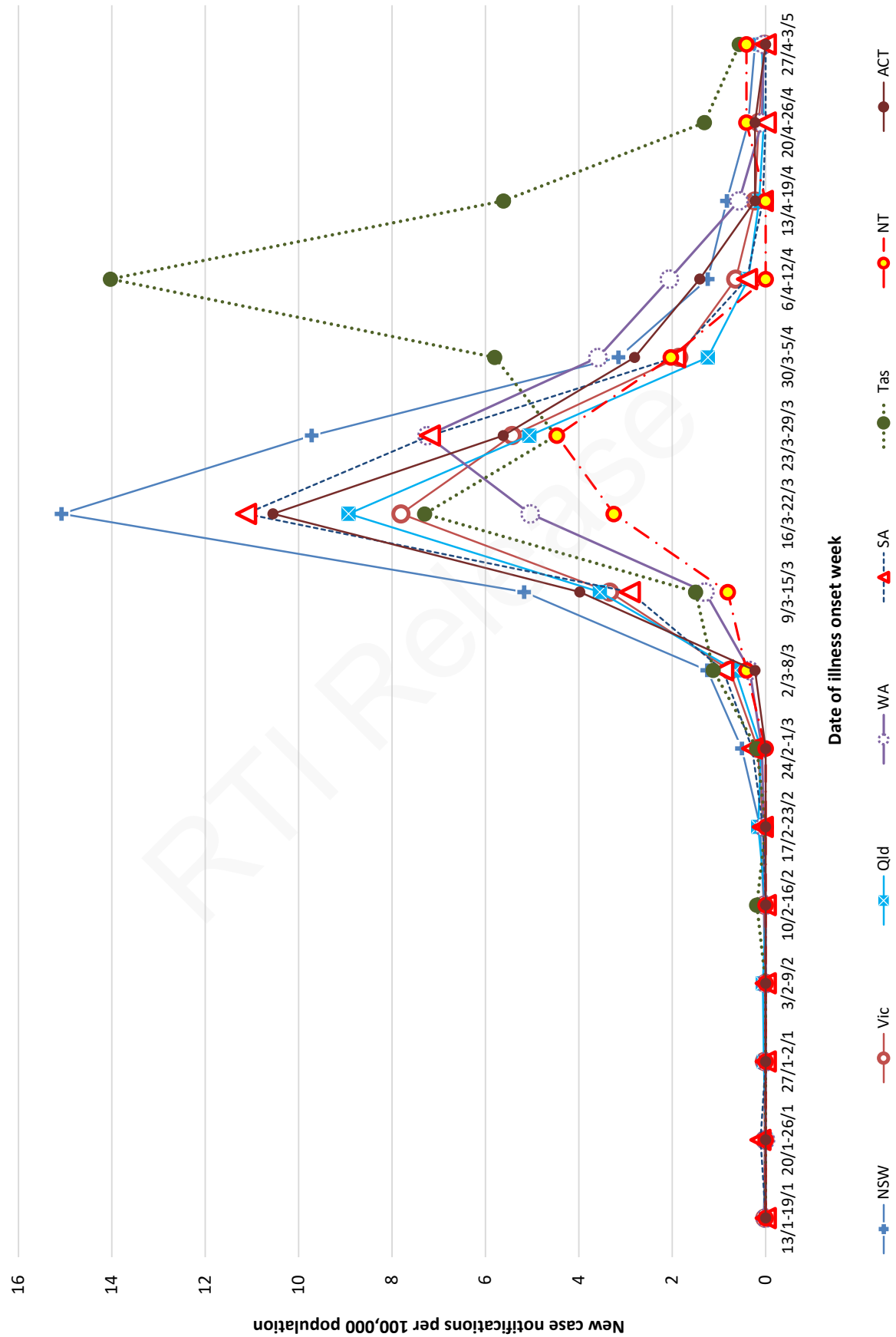
In the current reporting week, cases of COVID-19 were reported from all jurisdictions except South Australia (Table 3). Tasmania and New

**Table 1: Rate of weekly confirmed cases (per 100,000 population) by date of illness onset,<sup>a</sup> by jurisdiction**

Week	NSW	Vic	Qld	WA	SA	Tas	NT	ACT
<b>6–12 April</b>	1.24	0.64	0.37	2.06	0.4	14.03	–	1.41
<b>13–19 April</b>	0.83	0.23	0.14	0.57	0.06	5.61	–	0.23
<b>20–26 April</b>	0.37	0.15	0.04	0.08	–	1.31	0.41	0.23
<b>27 April – 3 May</b>	0.23	0.02	0.08	0.04	–	0.56	0.41	–

<sup>a</sup> Based on diagnosis date from NNDSS reporting period up to 23:59 AEST 3 May 2020.

Figure 1: Weekly COVID-19 new case notifications per 100,000 population, as at 3 May 2020, by jurisdiction



**Table 2: COVID-19 cases notified among persons by remoteness classification, Australia**

Population	Major cities of Australia	Inner regional Australia	Outer regional Australia	Remote/very remote Australia	Total
Aboriginal and Torres Strait Islander persons	37	12	6	0	55
All persons	5,289	817	376	38	6,784 <sup>a</sup>

a Total includes 178 overseas residents and 86 persons with unknown remoteness classification.

South Wales have the highest cumulative rate of COVID-19 notifications (42.1 and 37.8 per 100,000 respectively) and the Northern Territory has the lowest (11.8 per 100,000). The majority of new cases have been reported in New South Wales.

Compared to the last reporting week, the number of new cases in the current reporting period decreased in all jurisdictions except for NSW (54 new cases this week, 45 new cases last week) and the NT (2 new cases this week, no new cases last week). SA reported no new cases in this reporting period.

Most cases over the past fortnight were reported to reside in major metropolitan areas, with the exception of Tasmania (Figures 2 and 3).

### Age and gender distribution

The median age of all COVID-19 cases was 48 years (interquartile range, IQR: 29–63 years) (Figure 4).

The median ages of cases who were hospitalised (median: 61, IQR: 42–72 years) and died (median: 80, IQR: 74–86) were higher than for cases overall. This is consistent with international reporting and reflects a greater risk of severe disease, complications, and deaths in the elderly (Table 4, Table 5, and Figure 4).

The highest rate of disease was among those in the 60–69 years age group, followed closely by the 70–79 years age group, with 43 cases and 40 cases per 100,000 population respectively (Figure 5). The high rate amongst those in the 60–69 and 70–79 years age groups is linked to

outbreaks on cruise ships, with 29% of cases in the 60–69 years age group and 42% in the 70–79 years age group acquiring their infection at sea.

The lowest rate of disease was among children in the 0–9 years age group, with 2.4 cases per 100,000 population. Among those in the 10–19 years age group, the rate of disease was 6.7 cases per 100,000 population. The number of cases among school-aged children aged 5–18 years was one hundred and sixty-four cases (2.4% of total cases). This is consistent with international reports.

Notifications by gender differed by age group with a higher rate of notifications in females in the 20–29 age group and a higher rate in males in the 40–49 years age group, as well as in those aged over 60 years (Figure 5). It is unlikely that this disparity reflects differences in underlying susceptibility to COVID-19; instead, it is more likely linked to transmission and possibly to differences in travel patterns.

### Source of infection

The incidence rate of overseas-acquired COVID-19 cases in Australia has decreased in the last three weeks; the rate of locally-acquired cases has also decreased (Table 6, Figure 6). During this same period the proportion of overseas-acquired cases has been much lower than locally-acquired cases, driven predominately by changes in overseas travel rates. Whilst overall the number of new cases reported each day currently continues to be low, among cases that are considered to be locally acquired, these are predominately associated with contacts of confirmed cases or are associated with known outbreaks.

**Table 3: Notifications and rates of COVID-19 and diagnostic tests performed, Australia, by jurisdiction**

Jurisdiction	Number of new cases this reporting period	Total cases	Rate (per 100,000 population)	Cumulative number of tests performed (proportion of tests positive %)
<b>NSW</b>	54	3,056	37.8	243,128 (1.25)
<b>Vic</b>	6	1,355	20.5	138,433 (0.99)
<b>Qld</b>	10	1,040	20.4	115,598 (0.89)
<b>WA</b>	2	534	20.4	46,167 (1.19)
<b>SA</b>	0	438	25.0	60,769 (0.72)
<b>Tas</b>	15	225	42.1	14,782 (1.51)
<b>NT</b>	2	29	11.8	4,828 (0.60)
<b>ACT</b>	1	107	25.1	9,402 (1.13)
<b>Australia</b>	90	6,784	26.7	633,107 (1.07)

Of all cases with a reported place of acquisition, 63% had a recent international travel history and 26% were considered to have been locally acquired from a confirmed case. The rate of new cases has declined in all place of acquisition categories with the steepest decline observed in cases acquired overseas – likely due to the reduction in international travel (Table 6, Figure 6). The majority of overseas-acquired cases continue to report a travel history to the European Region, the Americas Region or on board cruise ships (Figure 7). Of the locally-acquired cases, most were considered to be contacts of a confirmed case, with a very small proportion of cases not able to be epidemiologically linked to a confirmed case. Cases where a place of acquisition has not been reported (0.5%) are currently under public health investigation.

### Cluster and outbreak investigations

Investigations are taking place in states and territories in relation to a number of clusters and outbreaks of COVID-19. To date the largest outbreaks have been associated with cruise ships, with some other large domestic clusters associated with aged care and healthcare facilities and private functions, such as weddings.

#### Cluster:

The term ‘cluster’ in relation to COVID-19 refers to two or more cases (who do not reside in the same household) that are epidemiologically related in time, place or person where a common source (such as an event or within a community) of infection is suspected but not yet established.

#### Outbreak:

The term ‘outbreak’ in relation to COVID-19 refers to two or more cases (who do not reside in the same household) among a specific group of people and/or over a specific period of time where illness is associated with a common source (such as an event or within a community).

Cruise ships account for a substantial proportion of cases of COVID-19 in Australia. Of cases with a reported place of acquisition, 18% (n = 1086) were acquired at sea on a cruise ship. The number of new cases acquired at sea on cruise ships has decreased in comparison to previous weeks and in part reflects the implementation of public



Figure 2: Number of cumulative new confirmed cases of COVID-19, Australia, by location of usual residence and statistical area level 3 (SA3),<sup>a</sup> 7 day heat maps for the four most recent weekly reporting periods<sup>b</sup>

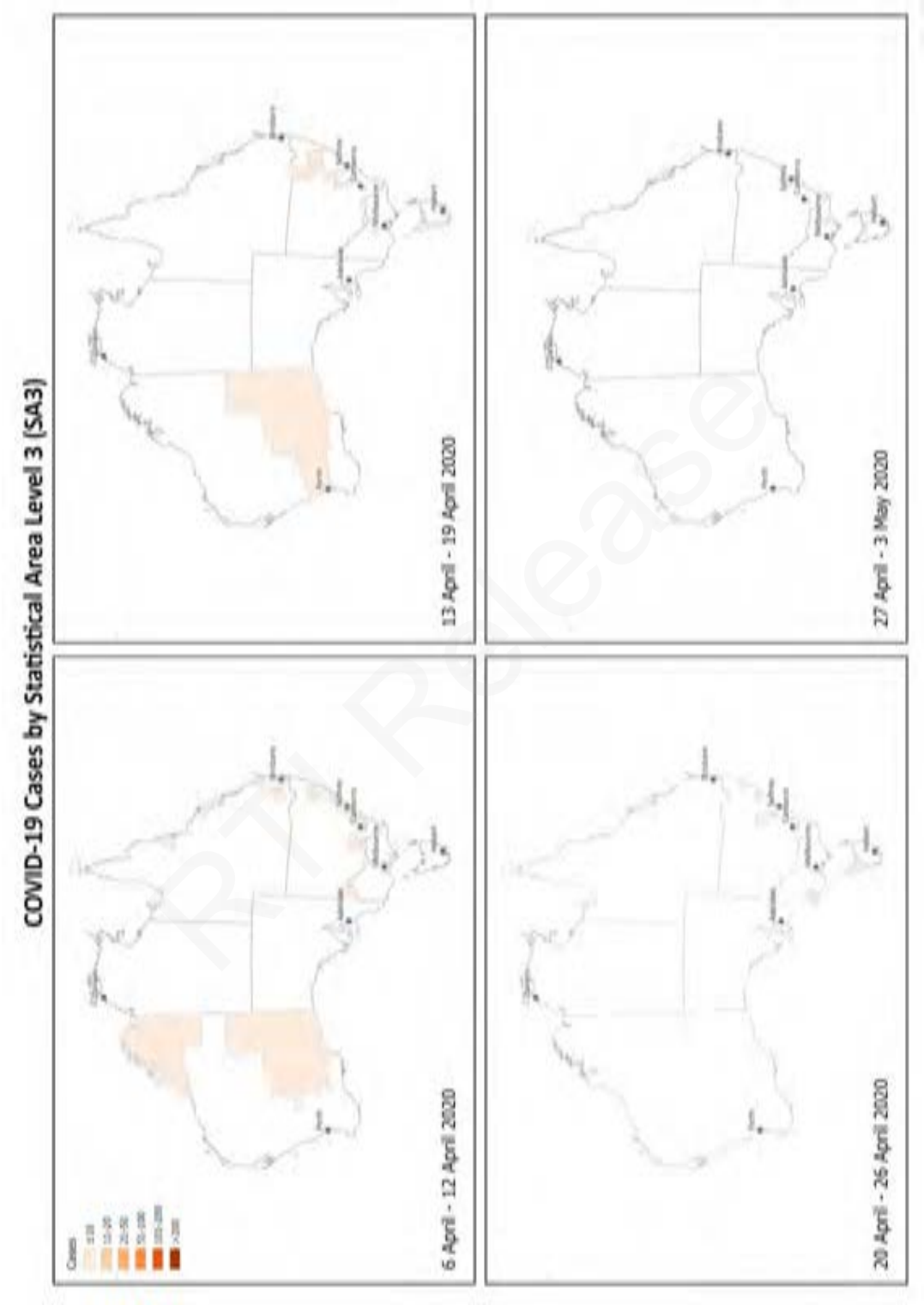
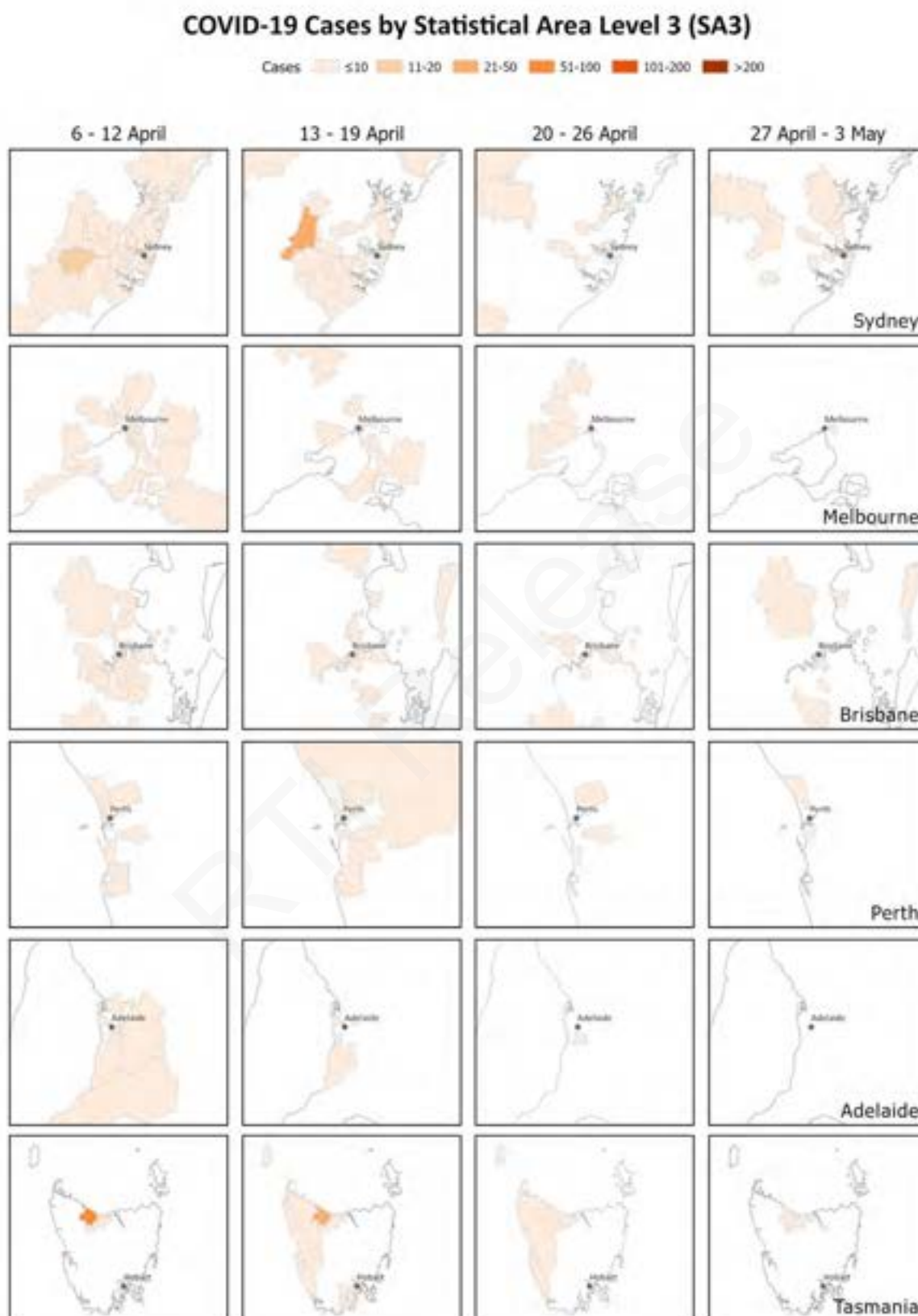


Figure 3. Number of cumulative new confirmed cases of COVID-19, Australia, by location of usual residence and selected areas,<sup>a</sup> 7 day heat maps for the four most recent weekly reporting periods<sup>b</sup>



- a Represents the usual location of residence of a case, which does not necessarily mean that this is the place where they acquired their infection or were diagnosed. Overseas residents who do not have a usual place of residence in Australia are not shown.
- b Based on diagnosis date from NNDSS reporting period up to 23:59 AEST 3 May 2020.

**Table 4: Demographics of all cases, hospitalised cases and deaths**

	All cases		Hospitalisation		Death	
	Male	Female	Male	Female	Male	Female
Median age (IQR)	48 (31–63)	47 (28–62)	62 (45–73)	60 (40–71)	79 (74–84)	81.5 (74.5–89.5)
Crude CFR						
By gender	1.6%	1.1%	8.6%	6.5%	–	–
All gender	1.3%		7.6%		–	

**Table 5: Crude Case Fatality Rate (CFR) of all cases and hospitalised cases, by age group**

Age group	All cases		Hospitalisation	
	CFR	Total cases	CFR	Total cases
All age group	1.3%	6,784	7.6%	850
Under 50	0.03%	3,618	0.4%	270
50–59	0.1%	1,086	0.8%	132
60–69	0.6%	1,127	4.0%	177
70 and over	4.6%	953	11.4%	271

health responses, in particular the cruise ship arrivals ban. There have been 24 deaths among cases acquired on cruise ships in Australia.

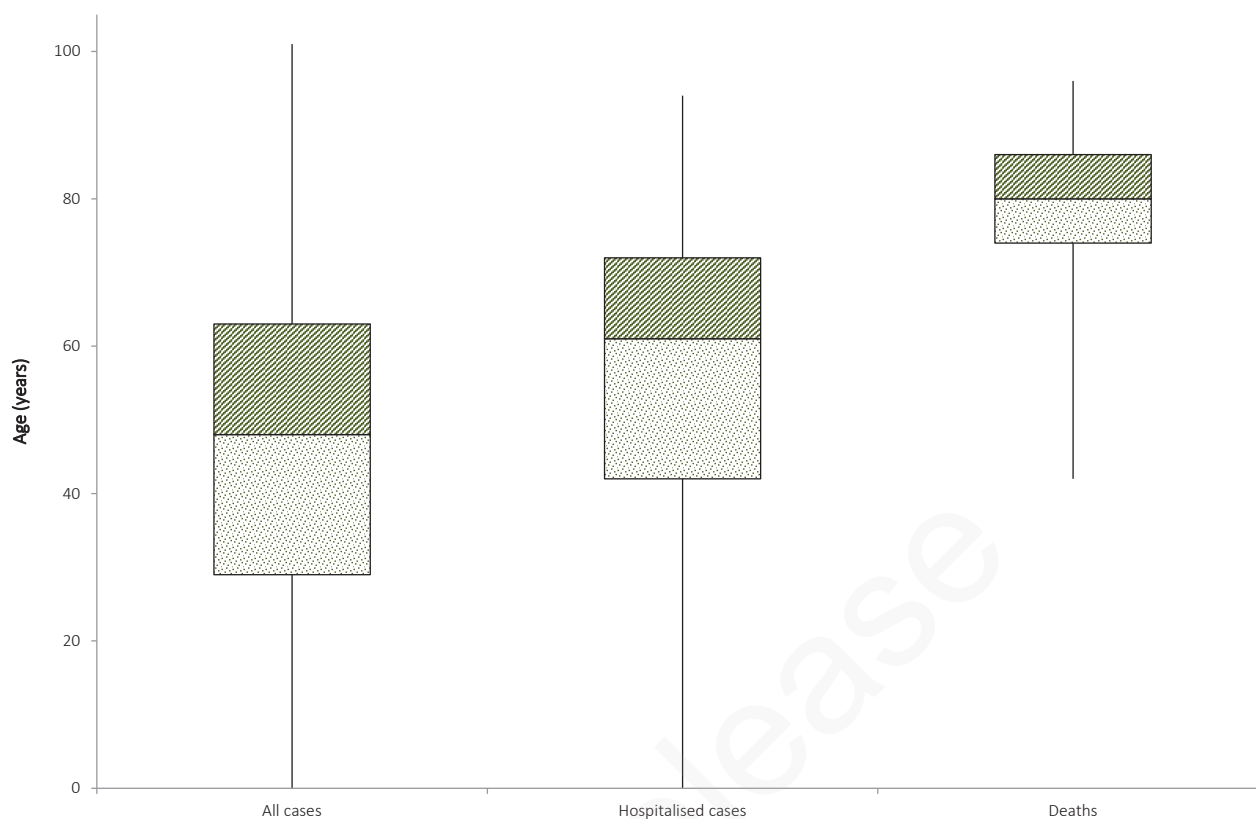
Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected. As of 3 May 2020, there have been 113 cases of COVID-19 associated with 24 residential aged care facilities, with 36 recoveries and 24 deaths. Sixty-three of these cases occurred in aged care residents, with the remaining 50 cases occurring in care staff. In addition, there have been 41 cases associated with 30 in-home Commonwealth funded aged care services providing support to older Australians who live at home, with 21 recoveries and 3 deaths. Thirty-one of these cases occurred in care recipients, with the remaining 10 cases occurring in care staff. Advice and guidelines have been provided to aged care services, including the release of an outbreak management guide.

## Symptom profile

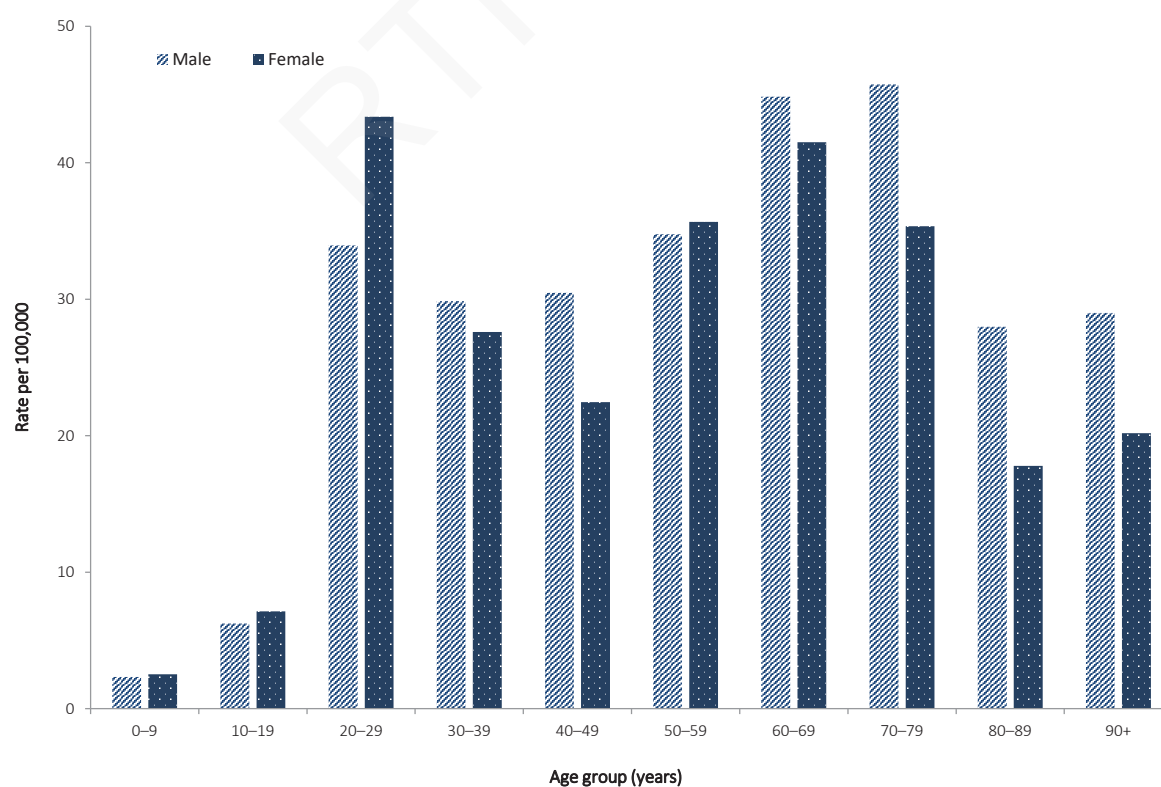
Of the symptoms reported among cases of COVID-19 in Australia, cough (69%) was the most common (Figure 8). Forty-eight percent of cases reported fever, 40% reported sore throat, and 37% reported headache. Pneumonia and/or acute respiratory disease (ARD) was reported in 3% of cases with symptoms. In addition, loss of smell was reported from 583 cases and loss of taste from 556 cases. These conditions were reported in approximately 9% of cases, noting that this is currently not a standard field in NNDSS, and is likely to under-represent those presenting with these symptoms.

The symptom profile of Australian cases is broadly similar to the symptoms reported by COVID-19 cases internationally. Among EU/EEA countries, fever/chills, dry or productive cough and sore throat were the most commonly reported symptoms.<sup>1</sup> Differences in reported symptoms will be influenced by differences in surveillance strategies and symptom reporting across countries.

**Figure 4: Age distribution of all cases, hospitalised cases, and deaths with median, interquartile range, and range**



**Figure 5: COVID-19 rates per 100,000 population of all cases notified in Australia, by age group and gender**



**Table 6: Rate of weekly confirmed cases (per 100,000 population) by date of illness onset<sup>a</sup> and place of acquisition, Australia**

Week	Overseas acquired	Locally acquired— close contact of a confirmed case	Locally acquired, not epi linked	Under investigation
6–12 April	0.347	0.611	0.02	0.217
13–19 April	0.11	0.343	–	0.083
20–26 April	0.012	0.146	0.004	0.047
27 April – 3 May	0.032	0.051	–	0.032

a Based on diagnosis date from NNDSS reporting period up to 23:59 AEST 3 May 2020.

## Severity

Of total cases of COVID-19 ( $n = 6,784$ ) notified, 850 (13%) were admitted to hospital. Although this is substantially less than the proportion of diagnosed cases requiring hospitalisation reported from EU/EEA countries (42%), for instance this difference is affected by each country's testing strategies, with some European countries now only testing hospitalised individuals for COVID-19.<sup>1</sup> The highest rate of hospitalised cases was among the 70–79 age group (10.3 per 100,000 populations), followed by the 80–89 years age group (8.7 per 100,000).

The most commonly reported comorbid conditions among hospitalised cases were cardiac disease (20%), diabetes (19%) and chronic respiratory conditions (13%). Obesity was reported as a comorbid condition by 8% ( $n = 45$ ) of hospitalised cases (Table 7).

Of the hospitalised COVID-19 cases, 18% ( $n = 151$ ) were admitted to an intensive care unit (ICU), with 41 cases receiving ventilation. The number of ventilated cases has not changed since the last reporting period. The most commonly reported comorbid conditions among cases admitted to an ICU were diabetes (24%) and cardiac disease (22%), which is similar to the most commonly reported comorbid conditions among hospitalised cases. Compared with hospitalised cases, a greater proportion of cases

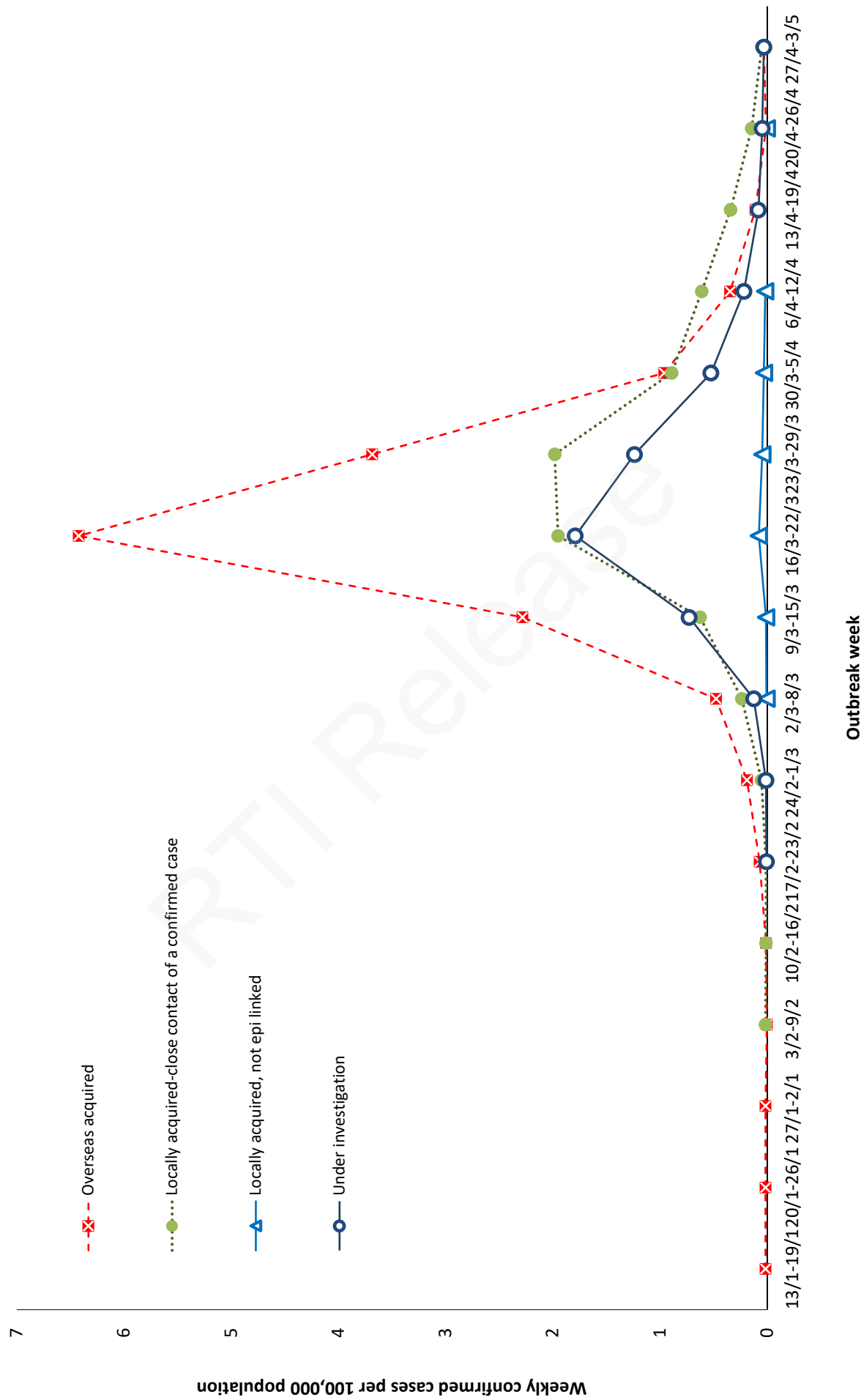
admitted to an ICU or receiving ventilation (14% and 25% respectively) were reported as being obese.

Of all cases, 32% reported one or more comorbid conditions, 7% reported two or more and 2% reported three or more. The proportion of COVID-19 cases who reported one or more comorbid conditions increased with the level of care required, with 71% of ventilated cases reporting comorbid conditions.

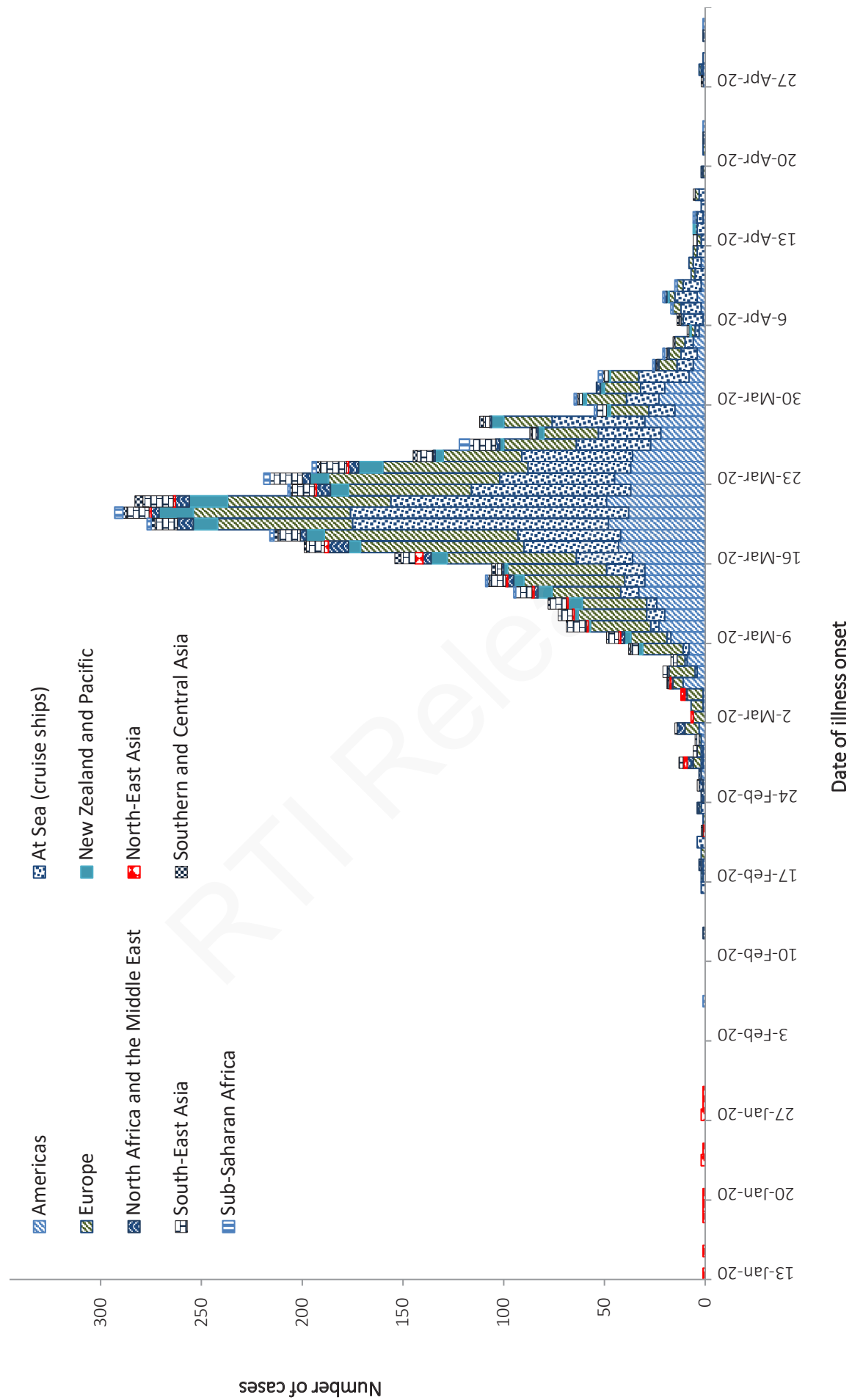
Across all cases, the median time between onset of symptoms and laboratory testing was 3 days (IQR: 1–6 days).

Eighty-nine COVID-19 associated deaths were confirmed in Australia up to 3 May 2020. The median age of cases who died was 80 years (IQR: 74–86 years). Fifty-three of the cases were male and 36 were female. The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (28%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases. Comorbid conditions were more common among cases who died, with 77% reported to have one or more specified comorbid conditions, 44% with two or more and 14% with three or more.

Figure 6: Rate of weekly confirmed cases by date of illness onset<sup>a</sup> and place of acquisition, Australia



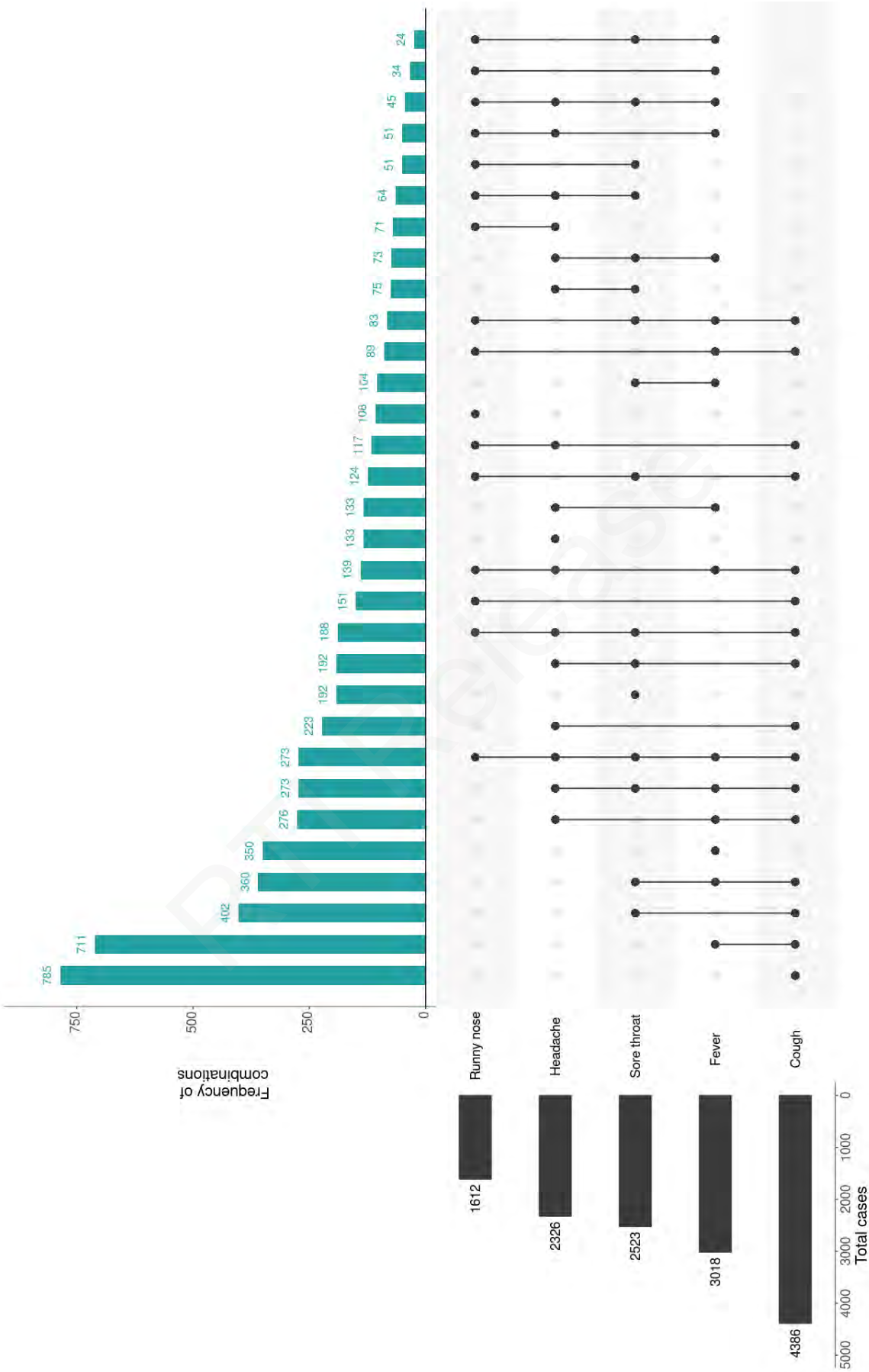
a Note that this graph is from NNDSS where there is a data completeness lag compared to more current proportions presented in text.

Figure 7: Confirmed cases of overseas-acquired COVID-19 infections<sup>a</sup>

<sup>a</sup> Note that this graph is from NNDSS where there is a data completeness lag compared to more current proportions presented in text.



Figure 8: Variation in combinations of COVID-19 symptoms in confirmed cases, Australia<sup>a</sup>



<sup>a</sup> This figure shows the variation in combinations of symptoms observed in reported cases (n = 6,317) for the five most frequently observed symptoms (cough, fever, sore throat, headache, runny nose). The horizontal bars on the left show the frequency of symptom occurrence in any combination with other symptoms. The circles and lines indicate particular combinations of symptoms observed in individual patients. The vertical green bars indicate the frequency of occurrence of the corresponding combination of symptoms.

**Table 7: Common COVID-19 comorbidities for all cases, hospitalised cases, cases admitted to ICU and cases ventilated in ICU**

	All cases (n = 4,546) <sup>a</sup>	Hospitalised cases (n = 562) <sup>a</sup>	Cases admitted to ICU (n = 113) <sup>a</sup>	Cases ventilated in ICU (n = 28) <sup>a</sup>
<b>Common comorbidities</b>				
Cardiac disease (excluding hypertension)	427 (9%)	115 (20%)	25 (22%)	6 (21%)
Diabetes	349 (8%)	105 (19%)	27 (24%)	8 (29%)
Chronic respiratory condition (excluding asthma)	168 (4%)	73 (13%)	14 (12%)	2 (7%)
Obesity	190 (4%)	45 (8%)	16 (14%)	7 (25%)
<b>Number of specified comorbidities<sup>b</sup></b>				
One or more	1,441 (32%)	322 (57%)	74 (65%)	20 (71%)
Two or more	330 (7%)	103 (18%)	27 (24%)	7 (25%)
Three or more	77 (2%)	36 (6%)	11 (10%)	3 (11%)

a Excludes those with missing data on comorbidities or where comorbidity is unknown.

b Includes asthma, chronic respiratory conditions (excluding asthma), cardiac disease (excluding hypertension), immunosuppressive condition/therapy, diabetes, obesity, liver disease, renal disease and neurological disorder.

Similar comorbidities have been reported from COVID-19 cases internationally, with cardiac disorder (excluding hypertension), chronic lung disease (excluding asthma) and diabetes the most commonly reported underlying health conditions in EU/EEA countries.<sup>1</sup> Similar to Australia, the proportion of cases with underlying conditions increased with COVID-19 severity.

## Public health response

Since COVID-19 first emerged internationally, Australia has implemented public health measures in response to the disease's epidemiology, both overseas and in Australia. These measures are focused on domestic and international travel and public gatherings; priorities for testing and quarantining of suspected cases and close contacts; guidance on effective social distancing; and the protection of vulnerable populations such as those in residential care facilities and remote Aboriginal and Torres Strait Islander communities. Key aspects of Australia's evolving public health response are summarised in Table 8.

The Australian Health Protection Principal Committee (AHPPC) has issued advice to inform the national public health response to the pandemic. This advice has most recently included risk management for re-opening boarding schools and school-based residential colleges. The Australian Government has also launched a new voluntary coronavirus app called COVIDSafe to support prevention and control efforts through enhanced contact tracing capacity.

During the current reporting period, select state and territory governments have begun easing restrictions on public gatherings, dependant on local epidemiology. The Northern Territory has permitted outdoor recreational activities and gatherings of more than 10 people. Western Australia has permitted a range of non-contact recreational activities and gatherings of up to 10 people indoors and outdoors. Queensland has lifted stay at home restrictions and permitted travel up to 50 kilometres for individuals and household groups. New South Wales has permitted groups of two adults and their children to visit other households for social activities.

**Table 8: Timeline of key COVID-19 related events, including Australian public health response activities, from 1 March to 3 May 2020**

Date	Event / response activity
1 May 2020	AHPPC releases a statement on risk management for re-opening boarding schools and school-based residential colleges. <sup>2</sup>
26 April 2020	The Australian Government launches a new voluntary coronavirus app, COVIDSafe. <sup>3</sup>
24 April 2020	AHPPC provides statements on the recommencement of kidney transplantation, updated advice regarding schools, and use of PPE in hospital with patients with COVID-19. <sup>4</sup>
21 April 2020	AHPPC provides advice for residential aged care facilities about minimising the impact of COVID-19 with information on entry restrictions, managing illness in visitors and staff, and hygiene measures. <sup>5</sup>
21 April 2020	The Australian Government announces the gradual ease of restrictions on elective surgery from Tuesday 28 April 2020. <sup>6</sup>
16 April 2020	AHPPC provides advice on reducing the potential risk of COVID-19 transmission in schools. <sup>7</sup>
9 April 2020	Air crew on international flights will be required to self-isolate at their place of residence (or hotel if not in their local city) between flights or for 14 days, whichever is shorter. <sup>8</sup>
30 March 2020	Special provisions be applied to vulnerable people in the workplace and application of additional regional social distancing measures to combat COVID-19. <sup>9</sup>
29 March 2020	Both indoor and outdoor public gatherings limited to two persons only.
28 March 2020	All people entering Australia required to undertake a mandatory 14-day quarantine at designated facilities (e.g. hotels) in their port of arrival.
26 March 2020	Restricted movement into certain remote areas to protect community members from COVID-19.
24 March 2020	<ul style="list-style-type: none"> <li>• Temporary suspension of all non-urgent elective procedures in both the public and private sector;</li> <li>• Progressive scale up of social distancing measures with stronger measures in relation to non-essential gatherings, and considerations of further more intense options; and</li> <li>• Aged care providers limit visits to a maximum of two visitors at one time per day.</li> </ul>
25 March 2020	School-based immunisation programs, with the exception of the delivery of meningococcal ACWY vaccine, are paused; and Australian citizens and Australian permanent residents are restricted from travelling overseas.
21 March 2020	Qld, WA, NT and SA close borders to non-essential travellers.
20 March 2020	<ul style="list-style-type: none"> <li>• Travel ban on foreign nationals entering Australia;</li> <li>• Restriction of travel to remote communities; and</li> <li>• Tasmania closes borders to non-essential travellers.</li> </ul>
18 March 2020	<ul style="list-style-type: none"> <li>• DFAT raises travel advice for all overseas destinations to Level 4 'Do Not Travel';</li> <li>• Continuation of a 14-day quarantine requirement for all returning travellers; and</li> <li>• Restrictions on indoor gatherings.</li> </ul>
16 March 2020	Non-essential static gatherings of > 500 people banned.
15 March 2020	All overseas arrivals required to self-isolate for 14 days and cruise ship arrivals banned.
8 March 2020	Restrictions on COVID-19 contacts and travellers from listed higher risk countries.
5 March 2020	Restrictions on travel from Republic of Korea.
1 March 2020	Restrictions on travel from Islamic Republic of Iran.

Victoria, Tasmania, South Australia and the Australian Capital Territory have not commenced easing of restrictions during the current reporting period. Restrictions in these jurisdictions differ slightly.

## International situation<sup>10</sup>

As at 10:00 CEST 3 May 2020, the number of confirmed COVID-19 cases reported to the World Health Organization (WHO) was 3,349,786 globally. COVID-19 was reported across a total of 216 countries, territories and areas. Global cumulative cases reported as of 3 May 2020 were 19% higher than the total as of the previous week. The proportional rate of increase in new cases per week has been declining, though the increase in total cases remains consistent (Table 9).

The reported epidemiology varies by country or region, with outbreaks following different trajectories after their first 100 cases. Figure 9 highlights that case counts within the USA continue to increase. Within Europe: Spain, Italy, France and Germany are now starting to see a plateauing of new case numbers. Within the UK this trend has not yet been fully realised. As these countries begin to lift restrictions a second wave of infection remains a possibility.

For Singapore and Japan, there continues to be a slow but steady rate of increase in their number of new cases, with the majority of Singaporean cases reported in migrant worker dormitories. Within the Republic of Korea and Hong Kong very few cases are reported each day, and these jurisdictions are no longer shown in the Figures below. No new cases have been reported within Pacific Island countries since 27 April. Outbreaks

are beginning to accelerate in India, the Middle East and South American countries. Reported case numbers will be influenced by rates of testing, case definition, and case detection as well as overall health system capacity.

Globally, 238,628 deaths have been reported. Of all deaths reported globally, approximately three-quarters have been from the USA (26%) and the European Region (notably Italy, 12%; and the United Kingdom, 12%; Spain, 11%; and France, 10%). The number of deaths in Japan has increased by more than 40% in the past 7 days, continuing the quick growth observed in the previous report. New additions include the Philippines who is one of two countries with a case fatality rate above the global average in the region (the other is Indonesia). Belgium has reported deaths comparable with Germany. Brazil is also a new addition which has seen a dramatic rise in the number of deaths that now exceeds that reported from Germany (Figure 10).

The crude case fatality rate (CFR) in Australia is 1.3%. This is substantially lower than the global WHO reported rate of 7.1%. Crude CFR is reflective not only of disease severity (with the risk of death reported to increase with age) and of health care capability in different countries, but also of case ascertainment. Cases with high severity are more likely to be detected by public health surveillance; under-ascertainment of cases with mild infections can therefore artificially inflate the reported CFR. Internationally the CFR varies by country. The low CFR in Australia is likely to be reflective of high case ascertainment.

**Table 9: Global COVID-19 cases as reported to the WHO**

Measures	Reporting period end			
	12 April 2020	19 April 2020	26 April 2020	3 May 2020
Total cumulative cases	1,696,588	2,241,778	2,804,796	3,349,786
Total case difference	562,830	545,190	563,018	544,990
% difference from previous reporting	+ 49.6%	+ 32.1%	+ 25.1%	+19.4%

Figure 9: Number of COVID-19 cases (logarithmic scale) by selected country and days since passing 100 cases, up to 3 May 2020

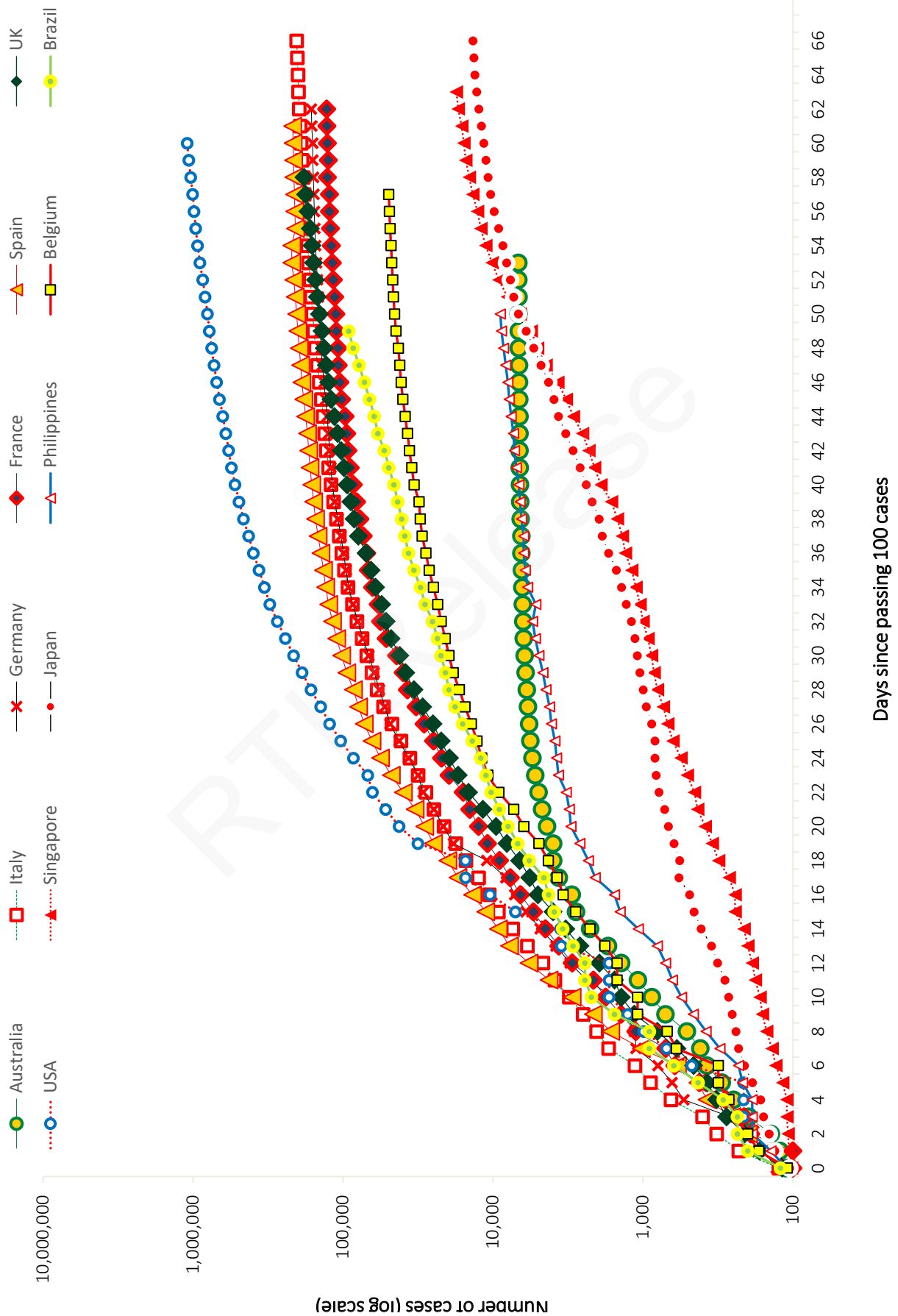
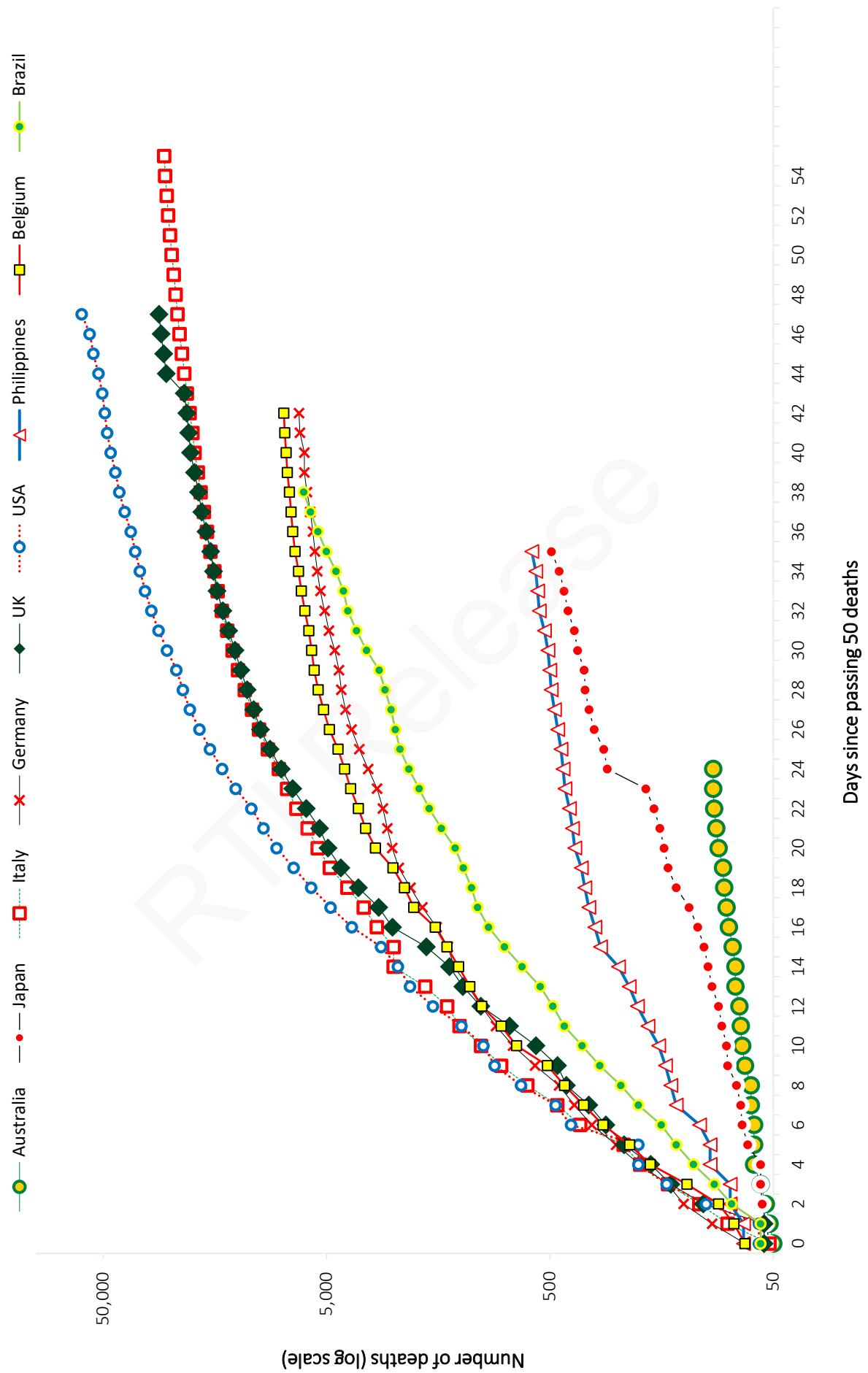


Figure 10: Number of COVID-19 deaths (logarithmic scale) by selected country and days since passing 50 deaths, up to 3 May 2020





## Background

*The current estimates on epidemiological parameters including severity, transmissibility and incubation period are uncertain. Estimates are likely to change as more information becomes available.*

## Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact.<sup>11</sup> A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with pharyngeal virus shedding during the first week of symptoms.<sup>12</sup> However, current evidence does not support airborne or faecal-oral spread as major factors in transmission.<sup>11</sup>

Viral RNA has been identified in respiratory track specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, seroconversion occurred after seven days with a range of up to 14 days; this seroconversion was not followed by a rapid decline in viral load.<sup>13</sup> However, it is unknown if detection of viral RNA correlates with shedding of live virus and transmission risk.<sup>1,13</sup>

A recent study suggests that children do not play a key role in household transmission and are unlikely to be the primary source of household infections.<sup>14</sup> In a population-based study in Iceland, children under 10 years old had a lower incidence of SARS-CoV-2 infection than adults; 6.7% vs. 13.7% in children and adults respectively.<sup>15</sup>

## Incubation period

Estimates of median incubation period, based on seven published studies, are 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be ‘outliers’ who should be studied further but who are unlikely to represent a change in epidemiology of the virus.<sup>16,17</sup>

## Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia.<sup>18,19</sup> Genomic clusters—closely related sequences reflecting local transmission chains—have also been identified in Australia.<sup>18</sup> Genomic epidemiology has successfully been used to link to known genomic clusters many cases that were epidemiologically classified as ‘locally acquired – contact not identified’.<sup>18</sup>

## Clinical features

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions.<sup>11,20</sup>

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. As such, it is possible that invasion of the central nervous system is partially responsible for the acute respiratory failure of COVID-19 patients.<sup>21</sup>

There is some evidence to suggest that impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) is associated with COVID-19.<sup>22,23</sup> This is supported by research finding a biological mechanism for the SARS-CoV-2 virus to cause olfactory dysfunction.<sup>24,25</sup>

Examination of cases and their close contacts in China found a positive association between age and time from symptom onset to recovery. The study also found an association between clinical severity and time from symptom onset to time to recovery. Compared to people with mild



disease, those with moderate and severe disease were associated with a 19% and 58% increase in time to recovery, respectively.<sup>26</sup>

Several studies have identified cardiovascular implications resulting from COVID-19.<sup>27–29</sup> Vascular inflammation has been observed in a number of cases and may be a potential mechanism for myocardial injury which can result in cardiac dysfunction and arrhythmias.

Recently published literature outside of Wuhan found that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation.<sup>30,31</sup> This number is higher than the 3% previously reported in Wuhan.

## Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care.<sup>32</sup> Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents, including remdesivir, lopinavir/ritonavir, and chloroquine or hydroxychloroquine.<sup>33,34</sup> Several COVID-19 vaccines have commenced clinical trials.

## Data considerations

Data were extracted from the NNDSS on 5 May 2020, by diagnosis date. Due to the dynamic nature of the NNDSS, data in this extract are subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories.

## Acknowledgements

This report represents surveillance data reported through CDNA as part of the nationally-coordinated response to COVID-19. We thank public health staff from incident emergency operations

centres in state and territory health departments, and the Australian Government Department of Health, along with state and territory public health laboratories.

## Author details

### Corresponding author

COVID-19 National Incident Room  
Surveillance Team, Australian Government  
Department of Health, GPO Box 9484, MDP  
14, Canberra, ACT 2601.  
Email: [epi.coronavirus@health.gov.au](mailto:epi.coronavirus@health.gov.au)

## References

1. European Centre for Disease Prevention and Control (ECDC). Rapid risk assessment: Coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – ninth update. [Internet.] Solna: ECDC; 23 April 2020. Available from: <https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-coronavirus-disease-2019-covid-19-pandemic-ninth-update>.
2. Australian Government Department of Health. Australian Health Protection Principal Committee (AHPPC) statement on risk management for re-opening boarding schools and school-based residential colleges. [Internet.] Canberra: Australian Government Department of Health; 2020. [Accessed 5 May 2020.] Available from: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-risk-management-for-re-opening-boarding-schools-and-school-based-residential-colleges>.
3. Australian Government Department of Health. COVIDSafe: New app to slow the spread of coronavirus. [Internet.] Canberra: Australian Government Department of Health; 2020. [Accessed 26 April 2020.] Available from: <https://www.health.gov.au/news/covidsafe-new-app-to-slow-the-spread-of-coronavirus>.

4. Australian Government Department of Health. Australian Health Protection Principal Committee (AHPPC) coronavirus (COVID-19) statements on 24 April 2020. [Internet.] Canberra: Australian Government Department of Health; 2020. [Accessed 28 April 2020.] Available from: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statements-on-24-april-2020>.
5. Australian Government Department of Health. Australian Health Protection Principal Committee (AHPPC) advice on residential aged care facilities. [Internet.] Canberra: Australian Government Department of Health; 2020. [Accessed 28 April 2020.] Available from: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-on-residential-aged-care-facilities>.
6. Australian Government Department of Health. Government eases elective surgery restrictions. [Internet.] Canberra: Australian Government Department of Health; 2020. [Accessed 28 April 2020.] Available from: <https://www.health.gov.au/news/government-eases-elective-surgery-restrictions>.
7. Australian Government Department of Health. Australian Health Protection Principal Committee (AHPPC) advice on reducing the potential risk of COVID-19 transmission in schools. [Internet.] Canberra: Australian Government Department of Health; 2020. [Accessed 20 April 2020.] Available from: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-on-reducing-the-potential-risk-of-covid-19-transmission-in-schools>.
8. Australian Government Department of Prime Minister and Cabinet. Media Statement, 9 April 2020. [Internet.] Canberra: Australian Government Department of Prime Minister and Cabinet; 2020. Available from: <https://www.pm.gov.au/media/update-coronavirus-measures-3>.
9. Australian Government Department of Health. Australian Health Protection Principal Committee (AHPPC) Advice to National Cabinet on 30 March 2020. [Internet.] Canberra: Australian Government Department of Health; 2020. [Accessed 8 April 2020.] Available from: <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-to-national-cabinet-on-30-march-2020>.
10. World Health Organization (WHO). Coronavirus disease 2019 (COVID-19) situation report – 104. [Internet.] Geneva: WHO; 2020. [Accessed 5 May 2020.] Available from: <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200503-covid-19-sitrep-104.pdf>.
11. WHO. Report of the WHO-China joint mission on coronavirus disease 2019 (COVID-19). [Internet.] Geneva: WHO; 2020. [Accessed 1 Mar 2020.] Available from: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>.
12. Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet*. 2020;395:1054–62.
13. Wölfel R, Corman VM, Guggemos W, Seilmaier M, Zange S, Müller MA et al. Virological assessment of hospitalized patients with COVID-2019. *Nature*. 2020. doi: <https://doi.org/10.1038/s41586-020-2196-x>.
14. Zhu Y, Bloxham CJ, Hulme KD, Sinclair JE, Tong ZW, Steele LE et al. Children are unlikely to have been the primary source of household SARS-CoV-2 infections. *medRxiv*. 2020. doi: <https://doi.org/10.1101/2020.03.26.20044826>.
15. Gudbjartsson DF, Helgason A, Jonsson H, Magnusson OT, Melsted P, Norddahl GL et al. Spread of SARS-CoV-2 in the Icelandic

- population. *N Engl J Med*. 2020. doi: <https://doi.org/10.1056/NEJMoa2006100>.
16. WHO. Coronavirus disease 2019 (COVID-19) situation report – 29. [Internet.] Geneva: WHO; 2020. [Accessed 22 Feb 2020.] Available from: <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200218-sitrep-29-covid-19.pdf>.
  17. Pung R, Chiew CJ, Young BE, Chin S, Chen M, Clapham HE. Investigation of three clusters of COVID-19 in Singapore: implications for surveillance and response measures. *Lancet*. 2020;395(10229):1039–46.
  18. Rockett RJ, Arnott A, Lam C, Sadsad R, Timms V, Gray KA et al. Revealing COVID-19 transmission by SARS-CoV-2 genome sequencing and agent based modelling. *bioRxiv*. doi: <https://doi.org/10.1101/2020.04.19.048751>.
  19. Nextstrain team. Genomic epidemiology of novel coronavirus – Oceania-focused subsampling. [Internet.] [Accessed on 5 May 2020.] Available online: [https://nextstrain.org/ncov/oceania?c=division&f\\_country=Australia&l=radial](https://nextstrain.org/ncov/oceania?c=division&f_country=Australia&l=radial).
  20. Sun P, Qiu S, Liu Z, Ren J, Xi JJ. Clinical characteristics of 50466 patients with 2019-nCoV infection. *medRxiv*. 2020. doi: <https://doi.org/10.1101/2020.02.18.20024539>.
  21. Li B, Bai W, Hashikawa T. The neuroinvasive potential of SARS-CoV-2 may be at least partially responsible for the respiratory failure of COVID-19 patients. *J Med Virol*. 2020. doi: <https://doi.org/10.1002/jmv.25728>.
  22. Mao L, Jin H, Wang M, Hu Y, Chen S, He Q et al. Neurological manifestations of hospitalized patients with coronavirus disease 2019 in Wuhan, China. *JAMA Neurol*. 2020;e201127. doi: <https://doi.org/10.1001/jamaneurol.2020.1127>.
  23. Drew DA, Nguyen LH, Steves CJ, Wolf J, Spector TC, Chan AT. Rapid implementation of mobile technology for real-time epidemiology of COVID-19. *medRxiv*. 2020. doi: <https://doi.org/10.1101/2020.04.02.20051334>.
  24. Venkatakrishnan AJ, Puranik A, Anand A, Zemmour D, Yao X, Wu X et al. Knowledge synthesis from 100 million biomedical documents augments the deep expression profiling of coronavirus receptors. *bioRxiv*. 2020. doi: <https://doi.org/10.1101/2020.03.24.005702>.
  25. Brann DH, Tsukahara T, Weinreb C, Logan DW, Datta SR. Non-neural expression of SARS-CoV-2 entry genes in the olfactory epithelium suggests mechanisms underlying anosmia in COVID-19 patients. *bioRxiv*. 2020. doi: <https://doi.org/10.1101/2020.03.25.009084>.
  26. Bi Q, Wu Y, Mei S, Ye C, Zou X, Zhang Z et al. Epidemiology and transmission of COVID-19 in Shenzhen China: analysis of 391 cases and 1286 of their close contacts. *medRxiv*. 2020. doi: <https://doi.org/10.1101/2020.03.03.20028423>.
  27. Inciardi RM, Lupi L, Zacccone G, Italia L, Raffo M, Tomasoni D et al. Cardiac involvement in a patient with coronavirus disease 2019 (COVID-19). *JAMA Cardiol*. 2020. doi: <https://doi.org/10.1001/jamacardio.2020.1096>.
  28. Guo T, Fan Y, Chen M, Wu X, Zhang L, He T et al. Cardiovascular implications of fatal outcomes of patients with coronavirus disease 2019 (COVID-19). *JAMA Cardiol*. 2020. doi: <https://doi.org/10.1001/jamacardio.2020.1017>.
  29. Madjid M, Safavi-Naeini P, Solomon SD, Vardeny O. Potential effects of coronaviruses on the cardiovascular system: a review. *JAMA Cardiol*. 2020. doi: <https://doi.org/10.1001/jamacardio.2020.1286>.
  30. Lin L, Jiang X, Zhang Z, Huang S, Zhang

Z, Fang Z et al. Gastrointestinal symptoms of 95 cases with SARS-CoV-2 infection. *Gut*. 2020. doi: <https://doi.org/10.1136/gutjnl-2020-321013>.

31. Jin X, Lian JS, Hu JH, Gao J, Zheng L, Zhang YM et al. Epidemiological, clinical and virological characteristics of 74 cases of coronavirus-infected disease 2019 (COVID-19) with gastrointestinal symptoms. *Gut*. 2020. doi: <https://doi.org/10.1136/gutjnl-2020-320926>.
32. WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. [Internet.] Geneva: WHO; 2020. [Accessed 23 Feb 2020.] Available from: [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected).
33. Harrison C. Coronavirus puts drug repurposing on the fast track. *Nat Biotechnol*. 2020. doi: <https://doi.org/10.1038/d41587-020-00003-1>.
34. Wang M, Cao R, Zhang L, Yang X, Liu J, Xu M et al. Remdesivir and chloroquine effectively inhibit the recently emerged novel coronavirus (2019-nCoV) in vitro. *Cell Research*. 2020;30:269–71.

## Appendix A: Frequently asked questions

### Q: Can I request access to the COVID-19 data behind your CDI weekly reports?

A: National notification data on COVID-19 confirmed cases is collated in the National Notifiable Disease Surveillance System (NNDSS) based on notifications made to state and territory health authorities under the provisions of their relevant public health legislation.

Normally, requests for the release of data from the NNDSS requires agreement from states and territories via the Communicable Diseases Network Australia, and, depending on the sensitivity of the data sought and proposed, ethics approval may also be required.

Due to the COVID-19 response, unfortunately, specific requests for NNDSS data have been put on hold. We are currently looking into options to be able to respond to data requests in the near future.

We will continue to publish regular summaries and analyses of the NNDSS dataset and recommend the following resources be referred to in the meantime:

- NNDSS summary tables: <http://www9.health.gov.au/cda/source/cda-index.cfm>
- Daily case summary of cases: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>
- *Communicable Diseases Intelligence* COVID-19 weekly epidemiology report: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel\\_coronavirus\\_2019\\_ncov\\_weekly\\_epidemiology\\_reports\\_australia\\_2020.htm](https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel_coronavirus_2019_ncov_weekly_epidemiology_reports_australia_2020.htm)
- State and territory public health websites.

**Q: Can I request access to data at post-code level of confirmed cases?**

A: Data at this level cannot be released without ethics approval and permission would need to be sought from all states and territories via the Communicable Diseases Network Australia. As noted above, specific requests for NNDSS data are currently on hold.

A GIS/mapping analysis of cases will be included in each *Communicable Diseases Intelligence* COVID-19 weekly epidemiology report. In order to protect privacy of confirmed cases, data in this map will be presented at SA3 level.

**Q. Where can I find more detailed data on COVID-19 cases?**

A: We are currently looking into ways to provide more in-depth epidemiological analyses of COVID-19 cases, with regard to transmission and severity, including hospitalisation. These analyses will continue to be built upon in future iterations of the weekly *Communicable Diseases Intelligence* report.

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #111 Novel Coronavirus (COVID-19)  
**Date:** Saturday, 9 May 2020 7:45:20 PM  
**Attachments:** [2020-05-09 NIR Health SitRep v111 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 9 May 2020, there have been 6,929 laboratory confirmed cases of COVID-19 in Australia, including 97 deaths.
- Since yesterday's situation report, an additional 16 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 795,000 tests have been conducted across Australia.
- National Cabinet met yesterday and released a three-step framework for the gradual removal of baseline COVID-19 restrictions.
- More than 5.43 million people have downloaded and registered for the COVIDSafe app as at 1530 hrs 9 May 2020.

#### Situation Overseas

- As at 1500 hrs 9 May 2020, a total of 3,939,119 cases of COVID-19 have been reported globally, including 274,898 deaths.
- Brazil experienced over 750 deaths overnight, marking the largest number of deaths in a 24 hour period in the Southern Hemisphere.

The next Situation Report will be issued on 10 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health





**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-09 1800 AEST	<b>Version</b>	111
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-10 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 8 May 2020 National Cabinet met and released a three-step framework for the easing of COVID-19 restrictions.             <ul style="list-style-type: none"> <li>Each step taken needs to be underpinned by a strong commitment from all to:                 <ul style="list-style-type: none"> <li>stay 1.5 metres away from other people whenever and wherever we can;</li> <li>maintain good hand washing and cough/sneeze hygiene;</li> <li>stay home when we're unwell, and getting tested if we have respiratory symptoms or a fever;</li> <li>download the COVIDSafe app so we can find the virus quickly; and</li> <li>develop COVID safe plans for workplaces and plans.</li> </ul> </li> <li>The three-step plan provides a pathway for jurisdictions to move towards COVID safe communities in a way that best suits their individual circumstances.</li> <li>States and territories are able to move between the steps on the pathway at different times, in line with their current public health situation and local conditions.</li> <li>States and territories need to maintain steady case numbers and be able to rapidly contain outbreaks.                 <ul style="list-style-type: none"> <li><u>Step 1</u> focuses on carefully reopening the economy, and giving Australians opportunities to return to work and social activities, including gatherings of up to 10 people, up to 5 visitors in the family home and some local and regional travel;</li> <li><u>Step 2</u> builds on this with gatherings of up to 20, and more businesses reopening, including gyms, beauty services and entertainment venues like galleries and cinemas; and</li> <li><u>Step 3</u> transitions to COVID safe ways of living and working, with gatherings of up to 100 people permitted. Arrangements under step 3 will be the 'new normal' while the</li> </ul> </li> </ul> </li> </ul>
-------------------------------	---



	<p>virus remains a threat. International travel and mass gatherings over 100 people will remain restricted.</p> <ul style="list-style-type: none"> <li>○ A detailed plan of the steps, as well as a summary, was released.</li> <li>○ Individuals and business are encouraged to refer to local authorities for information, or visit <a href="http://www.australia.gov.au">www.australia.gov.au</a>.</li> <li>○ Special arrangements will continue in Indigenous biosecurity areas and for vulnerable groups.</li> <li>○ National Cabinet also committed to regular reviews and stocktake assessments of our progress every 3 weeks.</li> <li>○ National Cabinet's goal is to have a sustainable COVID safe Australia in July 2020.</li> <li>● National Cabinet will meet again on Friday, 15 May 2020.</li> <li>● On 7 May 2020, the Minister for Health provided a briefing to member states of the WHO on Australia's domestic response to COVID19. Six member states (Jordan, Indonesia, Ghana, Austria, Venezuela and Australia) gave presentations. <ul style="list-style-type: none"> <li>○ Australia's presentation covered four key areas: containment, capacity, recovery and international cooperation.</li> <li>○ More than 330 individuals and Ministries from countries around the world dialled in.</li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>● On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>● In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>● From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>● Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>● On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>● The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Health Minister determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>● On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>● On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>● The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>● The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>● The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>

## 1. Situation

## Overview

**Domestic Situation (as at 1500 hrs, 9 May 2020)**

- A total of **6,929** cases of COVID-19, including 97 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - Since yesterday's situation report, **16 newly** confirmed cases and no new deaths, have been reported in Australia.
    - There were no new cases reported in ACT, NT, QLD, **TAS**, SA and **WA**.
    - Today, Vic reported **11** newly confirmed cases (**overseas and** locally acquired, and under investigation); NSW reported **5** newly confirmed cases (**overseas and** locally acquired).
    - **One previously reported case has been excluded following additional testing. The calculated difference compared to yesterday's Situation Report is 15 cases.**
  - Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.
    - The total number of newly confirmed cases reported over the last 7 days was 146, which is up from the **88** reported in the week prior. The increase over the past 7 days is predominately associated with an outbreak in Victoria.
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)
- According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 19% of these cases requiring admission to an ICU (2.2% of confirmed cases).
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - **57%** were male and **43%** were female.
  - Where data was available regarding comorbidities, 91% had one or more comorbidities and 55% had two or more comorbidities. The three most commonly reported comorbidities were cardiac disease (excluding hypertension), diabetes and chronic respiratory conditions (excluding asthma).

Testing

- To date, more than **795,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.9% and the positivity in the past week was 0.1%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over **183,000** tests conducted, which is up from around **117,000** reported in the week prior.

Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,250 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.

- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak associated with healthcare facilities in the Northwest Region of Tasmania.
    - As at 6 May 2020, Tasmania has reported 130 cases, including 81 staff members.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 8 May 2020, Victoria has reported 75 cases associated with this outbreak.
    - The Victorian Department of Health is working closely with the company. Media are reporting cases in two health care workers associated with this outbreak.
    - Meat processing facilities have been identified in the US as a setting with increased risk transmission for SARS-CoV-2 transmission.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 8 May, NSW has reported 69 cases (32 staff and 37 residents). There have also been 16 deaths associated with this outbreak.
    - Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 3 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 9 May 2020)**

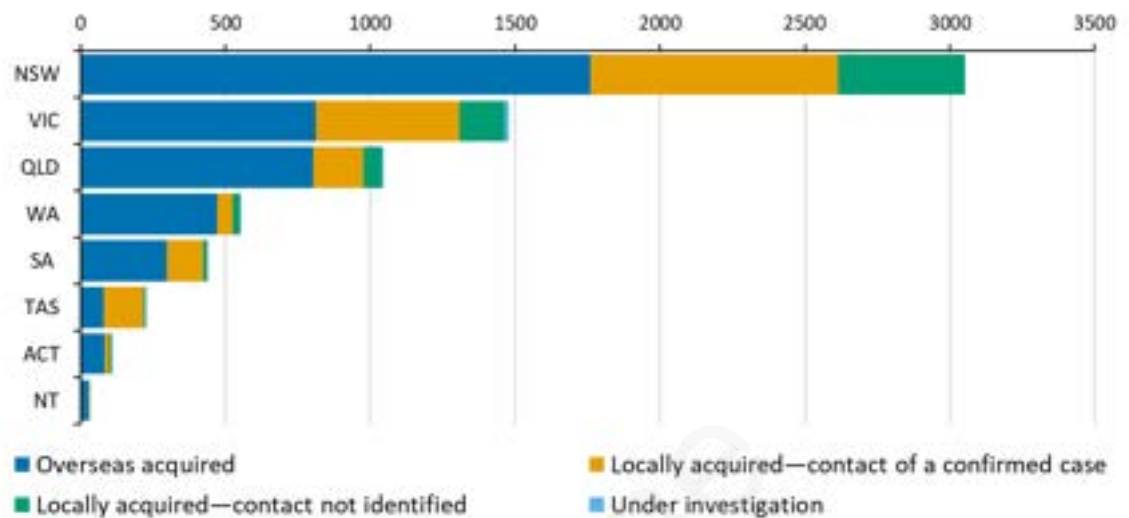
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,331	83	1,759	26	802	299	79	813	470
Locally acquired - contact of confirmed case and/or in a known cluster	1,864	17	856	2	174	125	140	494	56
Locally acquired - contact not identified	592	1	365	0	45	7	0	157	17
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	31	0	1	0	6	2	4	15	3
<b>Total cases</b>	<b>6,929</b>	<b>107</b>	<b>3,051</b>	<b>29</b>	<b>1,045</b>	<b>439</b>	<b>227</b>	<b>1,479</b>	<b>552</b>
<b>Deaths (of total)</b>	<b>97</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	16 (0.2%)	0 (0%)	5 (0.2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	11 (0.7%)	0 (0%)
Cases in the last 72hrs before (%change)	55 (0.8%)	0 (0%)	10 (0.3%)	0 (0%)	2 (0.2%)	1 (0.2%)	2 (0.9%)	39 (2.7%)	1 (0.2%)
Average daily change over the past three days (compound)	0.3%	0.0%	0.1%	0.0%	0.1%	0.1%	0.3%	0.9%	0.1%
Cases over the past week	146	1	20	0	11	1	4	108	1

\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a

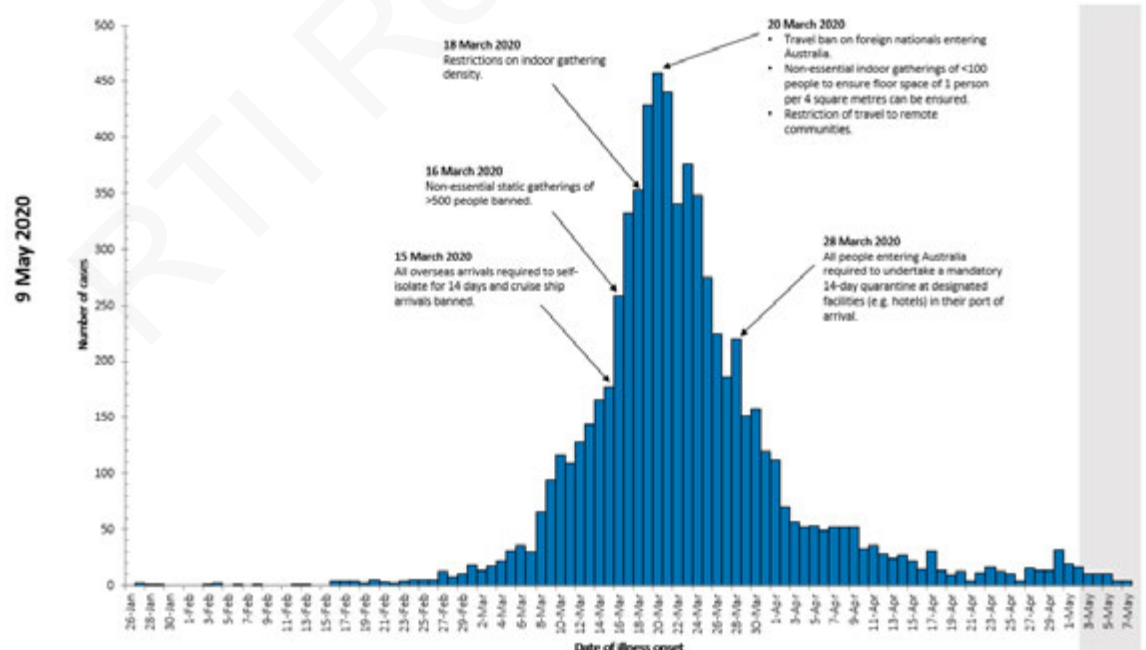
NSW resident is counted in the national figures as a NSW case.

*^ On 7 and 9 May, two cross border cases were attributed to Victorian case numbers. Both cases are residents of Victoria that were identified interstate. Additionally, a previous reported case was excluded by Victoria following further laboratory testing.*

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 9 May 2020**

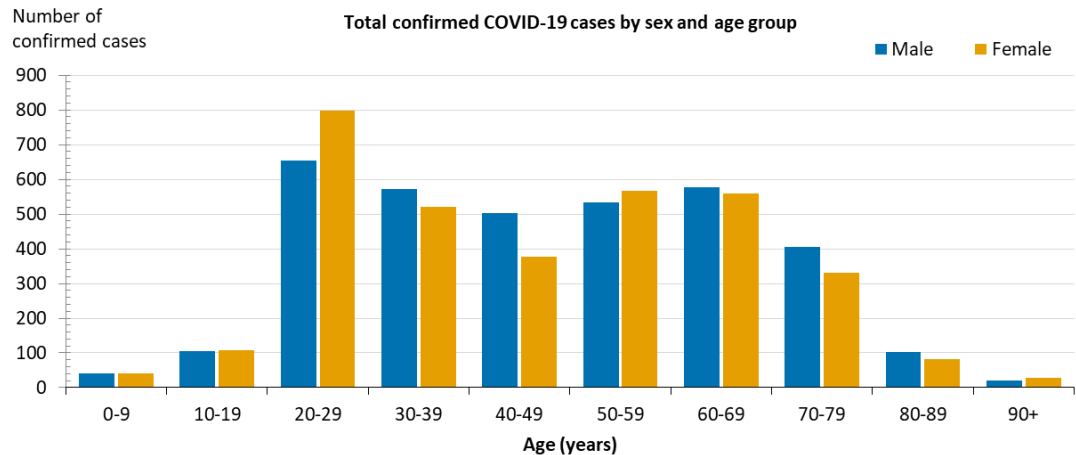


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 9 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 9 May 2020**

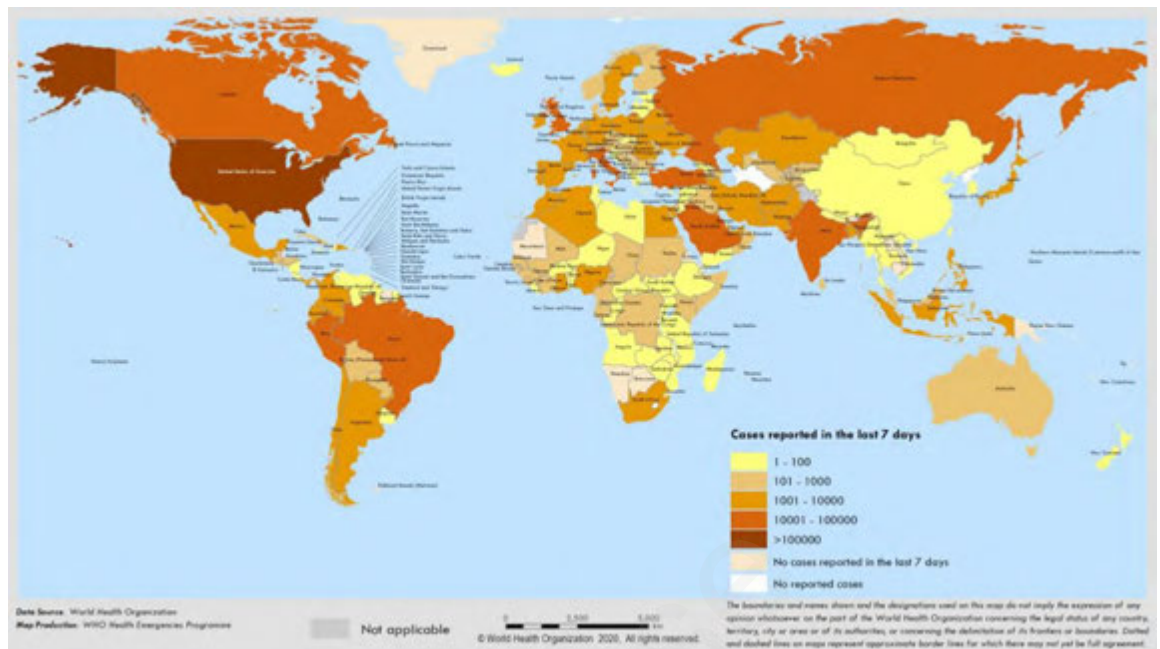


**International Situation (as at 1500 hrs, 9 May 2020)**

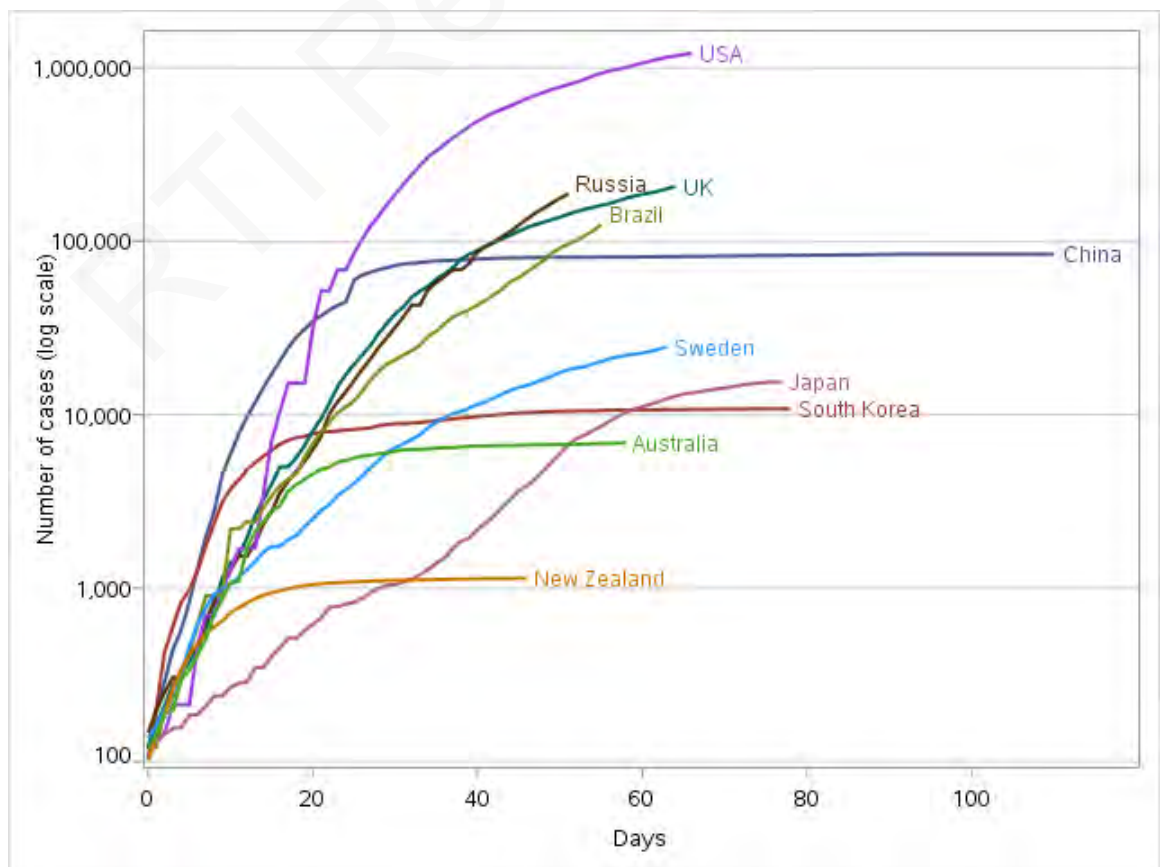
- The global number of confirmed COVID-19 cases is currently **3,939,119** including **274,898** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **92,000** new cases and over **5,300** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **8 May 2020** indicates the majority of deaths are from the United States of America (26%), the United Kingdom and Italy (12%), Spain and France (10%).
- Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately 6.9%.
- With the phased relaxing of measures for countries in heavily affected regions occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- Cases reported in the Middle East continue to increase. The UAE now exceeds **16,000** cases, while Saudi Arabia exceeds **33,000**.
- Russian case data is showing a sharp and steady rise in daily case numbers and the country is now above Germany's case count, reporting over 10,000 new cases for each of the last **five** days. The case fatality rate is very low, at 0.9%.
- The outbreak in the migrant worker population of Singapore continues with the country reporting **768** new cases. Singapore has reported **19,232** cases among dormitory residents (**89%** of all cases), which represents **5.95%** of the estimated total population living in those facilities.
- Brazil, Peru, India, Ecuador, Saudi Arabia, Mexico, Pakistan and Chile are all experiencing mid-level epidemics which are currently increasing. Brazil experienced over **750** deaths overnight, marking the largest number of deaths in a 24 hour period in the Southern Hemisphere.
- Indonesia and the Philippines have reported higher than expected case fatality rates. Indonesia has a rate of **7.3%** and the Philippines has a rate of 6.6%. The high case fatality rate is impacted both by limited testing and reporting of COVID related deaths.
- In the Pacific no new cases or deaths have been reported in Fiji, New Caledonia, Papua New Guinea, French Polynesia, Timor-Leste **or Northern Mariana Islands in the last 24 hours**.



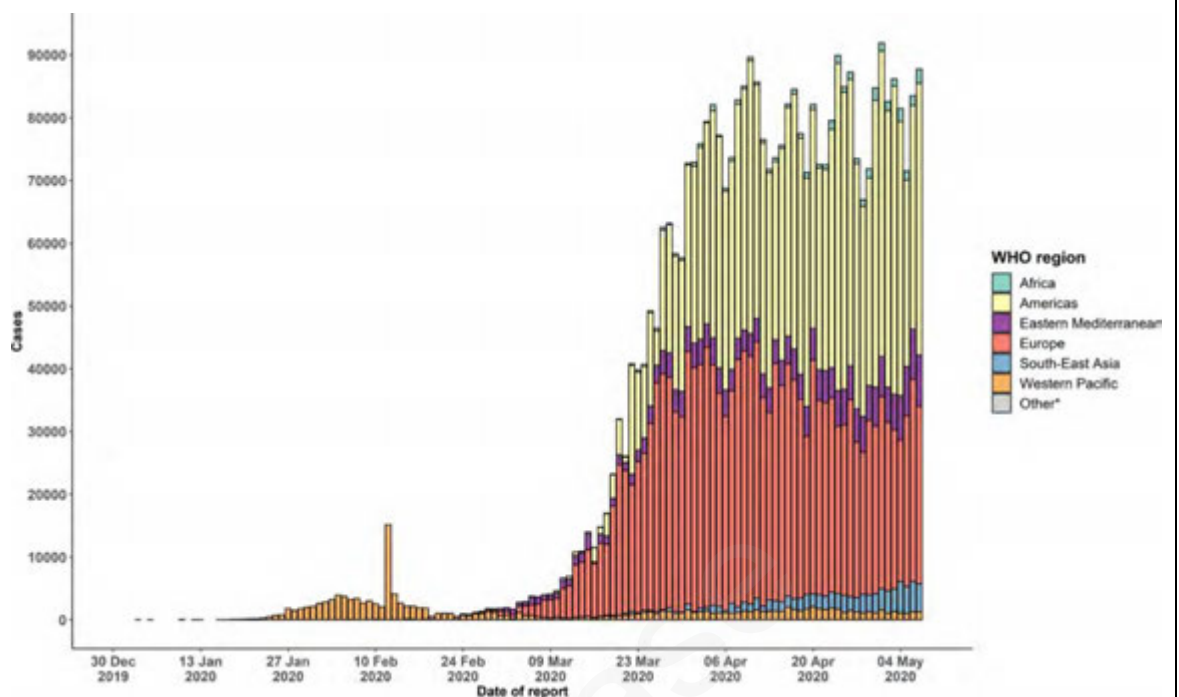
**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report **109** of **8 May 2020****



**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report **109** of **8 May 2020****



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 109 of 8 May 2020**



International response

#### WHO

- On 7 May 2020, the WHO Director-General announced an updated second version of the Strategic Preparedness and Response Plan (SPRP) will be published in coming days.
  - The SPRP stipulates that 1.7 billion USD will be required by WHO for operations, including essential supplies, to respond to COVID-19.
  - The SPRP takes into account the lessons learned so far, strengthening the WHO's role in global and regional coordination, in essential areas such as supply chains.
  - In certain fragile settings and countries with weaker health systems, the WHO will continue its operational work as a provider of essential health services.
  - The WHO will begin planning for the local delivery and implementation networks required as therapeutics and vaccines are developed.
- The WHO Academy will launch its new COVID-19 mobile learning application in the six official UN languages, enabling health workers access to the latest guidance and training.
- Turkish celebrities have joined UN and WHO to help convey key COVID-19 messages
- The WHO country office and the Delegation of the European Union to Somalia are collaborating to strengthen operational response activities for COVID-19.
- The WHO has launched a checklist to support prison administrators and policy-makers for rapid and effective response to COVID-19.
- On 7 May 2020, the WHO Regional Director for Europe reported a total of 1.6 million cases and almost 150,000 deaths in Europe, accounting for 45% of cases and 60% of global deaths.

## 2. Health Responses by States and Territories

ACT Health

- The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).
- There are seven public health emergency directions in force under the Public Health Act 1997.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- The ACT will continue its testing criteria for the foreseeable future for anybody with flu-like symptoms presenting at designated COVID-19 testing sites.*
- From 2359 hrs on Friday, 8 May 2020, key changes will take effect across the ACT:
  - All indoor and outdoor gatherings can have a maximum of 10 people (including children).
  - This includes gatherings at a person's home, which can be a maximum of 10 people (with exceptions where two households coming together results in a gathering of more than 10 people).



	<ul style="list-style-type: none"> <li>○ Weddings can now have up to 10 people attend, excluding those conducting the ceremony.</li> <li>○ Indoor funerals can have up to 20 people attend, excluding those conducting the service, OR outdoor funerals can have up to 30 people attend, excluding those conducting the service.</li> <li>○ Religious ceremonies and places of worship can have up to 10 people attend, excluding those conducting the service.</li> <li>○ Outdoor boot camps and personal fitness training can be held with a maximum of 10 people and no sharing of equipment.</li> <li>○ Real estate open houses and auctions can proceed with a maximum of 10 people.</li> <li>○ Public schools will return to on-campus learning in stages over the coming four weeks from Monday, 18 May 2020 (week three of term 2) to Tuesday, 2 June 2020 (week 6 of term 2).</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>● The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>● NSW Health is working with other necessary agencies to support the logistics of implementing drive-through testing clinics, such as Police and Transport.</li> <li>● On 15 April 2020, the Minister for Health approved the delegation for exemptions to the Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020 for funerals and weddings.</li> <li>● The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties. The Order will commence on 9 May.</li> <li>● As at 8 May 2020, there has been no change to the current level of restrictions, and there will be <a href="#">no relaxation of restrictions</a> in time for Mother's Day on Sunday, 10 May 2020.</li> <li>● Up to two adults and children in their care can visit another person's home at any one time. There is no restriction on how far persons can travel to visit others.</li> <li>● <i>On 8 May 2020, the Premier announced that schools are ready for a return for face-to-face classes from the upcoming week.</i></li> </ul>
NT Health	<ul style="list-style-type: none"> <li>● Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>● NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>● Effective 1200 1 May 2020, the NT Government <a href="#">eased restrictions</a> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>● Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>● NT will be looking to lift biosecurity zone restrictions on remote communities next month (June).</li> <li>● NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>● A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>● The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>● A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>● Further Queensland border restrictions and quarantine arrangements came into effect midnight 10 April 2020.</li> <li>● On April 26 2020, Queensland Government announced that stay at home restrictions would ease from Saturday, 2 May 2020.</li> <li>● From <b>15</b> May 2020, the following will be <a href="#">allowed</a>: <ul style="list-style-type: none"> <li>○ Gatherings in homes with a maximum of five people;</li> <li>○ Visit a nail salon or beauty parlour;</li> <li>○ Take a day trip up to 150km;</li> <li>○ Visit an outdoor gym (max 10 people);</li> <li>○ Attend a wedding (max 10 people); and</li> <li>○ Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>● The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> <li>● Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>● <a href="#">From 11 May 2020</a>, outdoor dining, community centres and sports training can resume.</li> </ul>

	<ul style="list-style-type: none"> <li>• More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>• Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>• In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• <a href="#">From 11 May 2020</a>, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral will increase from 10 to 20. Aged care visits will be allowed once a week for a maximum of two visitors. National Parks and reserves will open to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at 5 people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• <i>The Victorian Government is <a href="#">reviewing current State of Emergency restrictions</a>, with further announcements expected on Monday, 11 May 2020.</i></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• The Chief Health Officer has formally escalated the Infectious Disease Emergency Management Plan to TARGETED ACTION PHASE and escalated the State Hazard Plan Human Biosecurity to RESPONSE PHASE and made a Level 3 Incident Declaration on the 15 March 2020.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>• A Public Health State of Emergency declaration was made on 16 March 2020. Further extensions have been activated.</li> <li>• Closure and Restriction (Elite Athlete Training) Modification Directions: Effective 1 May 2020, certain gatherings are exempt from being prohibited to enable certain activities to occur and to enable certain places to be open.</li> <li>• <a href="#">Closure and Restriction (Limit the Spread) Directions (No 2)</a>: Effective <b>2359</b> 26 April 2020, indoor and outdoor gatherings for up to 10 people are allowed including weddings, outdoor personal training, and open house or display village inspections.</li> <li>• Visitors to Residential Aged Care Direction (No 2): Effective 25 April 2020, a person whose presence at the premises is required for the purposes of emergency management, law enforcement or otherwise responding to an emergency does not have to have an up to date vaccination against influenza, irrespective of whether such a vaccination is available.</li> <li>• The DETECT program was expanded to FIFO workers within the resources sector on 06 May 2020, randomised testing of people who do not have COVID-19 symptoms.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

#### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

**Confirmed cases of COVID-19 by location, excluding Australia**

Please note that the total global cases count reported in the table below is less than the 'live' figure of **3,939,119** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **109**, 8 May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,415	4,643	6	0
<i>Hong Kong SAR</i>	1,045	4	0	0
<i>Taiwan</i>	440	6	0	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,215,571	67,146	22,119	1,949
Spain	221,447	26,070	1,122	213
Italy	215,858	29,958	1,401	274
The United Kingdom	206,719	30,615	5,514	539
Russian Federation	187,859	1,723	10,699	98
Germany	167,300	7,266	1,209	147
France	135,980	25,946	512	177
Turkey	133,721	3,641	1,977	57
Brazil	125,218	8,536	10,503	615
Iran (Islamic Republic of)	103,135	6,486	1,485	68
Canada	63,895	4,280	1,437	169
India	56,342	1,886	3,390	103
Peru	54,817	1,533	3,628	89
Belgium	51,420	8,415	639	76
Netherlands	41,774	5,288	455	84
Saudi Arabia	33,731	219	1,793	10
Ecuador	30,298	1,654	878	36
Switzerland	30,043	1,517	66	13
Mexico	27,634	2,704	1,609	197
Portugal	26,715	1,105	533	16
Pakistan	25,837	594	1,764	30
Sweden	24,623	3,040	705	99
Chile	24,581	285	1,533	4
Ireland	22,385	1,403	137	28
Singapore	20,939	20	741	0
Belarus	20,168	116	913	4
Qatar	18,890	12	918	0
Israel	16,346	239	32	1
United Arab Emirates	16,240	165	502	8
Austria	15,673	609	22	1
Japan	15,547	557	84	6
Poland	15,047	755	307	22

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Romania	14,499	876	392	18
Ukraine	14,195	361	504	21
Indonesia	12,776	930	338	35
Bangladesh	12,425	186	706	0
Republic of Korea	10,822	256	12	0
Philippines	10,343	685	339	27
Denmark	10,083	514	100	8
Serbia	9,848	206	57	3
Dominican Republic	9,095	373	288	11
Colombia	8,959	397	346	19
South Africa	8,232	161	424	8
Czechia	8,031	270	57	8
Norway	7,995	209	42	0
Egypt	7,981	482	393	13
Panama	7,731	218	208	8
Kuwait	6,567	44	278	2
Malaysia	6,467	107	39	0
Finland	5,673	255	100	3
Morocco	5,548	183	140	0
Argentina	5,305	275	229	11
Algeria	5,182	483	185	7
Republic of Moldova	4,605	145	129	2
Kazakhstan	4,578	30	69	0
Bahrain	4,199	8	265	0
Luxembourg	3,859	100	8	2
Afghanistan	3,563	105	171	1
Nigeria	3,526	107	381	4
Hungary	3,178	392	28	9
Oman	3,112	15	154	2
Ghana	3,091	18	372	0
Armenia	3,029	43	145	1
Thailand	3,000	55	8	0
Greece	2,678	148	15	1
Iraq	2,543	102	63	0
Uzbekistan	2,314	10	48	0
Cameroon	2,265	108	0	0
Azerbaijan	2,204	28	77	0
Croatia	2,125	86	6	1
Puerto Rico	2,031	56	63	0
Bosnia and Herzegovina	2,027	89	10	2
Guinea	1,927	11	71	0
Bolivia (Plurinational State of)	1,886	91	84	5
Bulgaria	1,829	84	51	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Iceland	1,801	10	2	0
Cuba	1,729	73	26	4
Estonia	1,720	56	7	1
North Macedonia	1,572	89	33	1
Côte d'Ivoire	1,571	20	55	2
Senegal	1,492	13	59	1
Honduras	1,461	99	191	6
Slovenia	1,449	99	1	0
Slovakia	1,445	26	16	1
Lithuania	1,433	49	5	1
New Zealand	1,141	21	2	0
Djibouti	1,133	3	9	0
Tunisia	1,026	44	1	1
Sudan	930	52	78	3
Somalia	928	44	55	5
Latvia	909	18	9	1
Kyrgyzstan	906	12	11	0
Democratic Republic of the Congo	897	36	100	1
Cyprus	889	21	6	0
Kosovo	861	27	1	0
Mayotte	854	10	115	1
Albania	850	31	18	0
Guatemala	798	21	35	2
Sri Lanka	797	9	0	0
Lebanon	784	25	34	0
Niger	781	42	11	4
Costa Rica	761	6	6	0
Andorra	752	47	0	0
Burkina Faso	736	48	7	0
International conveyance (Diamond Princess)	712	13	0	0
El Salvador	695	15	62	1
Uruguay	673	17	3	0
Mali	650	32	19	0
Maldives	648	3	30	1
San Marino	632	41	24	0
Georgia	623	9	9	0
Kenya	607	29	25	3
occupied Palestinian territory	547	4	1	0
United Republic of Tanzania	509	21	29	3
Guinea-Bissau	508	2	0	0
Gabon	504	8	107	2
Jordan	494	9	21	0
Malta	486	5	2	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Jamaica	478	9	5	0
Paraguay	462	10	22	0
Tajikistan	461	16	82	7
Equatorial Guinea	439	4	0	0
Réunion	427	0	2	0
Venezuela (Bolivarian Republic of)	379	10	12	0
Mauritius	332	10	0	0
Isle of Man	327	23	1	0
Montenegro	324	8	0	0
Jersey	293	25	0	1
Viet Nam	288	0	17	0
Congo	274	10	10	0
Rwanda	271	0	3	0
Chad	253	27	83	10
Guernsey	252	13	0	0
Sierra Leone	231	14	6	0
Cabo Verde	218	2	27	0
Madagascar	193	0	0	0
Ethiopia	191	4	29	0
Liberia	189	20	11	0
Faroe Islands	187	0	0	0
Martinique	182	14	0	0
Myanmar	176	6	14	0
São Tomé and Príncipe	165	4	-9	1
Eswatini	153	2	30	0
Guadeloupe	153	13	0	0
Zambia	153	4	14	0
Guam	147	5	0	0
Gibraltar	144	0	0	0
Brunei Darussalam	141	1	2	0
Benin	140	2	38	0
French Guiana	138	1	0	0
Togo	135	9	7	0
Cambodia	122	0	0	0
Bermuda	118	7	3	0
Trinidad and Tobago	116	8	0	0
Haiti	108	12	7	0
Aruba	101	2	0	0
Uganda	101	0	3	0
Nepal	99	0	0	0
Monaco	95	1	0	0
Central African Republic	94	0	0	0
Guyana	93	10	0	0



Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Bahamas	92	11	3	0
South Sudan	90	0	32	0
Liechtenstein	83	1	0	0
Barbados	82	7	0	0
Mozambique	81	0	0	0
Cayman Islands	78	1	0	0
Sint Maarten	76	14	0	0
United States Virgin Islands	66	4	0	0
Libya	64	3	0	0
French Polynesia	60	0	0	0
Syrian Arab Republic	45	3	0	0
Malawi	43	3	0	0
Mongolia	41	0	0	0
Eritrea	39	0	0	0
Saint Martin	38	3	0	0
Angola	36	2	0	0
Zimbabwe	34	4	0	0
Yemen	26	6	0	0
Antigua and Barbuda	25	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Grenada	21	0	0	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
Gambia	18	1	1	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Nicaragua	16	5	0	0
Northern Mariana Islands (Commonwealth of the)	15	2	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Comoros	8	1	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,753,071</b>	<b>259,377</b>	<b>87,708</b>	<b>5,429</b>

RTI Release

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #112 Novel Coronavirus (COVID-19)  
**Date:** Sunday, 10 May 2020 7:30:47 PM  
**Attachments:** [2020-05-10 NIR Health SitRep v112 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 10 May 2020, there have been 6,941 laboratory confirmed cases of COVID-19 in Australia, including 97 deaths.
- Since yesterday's situation report, an additional 14 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 827,500 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 10 May 2020, a total of 4,024,973 cases of COVID-19 have been reported globally, including 279,321 deaths.
- Brazil continues to report over 600 deaths per 24-hour period.

The next Situation Report will be issued on 11 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at irrelevant information or irrelevant information (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to irrelevant information by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Graeme Barden  
 COVID-19 National Incident Response  
 Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>10</i> 1800 AEST	<b>Version</b>	<i>112</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>11</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Graeme Barden, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 8 May 2020, the National Cabinet released the three-step framework for a COVID safe Australia, outlining the key steps the states and territories can choose to enforce and progress through, based on individual circumstances and local conditions:               <ul style="list-style-type: none"> <li>Step 1 focuses on carefully reopening the economy, and giving Australians opportunities to return to work and social activities, including gatherings of up to 10 people, up to five visitors in the family home and some local and regional travel.</li> <li>Step 2 builds on this with gatherings of up to 20, and more businesses reopening, including gyms, beauty services and entertainment venues like galleries and cinemas.</li> <li>Step 3 transitions to COVID safe ways of living and working, with gatherings of up to 100 people permitted. Arrangements under step three will be the 'new normal' while the virus remains a threat. International travel and mass gatherings over 100 people will remain restricted.</li> </ul> </li> <li>Each step taken needs to be underpinned by a strong commitment from all to:               <ul style="list-style-type: none"> <li>Stay 1.5 metres away from other people whenever and wherever you can,</li> <li>Maintain good hand washing and cough/sneeze hygiene,</li> <li>Stay home if unwell, and get tested if you have respiratory symptoms or a fever,</li> <li>Download the COVIDSafe app, and</li> <li>Develop COVID safe plans for workplaces.</li> </ul> </li> <li>For more information, see the <u>Roadmap to a COVIDSafe Australia and three-step framework</u>.</li> <li>National Cabinet's goal is to have a sustainable COVID safe Australia in July 2020.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> </ul>

- In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.
- From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.
- Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.
- On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment
- The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.

#### Emergency Response Plan for COVID-19

- On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.

#### Commonwealth emergency powers

- On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.
- The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.
- The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.
- The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).

## 1. Situation

### Overview

#### Domestic Situation (as at 1500 hrs, 10 May 2020)

- A total of **6,941** cases of COVID-19, including 97 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - Since yesterday's situation report, **14** newly confirmed cases and no new deaths, have been reported in Australia.
    - There were no new cases reported in ACT, NT, TAS, SA and WA.
    - VIC reported **10** newly confirmed cases (*one overseas, five locally acquired, and four under investigation*);
    - NSW reported **two** newly confirmed cases (*both overseas acquired*);
    - *QLD reported two newly confirmed cases (both were previously reported as under investigation). At the same time, two previously reported cases have been excluded following additional testing.*
  - Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.
    - The total number of newly confirmed cases reported over the last 7 days was **143**, which is up from the **87** reported in the week prior. The increase over the past 7 days is predominately associated with an increase in cases in Victoria.
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)

- According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 19% of these cases requiring admission to an ICU (2.2% of confirmed cases).
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 57% were male and 43% were female.
  - Where data was available regarding comorbidities, 91% had one or more comorbidities and 54% had two or more comorbidities. The three most commonly reported comorbidities were cardiac disease (excluding hypertension), diabetes and chronic respiratory conditions (excluding asthma).

#### Testing

- To date, more than 827,500 tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.8% and the positivity in the past week was 0.1%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over 194,000 tests conducted, which is up from around 126,000 reported in the week prior.
  - *In the past 24 hours Victoria has reported over 16,900 tests.*

#### Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,250 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 10 May 2020, Victoria has reported 76 cases associated with this outbreak.
    - The Victorian Department of Health is working closely with the company. Media are reporting cases in two health care workers associated with this outbreak.
    - Meat processing facilities have been identified in the US as a setting with increased risk transmission for SARS-CoV-2 transmission.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 10 May, NSW has reported 69 cases (32 staff and 37 residents). There have also been 16 deaths associated with this outbreak.
    - Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 3 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 10 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld <sup>a</sup>	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,333	83	1,761	26	802	299	79	813	470
Locally acquired - contact of confirmed case and/or in a known cluster	1,863	17	856	2	173	125	140	494	56
Locally acquired - contact not identified	591	1	365	0	44	7	0	157	17
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	43	0	1	0	8	2	4	25	3
<b>Total cases</b>	<b>6,941</b>	<b>107</b>	<b>3,053</b>	<b>29</b>	<b>1,045</b>	<b>439</b>	<b>227</b>	<b>1,489</b>	<b>552</b>
<b>Deaths (of total)</b>	<b>97</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	14 (0%)	0 (0%)	2 (0%)	0 (0%)	2 (0%)	0 (0%)	0 (0%)	10 (1%)	0 (0%)
Cases in the last 72hrs before (%change)	47 (1%)	0 (0%)	9 (0%)	0 (0%)	2 (0%)	0 (0%)	1 (0%)	34 (2%)	1 (0%)
Average daily change over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.8%	0.1%
Cases over the past week	143	1	21	0	10	1	4	105	1

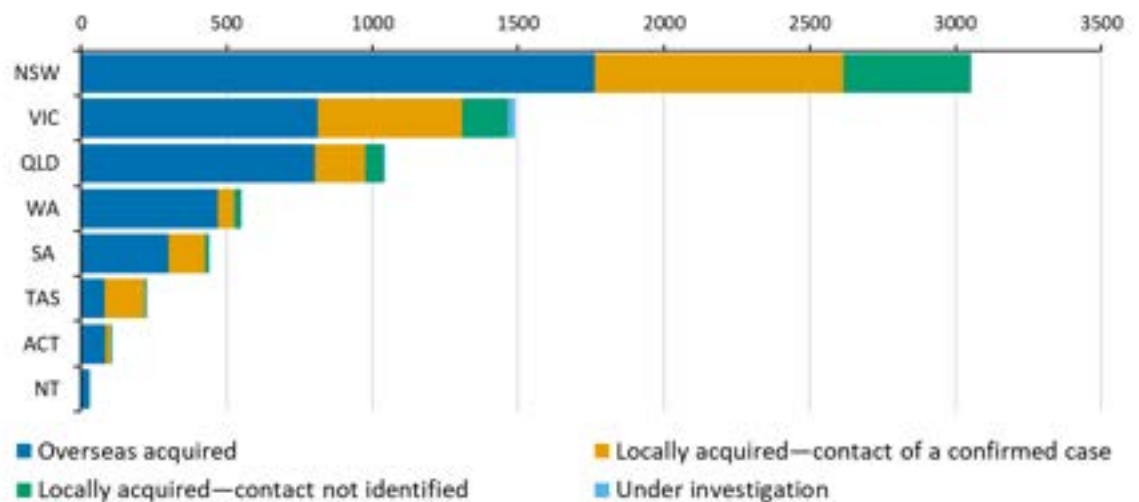
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

<sup>^</sup> On 7 and 9 May, two cross border cases were attributed to Victorian case numbers. Both cases are residents of Victoria that were identified interstate. Additionally, a previous reported case was excluded by Victoria following further laboratory testing.

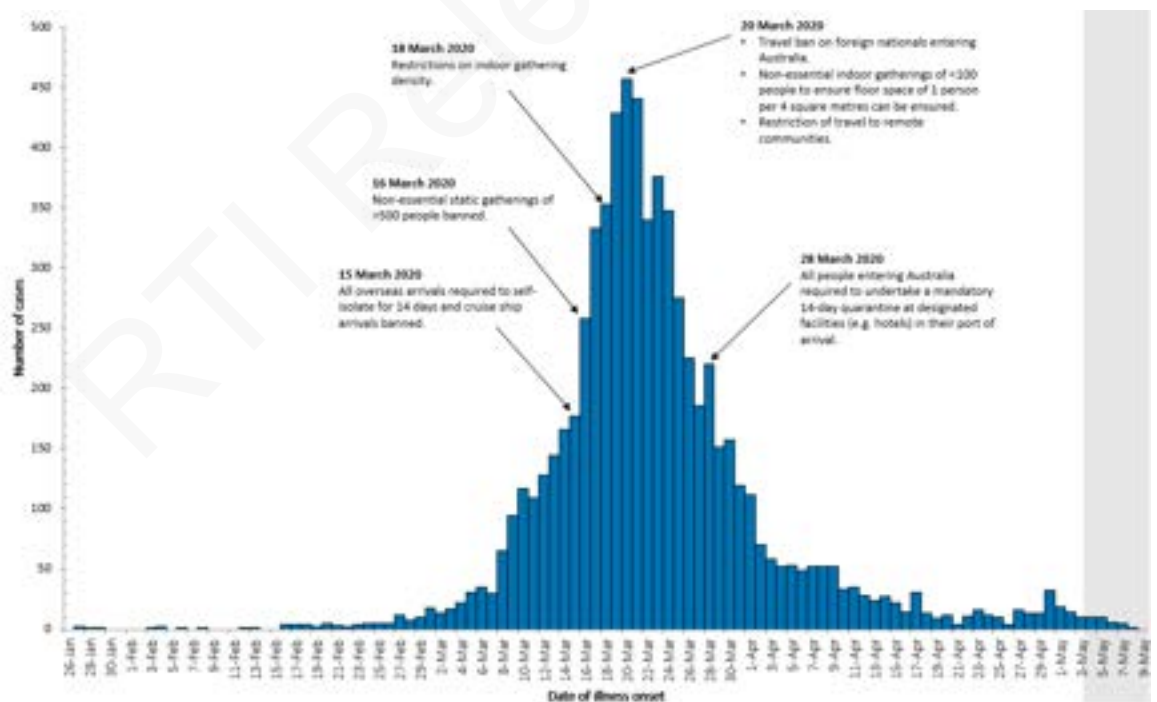
<sup>a</sup>On 10 May 2020, QLD revised their number of cases. Whilst their increase in cases in the past 24 hours was 2, there were 2 people reported previously that were subsequently excluded after further testing. This resulted in no change to their calculated total number of cases. This has been reported in the QLD Sit Rep.



**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 10 May 2020**

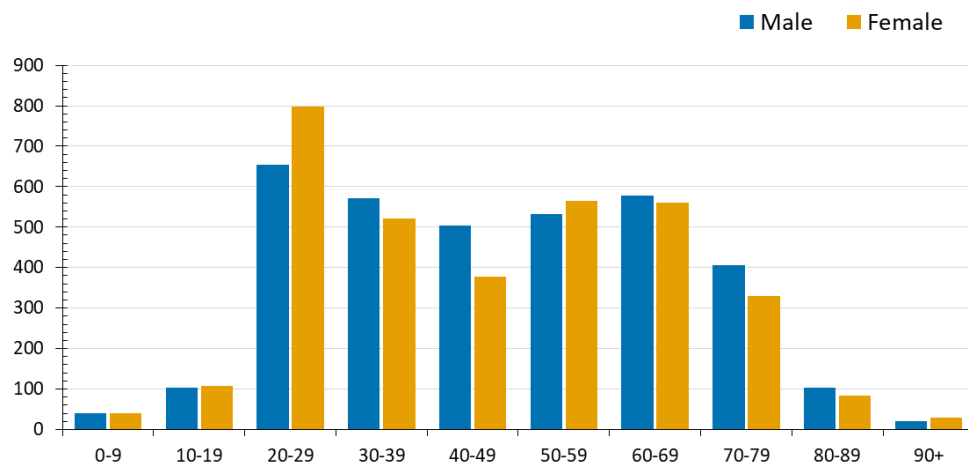


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 10 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

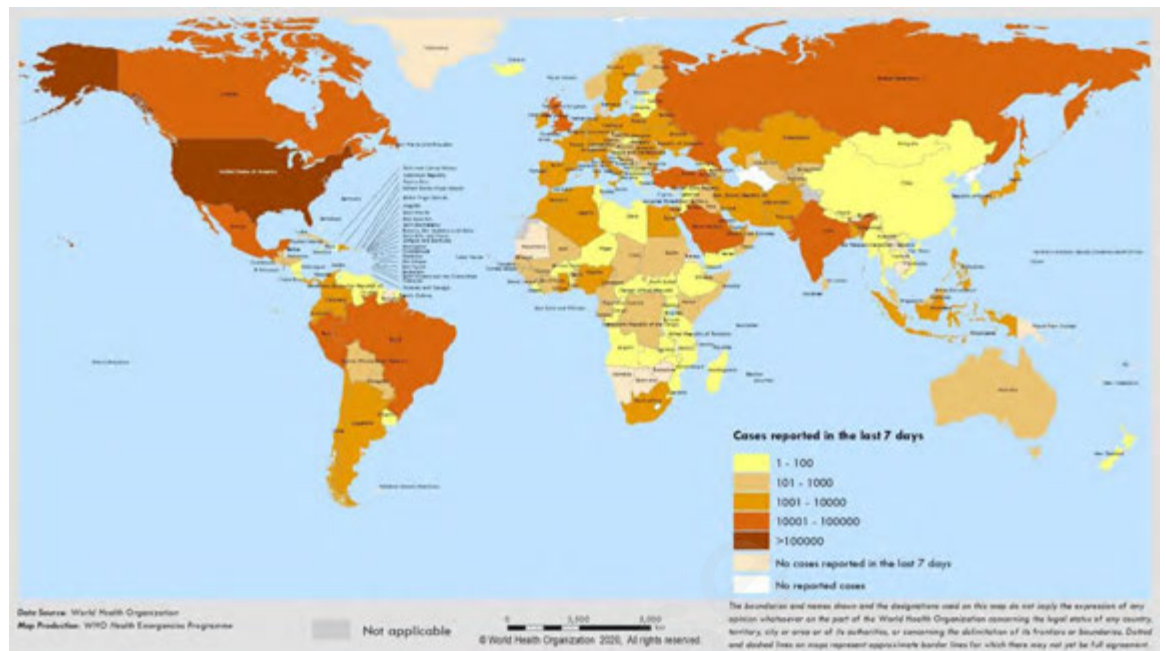
**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 10 May 2020**



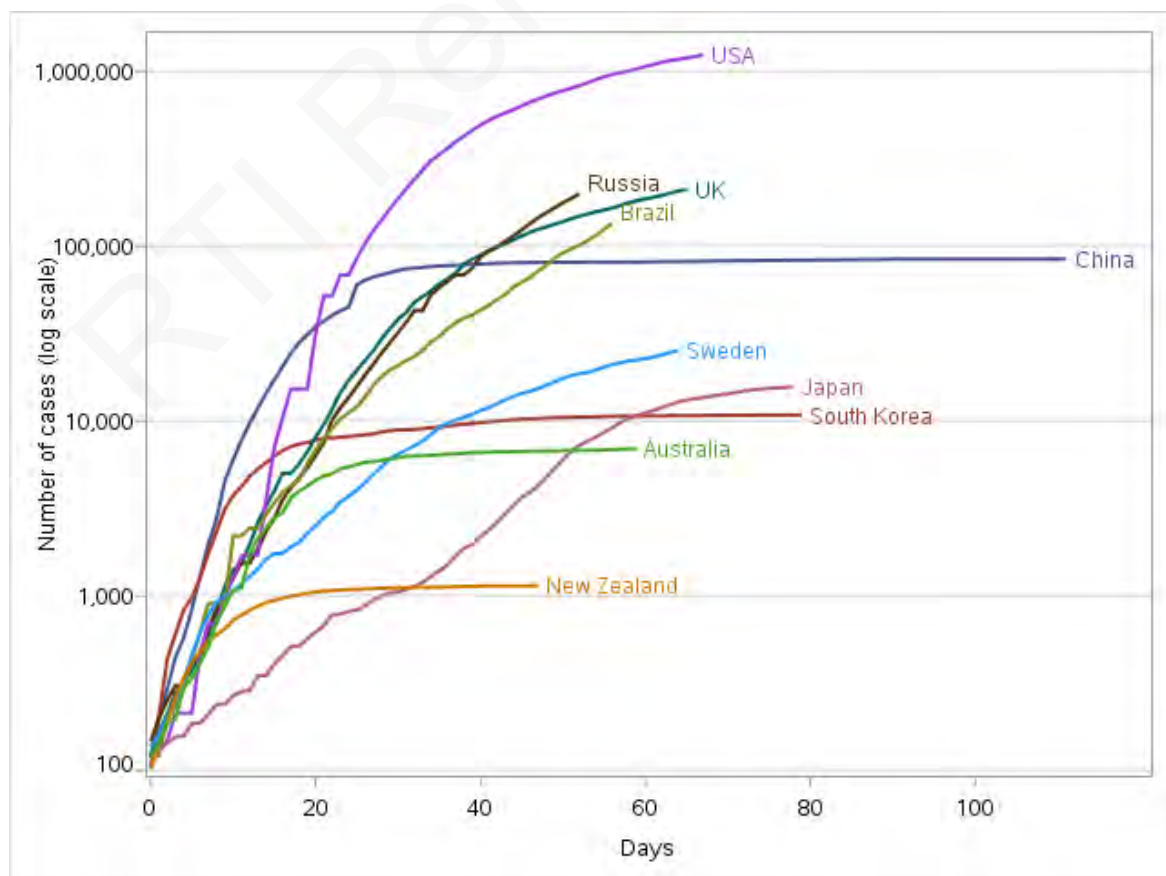
**International Situation (as at 1500 hrs, 10 May 2020)**

- The global number of confirmed COVID-19 cases is currently **4,024,973** including **279,321** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **85,000** new cases and over **4,400** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from 9 May 2020 indicates the majority of deaths are from the United States of America (26%), the United Kingdom (12%), and Italy (**11%**), Spain and France (10% each).
- Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately 6.9%.
- With the phased relaxing of measures for countries in heavily affected regions occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- Cases reported in the Middle East continue to increase. The UAE now exceeds 16,000 cases, while Saudi Arabia exceeds **35,000**.
- Russian case data is showing a sharp and steady rise in daily case numbers and the country is now above Germany's case count, reporting over 10,000 new cases for each of the last **six** days. The case fatality rate is very low, at **0.7%**.
- The outbreak in the migrant worker population of Singapore continues with the country reporting **741** new cases. Singapore has reported **19,971** cases among dormitory residents (89% of all cases), which represents **6.18%** of the estimated total population living in those facilities.
- Brazil, Peru, India, Ecuador, Saudi Arabia, Mexico, Pakistan and Chile are all experiencing mid-level epidemics which are currently increasing. **Brazil continues to report over 600 deaths per 24-hour period. This is likely to be attributed to ongoing investigations into cause of death and will likely to continue as the Ministry of Health is reporting nearly 2,000 deaths still under investigation. Of the 730 deaths reported on 9 May 2020, only 234 occurred in the preceding three days.**
- Indonesia and the Philippines have reported higher than expected case fatality rates. Indonesia has a rate of **7.0%** and the Philippines has a rate of **6.7%**. The high case fatality rate is impacted both by limited testing and reporting of COVID related deaths.
- In the Pacific, no new cases or deaths have been reported in Fiji, New Caledonia, Papua New Guinea, French Polynesia, Timor-Leste or Northern Mariana Islands in the last **2 days**.

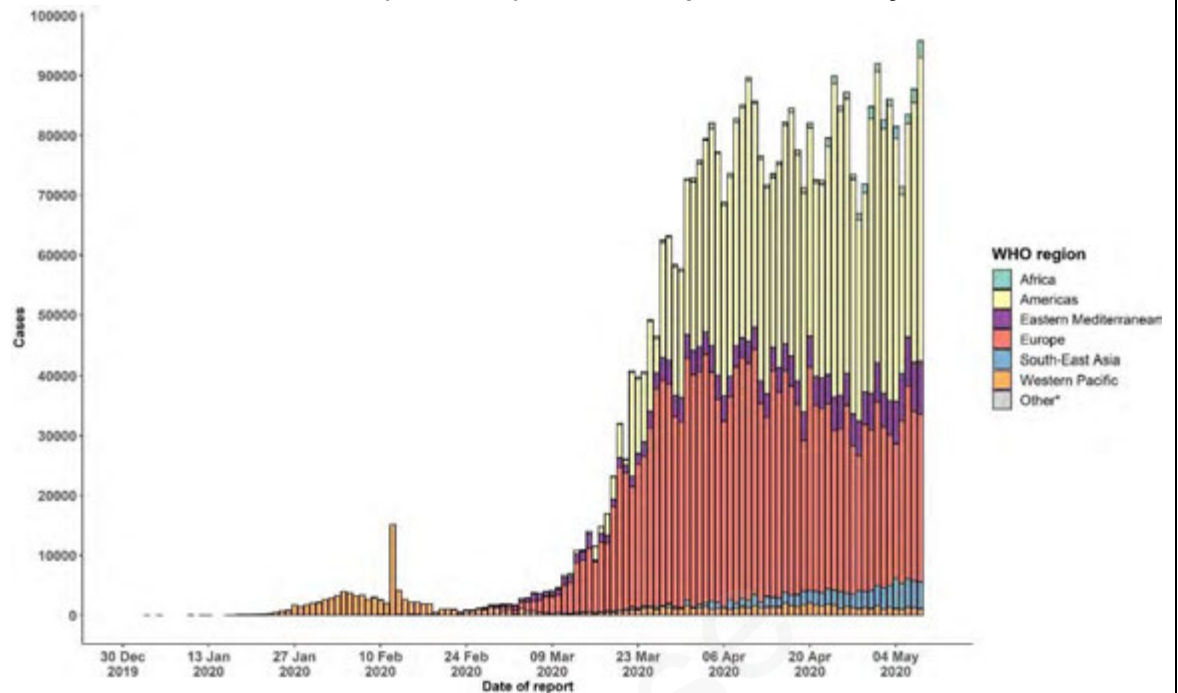
**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report **110** of **9** May 2020**



**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report **110** of **9** May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report **110** of **9 May 2020****



#### International response

##### WHO

- On 7 May 2020, the WHO Director-General announced an updated second version of the Strategic Preparedness and Response Plan (SPRP) will be published in coming days.
  - The SPRP stipulates that 1.7 billion USD will be required by WHO for operations, including essential supplies, to respond to COVID-19.
  - The SPRP takes into account the lessons learned so far, strengthening the WHO's role in global and regional coordination, in essential areas such as supply chains.
  - In certain fragile settings and countries with weaker health systems, the WHO will continue its operational work as a provider of essential health services.
  - The WHO will begin planning for the local delivery and implementation networks required as therapeutics and vaccines are developed.
- The WHO has launched a checklist to support prison administrators and policy-makers for rapid and effective response to COVID-19.

## 2. Health Responses by States and Territories

#### ACT Health

- The ACT declared a Public Health Emergency under the *Public Health Act 1997* (ACT).
- There are seven public health emergency directions in force under the *Public Health Act 1997*.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- The ACT will continue its testing criteria for the foreseeable future for anybody with flu-like symptoms presenting at designated COVID-19 testing sites.
- From 2359 hrs on Friday, 8 May 2020, key changes **took** effect across the ACT:
  - All indoor and outdoor gatherings can have a maximum of 10 people (including children).
  - This includes gatherings at a person's home, which can be a maximum of 10 people (with exceptions where two households coming together results in a gathering of more than 10 people).
  - Weddings can now have up to 10 people attend, excluding those conducting the ceremony.
  - Indoor funerals can have up to 20 people attend, excluding those conducting the service, OR outdoor funerals can have up to 30 people attend, excluding those conducting the service.
  - Religious ceremonies and places of worship can have up to 10 people attend, excluding those conducting the service.
  - Outdoor boot camps and personal fitness training can be held with a maximum of 10 people and no sharing of equipment.

	<ul style="list-style-type: none"> <li>Real estate open houses and auctions can proceed with a maximum of 10 people.</li> <li>Public schools will return to on-campus learning in stages over the coming four weeks from Monday, 18 May 2020 (week three of term 2) to Tuesday, 2 June 2020 (week 6 of term 2).</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties, effective 9 May 2020.</li> <li><i>From 15 May 2020, the <u>NSW Government</u> will ease restrictions and permit:</i> <ul style="list-style-type: none"> <li><i>Outdoor gatherings of up to 10 people.</i></li> <li><i>Cafes and restaurants can seat 10 patrons at any one time.</i></li> <li><i>Up to five visitors to a household at any one time.</i></li> <li><i>Weddings up to 10 guests.</i></li> <li><i>Indoor funerals up to 20 mourners, outdoor funerals up to 30.</i></li> <li><i>Religious gatherings/places of worship up to 10 worshippers.</i></li> <li><i>Use of outdoor equipment with caution.</i></li> <li><i>Outdoor pools open with restrictions.</i></li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the <i>Biosecurity Act</i> regional control measures on 26 March 2020.</li> <li>Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>NT will be looking to lift biosecurity zone restrictions on remote communities next month (June).</li> <li>NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>From 15 May 2020, the following will be <u>allowed</u>:             <ul style="list-style-type: none"> <li>Gatherings in homes with a maximum of five people.</li> <li>Visit a nail salon or beauty parlour.</li> <li>Take a day trip up to 150km.</li> <li>Visit an outdoor gym (max 10 people).</li> <li>Attend a wedding (max 10 people).</li> <li>Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The State Control Centre Health is active 0800-2100 hrs, 7 days a week, with liaison officers from multiple organisations.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li><u>From 11 May 2020</u>, outdoor dining, community centres and sports training can resume.             <ul style="list-style-type: none"> <li>More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li><u>From 11 May 2020</u>, restrictions on funeral attendance, aged care visits and exercise in parks</li> </ul>



	<p>and reserves will be eased gradually:</p> <ul style="list-style-type: none"> <li>On 11 May 2020, the number of attendees allowed at a funeral will increase from 10 to 20. Aged care visits will be allowed once a week for a maximum of two visitors. National Parks and reserves will open to residents who live no more than 30km away.</li> <li>On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>Stage 3 restrictions have been in place since 30 March 2020, are legally enforceable, govern how businesses can operate, and valid reasons for people to leave their homes.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>The Victorian Government is <u>reviewing current State of Emergency restrictions</u>, with further announcements expected on Monday, 11 May 2020.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li><i>On 10 May 2020, the WA Premier announced a four-phase roadmap to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020:</i> <ul style="list-style-type: none"> <li><i>Social distancing, good hygiene and the 4-sqm rule apply to all activities.</i></li> <li><i>Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</i></li> <li><i>Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</i></li> <li><i>Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</i></li> <li><i>Some regional travel restrictions relaxed.</i></li> <li><i>Non-contact community sports up to 20 people.</i></li> <li><i>Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</i></li> <li><i>Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</i></li> <li><i>Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</i></li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

## Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

## Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

## Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,024,973** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **110, 9** May 2020, excluding Australian cases.

Location	Reported cases	Deaths
China (including SARs)	84,416	4,643
<i>Hong Kong SAR</i>	1,045	4
<i>Taiwan</i>	440	6
<i>Macau SAR</i>	45	0
United States of America	1,245,874	69,889
Spain	222,857	26,251
Italy	217,185	30,201
The United Kingdom	211,368	31,241
Russian Federation	198,676	1,827
Germany	168,551	7,369
France	136,578	26,188
Turkey	135,569	3,689
Brazil	135,106	9,146
Iran (Islamic Republic of)	104,691	6,541
Canada	65,399	4,471



India	59,662	1,981
Peru	58,526	1,627
Belgium	52,011	8,521
Netherlands	42,093	5,359
Saudi Arabia	35,432	229
Ecuador	30,298	1,654
Switzerland	30,168	1,531
Mexico	29,616	2,961
Pakistan	27,474	618
Portugal	27,268	1,114
Chile	25,972	294
Sweden	25,265	3,175
Ireland	22,541	1,429
Singapore	21,707	20
Belarus	21,101	121
Qatar	20,201	12
United Arab Emirates	16,793	174
Israel	16,444	245
Austria	15,735	614
Japan	15,628	601
Poland	15,366	776
Romania	14,811	898
Ukraine	14,710	376
Bangladesh	13,134	206
Indonesia	13,112	943
Republic of Korea	10,840	256
Philippines	10,463	696
Denmark	10,218	522
Serbia	9,943	209
Colombia	9,456	407
Dominican Republic	9,376	380
South Africa	8,895	178
Egypt	8,476	503
Czechia	8,077	273
Norway	8,034	213
Panama	7,868	225
Kuwait	7,208	47
Malaysia	6,535	107
Finland	5,738	260
Morocco	5,711	186
Argentina	5,530	289
Algeria	5,369	488
Kazakhstan	4,922	31
Republic of Moldova	4,728	159
Bahrain	4,444	8
Ghana	4,012	18
Nigeria	3,912	117
Luxembourg	3,871	100
Afghanistan	3,563	105
Oman	3,224	17
Hungary	3,213	405

Armenia	3,175	44
Thailand	3,004	56
Greece	2,691	150
Iraq	2,603	104
Uzbekistan	2,336	10
Azerbaijan	2,279	28
Cameroon	2,265	108
Croatia	2,161	86
Puerto Rico	2,156	56
Bolivia (Plurinational State of)	2,081	102
Bosnia and Herzegovina	2,070	97
Guinea	2,009	11
Bulgaria	1,911	88
Iceland	1,801	10
Cuba	1,741	74
Estonia	1,725	56
Honduras	1,685	105
Côte d'Ivoire	1,602	20
North Macedonia	1,586	90
Senegal	1,551	13
Slovakia	1,455	26
Slovenia	1,450	100
Lithuania	1,436	49
New Zealand	1,142	21
Djibouti	1,135	3
Sudan	1,111	59
Tunisia	1,030	45
Democratic Republic of the Congo	937	39
Kyrgyzstan	931	12
Latvia	928	18
Somalia	928	44
Cyprus	891	21
Mayotte	890	11
Kosovo	862	28
Albania	856	31
Sri Lanka	835	9
Guatemala	832	23
Lebanon	796	26
Niger	795	44
Costa Rica	765	6
Andorra	754	47
Maldives	744	3
El Salvador	742	15
Burkina Faso	736	48
International conveyance (Diamond Princess)	712	13
Uruguay	684	17
Mali	668	35
San Marino	632	41
Georgia	626	10
Kenya	621	29
Gabon	620	8

Paraguay	563	10
occupied Palestinian territory	547	4
Tajikistan	522	18
United Republic of Tanzania	509	21
Guinea-Bissau	508	2
Jordan	508	9
Malta	489	5
Jamaica	488	9
Equatorial Guinea	439	4
Réunion	430	0
Venezuela (Bolivarian Republic of)	381	10
Mauritius	332	10
Isle of Man	329	23
Montenegro	324	8
Jersey	293	25
Viet Nam	288	0
Congo	287	10
Rwanda	273	0
Chad	260	28
Sierra Leone	257	17
Guernsey	252	13
Benin	242	2
Cabo Verde	230	2
São Tomé and Príncipe	208	5
Liberia	199	20
Ethiopia	194	4
Faroe Islands	187	0
Martinique	183	14
Myanmar	177	6
Madagascar	169	0
Zambia	167	4
Eswatini	159	2
Guadeloupe	154	13
Guam	147	5
Togo	145	10
Gibraltar	144	0
Brunei Darussalam	141	1
French Guiana	141	1
Haiti	129	12
Cambodia	122	0
South Sudan	120	0
Bermuda	118	7
Trinidad and Tobago	116	8
Nepal	109	0
Aruba	101	3
Uganda	101	0
Monaco	95	1
Central African Republic	94	0
Guyana	93	10
Bahamas	92	11
Liechtenstein	83	1

Barbados	82	7
Mozambique	82	0
Cayman Islands	80	1
Sint Maarten	76	14
United States Virgin Islands	68	4
Libya	64	3
French Polynesia	60	0
Syrian Arab Republic	47	3
Malawi	43	3
Mongolia	42	0
Eritrea	39	0
Saint Martin	38	3
Angola	36	2
Yemen	36	8
Zimbabwe	34	4
Antigua and Barbuda	25	3
Timor-Leste	24	0
Botswana	23	1
Grenada	21	0
Gambia	20	1
Burundi	19	1
Lao People's Democratic Republic	19	0
Belize	18	2
Fiji	18	0
New Caledonia	18	0
Saint Lucia	18	0
Saint Vincent and the Grenadines	17	0
Curaçao	16	1
Dominica	16	0
Namibia	16	0
Nicaragua	16	5
Northern Mariana Islands (Commonwealth of the)	15	2
Saint Kitts and Nevis	15	0
Falkland Islands (Malvinas)	13	0
Holy See	12	0
Turks and Caicos Islands	12	1
Greenland	11	0
Montserrat	11	1
Seychelles	11	0
Suriname	10	1
Comoros	8	1
Mauritania	8	1
Papua New Guinea	8	0
Bhutan	7	0
British Virgin Islands	7	1
Bonaire, Sint Eustatius and Saba	6	0
Saint Barthélemy	6	0
Anguilla	3	0
Saint Pierre and Miquelon	1	0
<b>Total</b>	<b>3,848,874</b>	<b>265,765</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #113 Novel Coronavirus (COVID-19)  
**Date:** Monday, 11 May 2020 8:59:51 PM  
**Attachments:** [2020-05-11 NIR Health SitRep v113 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 11 May 2020, there have been 6,948 laboratory confirmed cases of COVID-19 in Australia, including 97 deaths.
- Since yesterday's situation report, an additional 8 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 855,000 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 11 May 2020, a total of 4,102,955 cases of COVID-19 have been reported globally, including 282,727 deaths.
- In the Middle East the outbreak continues to develop. Iran is likely experiencing a second wave of the epidemic following the easing of restrictions 2-3 weeks previous.

The next Situation Report will be issued on 12 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>11</i> 1800 AEST	<b>Version</b>	<i>113</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>12</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 8 May 2020, the National Cabinet released the three-step framework for a COVID safe Australia, outlining the key steps the states and territories can choose to enforce and progress through, based on individual circumstances and local conditions:               <ul style="list-style-type: none"> <li><u>Step 1</u> focuses on carefully reopening the economy, and giving Australians opportunities to return to work and social activities, including gatherings of up to 10 people, up to five visitors in the family home and some local and regional travel.</li> <li><u>Step 2</u> builds on this with gatherings of up to 20, and more businesses reopening, including gyms, beauty services and entertainment venues like galleries and cinemas.</li> <li><u>Step 3</u> transitions to COVID safe ways of living and working, with gatherings of up to 100 people permitted. Arrangements under step three will be the 'new normal' while the virus remains a threat. International travel and mass gatherings over 100 people will remain restricted.</li> </ul> </li> <li>For more information, see the <u>Roadmap to a COVIDSafe Australia</u> and <u>three-step framework</u>.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> </ul>

	<ul style="list-style-type: none"> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the <i>Biosecurity Act 2015</i> prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 11 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>6,948</b> cases of COVID-19, including 97 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>8</b> newly confirmed cases and no new deaths, have been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, <b>Qld</b>, Tas, SA and WA.</li> <li><b>Vic reported 7 newly confirmed cases (4 overseas, 1 locally acquired, and 2 under investigation);</b></li> <li><b>NSW reported one newly confirmed case (overseas acquired); one previously reported case has been excluded following additional testing.</b></li> </ul> </li> <li>Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>125</b>, which is up from the <b>103</b> reported in the week prior. The increase over the past 7 days is predominately associated with an increase in cases in Victoria.</li> </ul> </li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).             <ul style="list-style-type: none"> <li>To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> <li>According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 19% of these cases requiring admission to an ICU (2.2% of confirmed cases).</li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:             <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> <li>Almost half of cases were acquired overseas.</li> </ul> </li> </ul>
----------	--



- Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 57% were male and 43% were female.
  - *The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (28%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 3 May 2020).*

#### Testing

- To date, more than **855,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.8% and the positivity in the past week was 0.1%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over **204,000** tests conducted, which is up from around **133,000** reported in the week prior.
  - In the past 24 hours Victoria has reported over **18,000** tests.

#### Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over **1,300** cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **11** May 2020, Victoria has reported **77** cases associated with this outbreak.
    - The Victorian Department of Health is working closely with the company. Media are reporting cases in two health care workers associated with this outbreak.
    - Meat processing facilities have been identified in the US as a setting with increased risk transmission for SARS-CoV-2 transmission.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **11** May, NSW has reported 69 cases (32 staff and 37 residents). There have also been 16 deaths associated with this outbreak.
    - Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 3 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

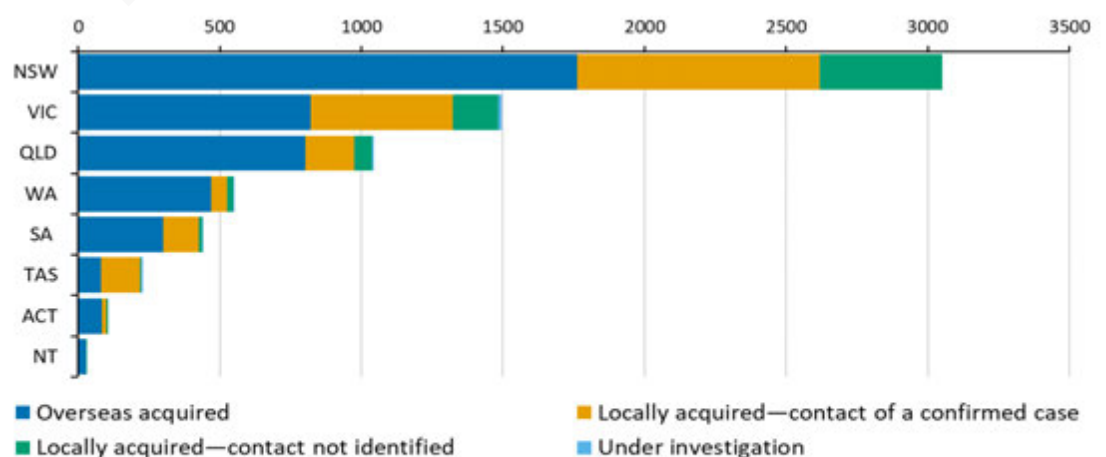
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 11 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW <sup>#</sup>	NT	Qld	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,343	83	1,762	26	802	300	79	821	470
Locally acquired - contact of confirmed case and/or in a known cluster	1,870	17	856	2	173	124	140	502	56
Locally acquired - contact not identified	595	1	365	0	44	7	0	161	17
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	29	0	0	0	8	2	4	12	3
<b>Total cases</b>	<b>6,948</b>	<b>107</b>	<b>3,053</b>	<b>29</b>	<b>1,045</b>	<b>439</b>	<b>227</b>	<b>1,496</b>	<b>552</b>
<b>Deaths (of total)</b>	<b>97</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	8 (0%)	0 (0%)	1 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (0%)	0 (0%)
Cases in the last 72hrs before (%change)	37 (1%)	0 (0%)	7 (0%)	0 (0%)	2 (0%)	0 (0%)	0 (0%)	28 (2%)	0 (0%)
Average daily change over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.6%	0.0%
Cases over the past week	125	0	21	0	8	1	4	90	1

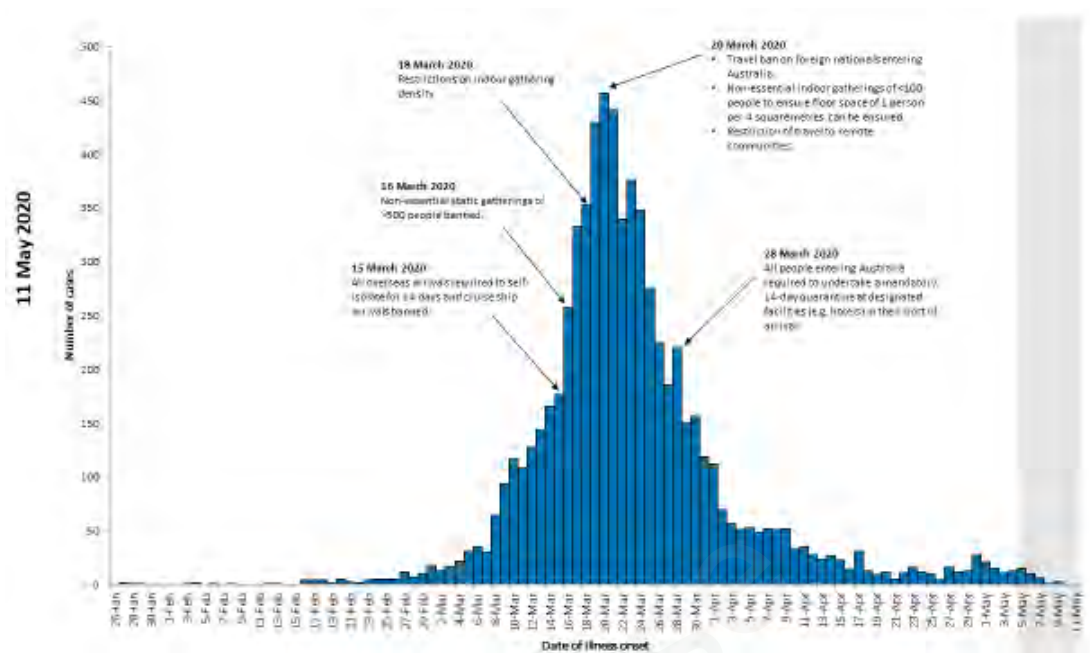
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

<sup>#</sup> On 10 May 2020 - NSW – One case reported previously was excluded after further testing.

<sup>^</sup> On 7 and 9 May 2020, two cross border cases were attributed to Victorian case numbers. Both cases are residents of Victoria that were identified interstate.

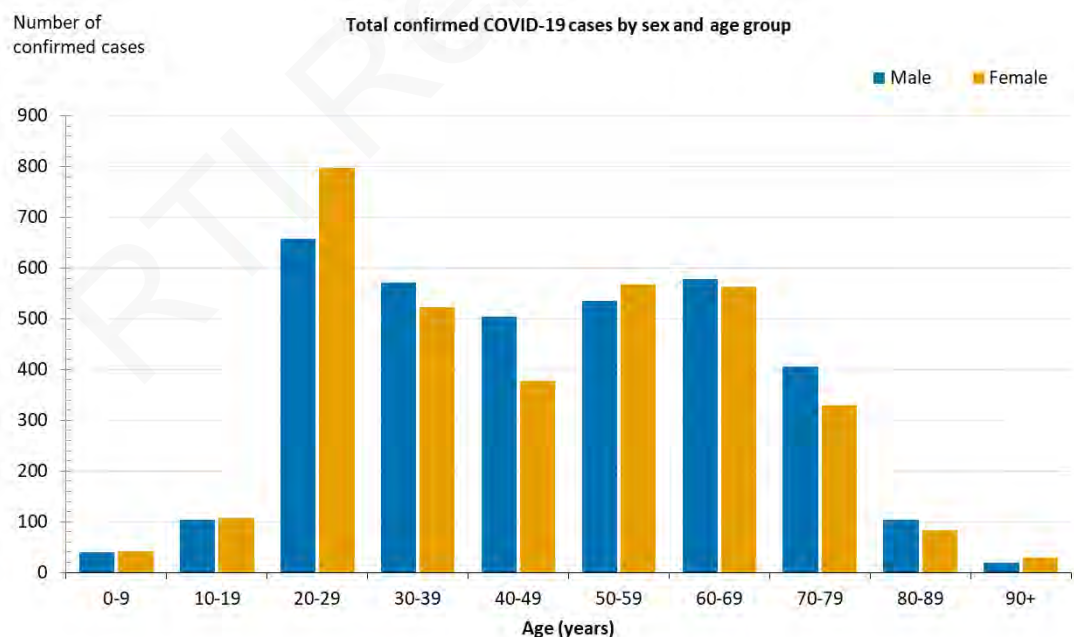
**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 11 May 2020**

**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs **11 May 2020** by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs **11 May 2020****

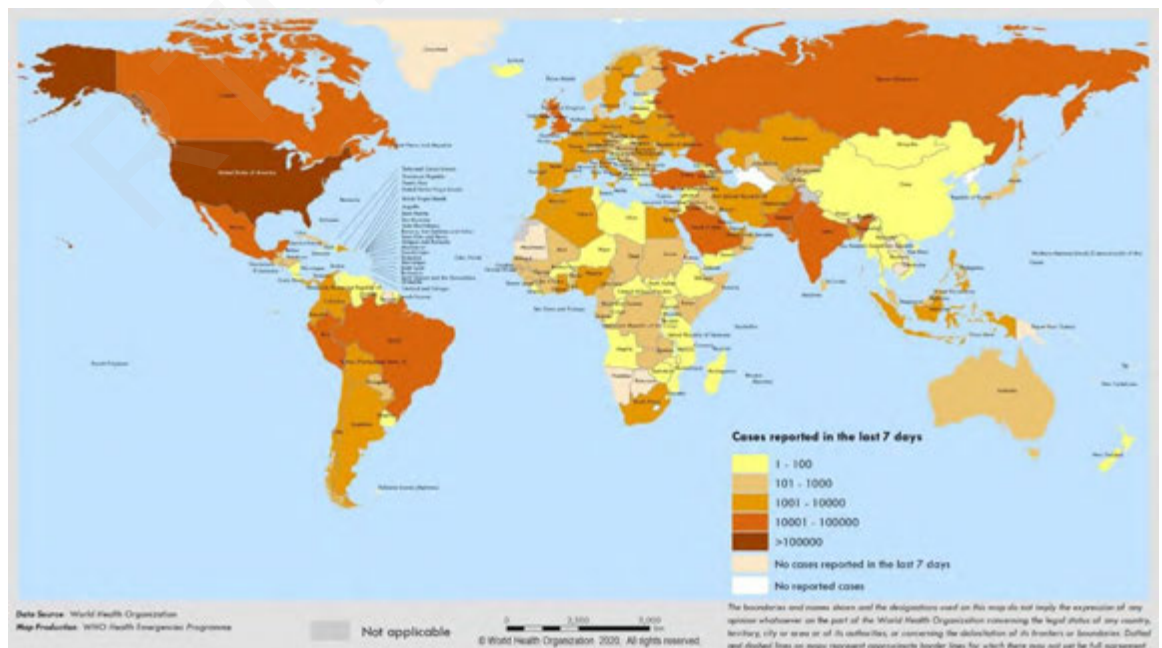


#### International Situation (as at 1500 hrs, **11 May 2020**)

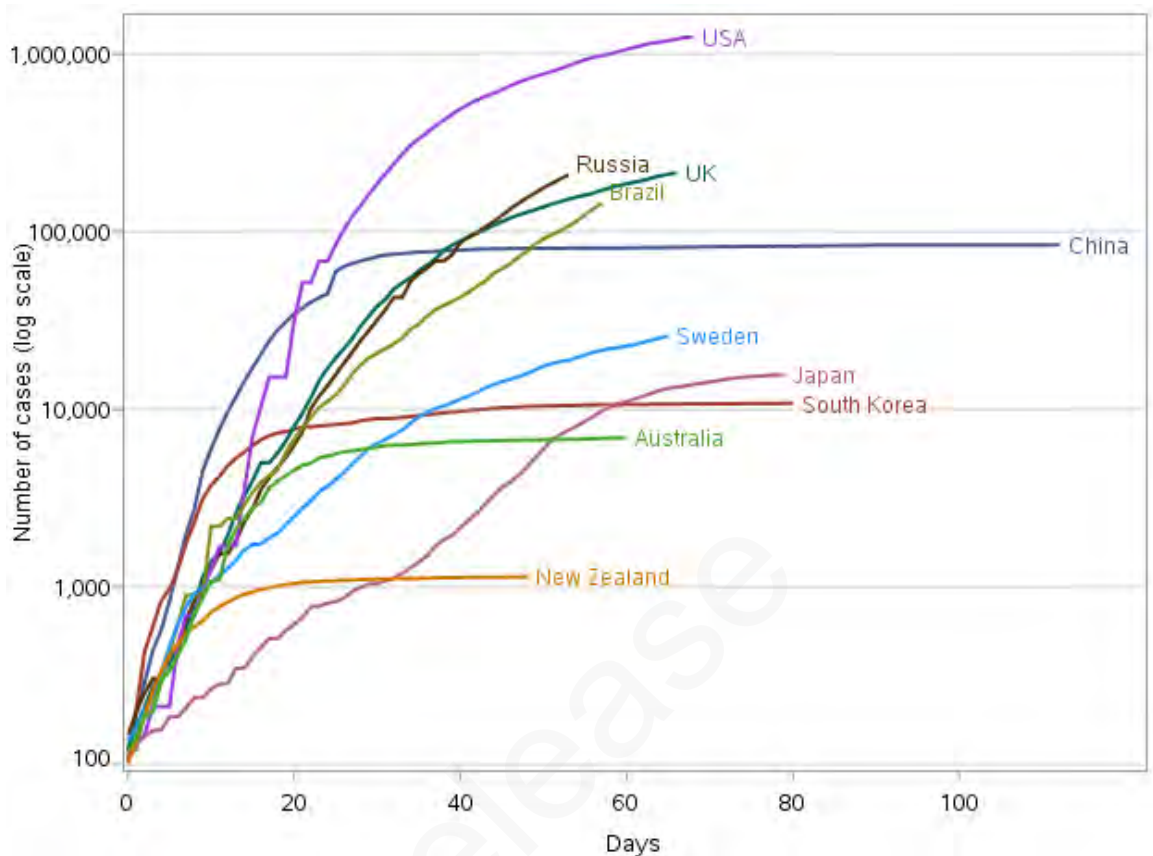
- The global number of confirmed COVID-19 cases is currently **4,102,955** including **282,727** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **78,000** new cases and over **3,400** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from 10 May 2020 indicates the majority of deaths are from the United States of America (**27%**), the United Kingdom (12%), Italy (11%), Spain and France (10% each).

- Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately **7.0%**.
- With the phased relaxing of measures for countries in heavily affected regions occurring over the coming weeks, a second wave or continuation of the current wave remains a possibility.
- *In the Middle East the outbreak continues to develop. Iran is likely experiencing a second wave of the epidemic following the easing of restrictions 2-3 weeks previous.*
- Case numbers in Russia are still increasing, with over **11,000 new cases reported daily**. *It will likely overtake Italy and the United Kingdom in total case numbers over the next two days.* The case fatality rate is very low, **at 0.9% due to the way in which COVID-19 deaths are classified.**
- The outbreak in the migrant worker population of Singapore continues with the country reporting **876 new cases**. In total, Singapore has reported **20,961 cases** among dormitory residents (89% of all cases), which represents **6.49%** of the estimated total population living in those facilities.
- *The epidemic in Brazil appears to be accelerating, and the number of confirmed cases there has exceeded 160,000 and number of deaths has exceeded 11,000.* Brazil continues to report over 600 deaths per 24-hour period. This is likely to be attributed to ongoing investigations into cause of death and will likely to continue as the Ministry of Health is reporting nearly 2,000 deaths still under investigation. Of the 730 deaths reported on 9 May 2020, only 234 occurred in the preceding three days.
- Indonesia and the Philippines have reported higher than expected case fatality rates. Indonesia has a rate of 7.0% and the Philippines has a rate of 6.7%. The high case fatality rate is impacted both by limited testing and reporting of COVID related deaths.
- In the Pacific, no new cases or deaths have been reported in Fiji, New Caledonia, Papua New Guinea, French Polynesia, Timor-Leste or Northern Mariana Islands in the last **4 days**.

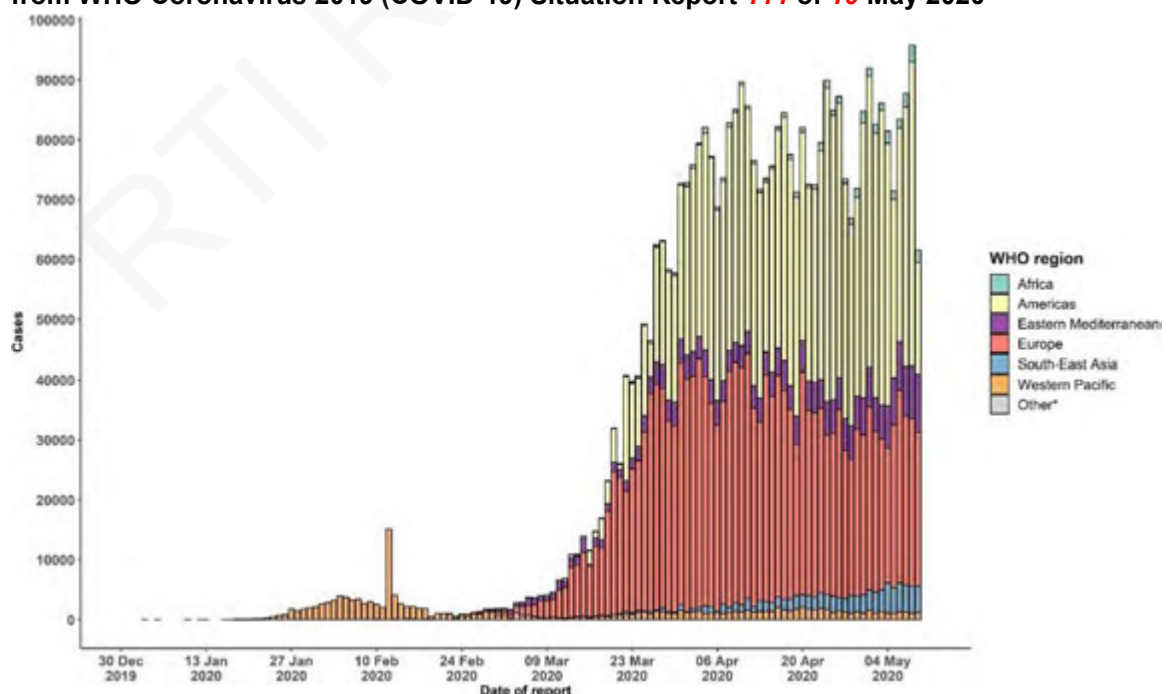
**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report **111** of **10 May 2020****



**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 111 of 10 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 111 of 10 May 2020**





International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 7 May 2020, the WHO Director-General announced an updated second version of the Strategic Preparedness and Response Plan (SPRP) will be published in coming days. <ul style="list-style-type: none"> <li>The SPRP stipulates that 1.7 billion USD will be required by WHO for operations, including essential supplies, to respond to COVID-19.</li> <li>The SPRP takes into account the lessons learned so far, strengthening the WHO's role in global and regional coordination, in essential areas such as supply chains.</li> <li>In certain fragile settings and countries with weaker health systems, the WHO will continue its operational work as a provider of essential health services.</li> <li>The WHO will begin planning for the local delivery and implementation networks required as therapeutics and vaccines are developed.</li> </ul> </li> <li>The WHO has launched a <u>checklist to support prison administrators</u> and policy-makers for rapid and effective response to COVID-19.</li> </ul>
------------------------	--

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).</li> <li>There are seven public health emergency directions in force under the Public Health Act 1997.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT will continue its testing criteria for the foreseeable future for anybody with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li><i>On Friday, 8 May 2020, the ACT revised restrictions for some non-essential gatherings and some businesses under public health directions.</i> <ul style="list-style-type: none"> <li>All indoor and outdoor gatherings can have a maximum of 10 people (including children).</li> <li><i>For more information on current ACT restriction see the <a href="#">ACT Government's website</a></i></li> </ul> </li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties, effective 9 May 2020.</li> <li>From 15 May 2020, the <u>NSW Government</u> will ease restrictions and permit: <ul style="list-style-type: none"> <li>Outdoor gatherings of up to 10 people.</li> <li>Cafes and restaurants can seat 10 patrons at any one time.</li> <li>Up to five visitors to a household at any one time.</li> <li>Weddings up to 10 guests.</li> <li>Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>Religious gatherings/places of worship up to 10 worshippers.</li> <li>Use of outdoor equipment with caution.</li> <li>Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>NT will be looking to lift biosecurity zone restrictions on remote communities next month (June).</li> <li>NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>From 15 May 2020, the following will be <u>allowed</u>: <ul style="list-style-type: none"> <li>Gatherings in homes with a maximum of five people.</li> <li>Visit a nail salon or beauty parlour.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Take a day trip up to 150km.</li> <li>○ Visit an outdoor gym (max 10 people).</li> <li>○ Attend a wedding (max 10 people).</li> <li>○ Dining in cafes and restaurants (max 20 people).</li> </ul>
SA Health	<ul style="list-style-type: none"> <li>● <i>From Monday 11 May 2020, the hours of operation of the State Control Centre - Health will be 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</i></li> <li>● Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>● From 11 May 2020, outdoor dining, community centres and sports training can resume. <ul style="list-style-type: none"> <li>○ More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>○ Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>○ In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>● On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>● Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>● From 11 May 2020, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>● On 11 May 2020, the number of attendees allowed at a funeral will increase from 10 to 20. Aged care visits will be allowed once a week for a maximum of two visitors. National Parks and reserves will open to residents who live no more than 30km away.</li> <li>● On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>● On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>● A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>● All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>● <i>New arrangements will come into effect in Victoria at 11.59pm on Tuesday 12 May 2020, under which, there will be five reasons Victorians may leave their homes:</i> <ol style="list-style-type: none"> <li><i>1. Shopping for food and supplies</i></li> <li><i>2. Care and caregiving</i></li> <li><i>3. Exercise and outdoor recreation</i></li> <li><i>4. Work and education – if they cannot do it from home</i></li> <li><i>5. Visiting friends and family – if they really need to</i></li> </ol> </li> </ul>
WA Health	<ul style="list-style-type: none"> <li>● The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>● A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>● On 10 May 2020, the WA Premier announced a four-phase roadmap to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020: <ul style="list-style-type: none"> <li>○ Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>○ Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>○ Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>○ Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>○ Some regional travel restrictions relaxed.</li> <li>○ Non-contact community sports up to 20 people.</li> <li>○ Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> </ul> </li> </ul>



- |  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> |
|--|--|

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

#### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

### 4. Appendix 1

#### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,102,955** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **111**, **10** May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,430	4,643	14	0
<i>Hong Kong SAR</i>	1,048	4	3	0
<i>Taiwan</i>	440	6	0	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,245,775	75,364	-99	5,475
Spain	223,578	26,478	721	227
Italy	218,268	30,395	1,083	194
The United Kingdom	215,264	31,587	3,896	346
Russian Federation	209,688	1,915	11,012	88
Germany	169,218	7,395	667	26
Brazil	145,328	9,897	10,222	751
Turkey	137,115	3,739	1,546	50
France	137,008	26,268	430	80
Iran (Islamic Republic of)	106,220	6,589	1,529	48
Canada	66,780	4,628	1,381	157
India	62,939	2,109	3,277	128
Peru	61,847	1,714	3,321	87
Belgium	52,596	8,581	585	60
Netherlands	42,382	5,422	289	63
Saudi Arabia	37,136	239	1,704	10
Mexico	31,522	3,160	1,906	199
Switzerland	30,168	1,531	0	0
Pakistan	29,465	639	1,991	21
Ecuador	28,818	1,704	-1,480	50
Portugal	27,406	1,126	138	12
Chile	27,219	304	1,247	10
Sweden	25,921	3,220	656	45
Belarus	22,973	131	1,872	10
Ireland	22,760	1,446	219	17
Singapore	22,460	20	753	0
Qatar	21,331	13	1,130	1
United Arab Emirates	17,417	185	624	11
Israel	16,444	245	0	0
Austria	15,777	615	42	1
Japan	15,747	613	119	12
Poland	15,651	785	285	9
Ukraine	15,232	391	522	15
Romania	15,131	926	320	28
Bangladesh	13,770	214	636	8
Indonesia	13,645	959	533	16
Republic of Korea	10,874	256	34	0
Philippines	10,610	704	147	8

Denmark	10,319	526	101	4
Colombia	10,051	428	595	21
Serbia	10,032	213	89	4
Dominican Republic	9,882	385	506	5
South Africa	9,420	186	525	8
Egypt	8,964	514	488	11
Czechia	8,095	276	18	3
Panama	8,070	231	202	6
Norway	8,069	213	35	0
Kuwait	7,623	49	415	2
Malaysia	6,589	108	54	1
Morocco	5,910	186	199	0
Finland	5,880	265	142	5
Argentina	5,680	297	150	8
Algeria	5,558	494	189	6
Kazakhstan	5,056	31	134	0
Republic of Moldova	4,867	165	139	6
Bahrain	4,774	8	330	0
Afghanistan	4,402	119	839	14
Ghana	4,263	22	251	4
Nigeria	4,151	128	239	11
Luxembourg	3,877	101	6	1
Oman	3,400	17	176	0
Armenia	3,313	45	138	1
Hungary	3,263	413	50	8
Thailand	3,009	56	5	0
Greece	2,710	151	19	1
Iraq	2,679	107	76	3
Azerbaijan	2,422	31	143	3
Uzbekistan	2,387	10	51	0
Cameroon	2,335	110	70	2
Bolivia (Plurinational State of)	2,266	106	185	4
Croatia	2,176	87	15	1
Puerto Rico	2,173	108	17	52
Bosnia and Herzegovina	2,070	97	0	0
Guinea	2,042	11	33	0
Bulgaria	1,955	90	44	2
Iceland	1,801	10	0	0
Honduras	1,771	107	86	2
Cuba	1,754	74	13	0
Estonia	1,733	60	8	4
Côte d'Ivoire	1,667	21	65	1
Senegal	1,634	17	83	4
North Macedonia	1,622	91	36	1
Slovakia	1,455	26	0	0
Slovenia	1,454	101	4	1

Lithuania	1,444	50	8	1
Djibouti	1,189	3	54	0
Sudan	1,164	64	53	5
New Zealand	1,144	21	2	0
Tunisia	1,032	45	2	0
Kyrgyzstan	1,002	12	71	0
Somalia	997	48	69	4
Democratic Republic of the Congo	991	41	54	2
Latvia	930	18	2	0
Guatemala	900	24	68	1
Cyprus	892	21	1	0
Mayotte	890	11	0	0
Kosovo	870	28	8	0
Albania	868	31	12	0
Sri Lanka	847	9	12	0
Niger	815	45	20	1
Lebanon	809	26	13	0
Maldives	785	3	41	0
El Salvador	784	16	42	1
Costa Rica	773	6	8	0
Andorra	754	48	0	1
Burkina Faso	748	48	12	0
International conveyance (Diamond Princess)	712	13	0	0
Uruguay	694	17	10	0
Mali	692	37	24	2
Paraguay	689	10	126	0
Gabon	661	8	41	0
Kenya	649	30	28	1
Guinea-Bissau	642	3	134	1
Georgia	635	10	9	0
San Marino	632	41	0	0
Tajikistan	561	19	39	1
occupied Palestinian territory	547	4	0	0
Jordan	522	9	14	0
United Republic of Tanzania	509	21	0	0
Jamaica	490	9	2	0
Malta	490	5	1	0
Equatorial Guinea	439	4	0	0
Réunion	430	0	0	0
Venezuela (Bolivarian Republic of)	388	10	7	0
Mauritius	332	10	0	0
Isle of Man	329	23	0	0
Montenegro	324	8	0	0
Chad	322	31	62	3
Jersey	293	25	0	0
Sierra Leone	291	18	34	1

Viet Nam	288	0	0	0
Congo	287	10	0	0
Benin	284	2	42	0
Rwanda	280	0	7	0
Guernsey	252	13	0	0
Zambia	252	4	85	0
Cabo Verde	236	2	6	0
Ethiopia	210	5	16	1
Liberia	199	20	0	0
Faroe Islands	187	0	0	0
Martinique	186	14	3	0
Myanmar	178	6	1	0
Madagascar	169	0	0	0
São Tomé and Príncipe	165	4	-43	-1
Eswatini	163	2	4	0
Guadeloupe	154	13	0	0
Togo	153	10	8	0
Guam	147	5	0	0
Gibraltar	146	0	2	0
Haiti	146	12	17	0
Central African Republic	143	0	49	0
Brunei Darussalam	141	1	0	0
French Guiana	141	1	0	0
Cambodia	122	0	0	0
South Sudan	120	0	0	0
Bermuda	118	7	0	0
Trinidad and Tobago	116	8	0	0
Uganda	116	0	15	0
Nepal	110	0	1	0
Aruba	101	3	0	0
Monaco	95	1	0	0
Guyana	93	10	0	0
Bahamas	92	11	0	0
Mozambique	87	0	5	0
Liechtenstein	83	1	0	0
Barbados	82	7	0	0
Cayman Islands	81	1	1	0
Sint Maarten	77	15	1	1
United States Virgin Islands	68	4	0	0
Libya	64	3	0	0
French Polynesia	60	0	0	0
Malawi	56	3	13	0
Syrian Arab Republic	47	3	0	0
Angola	43	2	7	0
Mongolia	42	0	0	0
Eritrea	39	0	0	0

Saint Martin	38	3	0	0
Yemen	36	8	0	0
Zimbabwe	35	4	1	0
Antigua and Barbuda	25	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Grenada	21	0	0	0
Gambia	20	1	0	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Nicaragua	16	5	0	0
Northern Mariana Islands (Commonwealth of the)	16	2	1	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	3	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
Bhutan	7	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,910,437</b>	<b>274,264</b>	<b>61,563</b>	<b>8,499</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #114 Novel Coronavirus (COVID-19)  
**Date:** Tuesday, 12 May 2020 9:08:51 PM  
**Attachments:** [2020-05-12 NIR Health SitRep v114 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 12 May 2020, there have been 6,964 confirmed cases of COVID-19 in Australia, including 97 deaths.
- Since yesterday's situation report, an additional 18 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 877,500 tests have been conducted across Australia.
- Today is International Nurses Day, and so the Federal Government has recognised Australia's nurses, particularly for their work during the COVID-19 pandemic.

#### Situation Overseas

- As at 1500 hrs 12 May 2020, a total of 4,178,156 cases of COVID-19 have been reported globally, including 286,353 deaths.

The next Situation Report will be issued on 13 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health





**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-12 1800 AEST	<b>Version</b>	114
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-13 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Graeme Barden, A/g FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>The Federal Government as part of International Nurses Day, 12 May 2020, has recognised Australia's nurses, particularly for their work during the COVID-19 pandemic.</i> <ul style="list-style-type: none"> <li><i>The Minister for Health stated there are more than 390,000 nurses registered in Australia.</i></li> <li><i>The Minister for Aged Care and Senior Australians, Minister for Youth and Sport declared more than 31,000 registered nurses and more than 18,000 enrolled nurses are working in aged care across Australia.</i></li> <li><i>The Minister for Regional Health, Regional Communications and Local Government, noted more than 95,000 nurses work outside of Australia's metropolitan areas, around 27 per cent of the total nursing workforce.</i></li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> </ul>

	<ul style="list-style-type: none"> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	--

## 1. Situation

<b>Overview</b>	<p><b>Domestic Situation (as at 1500 hrs, 12 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>6,964</b> cases of COVID-19, including 97 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>18</b> newly confirmed cases and no new deaths, have been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, <b>NSW</b>, NT, Qld, Tas and SA.</li> <li>Vic reported <b>17</b> newly confirmed cases (<b>9 are known to be linked to outbreaks, 1 was detected from asymptomatic screening at a hospital and 7 are pending further investigation</b>);</li> <li><b>WA reported 1 case that was a locally acquired contact of a known case.</b></li> <li><b>Qld reported 6 cases, which were previously reported in other jurisdictions. These cases are Qld residents. These cases do not affect the number of newly confirmed cases in the last 24 hours.</b></li> </ul> </li> <li>Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>119</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria.</li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).                 <ul style="list-style-type: none"> <li>To date <b>1.9%</b> of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> <li>According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 19% of these cases requiring admission to an ICU (<b>2.3%</b> of confirmed cases).</li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:                 <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> <li>Almost half of cases were acquired overseas.</li> </ul> </li> </ul> </li> </ul>
-----------------	--

- Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 57% were male and 43% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (28%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 3 May).

#### Testing

- To date, more than 877,500 tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.8% and the positivity in the past week was 0.1%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over 213,000 tests conducted, which is up from around 134,000 reported in the week prior.
  - In the past 24 hours, Victoria has reported over 13,000 tests.

#### Source of infection

- To date, around 63% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,300 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 12 May 2020, Victoria has reported 85 cases associated with this outbreak.
    - The Victorian Department of Health is working closely with the company. Media are reporting cases in two health care workers associated with this outbreak.
    - Meat processing facilities have been identified in the US as a setting with increased risk transmission for SARS-CoV-2 transmission.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 12 May 2020, NSW has reported 69 cases (32 staff and 37 residents). There have also been 16 deaths associated with this outbreak.
    - Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 3 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 12 May 2020)**

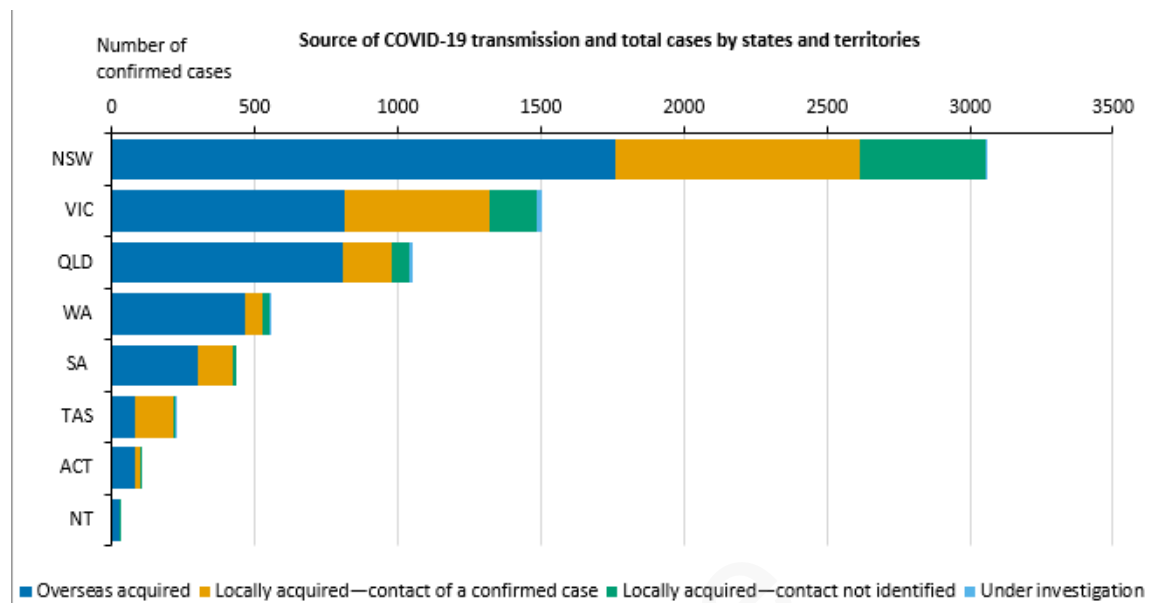
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld <sup>#</sup>	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,343	83	1,762	26	808	300	79	817	468
Locally acquired - contact of confirmed case and/or in a known cluster	1,875	17	856	2	172	124	140	504	60
Locally acquired - contact not identified	598	1	364	0	44	9	0	164	16
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	37	0	1	0	9	0	4	22	1
<b>Total cases</b>	<b>6,964</b>	<b>107</b>	<b>3,053</b>	<b>29</b>	<b>1,051</b>	<b>439</b>	<b>227</b>	<b>1,507</b>	<b>551</b>
<b>Deaths (of total)</b>	<b>97</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	18 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	17 (1%)	1 (0%)
Cases in the last 72hrs before (%change)	43 (1%)	0 (0%)	2 (0%)	0 (0%)	8 (1%)	0 (0%)	0 (0%)	32 (2%)	1 (0%)
Average daily change over the past three days (compound)	0.2%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.7%	0.1%
Cases over the past week	119	0	21	0	3	1	4	88	2

\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

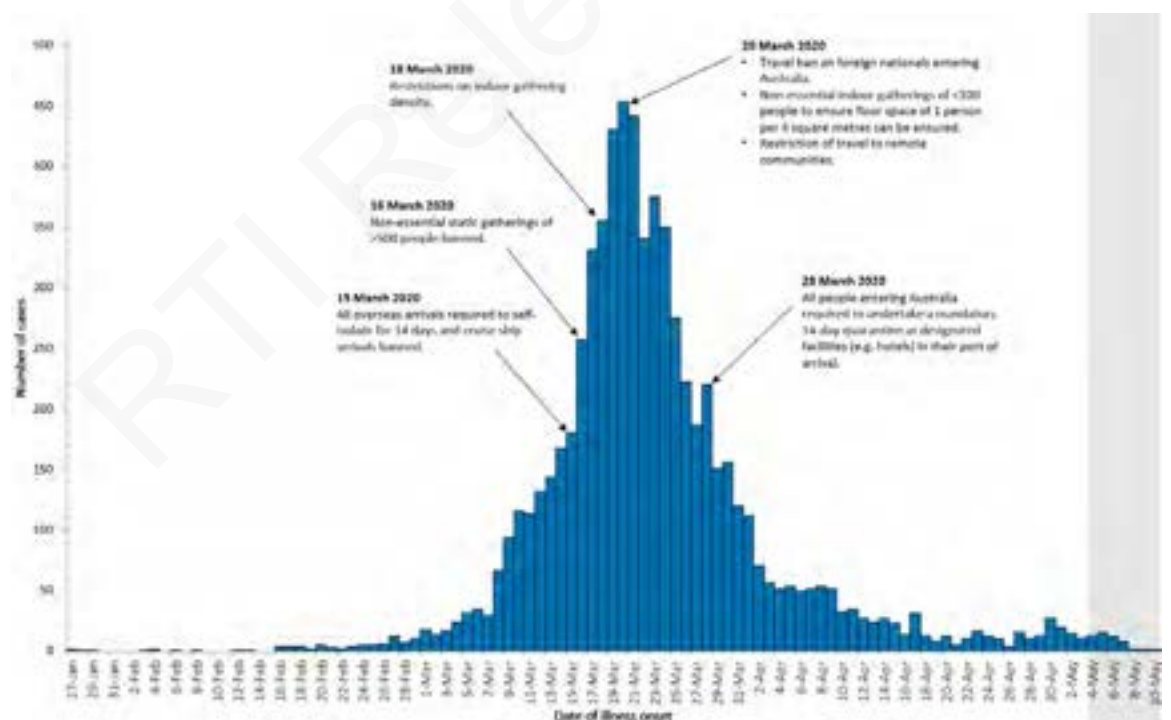
<sup>#</sup>On 12 May QLD reported 6 cases, which were previously reported in other jurisdictions. These cases are Qld residents that have been reallocated to QLD from the total number of cases for Victoria and Western Australia.

<sup>^</sup>On 12 May 2020, Victoria revised their number of total cases down by 2 after further investigation.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 12 May 2020**

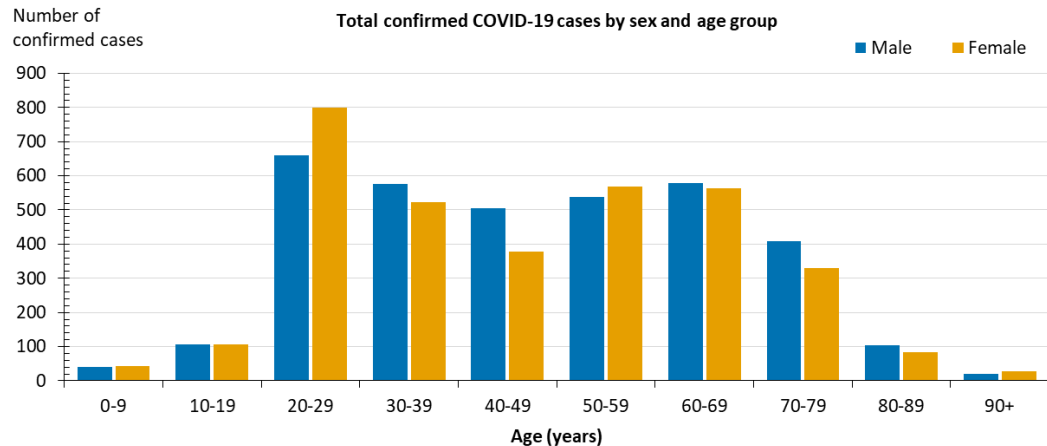


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 12 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 12 May 2020**

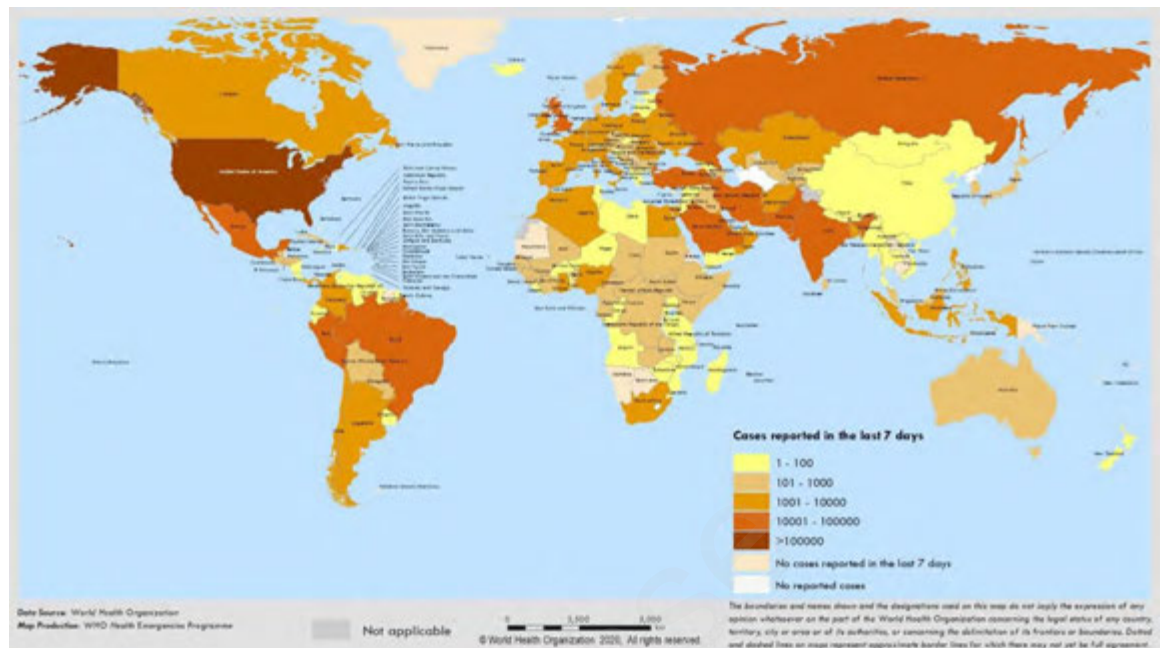


#### International Situation (as at 1500 hrs, 12 May 2020)

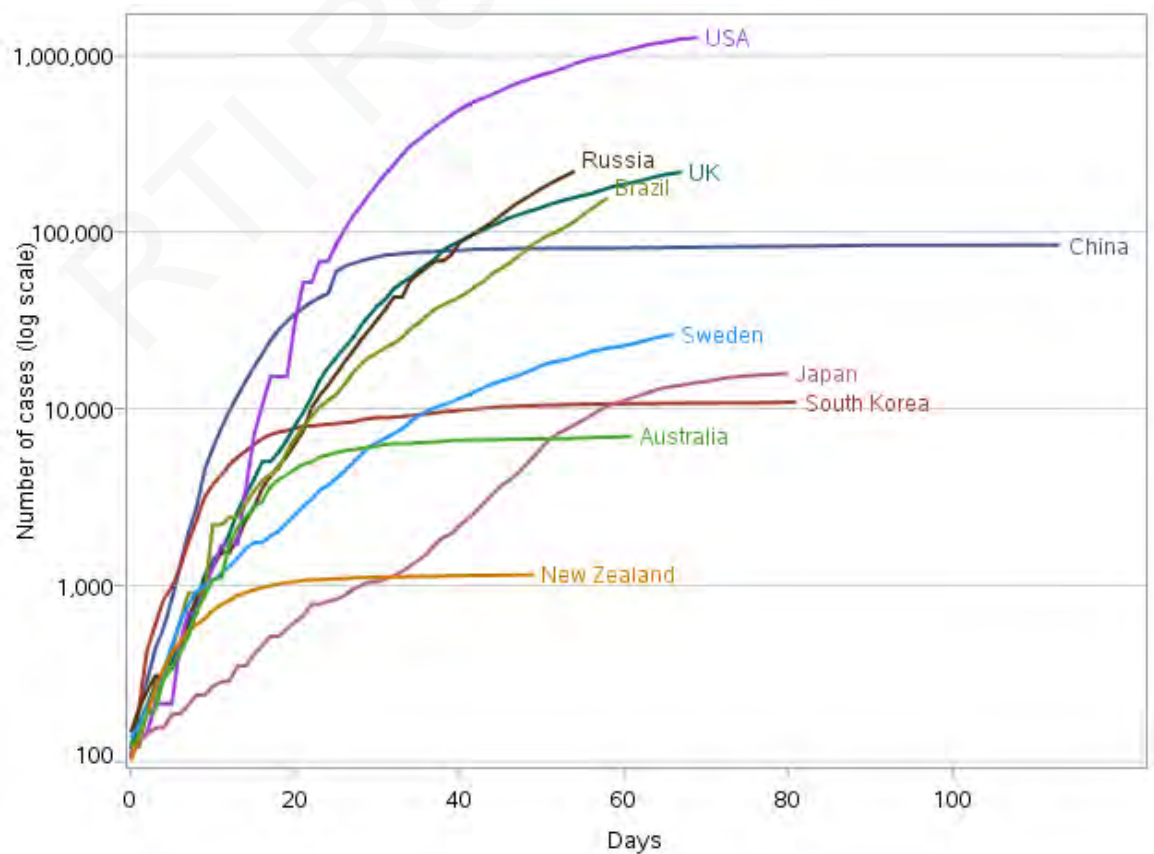
- The global number of confirmed COVID-19 cases is currently **4,178,156** including **286,353** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **75,000** new cases and over **3,600** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **11 May 2020** indicates the majority of deaths are from the United States of America (**28%**), *the United Kingdom (11%), Italy (11%), Spain (10%) and France (9%)*.
- Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately 7.0%.
- **Americas.** The USA reported *approximately 26,000 new cases and 1,600 deaths and they appear to be reaching the end of their sixth peak in daily case figures. The effects of re-opening the country are yet to be realised. The epidemic in Brazil is approaching 160,000 cases and number of deaths is approaching 11,000. Other countries of note in this region include Canada and Peru with over 60,000 cases each, and Mexico, Ecuador and Chile with over 25,000 cases each.*
- **Europe.** *In the last 24 hours, the United Kingdom has overtaken Italy in total case numbers, and Russia has exceeded them both, reporting over 11,000 new cases again. The hardest hit countries appear to be reaching the end of their epidemics. Daily new case numbers in the United Kingdom are approximately 4,000 per day.*
- **Middle East.** Iran is likely experiencing a second wave of the epidemic reporting over 6,500 new cases each day for the last three (large increase from the rate 14 days previous). *Saudi Arabia and Pakistan both report over 30,000 cumulative cases. Along with Qatar and the UAE all four countries are reporting approximately 1,000 new cases.*
- **South East Asia.** The number of new cases reported in Indonesia remains consistent. The Indonesian government has reported **14,265** cases and **991** deaths resulting in a case fatality rate of **6.9%**. New case numbers in India are beginning to accelerate. Bangladesh has approximately the same number of cases as Indonesia and is growing at the same rate currently.
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **484** new cases (*lowest number in 9 days*). In total, Singapore has reported **21,410** cases among dormitory residents (**90%** of all cases), which represents **6.63%** of the estimated total population living in those facilities. The Philippines has reported **11,086** cases and **726** deaths, resulting in a case fatality rate of **6.5%**. No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last **five** days. *Northern Mariana Islands reported one new case on 9 May 2020.*



**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report **112** of **11** May 2020**

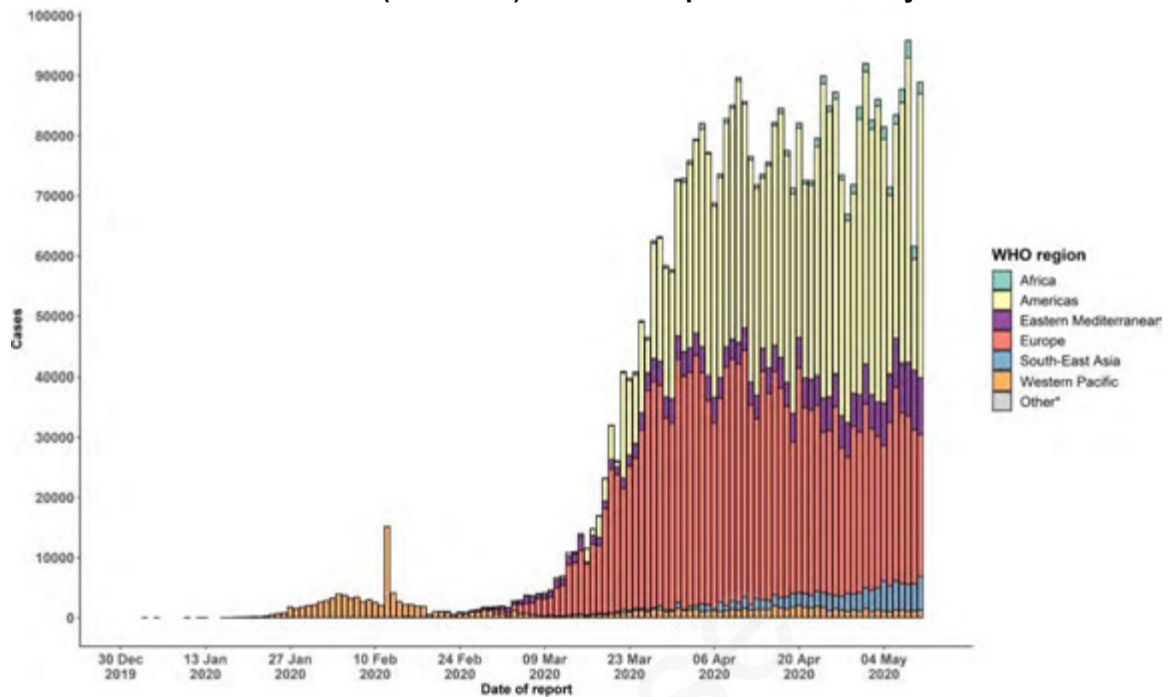


**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report **112** of **11** May 2020**





**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 112 of 11 May 2020**



#### International response

#### WHO

- On 11 May 2020, the WHO Director-General stated, “as Nations focus on the COVID-19 pandemic, they must still ensure that global supplies of tests and treatments for both HIV and tuberculosis reach the countries and communities that need them most”.
  - New modelling released on HIV by the WHO and UNAIDS stated that in the worst-case scenario, a 6-month disruption of antiretroviral therapy, there could be 500,000 extra deaths from AIDS-related illnesses, including from tuberculosis, in sub-Saharan Africa over the next year.

## 2. Health Responses by States and Territories

#### ACT Health

- The ACT declared a Public Health Emergency under the *Public Health Act 1997* (ACT).
- There are seven public health emergency directions in force under the Public Health Act 1997.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- The ACT will continue its testing criteria for the foreseeable future for anybody with flu-like symptoms presenting at designated COVID-19 testing sites.
- On Friday, 8 May 2020, the ACT revised restrictions for some non-essential gatherings and some businesses under public health directions.
  - All indoor and outdoor gatherings can have a maximum of 10 people (including children).
  - For more information on current ACT restriction see the [ACT Government's website](#)

#### NSW Health

- The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.
- The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties, effective 9 May 2020.
- From 15 May 2020, the NSW Government will ease restrictions and permit:
  - Outdoor gatherings of up to 10 people.
  - Cafes and restaurants can seat 10 patrons at any one time.
  - Up to five visitors to a household at any one time.
  - Weddings up to 10 guests.
  - Indoor funerals up to 20 mourners, outdoor funerals up to 30.
  - Religious gatherings/places of worship up to 10 worshippers.

	<ul style="list-style-type: none"> <li>○ Use of outdoor equipment with caution.</li> <li>○ Outdoor pools open with restrictions.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>• Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>• NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>• NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>• From 15 May 2020, the following will be <u>allowed</u>:             <ul style="list-style-type: none"> <li>○ Gatherings in homes with a maximum of five people.</li> <li>○ Visit a nail salon or beauty parlour.</li> <li>○ Take a day trip up to 150km.</li> <li>○ Visit an outdoor gym (max 10 people).</li> <li>○ Attend a wedding (max 10 people).</li> <li>○ Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• From Monday 11 May 2020, the hours of operation of the State Control Centre - Health will be 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• <u>From 11 May 2020</u>, outdoor dining, community centres and sports training can resume.             <ul style="list-style-type: none"> <li>○ More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>○ Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>○ In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• <u>From 11 May 2020</u>, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• New arrangements will come into effect in Victoria at 11.59pm on Tuesday 12 May 2020, under which, there will be five reason Victorians may leave their homes:             <ol style="list-style-type: none"> <li>1. Shopping for food and supplies</li> </ol> </li> </ul>

	<ol style="list-style-type: none"> <li>2. Care and caregiving</li> <li>3. Exercise and outdoor recreation</li> <li>4. Work and education – if they cannot do it from home</li> <li>5. Visiting friends and family – if they really need to</li> </ol>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>• On 10 May 2020, the WA Premier announced a four-phase roadmap to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020:             <ul style="list-style-type: none"> <li>○ Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>○ Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>○ Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>○ Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>○ Some regional travel restrictions relaxed.</li> <li>○ Non-contact community sports up to 20 people.</li> <li>○ Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>○ Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>○ Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

## Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

## Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,178,156** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **112**, **11** May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case	Death
China (including SARs)	84,450	4,643	20	0
<i>Hong Kong SAR</i>	1,048	4	0	0
<i>Taiwan</i>	440	7	0	1
<i>Macau SAR</i>	45	0	0	0
United States of America	1,271,645	76,916	25,870	1,552
Spain	224,390	26,621	812	143
Russian Federation	221,344	2,009	11,656	94
The United Kingdom	219,187	31,855	3,923	268
Italy	219,070	30,560	802	165
Germany	169,575	7,417	357	22
Brazil	155,939	10,627	10,611	730
Turkey	138,657	3,786	1,542	47
France	137,073	26,338	65	70
Iran (Islamic Republic of)	107,603	6,640	1,383	51
Canada	67,996	4,728	1,216	100
India	67,152	2,206	4,213	97
Peru	65,015	1,814	3,168	100
Belgium	53,081	8,656	485	75
Netherlands	42,627	5,440	245	18
Saudi Arabia	39,048	246	1,912	7
Mexico	33,460	3,353	1,938	193
Pakistan	30,941	667	1,476	28
Switzerland	30,222	1,537	54	6
Ecuador	29,559	2,127	741	423
Chile	28,866	312	1,647	8
Portugal	27,581	1,135	175	9
Sweden	26,322	3,225	401	5
Belarus	23,906	135	933	4
Singapore	23,336	20	876	0
Ireland	22,996	1,458	236	12

Qatar	22,520	14	1,189	1
United Arab Emirates	18,198	198	781	13
Israel	16,492	254	48	9
Poland	15,996	800	345	15
Japan	15,798	621	51	8
Austria	15,787	618	10	3
Ukraine	15,648	408	416	17
Romania	15,362	952	231	26
Bangladesh	14,657	228	887	14
Indonesia	14,032	973	387	14
Republic of Korea	10,909	256	35	0
Philippines	10,794	719	184	15
Colombia	10,495	445	444	17
Denmark	10,429	529	110	3
Dominican Republic	10,347	388	465	3
Serbia	10,114	215	82	2
South Africa	10,015	194	595	8
Egypt	9,400	525	436	11
Kuwait	8,688	58	1,065	9
Panama	8,282	237	212	6
Czechia	8,123	280	28	4
Norway	8,099	217	30	4
Malaysia	6,656	108	67	0
Morocco	6,063	188	153	2
Finland	5,962	267	82	2
Argentina	5,924	300	244	3
Algeria	5,723	502	165	8
Kazakhstan	5,138	31	82	0
Bahrain	4,941	8	167	0
Republic of Moldova	4,927	171	60	6
Afghanistan	4,664	120	262	1
Nigeria	4,399	143	248	15
Ghana	4,263	22	0	0
Luxembourg	3,886	101	9	0
Oman	3,574	17	174	0
Armenia	3,392	45	79	0
Hungary	3,284	421	21	8
Thailand	3,009	56	0	0
Iraq	2,767	109	88	2
Greece	2,716	151	6	0
Cameroon	2,579	114	244	4
Azerbaijan	2,519	32	97	1
Bolivia (Plurinational State of)	2,437	114	171	8
Uzbekistan	2,411	10	24	0
Puerto Rico	2,198	111	25	3
Croatia	2,187	90	11	3
Guinea	2,146	11	104	0
Bosnia and Herzegovina	2,098	103	28	6
Bulgaria	1,965	91	10	1
Honduras	1,830	108	59	1
Iceland	1,801	10	0	0

Cuba	1,766	77	12	3
Estonia	1,739	60	6	0
Senegal	1,709	19	75	2
Côte d'Ivoire	1,700	21	33	0
North Macedonia	1,642	91	20	0
Lithuania	1,479	50	35	0
Slovakia	1,457	26	2	0
Slovenia	1,457	102	3	1
Sudan	1,365	70	201	6
Djibouti	1,210	3	21	0
New Zealand	1,147	21	3	0
Somalia	1,054	51	57	3
Tunisia	1,032	45	0	0
Democratic Republic of the Congo	1,024	41	33	0
Mayotte	1,023	11	133	0
Kyrgyzstan	1,016	12	14	0
Guatemala	967	24	67	0
Latvia	939	18	9	0
Cyprus	898	22	6	1
El Salvador	889	17	105	1
Kosovo	870	28	0	0
Albania	868	31	0	0
Sri Lanka	863	9	16	0
Lebanon	845	26	36	0
Maldives	835	3	50	0
Niger	821	46	6	1
Costa Rica	780	6	7	0
Andorra	756	48	2	0
Burkina Faso	751	49	3	1
International conveyance (Diamond Princess)	712	13	0	0
Paraguay	713	10	24	0
Mali	704	38	12	1
Uruguay	702	17	8	0
Kenya	672	32	23	2
Gabon	661	8	0	0
Guinea-Bissau	642	3	0	0
Georgia	638	10	3	0
San Marino	637	41	5	0
Tajikistan	612	20	51	1
occupied Palestinian territory	547	4	0	0
Jordan	540	9	18	0
United Republic of Tanzania	509	21	0	0
Jamaica	498	9	8	0
Malta	496	5	6	0
Equatorial Guinea	439	4	0	0
Réunion	436	0	6	0
Venezuela (Bolivarian Republic of)	402	10	14	0
Mauritius	332	10	0	0
Isle of Man	330	23	1	0
Montenegro	325	8	1	0
Chad	322	31	0	0

Benin	319	2	35	0
Sierra Leone	307	18	16	0
Jersey	293	25	0	0
Viet Nam	288	0	0	0
Congo	287	10	0	0
Rwanda	284	0	4	0
Zambia	267	7	15	3
Guernsey	252	13	0	0
Cabo Verde	246	2	10	0
Ethiopia	239	5	29	0
Liberia	204	20	5	0
Faroe Islands	187	0	0	0
Martinique	187	14	1	0
Myanmar	180	6	2	0
Central African Republic	179	0	36	0
Togo	173	11	20	1
Eswatini	172	2	9	0
Madagascar	169	0	0	0
São Tomé and Príncipe	165	4	0	0
South Sudan	156	0	36	0
Guadeloupe	154	13	0	0
Haiti	151	12	5	0
Guam	147	5	0	0
Gibraltar	146	0	0	0
French Guiana	144	1	3	0
Brunei Darussalam	141	1	0	0
Cambodia	122	0	0	0
Uganda	121	0	5	0
Nepal	120	0	10	0
Bermuda	118	7	0	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Guyana	97	10	4	0
Monaco	96	1	1	0
Bahamas	92	11	0	0
Mozambique	91	0	4	0
Barbados	84	7	2	0
Liechtenstein	83	1	0	0
Cayman Islands	81	1	0	0
Sint Maarten	77	15	0	0
United States Virgin Islands	69	4	1	0
Libya	64	3	0	0
French Polynesia	60	0	0	0
Malawi	56	3	0	0
Yemen	53	9	17	1
Syrian Arab Republic	47	3	0	0
Angola	45	2	2	0
Mongolia	42	0	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	1	0
Zimbabwe	36	4	1	0



Antigua and Barbuda	25	3	0	0
Timor-Leste	24	0	0	0
Botswana	23	1	0	0
Grenada	21	0	0	0
Gambia	20	1	0	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Nicaragua	16	5	0	0
Northern Mariana Islands (Commonwealth of the)	16	2	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Bhutan	9	0	2	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>3,999,316</b>	<b>278,795</b>	<b>88,879</b>	<b>4,531</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #115 Novel Coronavirus (COVID-19)  
**Date:** Wednesday, 13 May 2020 7:53:09 PM  
**Attachments:** [2020-05-13 NIR Health SitRep v115 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 13 May 2020, there have been 6,975 confirmed cases of COVID-19 in Australia, including 98 deaths.
- Since yesterday's situation report, an additional 13 newly confirmed cases and one new death, have been reported in Australia.
- To date, more than 909,000 tests have been conducted across Australia.
- The Minister for Health announced the 100th GP-led respiratory clinic opened today in Mudgee, New South Wales.

#### Situation Overseas

- As at 1500 hrs 13 May 2020, a total of 4,262,051 cases of COVID-19 have been reported globally, including 291,961 deaths.
- Globally, in the past 24 hours, around 84,000 new cases and over 5,600 new deaths have been reported (Johns Hopkins).
- Russia is now the reporting the highest number of total cases in Europe, with approximately 11,000 new cases daily.

The next Situation Report will be issued on 14 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

[redacted] s.73 - Irrelevant information

National Incident Room  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-13 1800 AEST	<b>Version</b>	115
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-14 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>The Minister for Health announced the 100th GP-led respiratory clinic opened today in Mudgee, New South Wales.</i> <ul style="list-style-type: none"> <li><i>Clinics in Wodonga, Victoria and Hazelbrook, New South Wales also opened today, bringing the total to 101 GP-led respiratory clinics open nationally.</i></li> </ul> </li> <li><i>As part of his address to Parliament on Australia's COVID-19 response the Minister for Health announced leading Psychiatrist Dr Ruth Vine has been appointed as a Deputy Chief Medical Officer with expertise in mental health.</i></li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come</li> </ul>

into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.

### Emergency Response Plan for COVID-19

- On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.

### Commonwealth emergency powers

- On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.
- The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.
- The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.
- The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).

## 1. Situation

### Overview

#### Domestic Situation (as at 1500 hrs, 13 May 2020)

- A total of **6,975** cases of COVID-19, including **98** deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - Since yesterday's situation report, **13** newly confirmed cases and **1** new death, have been reported in Australia.
    - There were no new cases reported in ACT, NT, Qld, SA, Tas **and WA**.
    - Vic reported 7 newly confirmed cases, 2 were returned travelers in mandatory hotel quarantine, 2 were associated with outbreak investigation, and 3 were identified through testing by their doctor.**
    - NSW reported 6 newly confirmed cases, 2 were contacts of confirmed cases and 4 were locally acquired - contact not identified. One new death was reported (cruise ship associated).**
  - Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.
    - The total number of newly confirmed cases reported over the last 7 days was **103**. The increase over the past 7 days is predominately associated with an increase in cases in Victoria.
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)
- According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 19% of these cases requiring admission to an ICU (2.3% of confirmed cases).
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).

- 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
- 56% were male and 44% were female.
- The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (28%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 3 May).

#### Testing

- To date, more than 909,000 tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.8% and the positivity in the past week was 0.05%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over 220,000 tests conducted, which is up from around 157,000 reported in the week prior.
  - In the past 24 hours, Victoria has reported over 14,000 tests.
  - To date, Victoria, SA, and NSW have conducted around 4,000 tests per 100,000 population.

#### Source of infection

- To date, around 62% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,300 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 13 May 2020, Victoria has reported 88 cases associated with this outbreak.
    - The Victorian Department of Health is working closely with the company. Media are reporting cases in two health care workers associated with this outbreak.
    - Meat processing facilities have been identified in the US as a setting with increased risk transmission for SARS-CoV-2 transmission.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 13 May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 16 deaths associated with this outbreak.
    - Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 3 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

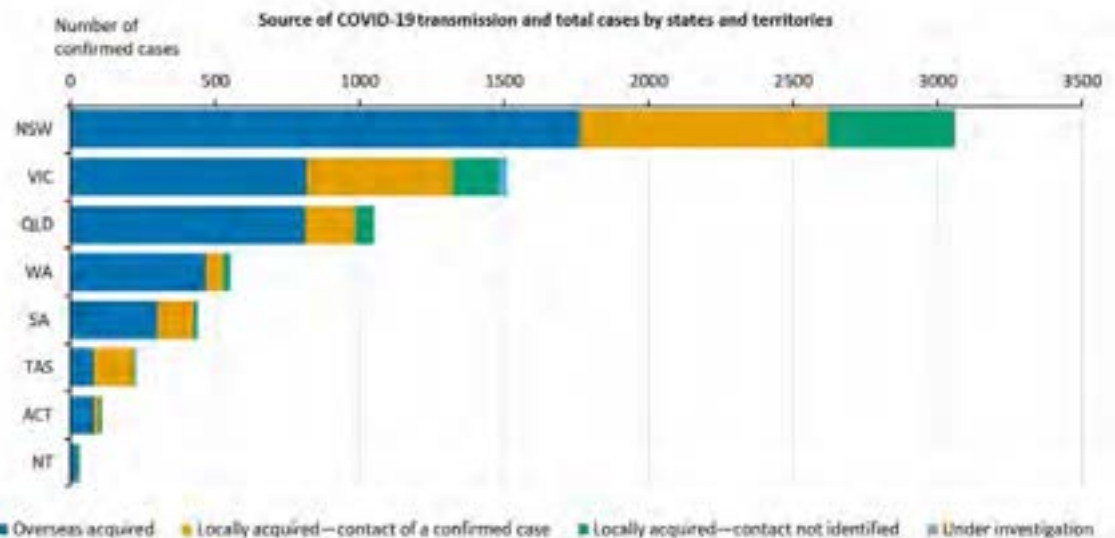
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 13 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld <sup>#</sup>	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,347	83	1,762	26	812	300	79	817	468
Locally acquired - contact of confirmed case and/or in a known cluster	1,880	17	858	2	174	124	140	505	60
Locally acquired - contact not identified	602	1	368	0	44	9	0	164	16
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	35	0	1	0	3	0	4	26	1
<b>Total cases</b>	<b>6,975</b>	<b>107</b>	<b>3,059</b>	<b>29</b>	<b>1,051</b>	<b>439</b>	<b>227</b>	<b>1,512</b>	<b>551</b>
<b>Deaths (of total)</b>	<b>98</b>	<b>3</b>	<b>45</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time of cumulative case count</b>									
Newly confirmed cases in last 24hrs (%change)	13 (0.2%)	0 (0%)	6 (0.2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (0.5%)	0 (0%)
Cases in the last 72hrs before (%change)	37 (0.5%)	0 (0.0%)	7 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	29 (1.9%)	1 (0.2%)
Average daily change over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.6%	0.1%
Cases over the past week	103	0	19	0	3	1	2	76	2

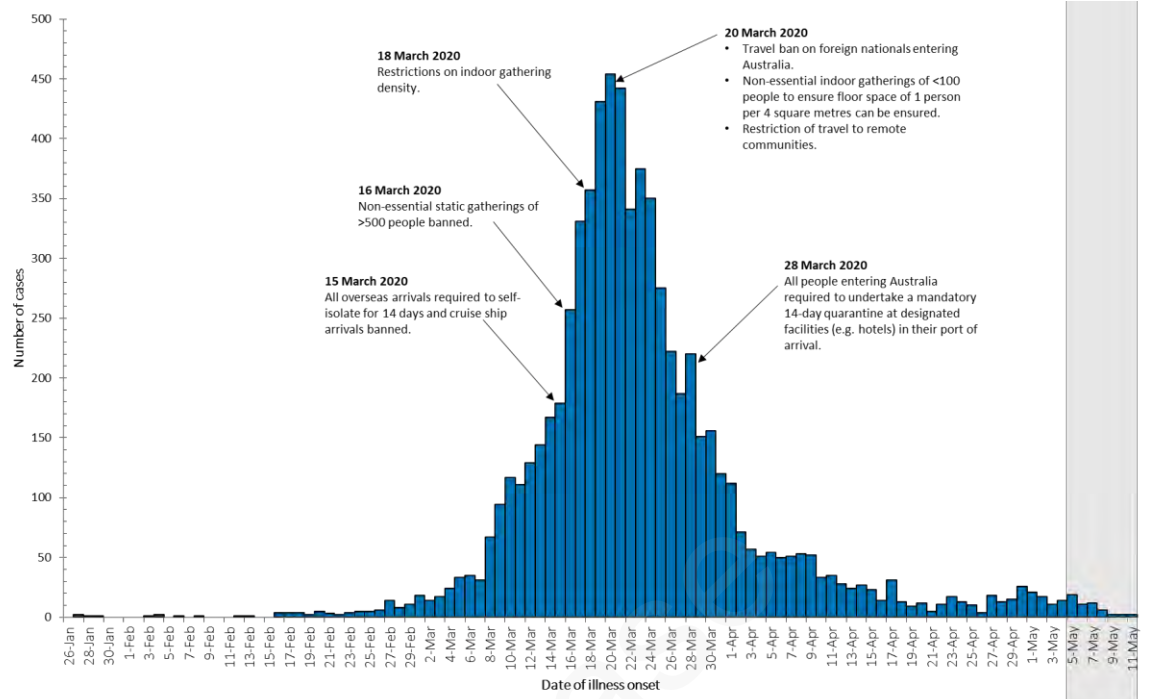
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

#On 12 May QLD reported 6 cases, which were previously reported in other jurisdictions. These cases are Qld residents that have been reallocated to QLD from the total number of cases for Victoria and Western Australia.

<sup>^</sup>On 13 May 2020, Victoria revised their number of total cases down by 2 after further investigation.

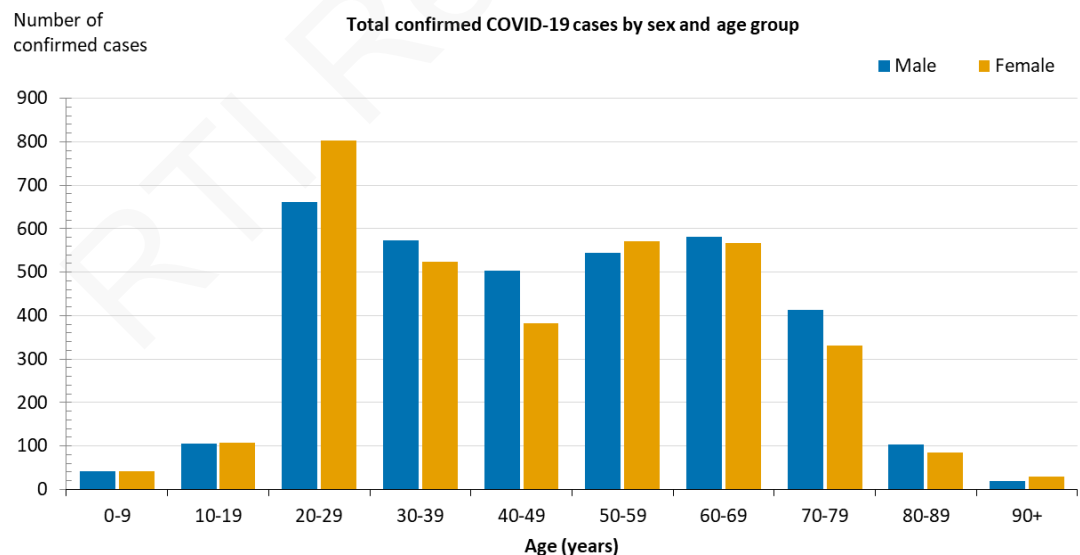
**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 13 May 2020**

**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs **13 May 2020** by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs **13 May 2020****



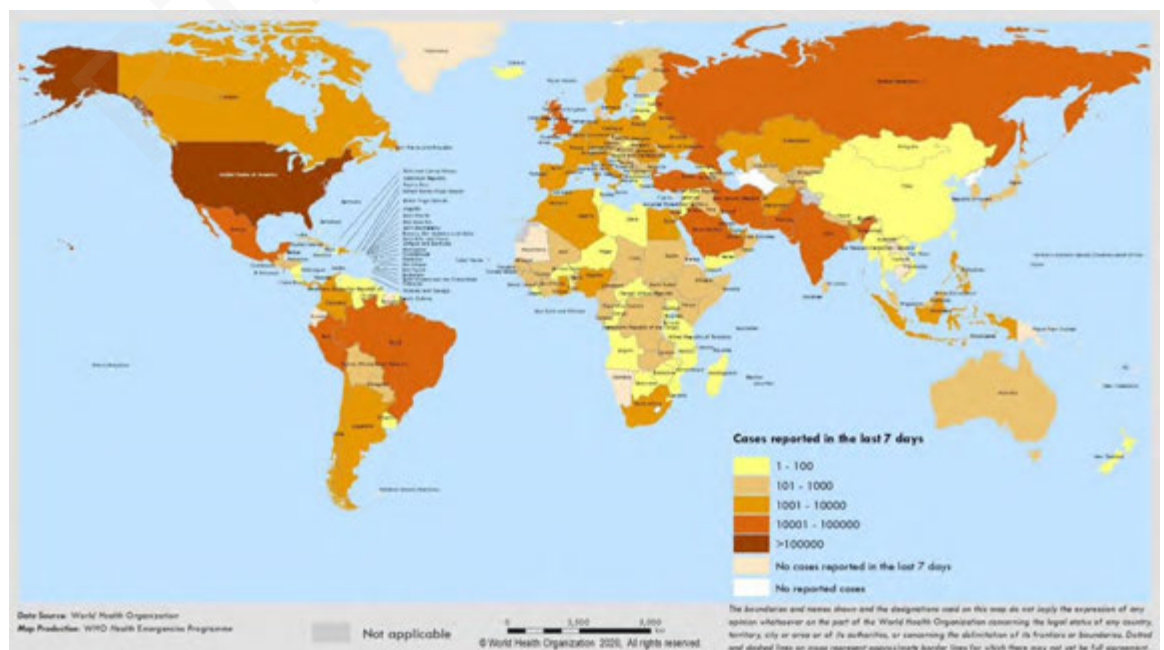
#### International Situation (as at 1500 hrs, **13 May 2020**)

- The global number of confirmed COVID-19 cases is currently **4,262,051** including **291,961** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **84,000** new cases and over **5,600** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **12 May 2020** indicates the majority of deaths are from the United States of America (28%), the United Kingdom (11%), Italy (11%), Spain (9%) and France (9%).
- Of the confirmed cases reported globally to the WHO, the case fatality rate is approximately 7.0%.

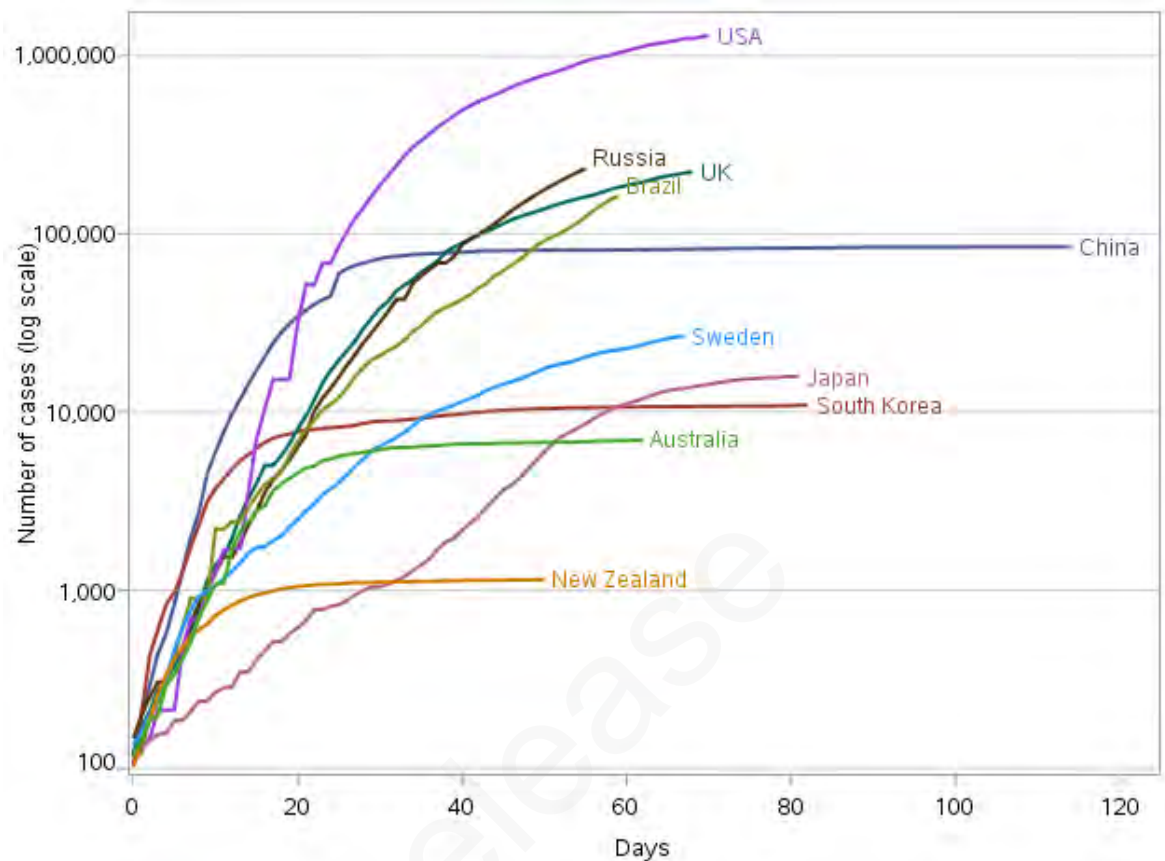


- **Americas:** The USA has reported approximately **27,000** new cases and **1,700** deaths. The epidemic in Brazil appears to be accelerating, and the number of confirmed cases **exceeding** 160,000 and number of deaths **exceeding** 11,000 **and reporting over 6,500 cases daily consistently**. Other countries of note in this region include Canada and Peru with over **65,000** cases, and Mexico, Ecuador and Chile with over **29,000** cases each.
- **Europe:** Russia is now reporting the highest number of total cases in Europe, **with approximately 11,000 new cases daily**. **The death rate is very low with a CFR of 0.9%. This is due to the way in which deaths are recorded. Some regions have started reporting two death figures, those attributable solely to COVID-19, and those that die of other complications with COVID-19.** Spain has reported over **3,000 new cases in the last 24 hours**. Daily new case numbers in the United Kingdom are approximately 4,000 per day, and their epidemic is continuing a linear rise.
- **Middle East:** Iran is likely experiencing a second wave of the epidemic, **but this may be starting to come under control as they have reported only 1,700 cases in the last 24 hours (reduction from 6,500)**. Saudi Arabia has exceeded **40,000** cases with approximately **2,000** new cases reported. Pakistan reports over **30,000** cumulative cases with approximately **1,100** new cases. **Other countries of note include Qatar and the UAE who have both exceeded 18,000 cases.**
- **South East Asia:** The number of new cases reported in Indonesia remains consistent. The Indonesian government has reported **14,749** cases and **1,007** deaths resulting in a case fatality rate of **6.8%**. New case numbers in India are beginning to accelerate; reporting over **3,600** new cases yesterday, and **4,200** the day previous. Bangladesh has approximately the same number of cases as Indonesia and is **growing by over 1,000 cases per day**.
- **Pacific:** The outbreak in the migrant worker population of Singapore continues with the country reporting **884** new cases. In total, Singapore has reported **22,334** cases among dormitory residents (90% of all cases), which represents **6.91%** of the estimated total population living in those facilities. The Philippines reported **11,350** cases and **751** deaths reported, resulting in a case fatality rate of **6.6%**. No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last **six** days. Northern Mariana Islands reported one new case on 9 May **and 3 new cases on 11 May**.

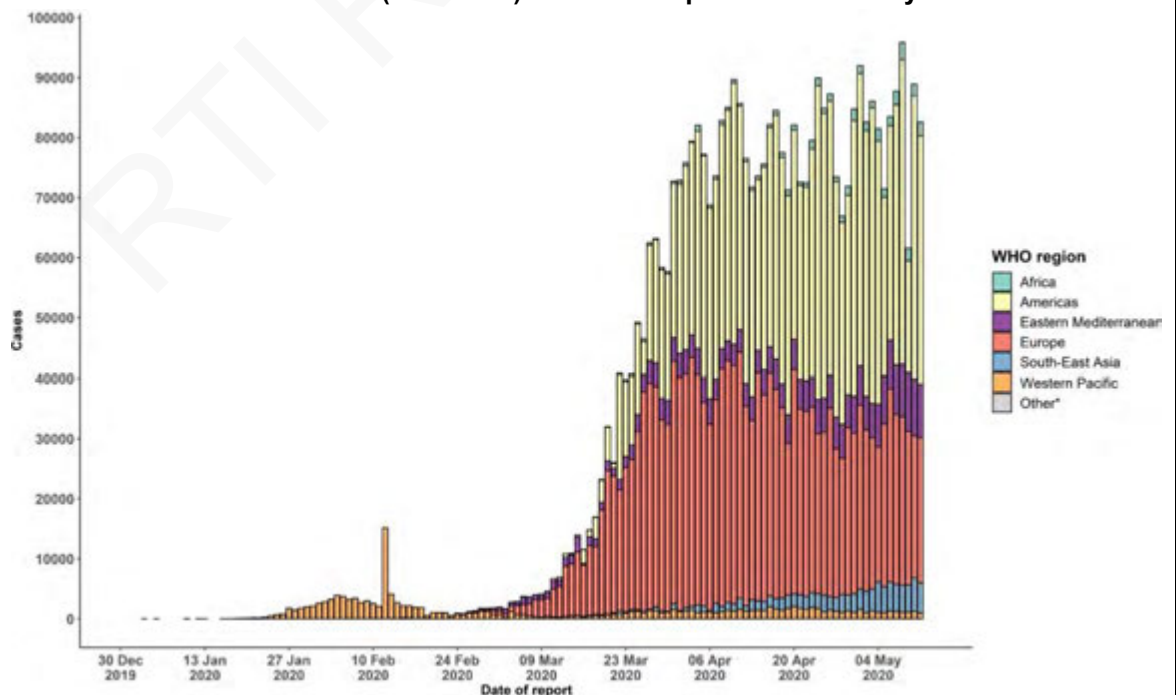
**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 113 of 12 May 2020**



**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 113 of 12 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 113 of 12 May 2020**



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 11 May 2020, the WHO Director-General stated, “as Nations focus on the COVID-19 pandemic, they must still ensure that global supplies of tests and treatments for both HIV and tuberculosis reach the countries and communities that need them most”.             <ul style="list-style-type: none"> <li>New modelling released on HIV by the WHO and UNAIDS stated that in the worst-case scenario, a 6-month disruption of antiretroviral therapy, there could be 500,000 extra deaths from AIDS-related illnesses, including from tuberculosis, in sub-Saharan Africa over the next year.</li> </ul> </li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>There are seven public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT will continue its testing criteria for the foreseeable future for anybody with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>On Friday, 8 May 2020, the ACT revised restrictions for some non-essential gatherings and some businesses under public health directions.             <ul style="list-style-type: none"> <li>All indoor and outdoor gatherings can have a maximum of 10 people (including children).</li> <li>For more information on current ACT restriction see the <a href="#">ACT Government's website</a></li> </ul> </li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties, effective 9 May 2020.</li> <li>From 15 May 2020, the <a href="#">NSW Government</a> will ease restrictions and permit:             <ul style="list-style-type: none"> <li>Outdoor gatherings of up to 10 people.</li> <li>Cafes and restaurants can seat 10 patrons at any one time.</li> <li>Up to five visitors to a household at any one time.</li> <li>Weddings up to 10 guests.</li> <li>Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>Religious gatherings/places of worship up to 10 worshippers.</li> <li>Use of outdoor equipment with caution.</li> <li>Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the <i>Biosecurity Act</i> regional control measures on 26 March 2020.</li> <li>Effective 1200 1 May 2020, the NT Government <a href="#">eased restrictions</a> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>From 15 May 2020, the following will be <a href="#">allowed</a>:             <ul style="list-style-type: none"> <li>Gatherings in homes with a maximum of five people.</li> <li>Visit a nail salon or beauty parlour.</li> <li>Take a day trip up to 150km.</li> <li>Visit an outdoor gym (max 10 people).</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>o Attend a wedding (max 10 people).</li> <li>o Dining in cafes and restaurants (max 20 people).</li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• From Monday 11 May 2020, the hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• From 11 May 2020, outdoor dining, community centres and sports training <i>were permitted</i>. <ul style="list-style-type: none"> <li>o More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>o Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>o In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• From 11 May 2020, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• New arrangements <i>came</i> into effect in Victoria at 11.59pm, Tuesday 12 May 2020, under which, there <i>are</i> five reason Victorians may leave their homes: <ol style="list-style-type: none"> <li>1. Shopping for food and supplies</li> <li>2. Care and caregiving</li> <li>3. Exercise and outdoor recreation</li> <li>4. Work and education – if they cannot do it from home</li> <li>5. Visiting friends and family – if they really need to</li> </ol> </li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 14 May 2020.</li> <li>• On 10 May 2020, the WA Premier announced a four-phase roadmap to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020: <ul style="list-style-type: none"> <li>o Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>o Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>o Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>o Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>o Some regional travel restrictions relaxed.</li> <li>o Non-contact community sports up to 20 people.</li> <li>o Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>o Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> </ul> </li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>o Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> |
|--|---|

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Clinical presentation

Ongoing evidence from China supports previous research that COVID-19 presents as mild illness in the majority of cases with fever and cough being the most commonly reported symptoms. Severe or fatal outcomes tend to occur in the elderly or those with comorbid conditions (i.e. cardiovascular disease, diabetes and hypertension).

Examination of cases and their close contacts in China found an association between age and time from symptom onset to recovery. The median time to recovery was estimated to be 27 days in 20–29 year olds, 32 days in 50–59 year olds, and 36 days in those aged over 70 years. Compared to those with mild disease, those with moderate and severe disease were associated with a 19% and 58% increase in recovery time, respectively.

#### Severity

As the outbreak continues, the confirmed case fatality rate may change. It is too early to draw conclusions as to whether there are real differences in the case fatality rate inside and outside of China, as final outcome data for the majority of cases reported from outside China are not yet known.

An overall case fatality rate (CFR) of 4.0% is reported in Mainland China. The calculated CFR was much higher in Hubei Province (4.6%) than in all other provinces (1.7%). Based on an analysis of more than 44,000 confirmed cases of COVID-19 in China, more than 80% of cases had mild disease, with no pneumonia or mild pneumonia. Of the critical cases, 49% have died. The disease appeared to affect primarily adults, and children appeared to present with less severe disease.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.

#### Incubation period

Preliminary estimates of median incubation period are 5 to 6 days.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

### 4. Appendix 1

#### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,262,051** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **113**, **12** May 2020, excluding Australian cases.



Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,451	4,643	21	0
<i>Hong Kong SAR</i>	1,048	4	0	0
<i>Taiwan</i>	440	7	0	1
<i>Macau SAR</i>	45	0	0	0
United States of America	1,298,287	78,652	26,642	1,736
Russian Federation	232,243	2,116	10,899	107
Spain	227,436	26,744	3,046	123
The United Kingdom	223,064	32,065	3,877	210
Italy	219,814	30,739	744	179
Germany	170,508	7,533	933	116
Brazil	162,699	11,123	6,760	496
Turkey	139,771	3,841	1,114	55
France	137,491	26,600	418	262
Iran (Islamic Republic of)	109,286	6,685	1,683	45
India	70,756	2,293	3,604	87
Canada	69,156	4,906	1,160	178
Peru	67,307	1,889	2,292	75
Belgium	53,449	8,707	368	51
Netherlands	42,788	5,456	161	16
Saudi Arabia	41,014	255	1,966	9
Mexico	35,022	3,465	1,562	112
Pakistan	32,081	706	1,140	39
Switzerland	30,261	1,542	39	5
Chile	30,063	323	1,197	11
Ecuador	29,509	2,145	-50	18
Portugal	27,679	1,144	98	9
Sweden	26,670	3,256	348	31
Belarus	23,906	135	0	0
Singapore	23,822	21	486	1
Qatar	23,623	14	1,103	0
Ireland	23,135	1,467	139	9
United Arab Emirates	18,878	201	680	3
Israel	16,526	258	34	4
Poland	16,326	811	330	11
Ukraine	16,023	425	375	17
Austria	15,874	620	87	2
Japan	15,874	643	76	22
Bangladesh	15,691	239	1,034	11
Romania	15,588	972	226	20
Indonesia	14,265	991	233	18
Philippines	11,086	726	292	7
Colombia	11,063	463	568	18

Republic of Korea	10,936	258	27	2
South Africa	10,652	206	637	12
Dominican Republic	10,634	393	287	5
Denmark	10,513	533	84	4
Serbia	10,176	218	62	3
Egypt	9,746	533	346	8
Kuwait	9,286	65	598	7
Panama	8,448	244	166	7
Czechia	8,176	282	53	2
Norway	8,106	224	7	7
Malaysia	6,726	109	70	1
Morocco	6,360	188	297	0
Argentina	6,034	305	110	5
Finland	5,984	271	22	4
Algeria	5,891	507	168	5
Bahrain	5,236	8	295	0
Kazakhstan	5,207	32	69	1
Republic of Moldova	4,995	179	68	8
Afghanistan	4,967	127	303	7
Ghana	4,700	22	437	0
Nigeria	4,641	150	242	7
Luxembourg	3,888	101	2	0
Oman	3,721	17	147	0
Armenia	3,538	47	146	2
Hungary	3,313	425	29	4
Thailand	3,017	56	8	0
Iraq	2,818	110	51	1
Greece	2,726	151	10	0
Azerbaijan	2,589	32	70	0
Cameroon	2,579	114	0	0
Bolivia (Plurinational State of)	2,556	118	119	4
Uzbekistan	2,509	10	98	0
Puerto Rico	2,256	113	58	2
Croatia	2,196	91	9	1
Guinea	2,146	11	0	0
Bosnia and Herzegovina	2,142	112	44	9
Bulgaria	1,990	93	25	2
Honduras	1,972	108	142	0
Senegal	1,886	19	177	0
Iceland	1,801	10	0	0
Cuba	1,783	77	17	0
Estonia	1,741	61	2	1
Côte d'Ivoire	1,730	21	30	0
North Macedonia	1,664	91	22	0
Sudan	1,526	74	161	4
Lithuania	1,485	50	6	0



Slovenia	1,460	102	3	0
Slovakia	1,457	26	0	0
Djibouti	1,227	3	17	0
New Zealand	1,147	21	0	0
Democratic Republic of the Congo	1,102	44	78	3
Somalia	1,089	52	35	1
Mayotte	1,061	12	38	1
Guatemala	1,052	26	85	2
Kyrgyzstan	1,037	12	21	0
Tunisia	1,032	45	0	0
El Salvador	958	17	69	0
Latvia	946	18	7	0
Cyprus	901	22	3	0
Maldives	897	3	62	0
Kosovo	884	28	14	0
Albania	872	31	4	0
Sri Lanka	869	9	6	0
Lebanon	859	26	14	0
Niger	832	46	11	0
Gabon	802	9	141	1
Costa Rica	792	6	12	0
Guinea-Bissau	761	3	119	0
Burkina Faso	760	50	9	1
Andorra	756	48	0	0
Paraguay	724	10	11	0
International conveyance (Diamond Princess)	712	13	0	0
Mali	712	39	8	1
Uruguay	707	19	5	2
Kenya	700	33	28	1
Tajikistan	661	21	49	1
San Marino	647	41	10	0
Georgia	639	11	1	1
Jordan	562	9	22	0
occupied Palestinian territory	547	4	0	0
United Republic of Tanzania	509	21	0	0
Malta	503	5	7	0
Jamaica	502	9	4	0
Equatorial Guinea	439	4	0	0
Réunion	436	0	0	0
Venezuela (Bolivarian Republic of)	414	10	12	0
Sierra Leone	338	19	31	1
Congo	333	11	46	1
Mauritius	332	10	0	0
Isle of Man	330	23	0	0
Montenegro	325	8	0	0
Chad	322	31	0	0

Benin	319	2	0	0
Jersey	294	25	1	0
Viet Nam	288	0	0	0
Rwanda	285	0	1	0
Zambia	267	7	0	0
Cabo Verde	260	2	14	0
Guernsey	252	13	0	0
Ethiopia	250	5	11	0
Liberia	211	20	7	0
Nepal	191	0	71	0
Faroe Islands	187	0	0	0
Martinique	187	14	0	0
Madagascar	186	0	17	0
Haiti	182	15	31	3
Togo	181	11	8	0
Myanmar	180	6	0	0
Central African Republic	179	0	0	0
Eswatini	175	2	3	0
South Sudan	174	0	18	0
São Tomé and Príncipe	165	4	0	0
Guadeloupe	154	13	0	0
Guam	147	5	0	0
Gibraltar	146	0	0	0
French Guiana	144	1	0	0
Brunei Darussalam	141	1	0	0
Cambodia	122	0	0	0
Uganda	122	0	1	0
Bermuda	118	7	0	0
Trinidad and Tobago	116	8	0	0
Guyana	104	10	7	0
Mozambique	103	0	12	0
Aruba	101	3	0	0
Monaco	96	1	0	0
Bahamas	92	11	0	0
Barbados	84	7	0	0
Liechtenstein	83	1	0	0
Cayman Islands	81	1	0	0
Sint Maarten	77	15	0	0
United States Virgin Islands	69	5	0	1
Libya	64	3	0	0
French Polynesia	60	0	0	0
Yemen	58	10	5	1
Malawi	57	3	1	0
Syrian Arab Republic	47	3	0	0
Angola	45	2	0	0
Mongolia	42	0	0	0

Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Zimbabwe	36	4	0	0
Antigua and Barbuda	25	3	0	0
Botswana	24	1	1	0
Timor-Leste	24	0	0	0
Gambia	22	1	2	0
Grenada	21	0	0	0
Burundi	19	1	0	0
Lao People's Democratic Republic	19	0	0	0
Northern Mariana Islands (Commonwealth of the)	19	2	3	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Nicaragua	16	5	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Bhutan	11	0	2	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,081,900</b>	<b>283,055</b>	<b>82,604</b>	<b>4,260</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #116 Novel Coronavirus (COVID-19)  
**Date:** Thursday, 14 May 2020 8:27:06 PM  
**Attachments:** [2020-05-14 NIR Health SitRep v116 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 14 May 2020, there have been 6,989 confirmed cases of COVID-19 in Australia, including 98 deaths.
- Since yesterday's situation report, an additional 14 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 943,000 tests have been conducted across Australia.
- Testing in Australia has increased in recent weeks. Over the last 7 days there were over 220,000 tests conducted.
- Minister for Aged Care and Senior Australians, Minister for Youth and Sport announced that Senior Australians would not be penalised or disadvantaged for moving out of an aged care facility during crisis, under the emergency leave legislation amendments adopted by the Australian Government today.

#### Situation Overseas

- As at 1500 hrs 14 May 2020, a total of 4,348,246 cases of COVID-19 have been reported globally, including 297,226 deaths.
- Globally, in the past 24 hours, around 86,000 new cases and over 5,200 new deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 15 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-14 1800 AEST	<b>Version</b>	116
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-15 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>Minister for Aged Care and Senior Australians, Minister for Youth and Sport announced that Senior Australians would not be penalised or disadvantaged for moving out of an aged care facility during crisis, under the emergency leave legislation amendments adopted by the Australian Government today.               <ul style="list-style-type: none"> <li>The emergency leave mechanism will be activated in volatile situations including natural disasters or health epidemics.</li> <li>Eligibility for emergency leave will be back dated to 1 April 2020 this year, so people impacted by the current COVID-19 crisis are not disadvantaged.</li> </ul> </li> <li>National Cabinet will meet tomorrow, Friday 15 May 2020.</li> <li>As part of his address to Parliament on Australia's COVID-19 response the Minister for Health announced leading Psychiatrist Dr Ruth Vine has been appointed as a Deputy Chief Medical Officer with expertise in mental health.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> </ul>

	<ul style="list-style-type: none"> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 14 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>6,989</b> cases of COVID-19, including 98 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>14</b> newly confirmed cases and <b>no new deaths</b>, have been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, Qld, SA and Tas.</li> <li>Vic reported <b>9</b> newly confirmed cases, <b>3 detected through mandatory hotel quarantine, 1 detected through testing by a doctor and 5 through outbreak investigation.</b></li> <li>NSW reported <b>4</b> newly confirmed cases, <b>1 overseas acquired, 2 locally acquired – contact of a confirmed case and 1 remains under investigation.</b></li> <li><b>WA reported 1 new case, locally acquired – contact of a confirmed case.</b></li> </ul> </li> <li>Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>97</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria <b>caused by local cluster transmission.</b></li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).                 <ul style="list-style-type: none"> <li>To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> <li>According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with <b>20%</b> of these cases requiring admission to an ICU (<b>2.4%</b> of confirmed cases).</li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:                 <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> </ul> </li> </ul> </li> </ul>
----------	---

- Almost half of cases were acquired overseas.
- Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (28%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 3 May).

#### Testing

- To date, more than **943,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was **0.7%** and the positivity in the past week was 0.05%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over 220,000 tests conducted, which is up from around **158,000** reported in the week prior.
  - In the past 24 hours, Victoria has reported over **16,000** tests.
  - To date, Vic, SA, NSW **and Tas** have conducted around 4,000 tests per 100,000 population.

#### Source of infection

- To date, around 62% of confirmed cases are considered to have been overseas acquired (Table 1).
  - Of the overseas acquired cases where place of acquisition was reported to the NNDSS, the majority of cases were acquired at sea (e.g. cruise ships), the UK and USA.
  - Over 1,300 cases have been associated with cruise ships. A majority of those have been reported in NSW; all jurisdictions are reporting cases associated with cruise ships.
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **14 May 2020**, Victoria has reported **8** cases associated with this outbreak with **2 of these cases being confirmed over the past 24 hours**.
    - **More than 90 employees have been tested as a precaution and the restaurant has been closed to undergo a deep clean.**
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **14 May 2020**, Victoria has reported **90** cases associated with this outbreak.
    - The Victorian Department of Health is working closely with the company. Media are reporting cases in two health care workers associated with this outbreak.
    - Meat processing facilities have been identified in the US as a setting with increased risk transmission for SARS-CoV-2 transmission.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **14 May 2020**, NSW has reported 71 cases (34 staff and 37 residents). There have also been 16 deaths associated with this outbreak.
    - Residents of aged care facilities are at increased risk of COVID-19 infection due to the environment of communal living facilities and are more vulnerable to serious complications if they do become infected.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 3 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.



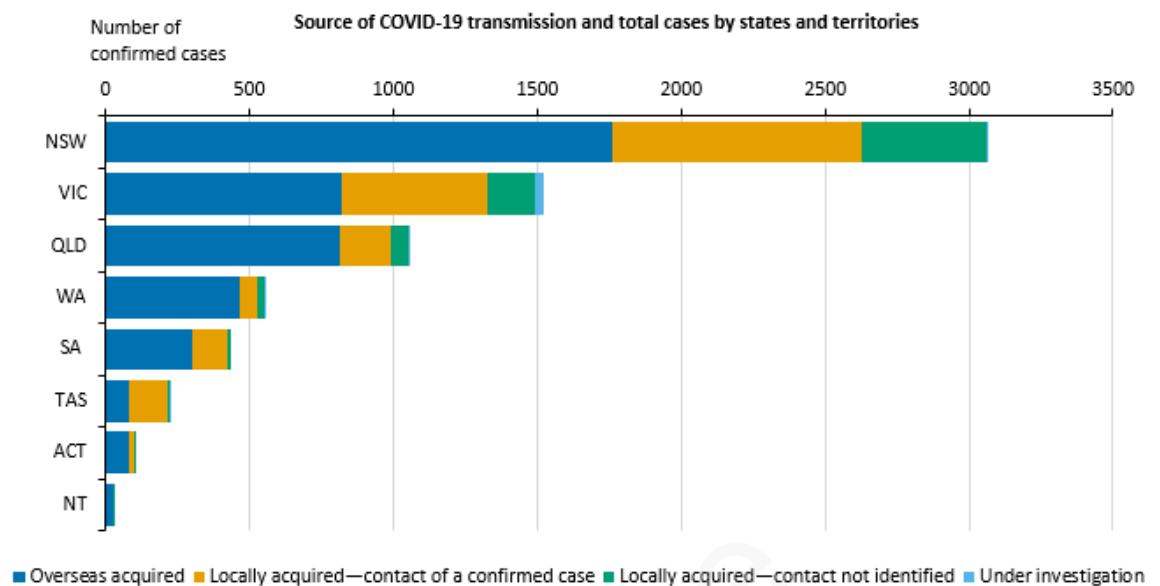
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 14 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld <sup>#</sup>	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,352	83	1,763	26	814	300	79	819	468
Locally acquired - contact of confirmed case and/or in a known cluster	1,892	17	862	2	175	124	140	511	61
Locally acquired - contact not identified	599	1	366	0	43	9	0	164	16
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	35	0	2	0	2	0	4	26	1
<b>Total cases</b>	<b>6,989</b>	<b>107</b>	<b>3,063</b>	<b>29</b>	<b>1,052</b>	<b>439</b>	<b>227</b>	<b>1,520</b>	<b>552</b>
<b>Recovered</b>	<b>6,301</b>	<b>104</b>	<b>2,595</b>	<b>27</b>	<b>1,030</b>	<b>434</b>	<b>188</b>	<b>1,385</b>	<b>538</b>
<b>Deaths (of total)</b>	<b>98</b>	<b>3</b>	<b>45</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	14 (0.2%)	0 (0%)	4 (0.1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	9 (0.6%)	1 (0.2%)
Newly confirmed cases in the last 72hrs (%change)	43 (0.6%)	0 (0.0%)	10 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	31 (2.1%)	2 (0.4%)
Average daily change in newly confirmed cases over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.7%	0.1%
Newly confirmed cases over the past week (7 days)	97	0	21	0	2	0	1	70	3
<b>Current health care use</b>									
<i>Hospitalised (total)</i>	51	0	23	2	7	1	8	9	1
<i>Hospitalised - ICU (of those hospitalised)</i>	18	0	8	0	3	0	0	6	1
<i>Hospitalised - ICU ventilated (of those admitted to ICU)</i>	13	0	6	0	3	0	0	4	N/A

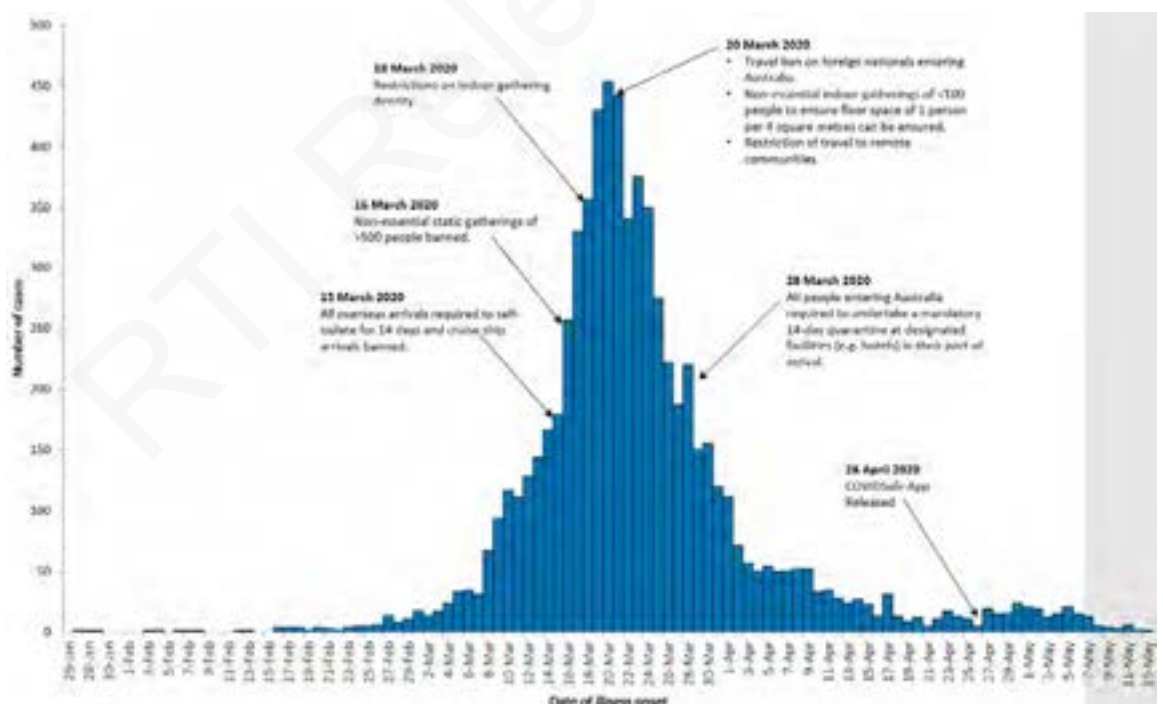
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

#On 12 May QLD reported 6 cases *and on the 13 May an additional case*, which were previously reported in other jurisdictions. These cases are Qld residents that have been reallocated to QLD from the total number of cases for Victoria and Western Australia.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 14 May 2020**

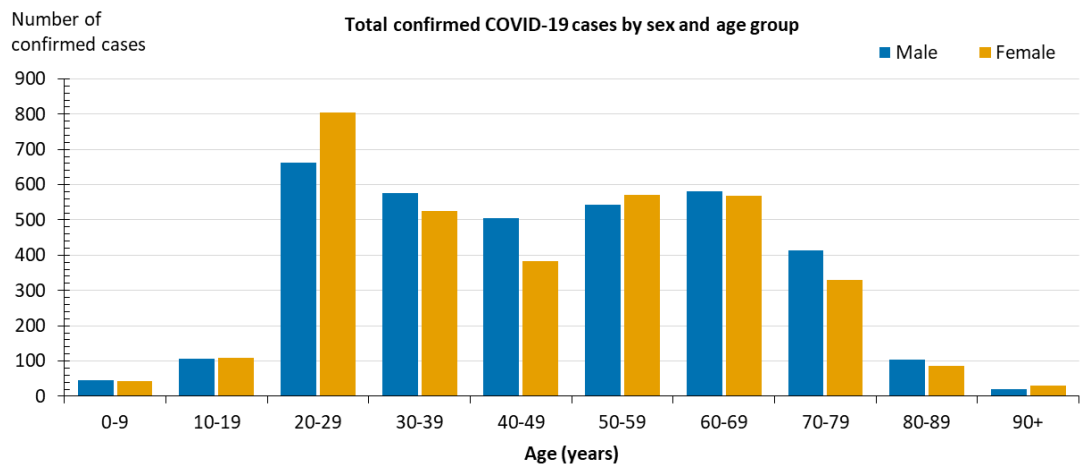


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 14 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 14 May 2020**

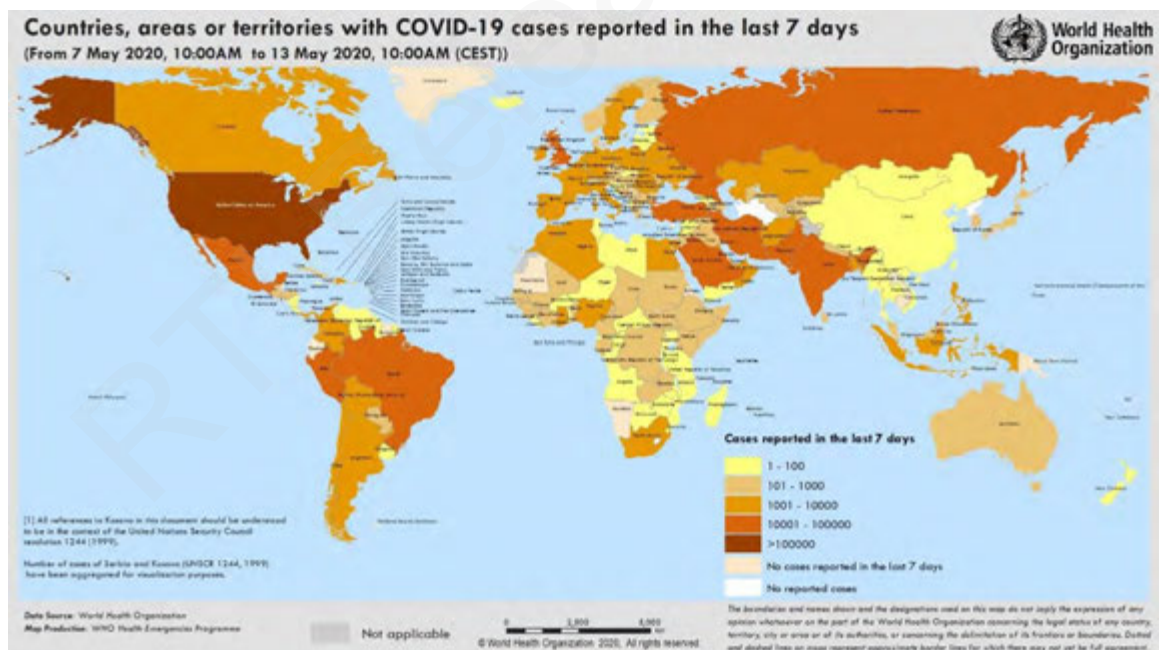


**International Situation (as at 1500 hrs, 14 May 2020)**

- The global number of confirmed COVID-19 cases is currently **4,348,246** including **297,226** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **86,000** new cases and over **5,200** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **13 May 2020** indicates the majority of deaths are from the United States of America (28%), the United Kingdom (11%), Italy (11%), Spain (9%) and France (9%).
- The case fatality rate is approximately **6.9%**.
- **Americas:** The USA has reported approximately **24,000** new cases and **1,000** deaths. This is slightly lower than the figure yesterday. The epidemic in Brazil appears to be accelerating, and the number of confirmed cases exceeding 160,000 and number of deaths exceeding 11,000 and reporting a slightly reduced **5,600** cases yesterday. Other countries of note in this region include Canada and Peru with over 65,000 cases, and Mexico, Ecuador and Chile with over **30,000** cases each.
- **Europe:** Russia is now the leader in the total number of cases in Europe, reporting approximately **10,000** new cases yesterday. Spain has reported over 3,000 new cases *yesterday; however today they have only reported approximately 600 potentially indicating that yesterday's figure was testing backlog.* Italy has reported just over 1,400 new cases, *up from 750 yesterday.* Germany has also reported a small rise in cases over the past several days, *though this number appears to be declining again.* Daily new case numbers in the United Kingdom *remain* approximately 4,000 per day, and their epidemic is continuing a linear rise.
- **Middle East:** Iran is likely experiencing a second wave of the epidemic, but this may be starting to come under control as they have reported only *fewer than 2,000 new cases each day for the second day in a row.* Saudi Arabia has exceeded 40,000 cases with approximately 2,000 new cases reported. Pakistan reports over 30,000 cumulative cases with approximately **2,200 new cases.** *Their confirmed case curve to date shows exponential growth.* Other countries of note include Qatar and the UAE who have both exceeded **19,000** cases. *Kuwait may be starting to see an extended outbreak as they are reporting close to 1,000 new daily cases regularly and their epidemic curve shows rapid exponential growth.*

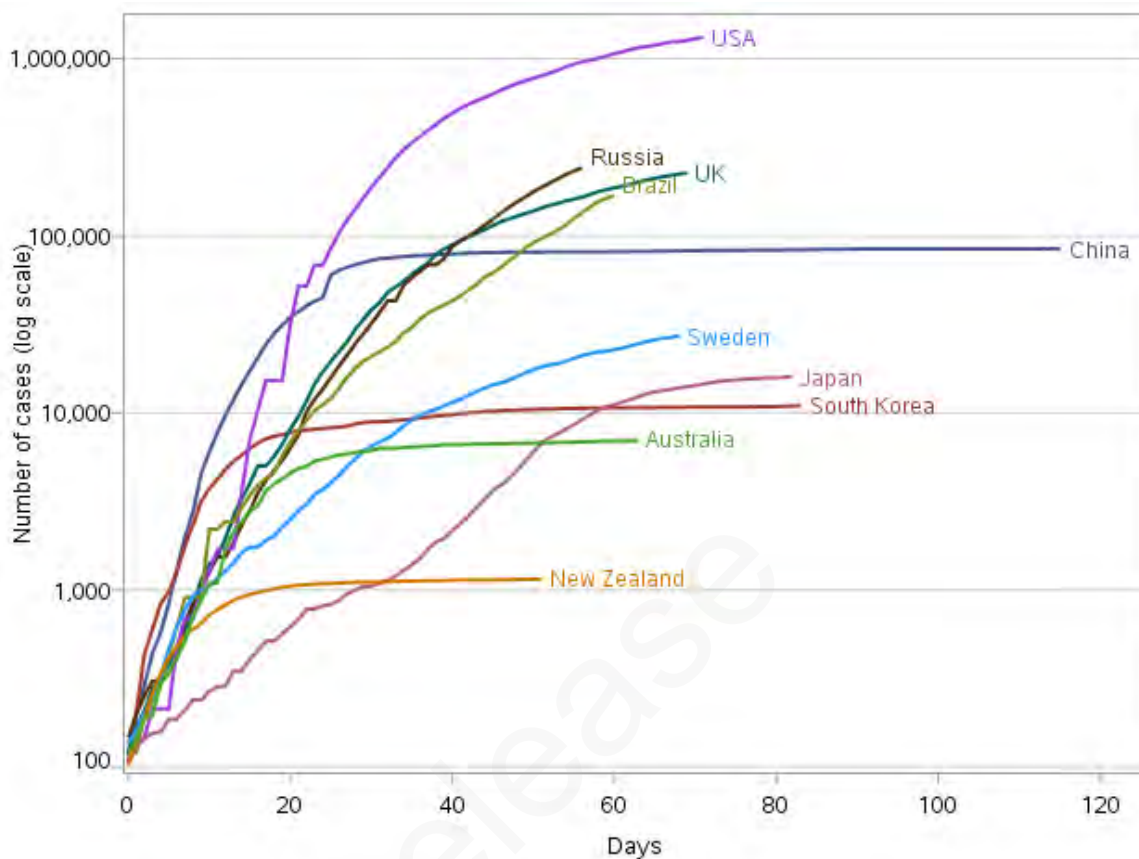
- South East Asia:** The number of new cases reported in Indonesia remains consistent. The Indonesian government has reported **15,438** cases and **1,028** deaths resulting in a case fatality rate of **6.7%**. New case numbers in India *continue to be numerous*; reporting over **3,500** new cases yesterday, and 4,200 the day previous. *Testing capacity may play a role in the speed of their epidemic growth. On 3 May 2020, the country passed 1 million tests and reported approximately 40,000 cases, giving them a positivity rate of approximately 4%*<sup>1</sup>. Bangladesh *has slightly more cases than* Indonesia and is growing by over 1,000 cases per day.
- Pacific:** The outbreak in the migrant worker population of Singapore continues with the country reporting **675** new cases. In total, Singapore has reported **23,008** cases among dormitory residents (**91%** of all cases), which represents **7.12%** of the estimated total population living in those facilities. The Philippines also has a high case fatality rate with **11,618** cases and **772** deaths reported, resulting in a case fatality rate of 6.6%. The high case fatality rate is impacted both by limited testing and reporting of COVID related death. No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last **seven** days. Northern Mariana Islands reported one new case on 9 May and 3 new cases on 11 May.

**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 114 of 13 May 2020**

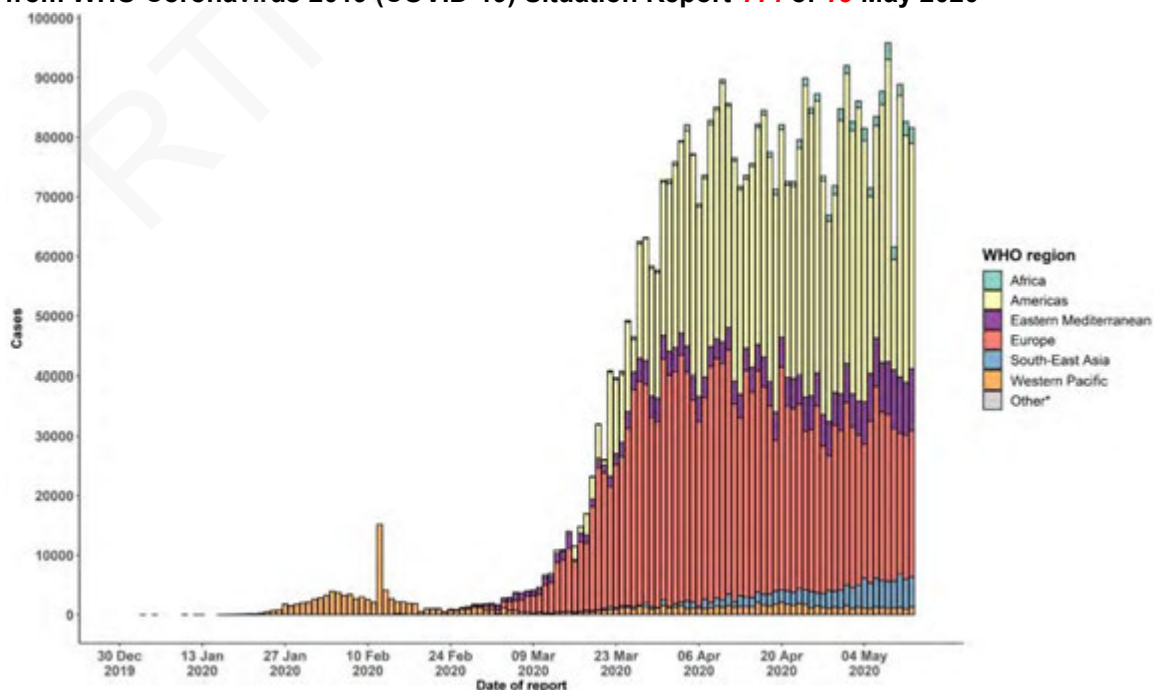


<sup>1</sup> <https://timesofindia.indiatimes.com/india/india-completed-one-million-tests-for-the-fewest-number-of-covid-19-cases/articleshow/75516140.cms>

**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 114 of 13 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 114 of 13 May 2020**





International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 13 May 2020, the World Health Organisation announced the launch of the WHO Academy application designed to support health workers, and the WHO Info app designed to inform the public during COVID-19. <ul style="list-style-type: none"> <li>These apps are available in all UN languages: Arabic, Chinese, English, French, Spanish and Russian.</li> <li>The WHO Academy app provides health workers with mobile access to a wealth of COVID-19 resources, developed by WHO, that include up-to-the-minute guidance, tools, training, and virtual workshops that will help them care for COVID-19 patients and protect themselves.</li> </ul> </li> </ul> <p><b>United Nations</b></p> <ul style="list-style-type: none"> <li>On 13 May 2020, the United Nations released a Policy Brief, 'COVID-19 and the Need for Action on Mental Health'. The Brief can be read at: <a href="https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf">https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf</a>.</li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).</li> <li>There are seven public health emergency directions in force under the Public Health Act 1997.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT will continue its testing criteria for the foreseeable future for anybody with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>On Friday, 8 May 2020, the ACT revised restrictions for some non-essential gatherings and some businesses under public health directions. <ul style="list-style-type: none"> <li>All indoor and outdoor gatherings can have a maximum of 10 people (including children).</li> <li>For more information on current ACT restriction see the <a href="#">ACT Government's website</a></li> </ul> </li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties, effective 9 May 2020.</li> <li>From 15 May 2020, the <a href="#">NSW Government</a> will ease restrictions and permit: <ul style="list-style-type: none"> <li>Outdoor gatherings of up to 10 people.</li> <li>Cafes and restaurants can seat 10 patrons at any one time.</li> <li>Up to five visitors to a household at any one time.</li> <li>Weddings up to 10 guests.</li> <li>Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>Religious gatherings/places of worship up to 10 worshippers.</li> <li>Use of outdoor equipment with caution.</li> <li>Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Effective 1200 1 May 2020, the NT Government <a href="#">eased restrictions</a> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> </ul>

	<ul style="list-style-type: none"> <li>From 15 May 2020, the following will be <u>allowed</u>:               <ul style="list-style-type: none"> <li>Gatherings in homes with a maximum of five people.</li> <li>Visit a nail salon or beauty parlour.</li> <li>Take a day trip up to 150km.</li> <li>Visit an outdoor gym (max 10 people).</li> <li>Attend a wedding (max 10 people).</li> <li>Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>From 11 May 2020, outdoor dining, community centres and sports training were permitted.               <ul style="list-style-type: none"> <li>More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>From 11 May 2020, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>New arrangements came into effect in Victoria at 11.59pm, Tuesday 12 May 2020, under which, there are five reason Victorians may leave their homes:               <ol style="list-style-type: none"> <li>Shopping for food and supplies</li> <li>Care and caregiving</li> <li>Exercise and outdoor recreation</li> <li>Work and education – if they cannot do it from home</li> <li>Visiting friends and family – if they really need to</li> </ol> </li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>On 10 May 2020, the WA Premier announced a four-phase roadmap to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020:               <ul style="list-style-type: none"> <li>Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>Some regional travel restrictions relaxed.</li> </ul> </li> </ul>



- Non-contact community sports up to 20 people.
- Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.
- Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.
- Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

*Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with pharyngeal virus shedding during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major factors in transmission.*

*SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.*

*Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission and are unlikely to be the primary source of household infections.*

#### Incubation period

*Median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.*

#### Molecular epidemiology

*Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.*

#### Clinical presentation

*COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.*

*Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/aguesia) may also be associated with COVID-19.*

#### Severity

*The global case fatality rate (CFR) is approximately 7%. It has been around this figure since the middle of April. However, there is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.*

*Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.*

*Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.*

### **Treatment**

*Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.*

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## **4. Appendix 1**

### **Confirmed cases of COVID-19 by location, excluding Australia**

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,348,246** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **114**, **13** May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,458	4,644	7	1
<i>Hong Kong SAR</i>	1,051	4	3	0
<i>Taiwan</i>	440	7	0	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,322,054	79,634	23,767	982
Russian Federation	242,271	2,212	10,028	96
Spain	228,030	26,920	594	176
The United Kingdom	226,467	32,692	3,403	627
Italy	221,216	30,911	1,402	172
Germany	171,306	7,634	798	101
Brazil	168,331	11,519	5,632	396
Turkey	141,475	3,894	1,704	53
France	138,161	26,948	670	348
Iran (Islamic Republic of)	110,767	6,733	1,481	48
India	74,281	2,415	3,525	122
Canada	70,342	5,049	1,186	143
Peru	68,822	1,961	1,515	72
Belgium	53,779	8,761	330	54
Netherlands	42,984	5,510	196	54
Saudi Arabia	42,925	264	1,911	9
Mexico	36,327	3,573	1,305	108
Pakistan	34,261	737	2,180	31
Chile	31,721	335	1,658	12
Ecuador	30,419	2,327	910	182
Switzerland	30,297	1,560	36	18
Portugal	27,913	1,163	234	19
Sweden	27,272	3,313	602	57
Belarus	25,840	149	1,934	14
Qatar	25,149	14	1,526	0
Singapore	24,671	21	849	0

Ireland	23,242	1,488	107	21
United Arab Emirates	19,661	203	783	2
Poland	16,921	839	595	28
Bangladesh	16,660	250	969	11
Israel	16,539	262	13	4
Ukraine	16,425	439	402	14
Japan	16,024	668	150	25
Austria	15,910	623	36	3
Romania	15,778	1,002	190	30
Indonesia	14,749	1,007	484	16
Colombia	11,613	479	550	16
Philippines	11,350	751	264	25
South Africa	11,350	206	698	0
Republic of Korea	10,962	259	26	1
Dominican Republic	10,900	402	266	9
Denmark	10,591	527	78	-6
Kuwait	10,277	75	991	10
Serbia	10,243	220	67	2
Egypt	10,093	544	347	11
Panama	8,616	249	168	5
Czechia	8,221	283	45	1
Norway	8,135	228	29	4
Malaysia	6,742	109	16	0
Morocco	6,418	188	58	0
Argentina	6,278	317	244	12
Algeria	6,067	515	176	8
Finland	6,003	275	19	4
Bahrain	5,531	9	295	1
Kazakhstan	5,417	32	210	0
Republic of Moldova	5,154	182	159	3
Ghana	5,127	22	427	0
Afghanistan	4,967	127	0	0
Nigeria	4,787	158	146	8
Oman	4,019	17	298	0
Luxembourg	3,894	102	6	1
Armenia	3,718	48	180	1
Hungary	3,341	430	28	5
Thailand	3,017	56	0	0
Iraq	2,913	112	95	2
Bolivia (Plurinational State of)	2,831	122	275	4
Greece	2,744	152	18	1
Azerbaijan	2,693	33	104	1
Cameroon	2,689	125	110	11
Uzbekistan	2,598	10	89	0
Puerto Rico	2,299	114	43	1
Guinea	2,298	11	152	0
Croatia	2,207	91	11	0
Bosnia and Herzegovina	2,162	116	20	4
Honduras	2,100	116	128	8
Bulgaria	2,023	95	33	2
Senegal	1,995	19	109	0
Côte d'Ivoire	1,857	21	127	0
Cuba	1,804	78	21	1
Iceland	1,801	10	0	0
Estonia	1,746	61	5	0
North Macedonia	1,674	92	10	1
Sudan	1,660	80	134	6
Lithuania	1,491	50	6	0
Slovakia	1,465	27	8	1
Slovenia	1,461	102	1	0
Djibouti	1,256	3	29	0
Somalia	1,170	52	81	0
Democratic Republic of the Congo	1,169	50	67	6

New Zealand	1,147	21	0	0
Guatemala	1,114	26	62	0
Mayotte	1,095	12	34	0
Kyrgyzstan	1,044	12	7	0
Tunisia	1,032	45	0	0
El Salvador	998	18	40	1
Latvia	950	18	4	0
Kosovo	919	29	35	1
Maldives	904	3	7	0
Cyprus	903	23	2	1
Sri Lanka	889	9	20	0
Albania	876	31	4	0
Lebanon	870	26	11	0
Gabon	863	9	61	0
Niger	854	47	22	1
Guinea-Bissau	820	3	59	0
Costa Rica	801	7	9	1
Burkina Faso	766	51	6	1
Andorra	759	48	3	0
Paraguay	737	10	13	0
Mali	730	40	18	1
Tajikistan	729	23	68	2
Kenya	715	36	15	3
International conveyance (Diamond Princess)	712	13	0	0
Uruguay	711	19	4	0
San Marino	647	41	0	0
Georgia	642	11	3	0
Jordan	576	9	14	0
occupied Palestinian territory	547	4	0	0
Equatorial Guinea	522	6	83	2
United Republic of Tanzania	509	21	0	0
Jamaica	505	9	3	0
Malta	503	5	0	0
Zambia	441	7	174	0
Réunion	437	0	1	0
Venezuela (Bolivarian Republic of)	422	10	8	0
Chad	357	40	35	9
Sierra Leone	338	20	0	1
Congo	333	11	0	0
Mauritius	332	10	0	0
Isle of Man	330	23	0	0
Benin	327	2	8	0
Montenegro	324	9	-1	1
Jersey	294	25	0	0
Viet Nam	288	0	0	0
Rwanda	286	0	1	0
Cabo Verde	270	2	10	0
Ethiopia	261	5	11	0
Guernsey	252	13	0	0
Nepal	217	0	26	0
Liberia	212	20	1	0
Haiti	209	16	27	1
Togo	199	11	18	0
Madagascar	192	0	6	0
Faroe Islands	187	0	0	0
Martinique	187	14	0	0
Eswatini	184	2	9	0
Myanmar	180	6	0	0
Central African Republic	179	0	0	0
South Sudan	174	0	0	0
São Tomé and Príncipe	165	4	0	0
Guadeloupe	155	13	1	0
Guam	148	5	1	0

Gibraltar	147	0	1	0
French Guiana	146	1	2	0
Brunei Darussalam	141	1	0	0
Uganda	126	0	4	0
Cambodia	122	0	0	0
Bermuda	119	8	1	1
Trinidad and Tobago	116	8	0	0
Guyana	109	10	5	0
Mozambique	104	0	1	0
Aruba	101	3	0	0
Monaco	96	1	0	0
Bahamas	93	11	1	0
Barbados	84	7	0	0
Cayman Islands	84	1	3	0
Liechtenstein	83	1	0	0
Sint Maarten	77	15	0	0
United States Virgin Islands	69	5	0	0
Yemen	67	11	9	1
Libya	64	3	0	0
French Polynesia	60	0	0	0
Malawi	58	3	1	0
Syrian Arab Republic	47	3	0	0
Angola	45	2	0	0
Mongolia	42	0	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Zimbabwe	37	4	1	0
Burundi	27	1	8	0
Antigua and Barbuda	25	3	0	0
Botswana	24	1	0	0
Timor-Leste	24	0	0	0
Gambia	23	1	1	0
Grenada	21	0	0	0
Lao People's Democratic Republic	19	0	0	0
Northern Mariana Islands (Commonwealth of the)	19	2	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Nicaragua	16	5	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Bhutan	11	0	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	8	1	0	0
Papua New Guinea	8	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,163,460</b>	<b>287,302</b>	<b>81,560</b>	<b>4,247</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #117 Novel Coronavirus (COVID-19)  
**Date:** Friday, 15 May 2020 7:50:13 PM  
**Attachments:** [2020-05-15 NIR Health SitRep v117 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 15 May 2020, there have been 7,019 confirmed cases of COVID-19 in Australia, including 98 deaths.
- Since yesterday's situation report, an additional 31 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 983,500 tests have been conducted across Australia.
- Testing in Australia has increased in recent weeks. Over the last 7 days there were over 226,500 tests conducted.
- National Cabinet met today and discussed the current COVID-19 response, easing restrictions in the coming months, assisting Australians going back to work in a COVID-Safe environment, and getting the economy moving again.
- The Governor-General extended the human biosecurity emergency period for three months, from 17 June to 17 September 2020, enabling the Minister for Health to continue to exercise emergency powers under the Biosecurity Act.

#### Situation Overseas

- As at 1500 hrs 15 May 2020, a total of 4,443,793 cases of COVID-19 have been reported globally, including 302,462 deaths.
- Globally, in the past 24 hours, around 95,000 new cases and over 5,200 new deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 16 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-15 1800 AEST	<b>Version</b>	117
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-16 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>National Cabinet <i>met today, 15 May 2020 and</i> <ul style="list-style-type: none"> <li><i>discussed the current COVID-19 response, easing restrictions in the coming months, assisting Australians going back to work in a COVID-Safe environment, and getting the economy moving again;</i></li> <li><i>noted that the Governor-General extended the human biosecurity emergency period for three months from 17 June to 17 September 2020, which enables the Minister for Health to continue to exercise emergency powers under the Biosecurity Act 2015;</i></li> <li><i>was briefed by the CMO on epidemiological modelling and paediatric inflammatory multisystem syndrome (PMIS-TS)/ Kawasaki disease, and the Treasury Secretary, the Reserve Bank Governor, and the APRA Chair on the economic and financial situation;</i></li> <li><i>endorsed the Mental Health and Wellbeing Pandemic Plan which:</i> <ul style="list-style-type: none"> <li><i>was developed by the National Mental Health Commission and NSW and VIC teams;</i></li> <li><i>will be funded by the Commonwealth (\$48.1 million) and Victoria (\$19.5 million); and</i></li> </ul> </li> <li><i>agreed to:</i> <ul style="list-style-type: none"> <li><i>reopen elective surgery, by removing restrictions and restoring hospital activity involving three stages, to be reviewed monthly from May 2020 by AHMAC; and</i></li> <li><i>a framework to inform decisions around lifting remote area travel restrictions.</i></li> </ul> </li> </ul> </li> <li><i>National Cabinet will meet again on Friday, 29 May 2020.</i></li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> </ul>



- In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.
- From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.
- Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.
- On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment
- The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.

#### Emergency Response Plan for COVID-19

- On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.

#### Commonwealth emergency powers

- On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.
- The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.
- The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.
- The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).

## 1. Situation

### Overview

#### Domestic Situation (as at 1500 hrs, 15 May 2020)

- A total of **7,019** cases of COVID-19, including 98 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - Since yesterday's situation report, **31** newly confirmed cases and no new deaths, have been reported in Australia.
    - There were no new cases reported in ACT, NT, SA, Tas and **WA**.
    - Vic reported **21** newly confirmed cases, **6 are in mandatory hotel quarantine, 6 were locally acquired with known epi links, and 9 are under investigation**.
    - NSW reported **8** newly confirmed cases, **4** were overseas acquired, **1** locally acquired and a contact of a confirmed case, and **3** were locally acquired, with contact not identified.
    - **Qld reported 2 cases. Both are under investigation and 1 is a staff member from the North Rockhampton Nursing Centre (aged care facility).**
  - Following the peak of cases at the end of March, since approximately 19 April there has been a sustained and relatively low number of new cases reported daily.
    - The total number of newly confirmed cases reported over the last 7 days was **110**. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (**78 cases**).
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).

- To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)
- According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 20% of these cases requiring admission to an ICU (2.3% of confirmed cases).
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (32%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (18%) and neurological disorder (18%) were also more commonly reported among deceased cases (source: NNDSS as of 10 May).

#### Testing

- To date, more than 983,500 tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.7% and the positivity in the past week was 0.05%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over 226,500 tests conducted, which is up from around 168,000 reported in the week prior.
  - In the past 24 hours, Victoria has reported over 20,000 tests.
  - To date, Vic, SA, NSW and Tas have conducted around 4,000 tests per 100,000 population.

#### Source of infection

- To date, around 62% of confirmed cases are considered to have been overseas acquired (Table 1).
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at 15 May 2020, Victoria has reported 10 cases associated with this outbreak with 2 of these cases being confirmed over the past 24 hours.
    - More than 90 employees have been tested as a precaution and the restaurant has been closed to undergo a deep clean.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 15 May 2020, Victoria has reported 91 cases associated with this outbreak.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 15 May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 16 deaths associated with this outbreak.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 10 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 15 May 2020)**

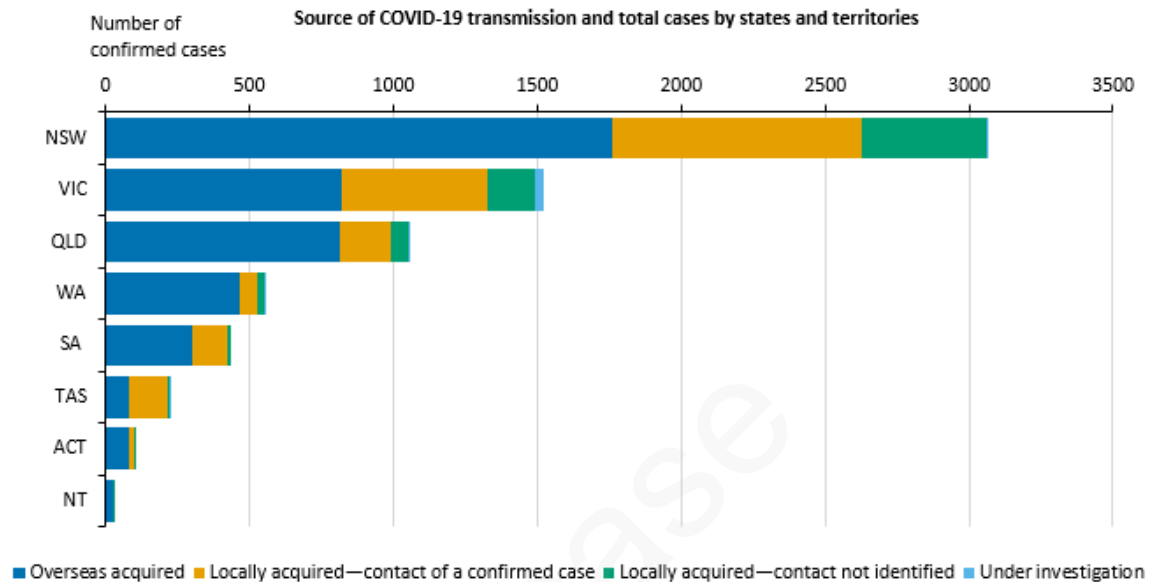
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld <sup>#</sup>	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,361	83	1,767	26	814	300	79	824	468
Locally acquired - contact of confirmed case and/or in a known cluster	1,914	17	863	2	175	124	140	532	61
Locally acquired - contact not identified	592	1	369	0	43	9	0	154	16
Locally acquired - contact not identified, but case had interstate travel	111	6	70	1	18	6	4	0	6
Under investigation	41	0	2	0	4	0	4	30	1
<b>Total cases</b>	<b>7,019</b>	<b>107</b>	<b>3,071</b>	<b>29</b>	<b>1,054</b>	<b>439</b>	<b>227</b>	<b>1,540</b>	<b>552</b>
<b>Recovered</b>	<b>6,337</b>	104	2,605	27	1,031	434	191	1,407	538
<b>Deaths (of total)</b>	<b>98</b>	3	45	0	6	4	13	18	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	31 (0.4%)	0 (0.0%)	8 (0.3%)	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	21 (1.4%)	0 (0.0%)
Newly confirmed cases in the last 72hrs (%change)	58 (0.8%)	0 (0.0%)	18 (0.6%)	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	37 (2.4%)	1 (0.2%)
Average daily change in newly confirmed cases over the past three days (compound)	13.5%	0.0%	66.8%	0.0%	0.1%	0.0%	0.0%	12.1%	33.3%
Newly confirmed cases over the past week (7 days)	110	0	26	0	4	0	0	78	2
<b>Current health care use</b>									
Hospitalised (total)	46	0	22	2	6	1	6	9	0
Hospitalised - ICU (of those hospitalised)	17	0	7	0	3	0	0	7	0
Hospitalised - ICU ventilated (of those admitted to ICU)	13	0	5	0	3	0	0	5	N/A

\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

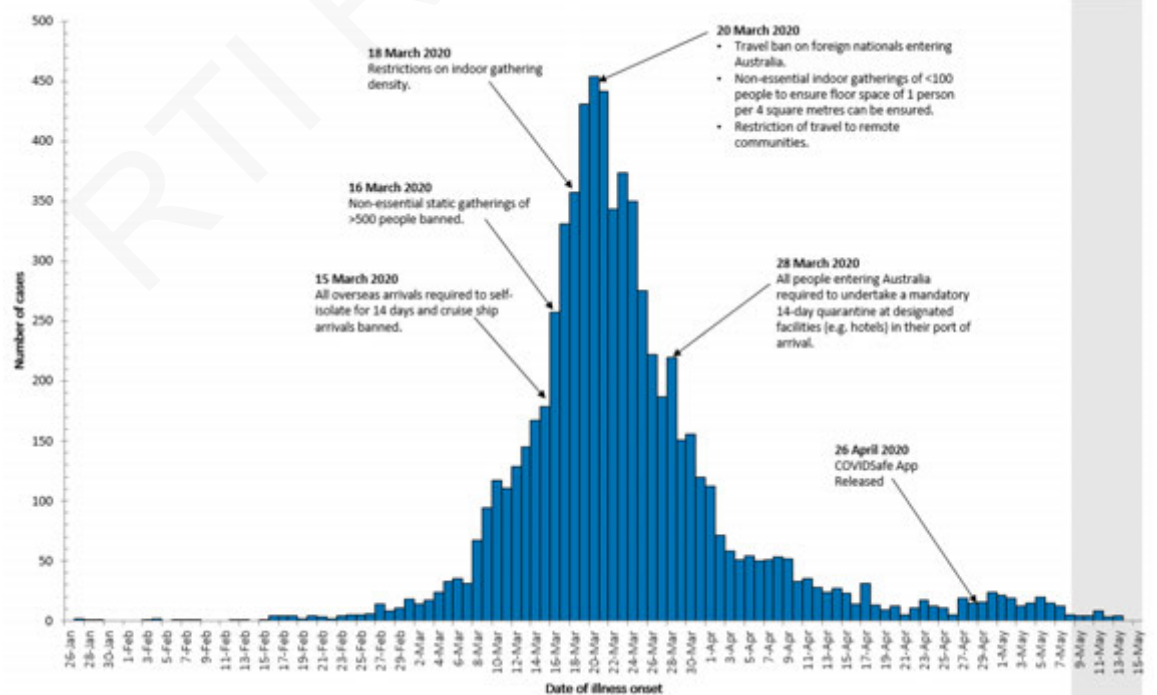
#On 12 May QLD reported 6 cases and on the 13 May an additional case, which were previously reported in other jurisdictions. These cases are Qld residents that have been reallocated to QLD from the total number of cases for Victoria and Western Australia.

<sup>^</sup> On 15 May Victoria revised their total number of cases down by 1 due to duplication.

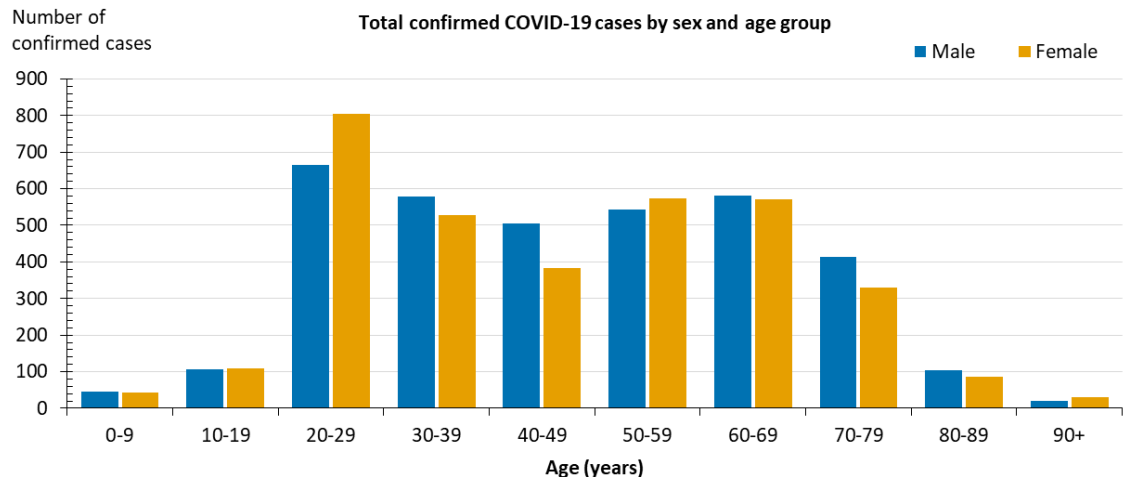
**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 15 May 2020**



**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 15 May 2020 by date of illness onset\***



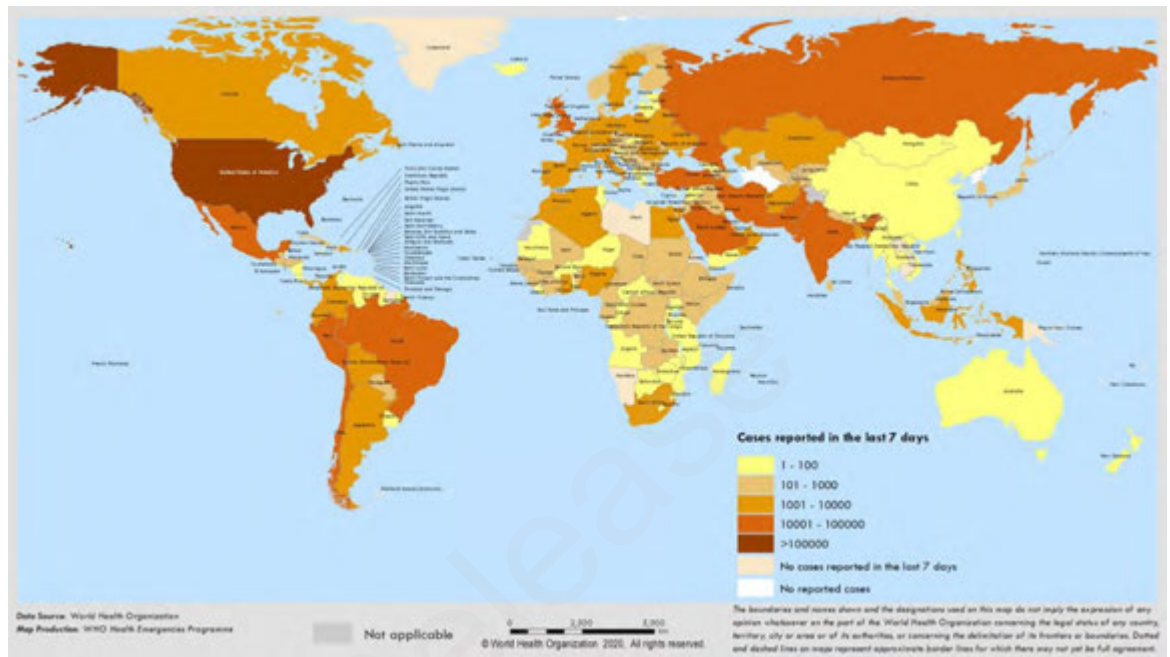
\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 15 May 2020****International Situation (as at 1500 hrs, 15 May 2020)**

- The global number of confirmed COVID-19 cases is currently **4,443,793** including **302,462** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **95,000** new cases and over 5,200 new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **14 May 2020** indicates the majority of deaths are from the United States of America (**27%**), the United Kingdom (11%), Italy (11%), Spain (9%) and France (9%).
- **Americas:** The USA has reported approximately **18,000** new cases and 1,000 deaths. This is slightly lower than the figure yesterday. The epidemic in Brazil appears to be accelerating, and the number of confirmed cases exceeding **175,000** and number of deaths exceeding 12,400. *The country reported over 9,200 cases yesterday, up from 5,600 the day prior. Brazil has exceeded Germany in cumulative cases.* Other countries of note in this region include Canada and Peru with over **70,000** cases, and Mexico, Ecuador and Chile with over 30,000 cases each.
- **Europe:** Russia reported just under 10,000 new cases yesterday. Italy has reported just over 1,400 new cases two days ago, and only **888 in the last 24 hours indicating that the spike may have been testing backlog as well.** Daily new case numbers in the United Kingdom have *dropped from 4,000 to 3,200 per day today.* Germany reported **933 new cases yesterday, 798 new cases one day prior, and 993 new cases two days prior.**
- **Middle East:** Iran is likely experiencing a second wave of the epidemic, but this may be starting to come under control as they have reported only fewer than 2,000 new cases each day for the **third** day in a row. Saudi Arabia has exceeded 40,000 cases with approximately 2,000 new cases reported **again.** Pakistan reports over **35,000** cumulative cases with approximately 2,200 new cases. Their confirmed case curve to date shows exponential growth. Other countries of note include Qatar and the UAE who have both exceeded **20,000** cases. Kuwait may be starting to see an extended outbreak as they are reporting close to 1,000 new daily cases regularly (*though only 751 yesterday*) and their epidemic curve shows rapid exponential growth.
- **Africa.** *South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. Their cumulative case count is showing exponential growth. Lesotho reported their first case on 14 May.*
- **South East Asia.** New case numbers in India continue to be numerous; reporting over **3,700** new cases yesterday, and **3,500** the day previous. Testing capacity may play a role in the speed of their epidemic growth masking the true scale. Bangladesh has slightly more cases than Indonesia and is growing by over 1,000 cases per day. The number of new cases reported in Indonesia *has been the highest to date at 689 new cases yesterday.* The Indonesian government has reported **16,006** cases and **1,043** deaths resulting in a case fatality rate of **6.5%**.
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting 675 new cases. Singapore has reported **23,758** cases among dormitory residents (91% of all cases), which represents **7.36%** of the estimated total population living in those facilities. The Philippines also has a high case fatality rate with **11,876** cases and **790** deaths reported, resulting in a case fatality rate of **6.7%**. The high case fatality rate is

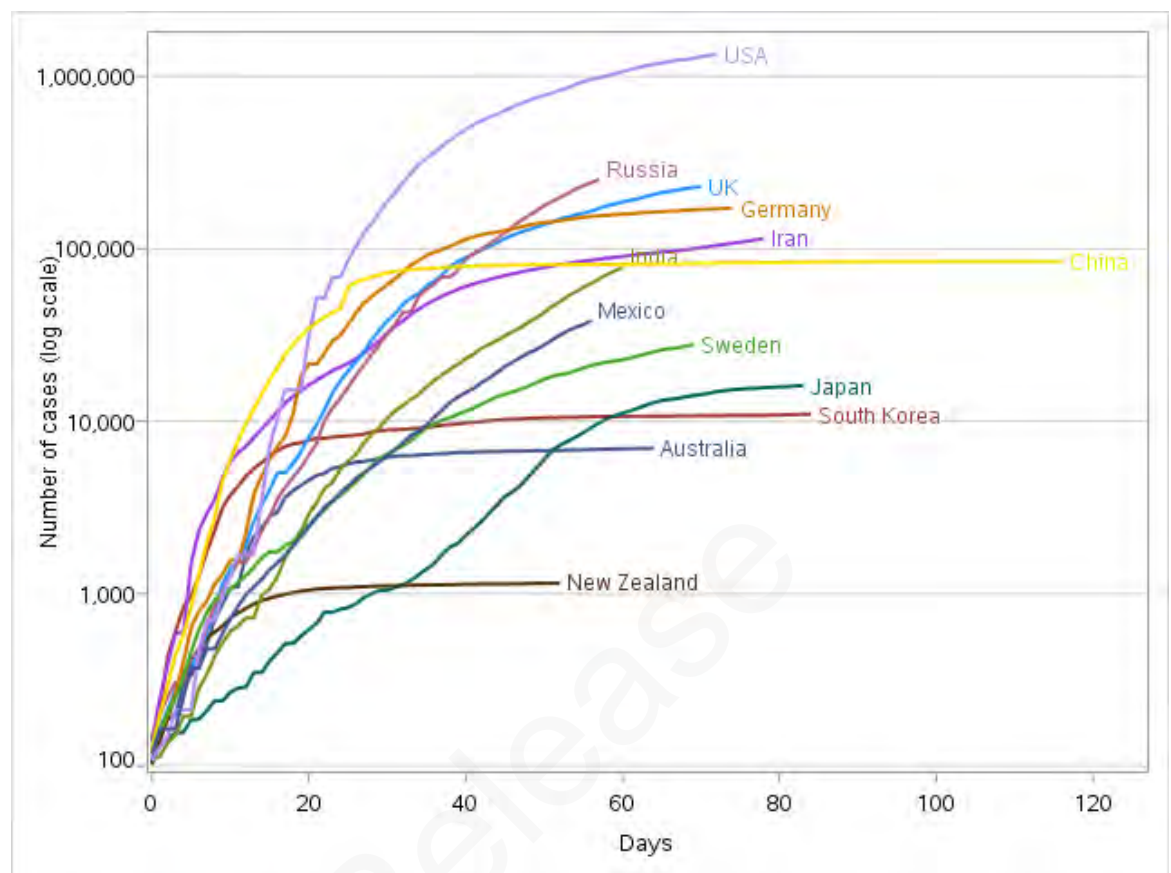
impacted both by limited testing and reporting of COVID related death. No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last *eight* days. Northern Mariana Islands reported one new case on 9 May and three new cases on 11 May.

**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report 115 of 14 May 2020**

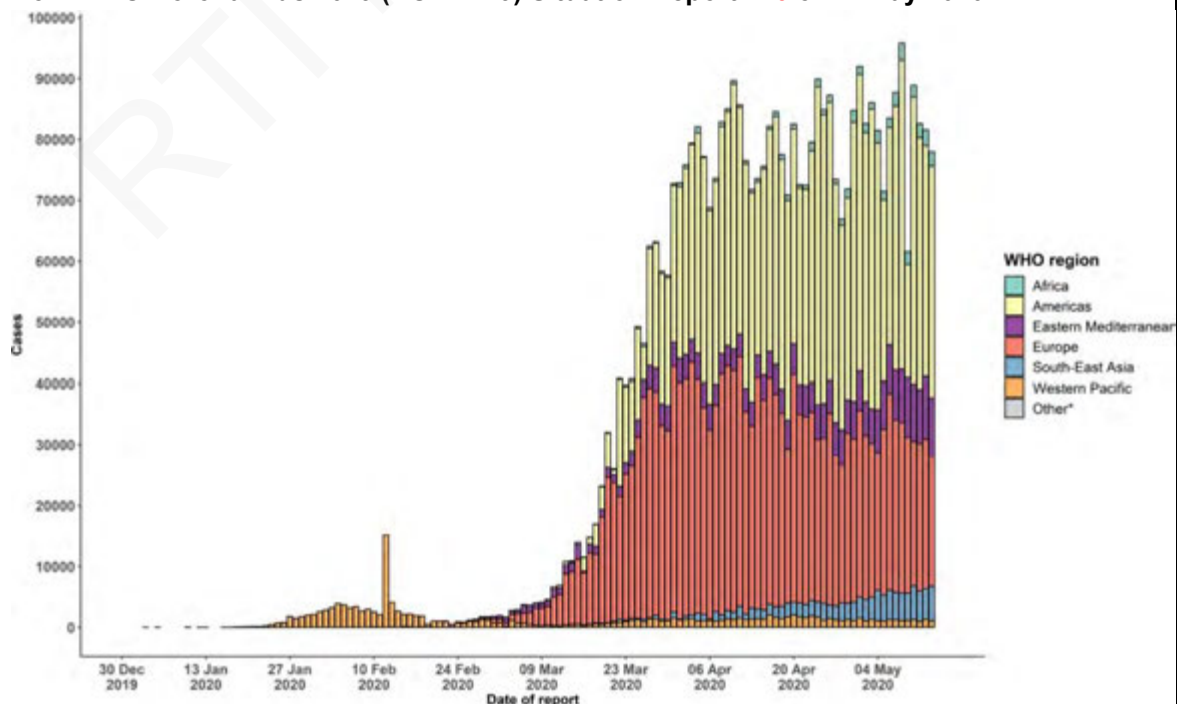




**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 115 of 14 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 115 of 14 May 2020**





International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 14 May 2020, the World Health Organization Director-General emphasised the need for substantial investment to avert a mental health crises.</li> <li>During the pandemic, in China, health-care workers have reported high rates of depression (50%), anxiety (45%), and insomnia (34%) and in Canada, 47% of health-care workers have reported a need for psychological support.</li> </ul>
------------------------	--

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).</li> <li>There are seven public health emergency directions in force under the Public Health Act 1997.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>Current ACT restrictions can be found at <a href="https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings">https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings</a></li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>The Minister for Health has signed the Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment (Real Estate) Order to allow real estate auctions to take place and to allow people to visit display homes and inspect properties, effective 9 May 2020.</li> <li>Effective 15 May 2020, the NSW Government eased restrictions to permit: <ul style="list-style-type: none"> <li>Outdoor gatherings of up to 10 people.</li> <li>Cafes and restaurants can seat 10 patrons at any one time.</li> <li>Up to five visitors to a household at any one time.</li> <li>Weddings up to 10 guests.</li> <li>Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>Religious gatherings/places of worship up to 10 worshippers.</li> <li>Use of outdoor equipment with caution.</li> <li>Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Effective 1200 1 May 2020, the NT Government eased restrictions on a range of outdoor activities, as well as home visitations and shopping.</li> <li>Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>Effective 15 May 2020, the following is allowed: <ul style="list-style-type: none"> <li>Gatherings in homes with a maximum of five people.</li> <li>Visit a nail salon or beauty parlour.</li> <li>Take a day trip up to 150km.</li> <li>Visit an outdoor gym (max 10 people).</li> <li>Attend a wedding (max 10 people).</li> <li>Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> </ul>

	<ul style="list-style-type: none"> <li>• From 11 May 2020, outdoor dining, community centres and sports training were permitted. <ul style="list-style-type: none"> <li>○ More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>○ Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>○ In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• From 11 May 2020, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• New arrangements came into effect in Victoria at 11.59pm, Tuesday 12 May 2020, under which, there are five reason Victorians may leave their homes: <ol style="list-style-type: none"> <li>1. Shopping for food and supplies</li> <li>2. Care and caregiving</li> <li>3. Exercise and outdoor recreation</li> <li>4. Work and education – if they cannot do it from home</li> <li>5. Visiting friends and family – if they really need to</li> </ol> </li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>• On 10 May 2020, the WA Premier announced a four-phase roadmap to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020: <ul style="list-style-type: none"> <li>○ Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>○ Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>○ Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>○ Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>○ Some regional travel restrictions relaxed.</li> <li>○ Non-contact community sports up to 20 people.</li> <li>○ Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>○ Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>○ Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

#### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

#### Severity

The global case fatality rate (CFR) is approximately 7% which has remained consistent since the middle of April. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,443,793** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **115**, **14** May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,464	4,644	6	0
<i>Hong Kong SAR</i>	1,052	4	1	0
<i>Taiwan</i>	440	7	0	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,340,098	80,695	18,044	1,061
Russian Federation	252,245	2,305	9,974	93
The United Kingdom	229,709	33,186	3,242	494
Spain	228,691	27,104	661	184
Italy	222,104	33,106	888	2,195
Brazil	177,589	12,400	9,258	881
Germany	172,239	7,723	933	89
Turkey	143,114	3,952	1,639	58
France	138,609	27,029	448	81
Iran (Islamic Republic of)	112,725	6,783	1,958	50
India	78,003	2,549	3,722	134
Peru	72,059	2,057	3,237	96
Canada	71,486	5,209	1,144	160
Belgium	53,981	8,843	202	82
Saudi Arabia	44,830	273	1,905	9
Netherlands	43,211	5,562	227	52
Mexico	38,324	3,926	1,997	353
Pakistan	35,298	761	1,037	24
Chile	34,381	346	2,660	11

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Ecuador	30,486	2,334	67	7
Switzerland	30,330	1,563	33	3
Portugal	28,132	1,175	219	12
Sweden	27,909	3,460	637	147
Qatar	26,539	14	1,390	0
Belarus	25,840	149	0	0
Singapore	25,346	21	675	0
Ireland	23,401	1,497	159	9
United Arab Emirates	20,386	206	725	3
Bangladesh	17,822	269	1,162	19
Poland	17,204	861	283	22
Ukraine	16,847	456	422	17
Israel	16,539	262	0	0
Japan	16,079	687	55	19
Romania	16,002	1,016	224	14
Austria	15,964	624	54	1
Indonesia	15,438	1,028	689	21
Colombia	12,272	493	659	14
South Africa	12,074	219	724	13
Philippines	11,618	772	268	21
Dominican Republic	11,196	409	296	7
Kuwait	11,028	82	751	7
Republic of Korea	10,991	260	29	1
Denmark	10,667	533	76	6
Egypt	10,431	556	338	12
Serbia	10,295	222	52	2
Panama	8,616	249	0	0
Czechia	8,269	290	48	7
Norway	8,158	229	23	1
Malaysia	6,779	111	37	2
Argentina	6,563	321	285	4
Morocco	6,512	188	94	0
Algeria	6,253	522	186	7
Finland	6,054	284	51	9
Bahrain	5,816	10	285	1
Kazakhstan	5,571	33	154	1
Ghana	5,408	24	281	2
Republic of Moldova	5,406	190	252	8
Afghanistan	5,339	136	372	9
Nigeria	4,971	164	184	6
Oman	4,341	17	322	0
Luxembourg	3,904	103	10	1
Armenia	3,836	49	118	1

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Hungary	3,380	436	39	6
Iraq	3,032	115	119	3
Thailand	3,018	56	1	0
Bolivia (Plurinational State of)	2,964	128	133	6
Cameroon	2,800	136	111	11
Greece	2,760	155	16	3
Azerbaijan	2,758	35	65	2
Uzbekistan	2,620	11	22	1
Guinea	2,372	14	74	3
Puerto Rico	2,329	115	30	1
Croatia	2,213	94	6	3
Bosnia and Herzegovina	2,181	119	19	3
Senegal	2,105	22	110	3
Honduras	2,080	121	-20	5
Bulgaria	2,069	96	46	1
Côte d'Ivoire	1,912	24	55	3
Sudan	1,817	90	157	10
Cuba	1,810	79	6	1
Iceland	1,802	10	1	0
Estonia	1,751	61	5	0
North Macedonia	1,694	95	20	3
Lithuania	1,505	54	14	4
Slovakia	1,469	27	4	0
Slovenia	1,463	103	2	1
Djibouti	1,268	3	12	0
Democratic Republic of the Congo	1,242	50	73	0
Somalia	1,219	52	49	0
Guatemala	1,199	27	85	1
New Zealand	1,147	21	0	0
Mayotte	1,143	14	48	2
Kyrgyzstan	1,082	12	38	0
El Salvador	1,037	20	39	2
Tunisia	1,032	45	0	0
Gabon	1,004	9	141	0
Maldives	955	4	51	1
Latvia	951	19	1	1
Kosovo	919	29	0	0
Sri Lanka	915	9	26	0
Cyprus	905	17	2	-6
Albania	880	31	4	0
Lebanon	878	26	8	0
Niger	860	49	6	2
Guinea-Bissau	836	3	16	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Costa Rica	804	7	3	0
Burkina Faso	773	51	7	0
Andorra	761	49	2	1
Mali	758	44	28	4
Paraguay	740	11	3	1
Kenya	737	40	22	4
Tajikistan	729	23	0	0
Uruguay	717	19	6	0
International conveyance (Diamond Princess)	712	13	0	0
Georgia	652	11	10	0
San Marino	647	41	0	0
Equatorial Guinea	583	7	61	1
Jordan	582	9	6	0
occupied Palestinian territory	548	4	1	0
United Republic of Tanzania	509	21	0	0
Malta	508	6	5	1
Jamaica	507	9	2	0
Zambia	446	7	5	0
Venezuela (Bolivarian Republic of)	440	10	18	0
Réunion	439	0	2	0
Sierra Leone	387	21	49	1
Chad	372	42	15	2
Congo	341	11	8	0
Mauritius	332	10	0	0
Isle of Man	331	23	1	0
Benin	327	2	0	0
Montenegro	324	9	0	0
Jersey	295	26	1	1
Cabo Verde	289	2	19	0
Viet Nam	288	0	0	0
Rwanda	287	0	1	0
Ethiopia	263	5	2	0
Guernsey	252	13	0	0
Nepal	246	0	29	0
Haiti	219	18	10	2
Togo	219	11	20	0
Liberia	213	20	1	0
Madagascar	212	0	20	0
South Sudan	194	0	20	0
Martinique	189	14	2	0
Central African Republic	187	0	8	0
Eswatini	187	2	3	0
Faroe Islands	187	0	0	0



Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Myanmar	181	6	1	0
São Tomé and Príncipe	165	7	0	3
Guadeloupe	155	13	0	0
French Guiana	153	1	7	0
Guam	148	5	0	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Uganda	139	0	13	0
Cambodia	122	0	0	0
Bermuda	121	8	2	0
Trinidad and Tobago	116	8	0	0
Guyana	113	10	4	0
Mozambique	107	0	3	0
Aruba	101	3	0	0
Monaco	96	1	0	0
Bahamas	93	11	0	0
Barbados	85	7	1	0
Cayman Islands	85	1	1	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	1	0
Yemen	72	13	5	2
United States Virgin Islands	69	6	0	1
Libya	64	3	0	0
Malawi	63	3	5	0
French Polynesia	60	0	0	0
Syrian Arab Republic	48	3	1	0
Angola	45	2	0	0
Mongolia	42	0	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Zimbabwe	37	4	0	0
Burundi	27	1	0	0
Antigua and Barbuda	25	3	0	0
Nicaragua	25	8	9	3
Botswana	24	1	0	0
Timor-Leste	24	0	0	0
Gambia	23	1	0	0
Grenada	21	0	0	0
Lao People's Democratic Republic	19	0	0	0
Northern Mariana Islands (Commonwealth of the)	19	2	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Bhutan	15	0	4	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Mauritania	9	1	1	0
Papua New Guinea	8	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Saint Pierre and Miquelon	1	0	0	0
Lesotho	1	0	0	0
<b>Total</b>	<b>4,241,414</b>	<b>293,948</b>	<b>77,953</b>	<b>6,646</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #118 Novel Coronavirus (COVID-19)  
**Date:** Saturday, 16 May 2020 7:47:11 PM  
**Attachments:** [2020-05-16 NIR Health SitRep v118 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 16 May 2020, there have been 7,036 confirmed cases of COVID-19 in Australia, including 98 deaths.
- Since yesterday's situation report, an additional 20 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 1,015,500 tests have been conducted across Australia.
- Testing in Australia has increased in recent weeks. Over the last 7 days there were over 220,000 tests conducted.
- The Governor-General has extended the human biosecurity emergency period for three months, from 17 June to 17 September 2020, enabling the Minister for Health to continue to exercise emergency powers under the Biosecurity Act.

#### Situation Overseas

- As at 1500 hrs 16 May 2020, a total of 4,542,910 cases of COVID-19 have been reported globally, including 307,696 deaths.
- Globally, in the past 24 hours, around 99,000 new cases and over 5,200 new deaths have been reported (Johns Hopkins).
- The World Health Organisation (WHO) Director-General announced the WHO will release a 'Scientific Brief on Multisystem Inflammatory Syndrome in Children' on 15 May 2020.

The next Situation Report will be issued on 17 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>16</i> 1800 AEST	<b>Version</b>	<i>118</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>17</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>National Cabinet met <i>yesterday</i>, 15 May 2020 and               <ul style="list-style-type: none"> <li>discussed the current COVID-19 response, easing restrictions in the coming months, assisting Australians going back to work in a COVID-Safe environment, and getting the economy moving again;</li> <li>noted that the Governor-General extended the human biosecurity emergency period for three months from 17 June to 17 September 2020, which enables the Minister for Health to continue to exercise emergency powers under the Biosecurity Act 2015;</li> <li>was briefed by the CMO on epidemiological modelling and paediatric inflammatory multisystem syndrome (PMIS-TS)/ Kawasaki disease, and the Treasury Secretary, the Reserve Bank Governor, and the APRA Chair on the economic and financial situation;</li> <li>endorsed the Mental Health and Wellbeing Pandemic Plan which:                   <ul style="list-style-type: none"> <li>was developed by the National Mental Health Commission and NSW and VIC teams;</li> <li>will be funded by the Commonwealth (\$48.1 million) and Victoria (\$19.5 million); and</li> </ul> </li> <li>agreed to:                   <ul style="list-style-type: none"> <li>reopen elective surgery, by removing restrictions and restoring hospital activity involving three stages, to be reviewed monthly from May 2020 by AHMAC; and</li> <li>a framework to inform decisions around lifting remote area travel restrictions.</li> </ul> </li> </ul> </li> <li>National Cabinet will meet again on Friday, 29 May 2020.</li> <li><i>On 15 May 2020, the Minister for Health, the CMO and the CEO of the National Mental Health Commission announced Commonwealth funding of \$48.1 million for the National Mental Health and Wellbeing Pandemic Response Plan. The Plan consists of:</i></li> </ul>
-------------------------------	---

	<ul style="list-style-type: none"> <li>○ <i>Data modelling and research (\$7.3 million);</i></li> <li>○ <i>Reaching vulnerable groups services, programmes and supports (\$29.5 million);</i></li> <li>○ <i>Connected mental health services (\$0.9 million); and</i></li> <li>○ <i>A communications campaign (\$10.4 million).</i></li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>• On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>• In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>• From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>• Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>• On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>• The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>• On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>• On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>• The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required.</li> <li>• The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>• The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>

## 1. Situation

<b>Overview</b>	<p><b>Domestic Situation (as at 1500 hrs, 16 May 2020)</b></p> <ul style="list-style-type: none"> <li>• A total of <b>7,036</b> cases of COVID-19, including 98 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>○ Since yesterday's situation report, <b>20</b> newly confirmed cases and no new deaths, have been reported in Australia.                 <ul style="list-style-type: none"> <li>▪ <i>There were no new cases reported in ACT, NT and SA.</i></li> <li>▪ Vic reported <b>13</b> newly confirmed cases: <i>2 are associated with the Cedar Meats cluster, 1 is associated with the McDonald's Fawcner cluster, 1 in hotel quarantine, 6 detected from household contacts who are isolating in hotels and 3 are under investigation.</i></li> <li>▪ NSW reported <b>3</b> newly confirmed cases: <i>1 overseas acquired and 2 under investigation.</i></li> <li>▪ WA reported <b>2</b> probable cases: <i>1 overseas acquired and 1 locally acquired (contact of a confirmed case and/or in a known cluster).</i></li> </ul> </li> </ul> </li> </ul>
-----------------	---

- *Tas reported 1 newly confirmed case: a contact of a confirmed case and/or in a known cluster*
- *Qld reported 1 newly confirmed case who acquired their infection overseas.*
- Following the peak of cases at the end of March, since approximately 19 April 2020 there has been a sustained and relatively low number of new cases reported daily.
  - The total number of newly confirmed cases reported over the last 7 days was **113**. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (**80** cases this week).
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date 1.9% of cases have been in school aged children (5-17 years). (source: NNDSS)
- According to the NNDSS, approximately 12% of cases have been hospitalised during their course of illness, with 20% of these cases requiring admission to an ICU (**2.4%** of confirmed cases).
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (32%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (18%) and neurological disorder (18%) were also more commonly reported among deceased cases (source: NNDSS as of 10 May).

#### Testing

- To date, more than **1,015,500** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.7% and the positivity in the past week was 0.05%.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over **220,000** tests conducted, which is up from around **183,500** reported in the week prior.
  - To date, Vic, SA, NSW and Tas have conducted around 4,000 tests per 100,000 population.

#### Source of infection

- To date, around 62% of confirmed cases are considered to have been overseas acquired (Table 1).
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT and NT are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks are receiving significant media attention:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **16** May 2020, Victoria has reported **11** cases associated with this outbreak with **1** of these cases being confirmed over the past 24 hours.
    - More than 90 employees have been tested as a precaution and the restaurant has been closed to undergo a deep clean.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **16** May 2020, Victoria has reported **98** cases associated with this outbreak.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 16 May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 16 deaths associated with this outbreak.

Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 10 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 16 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld <sup>#</sup>	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,372	83	1,769	26	817	300	79	830	468
Locally acquired - contact of confirmed case and/or in a known cluster	1,924	17	862	2	176	124	141	540	62
Locally acquired - contact not identified	596	1	370	0	42	9	0	158	16
Locally acquired - contact not identified, but case had interstate travel	112	6	71	1	18	6	4	0	6
Under investigation	32	0	2	0	2	0	4	23	1
<b>Total cases</b>	<b>7,036</b>	<b>107</b>	<b>3,074</b>	<b>29</b>	<b>1,055</b>	<b>439</b>	<b>228</b>	<b>1,551</b>	<b>553</b>
<b>Recovered</b>	<b>6,362</b>	104	2611	27	1036	435	191	1417	541
<b>Deaths (of total)</b>	<b>98</b>	3	45	0	6	4	13	18	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	20 (0.3%)	0 (0.0%)	3 (0.1%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	1 (0.4%)	13 (0.8%)	2 (0.4%)
Newly confirmed cases in the last 72hrs (%change)	64 (0.9%)	0 (0.0%)	15 (0.5%)	0 (0.0%)	2 (0.2%)	0 (0.0%)	1 (0.4%)	43 (2.8%)	3 (0.5%)
Average daily change in newly confirmed cases over the past three days (compound)	0.3%	0.0%	0.2%	0.0%	0.1%	0.0%	0.1%	0.9%	0.2%
Newly confirmed cases over the past week (7 days)	113	0	24	0	4	0	1	80	4
<b>Current health care use</b>									
Hospitalised (total)	49	0	22	2	5	1	7	11	1
Hospitalised - ICU (of those hospitalised)	16	0	6	0	3	0	0	7	0
Hospitalised - ICU ventilated (of those admitted to ICU)	12	0	3	0	3	0	0	6	pending



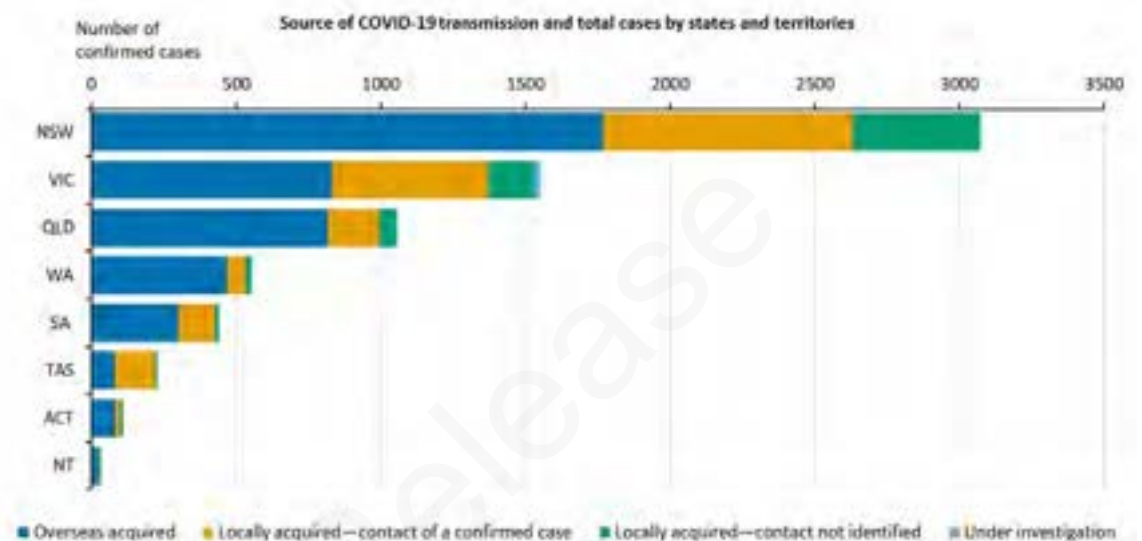
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

# On 15 May 2020, Qld reported a case (Qld resident, overseas acquired) that had previously been reported by WA in early April. This case does not affect the number of newly confirmed cases in the last 24 hours.

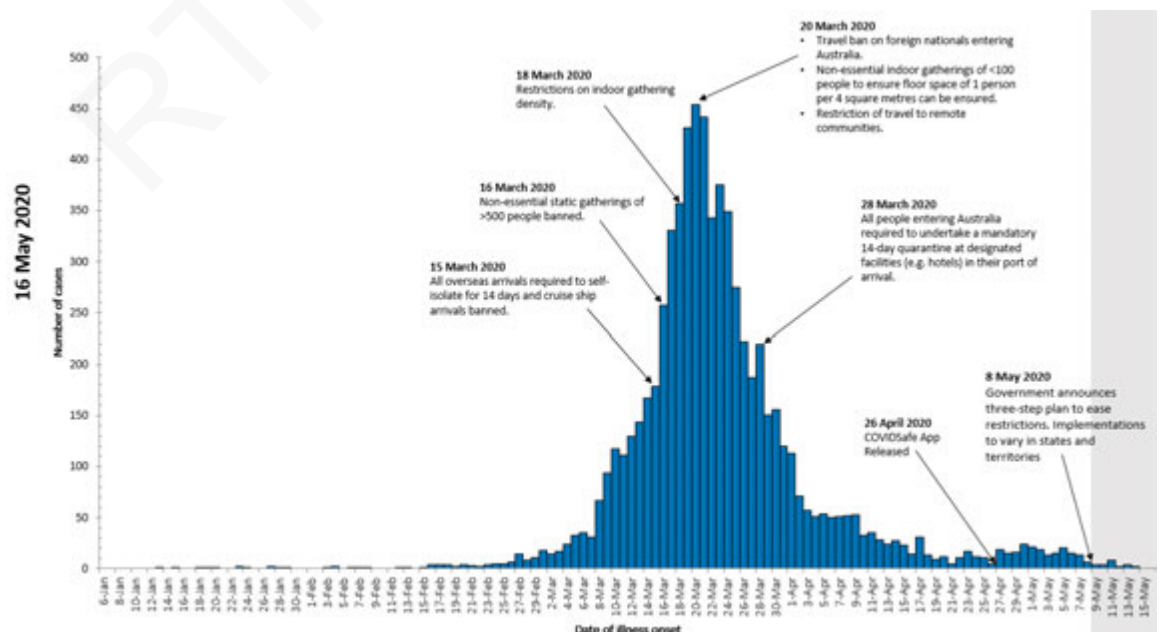
^ On 16 May 2020, Vic excluded 2 previously reported cases as they were determined to be duplicate cases (under investigation) reported on 15 May 2020. On 15 May 2020, Vic revised their numbers by 1 due to a duplicate case first reported on 14 May 2020.

^On 15 May 2020, NSW reported three new cases (one overseas acquired, and two under investigation), a number of cases had also been re-categorised following further investigation.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 16 May 2020**

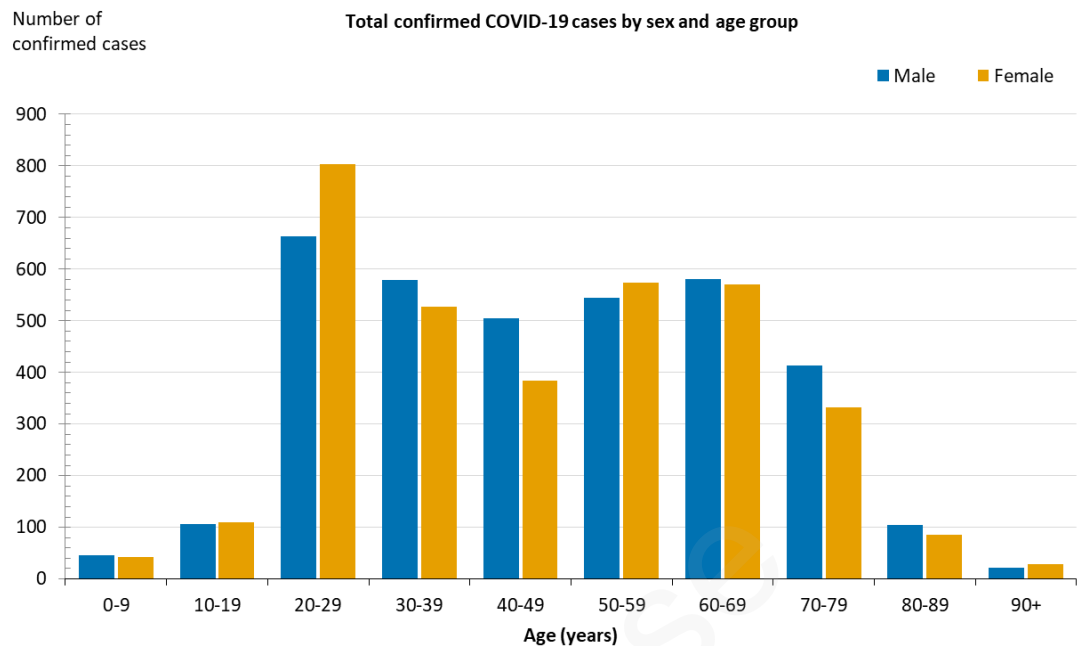


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 16 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 16 May 2020**



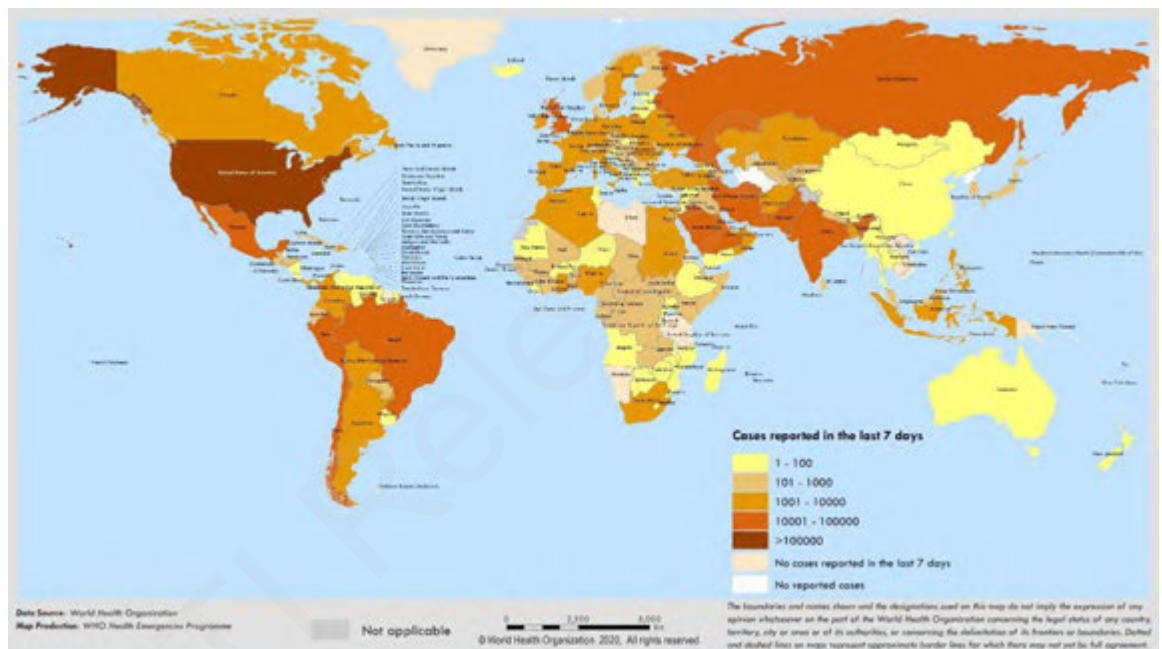
**International Situation (as at 1500 hrs, 16 May 2020)**

- The global number of confirmed COVID-19 cases is currently **4,542,910** including **307,696** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **99,000** new cases and over 5,200 new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **15 May 2020** indicates the majority of deaths are from the USA (**28%**), the UK (11%), Italy (11%), Spain (9%) and France (9%).
- **Americas:** The USA has reported approximately **21,000** new cases and 1,000 deaths in the last 24 hours. This is slightly **higher** than the figure yesterday. The effects of re-opening the country throughout May are yet to be realised. The epidemic in Brazil appears to be accelerating, and the number of confirmed cases exceeding **188,000** and number of deaths exceeding **13,000**. **The country reported over 11,300 cases yesterday, up from 9,200 the day prior.** Brazil has exceeded Germany in cumulative cases. Other countries of note in this region include Canada and Peru with over 70,000 cases, and Mexico, Ecuador and Chile with over 30,000 cases each.
- **Europe:** Russia reported just **over** 10,000 new cases yesterday. Italy has reported just over 1,400 new cases **three** days ago, and only **992** in the last 24 hours indicating that the spike may have been testing backlog as well. Daily new case numbers in the United Kingdom have **dropped from 4,000 to 3,400 per day today**. Germany reported **913 new cases yesterday, 993 new cases one day prior, and 798 new cases two days prior.**
- **Middle East:** Iran is likely experiencing a second wave of the epidemic, but this may be starting to come under control as they have reported fewer than 2,000 new cases each day for the **fourth** day in a row. Saudi Arabia has exceeded 40,000 cases with approximately 2,000 new cases reported **again**. Pakistan reports over **37,000** cumulative cases with approximately **1,900** new cases. Their confirmed case curve to date shows exponential growth. Other countries of note include Qatar and the UAE who have both exceeded 20,000 cumulative cases. Kuwait may be starting to see an extended outbreak as they are reporting close to 1,000 new daily cases regularly (**though only 947 yesterday**) and their epidemic curve shows rapid exponential growth.
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. Their cumulative case count is showing exponential growth. Lesotho reported their first case on 14 May 2020.
- **South East Asia.** New case numbers in India continue to be numerous; reporting over **3,900** new cases yesterday, and **3,700** the day previous. Testing capacity may play a role in the speed of their epidemic growth masking the true scale. Bangladesh has slightly more cases

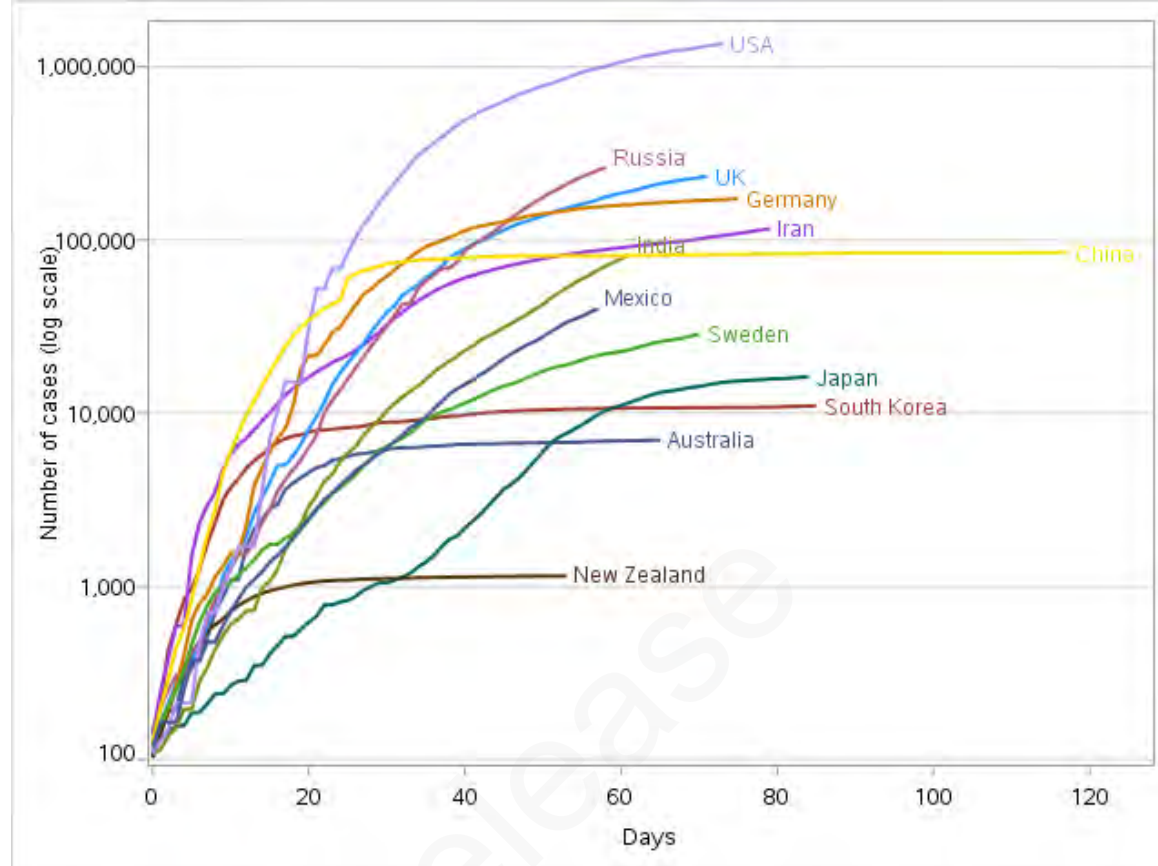
than Indonesia and is growing by over 1,000 cases per day. The number of new cases reported in Indonesia *has so far peaked at 689 new cases on 14 May 2020*. The Indonesian government has reported *16,496* cases and *1,076* deaths resulting in a case fatality rate of *6.5%*.

- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting *752* new cases. Singapore has reported *24,549* cases among dormitory residents (91% of all cases), which represents *7.6%* of the estimated total population living in those facilities. The Philippines also has a high case fatality rate with *11,876* cases and *790* deaths reported, resulting in a case fatality rate of 6.7%. The high case fatality rate is impacted both by limited testing and reporting of COVID related death. No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last *nine* days. Northern Mariana Islands reported one new case on 9 May and 3 new cases on 11 May 2020.

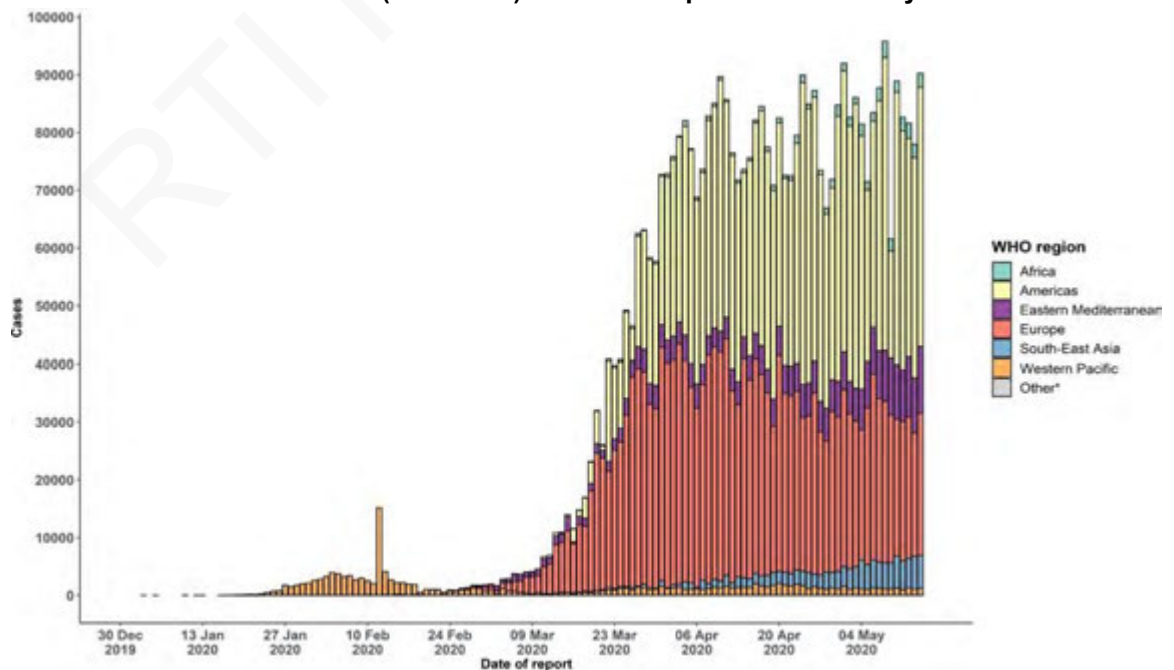
**Fig 4. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, from the WHO Coronavirus 2019 (COVID-19) Situation Report *116* of *15* May 2020**



**Fig 5. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 116 of 15 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 116 of 15 May 2020**



International response

#### WHO

- On 15 May 2020, the Director-General (DG) announced that:
  - the World Health Assembly will be held next week (week commencing 18 May 2020);
  - on 14 May 2020, the WHO released a policy brief on gender and COVID-19;

	<ul style="list-style-type: none"> <li>○ on 15 May 2020, the WHO will release a 'Scientific Brief on Multisystem Inflammatory Syndrome in Children'.</li> <li>• The DG also called for global leaders to collaborate on a new global access policy and an operational tool with open, collaborative sharing of knowledge, data and intellectual property on existing and new health tools for COVID-19.</li> </ul>
--	--

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>• A flight of Australian citizens and permanent residents returned from India and arrived at Canberra Airport on 15 May 2020.</li> <li>• The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).</li> <li>• There are seven public health emergency directions in force under the Public Health Act 1997.</li> <li>• The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>• The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>• Current ACT restrictions can be found at <a href="https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings">https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings</a></li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• Effective 15 May 2020, the <u>NSW Government</u> eased restrictions to permit: <ul style="list-style-type: none"> <li>○ Outdoor gatherings of up to 10 people.</li> <li>○ Cafes and restaurants can seat 10 patrons at any one time.</li> <li>○ Up to five visitors to a household at any one time.</li> <li>○ Weddings up to 10 guests.</li> <li>○ Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>○ Religious gatherings/places of worship up to 10 worshippers.</li> <li>○ Use of outdoor equipment with caution.</li> <li>○ Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>• Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>• NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>• NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Effective 15 May 2020, the following is <u>allowed</u>: <ul style="list-style-type: none"> <li>○ Gatherings in homes with a maximum of five people.</li> <li>○ Visit a nail salon or beauty parlour.</li> <li>○ Take a day trip up to 150km.</li> <li>○ Visit an outdoor gym (max 10 people).</li> <li>○ Attend a wedding (max 10 people).</li> <li>○ Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• From 11 May 2020, outdoor dining, community centres and sports training were permitted.</li> </ul>



	<ul style="list-style-type: none"> <li>○ More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>○ Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>○ In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>● On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>● Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>● From 11 May 2020, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>● On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>● On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>● On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>● A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>● All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>● New arrangements came into effect in Victoria at 11.59pm, Tuesday 12 May 2020, under which, there are five reason Victorians may leave their homes:             <ol style="list-style-type: none"> <li>1. Shopping for food and supplies</li> <li>2. Care and caregiving</li> <li>3. Exercise and outdoor recreation</li> <li>4. Work and education – if they cannot do it from home</li> <li>5. Visiting friends and family – if they really need to</li> </ol> </li> </ul>
WA Health	<ul style="list-style-type: none"> <li>● The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>● A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>● On 10 May 2020, the WA Premier announced a <a href="#">four-phase roadmap</a> to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020:             <ul style="list-style-type: none"> <li>○ Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>○ <i>All WA students are expected to return to school.</i></li> <li>○ Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>○ Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>○ Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>○ Some regional travel restrictions relaxed.</li> <li>○ Non-contact community sports up to 20 people.</li> <li>○ Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>○ Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>○ Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

#### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

#### Severity

The global case fatality rate (CFR) is approximately 7% which has remained consistent since the middle of April. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.



Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,542,910** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **116**, **15** May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,469	4,644	5	0
<i>Hong Kong SAR</i>	1,052	4	0	0
<i>Taiwan</i>	440	7	0	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,361,522	82,119	21,424	1,424
Russian Federation	262,843	2,418	10,598	113
The United Kingdom	233,155	33,614	3,446	428
Spain	229,540	27,321	849	217
Italy	223,096	31,368	992	260
Brazil	188,974	13,149	11,385	749
Germany	173,152	7,824	913	101
Turkey	144,749	4,007	1,635	55
France	139,152	27,378	543	349
Iran (Islamic Republic of)	114,533	6,854	1,808	71
India	81,970	2,649	3,967	100
Peru	76,306	2,169	4,247	112
Canada	72,536	5,337	1,050	128
Belgium	54,288	8,903	307	60
Saudi Arabia	46,869	283	2,039	10
Netherlands	43,481	5,590	270	28
Mexico	40,186	4,220	1,862	294
Pakistan	37,218	803	1,920	42

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Chile	37,040	368	2,659	22
Ecuador	30,502	2,338	16	4
Switzerland	30,380	1,588	50	25
Sweden	28,582	3,529	673	69
Portugal	28,319	1,184	187	9
Qatar	28,272	14	1,733	0
Belarus	26,772	151	932	2
Singapore	26,098	21	752	0
Ireland	23,827	1,506	426	9
United Arab Emirates	21,084	208	698	2
Bangladesh	18,863	283	1,041	14
Poland	17,615	883	411	22
Ukraine	17,330	476	483	20
Israel	16,567	264	28	2
Romania	16,247	1,046	245	30
Japan	16,193	710	114	23
Indonesia	16,006	1,043	568	15
Austria	16,005	626	41	2
Colombia	12,930	509	658	16
South Africa	12,739	238	665	19
Kuwait	11,975	88	947	6
Philippines	11,876	790	258	18
Dominican Republic	11,320	422	124	13
Republic of Korea	11,018	260	27	0
Egypt	10,829	571	398	15
Denmark	10,713	537	46	4
Serbia	10,374	224	79	2
Panama	8,944	256	328	7
Czechia	8,351	293	82	3
Norway	8,175	232	17	3
Argentina	6,973	345	410	24
Malaysia	6,819	112	40	1
Morocco	6,607	190	95	2
Algeria	6,442	529	189	7
Bahrain	6,198	10	382	0
Finland	6,145	287	91	3
Afghanistan	6,053	153	714	17
Kazakhstan	5,689	34	118	1
Republic of Moldova	5,553	196	147	6
Ghana	5,530	24	122	0
Nigeria	5,162	167	191	3
Oman	4,625	19	284	2
Armenia	4,044	52	208	3

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Luxembourg	3,915	103	11	0
Hungary	3,417	442	37	6
Bolivia (Plurinational State of)	3,148	142	184	14
Iraq	3,143	115	111	0
Thailand	3,025	56	7	0
Cameroon	2,954	139	154	3
Azerbaijan	2,879	35	121	0
Greece	2,770	156	10	1
Uzbekistan	2,652	11	32	0
Guinea	2,473	14	101	0
Puerto Rico	2,427	117	98	2
Honduras	2,255	123	175	2
Croatia	2,221	94	8	0
Bosnia and Herzegovina	2,216	123	35	4
Senegal	2,189	23	84	1
Bulgaria	2,100	99	31	3
Côte d'Ivoire	1,971	24	59	0
Sudan	1,964	91	147	1
Cuba	1,830	79	20	0
Iceland	1,802	10	0	0
Estonia	1,758	62	7	1
North Macedonia	1,723	95	29	0
Lithuania	1,511	54	6	0
Slovakia	1,477	27	8	0
Slovenia	1,464	103	1	0
Guatemala	1,342	29	143	2
Democratic Republic of the Congo	1,298	50	56	0
Djibouti	1,284	3	16	0
Somalia	1,284	53	65	1
Mayotte	1,210	16	67	2
New Zealand	1,148	21	1	0
El Salvador	1,112	20	75	0
Kyrgyzstan	1,111	14	29	2
Gabon	1,104	10	100	1
Tajikistan	1,085	41	356	18
Tunisia	1,032	45	0	0
Maldives	982	4	27	0
Latvia	962	19	11	0
Kosovo	944	29	25	0
Sri Lanka	925	9	10	0
Guinea-Bissau	913	3	77	0
Cyprus	907	17	2	0
Albania	898	31	18	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Lebanon	886	26	8	0
Niger	876	50	16	1
Costa Rica	815	7	11	0
Mali	779	46	21	2
Burkina Faso	773	51	0	0
Andorra	761	49	0	0
Kenya	758	42	21	2
Paraguay	754	11	14	0
Uruguay	719	19	2	0
International conveyance (Diamond Princess)	712	13	0	0
Georgia	671	12	19	1
Zambia	654	7	208	0
San Marino	647	41	0	0
Equatorial Guinea	594	7	11	0
Jordan	586	9	4	0
occupied Palestinian territory	548	4	0	0
Malta	522	6	14	0
Jamaica	509	9	2	0
United Republic of Tanzania	509	21	0	0
Réunion	440	0	1	0
Venezuela (Bolivarian Republic of)	440	10	0	0
Sierra Leone	408	26	21	5
Chad	399	46	27	4
Congo	391	15	50	4
Benin	339	2	12	0
Mauritius	332	10	0	0
Isle of Man	331	23	0	0
Montenegro	324	9	0	0
Cabo Verde	315	2	26	0
Jersey	295	26	0	0
Viet Nam	288	0	0	0
Rwanda	287	0	0	0
Ethiopia	272	5	9	0
Nepal	258	0	12	0
Guernsey	252	13	0	0
Togo	238	11	19	0
Haiti	234	18	15	0
South Sudan	231	1	37	1
Madagascar	230	0	18	0
Central African Republic	221	0	34	0
Liberia	215	20	2	0
Martinique	189	14	0	0
Eswatini	187	2	0	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Faroe Islands	187	0	0	0
Myanmar	181	6	0	0
São Tomé and Príncipe	166	7	1	0
French Guiana	164	1	11	0
Uganda	160	0	21	0
Guadeloupe	155	13	0	0
Guam	149	5	1	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Cambodia	122	0	0	0
Bermuda	121	8	0	0
Trinidad and Tobago	116	8	0	0
Mozambique	115	0	8	0
Guyana	113	10	0	0
Aruba	101	3	0	0
Mongolia	98	0	56	0
Monaco	96	1	0	0
Bahamas	94	11	1	0
Yemen	87	13	15	0
Cayman Islands	86	1	1	0
Barbados	85	7	0	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
United States Virgin Islands	69	6	0	0
Libya	64	3	0	0
Malawi	63	3	0	0
French Polynesia	60	0	0	0
Angola	48	2	3	0
Syrian Arab Republic	48	3	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Zimbabwe	37	4	0	0
Burundi	27	1	0	0
Antigua and Barbuda	25	3	0	0
Nicaragua	25	8	0	0
Botswana	24	1	0	0
Timor-Leste	24	0	0	0
Gambia	23	1	0	0
Grenada	21	0	0	0
Bhutan	20	0	5	0
Lao People's Democratic Republic	19	0	0	0
Northern Mariana Islands (Commonwealth of the)	19	2	0	0
Belize	18	2	0	0

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Mauritania	16	2	7	1
Namibia	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
Papua New Guinea	8	0	0	0
British Virgin Islands	7	1	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,331,669</b>	<b>297,021</b>	<b>90,255</b>	<b>5,071</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #119 Novel Coronavirus (COVID-19)  
**Date:** Sunday, 17 May 2020 7:18:58 PM  
**Attachments:** [2020-05-17 NIR Health SitRep v119 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 17 May 2020, there have been 7,045 confirmed cases of COVID-19 in Australia, including 98 deaths.
- Since yesterday's situation report, an additional 9 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 1,042,100 tests have been conducted across Australia.
- Over the last 7 days there were over 214,000 tests conducted, which is up from around 194,500 reported in the week prior.

#### Situation Overseas

- As at 1500 hrs 17 May 2020, a total of 4,635,786 cases of COVID-19 have been reported globally, including 311,821 deaths.
- Globally, in the past 24 hours, around 93,000 new cases and over 4,100 new deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 18 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [\[redacted\]](#) or [\[redacted\]](#) (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [\[redacted\]](#) by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health





**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>17</i> 1800 AEST	<b>Version</b>	<i>119</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>18</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Rhonda Owen, A/g FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 15 May 2020, the Minister for Health, the CMO and the CEO of the National Mental Health Commission announced Commonwealth funding of \$48.1 million for the <a href="#">National Mental Health and Wellbeing Pandemic Response Plan</a>. The Plan consists of:               <ul style="list-style-type: none"> <li>Data modelling and research (\$7.3 million),</li> <li>Reaching vulnerable groups services, programmes and supports (\$29.5 million),</li> <li>Connected mental health services (\$0.9 million), and</li> <li>A communications campaign (\$10.4 million).</li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the <i>Biosecurity Act 2015</i> prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> </ul>

	<ul style="list-style-type: none"> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required under the <i>Biosecurity Act 2015</i>.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	--

## 1. Situation

<b>Overview</b>	<p><b>Domestic Situation (as at 1500 hrs, 17 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,045</b> cases of COVID-19, including 98 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>9</b> newly confirmed cases and no new deaths, have been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, <b>Qld</b>, SA <b>and TAS</b>.</li> <li>Vic reported <b>7</b> newly confirmed cases: 2 are associated with the Cedar Meats cluster, <b>3 are in hotel quarantine, and 2 are pending investigation</b>.</li> <li>NSW reported <b>1</b> newly confirmed cases: <b>1 overseas acquired</b>.</li> <li>WA reported <b>1 newly confirmed case</b>: 1 locally acquired (contact of a confirmed case and/or in a known cluster).</li> </ul> </li> <li>Following the peak of cases at the end of March, since approximately 19 April 2020 there has been a sustained and relatively low number of new cases reported daily.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>108</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>77</b> cases this week).</li> <li>The current COVID-19 epidemic in Australia mainly consists of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).                 <ul style="list-style-type: none"> <li>To date <b>approximately 2%</b> of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:                 <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> <li>Almost half of cases were acquired overseas.</li> <li>Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.</li> </ul> </li> </ul> </li> </ul>
-----------------	--

- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 86% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (32%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (18%) and neurological disorder (18%) were also more commonly reported among deceased cases (source: NNDSS as of 10 May).

#### Testing

- To date, more than **1,042,100** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.7% and the positivity in the past week was **0.1%**.
  - Testing in Australia has increased in recent weeks. Over the last 7 days there were over **214,000** tests conducted, which is up from around **194,500** reported in the week prior.
  - To date, Vic, SA, NSW and Tas have conducted around 4,000 tests per 100,000 population.

#### Source of infection

- To date, around 62% of confirmed cases are considered to have been overseas acquired (Table 1).
- Of the locally acquired cases: the majority are contacts of a confirmed case, with a subset of locally acquired cases unable to be linked back to a confirmed case.
- The ACT, NT **and SA** are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **17** May 2020, Victoria has reported 11 cases associated with this outbreak.
    - More than 90 employees have been tested as a precaution and the restaurant has been closed to undergo a deep clean.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **17** May 2020, Victoria has reported **99** cases associated with this outbreak.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **17** May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 16 deaths associated with this outbreak.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 10 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

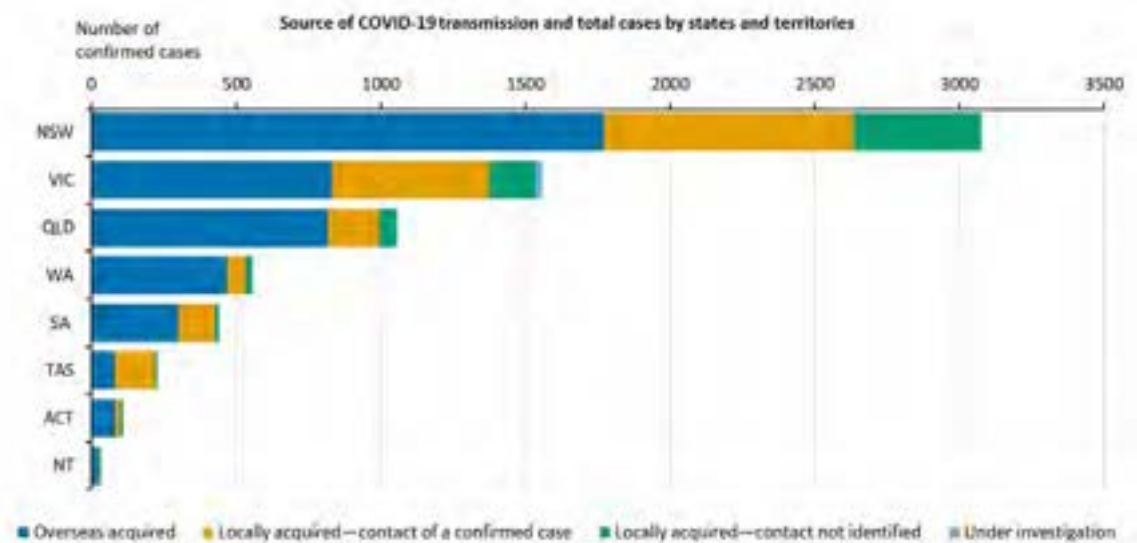
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 17 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic <sup>^</sup>	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,375	83	1,770	26	818	300	79	831	468
Locally acquired - contact of confirmed case and/or in a known cluster	1,929	17	863	2	176	124	141	543	63
Locally acquired - contact not identified	598	1	370	0	42	9	0	160	16
Locally acquired - contact not identified, but case had interstate travel	112	6	71	1	18	6	4	0	6
Under investigation	31	0	1	0	1	0	4	24	1
<b>Total cases</b>	<b>7,045</b>	<b>107</b>	<b>3,075</b>	<b>29</b>	<b>1,055</b>	<b>439</b>	<b>228</b>	<b>1,558</b>	<b>554</b>
<b>Recovered</b>	<b>6,367</b>	104	2,612	27	1,037	435	192	1417	543
<b>Deaths (of total)</b>	<b>98</b>	3	45	0	6	4	13	18	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	9 (0.1%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (0.4%)	1 (0.2%)
Newly confirmed cases in the last 72hrs (%change)	57 (0.8%)	0 (0.0%)	12 (0.4%)	0 (0.0%)	2 (0.2%)	0 (0.0%)	1 (0.4%)	39 (2.5%)	3 (0.5%)
Average daily change in newly confirmed cases over the past three days (compound)	0.3%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.8%	0.2%
Newly confirmed cases over the past week (7 days)	108	0	23	0	2	0	1	77	5
<b>Current health care use</b>									
Hospitalised (total)	50	0	22	2	5	1	8	11	1
Hospitalised - ICU (of those hospitalised)	16	0	7	0	2	0	0	7	0
Hospitalised - ICU ventilated (of those admitted to ICU)	12	0	4	0	2	0	0	6	pending

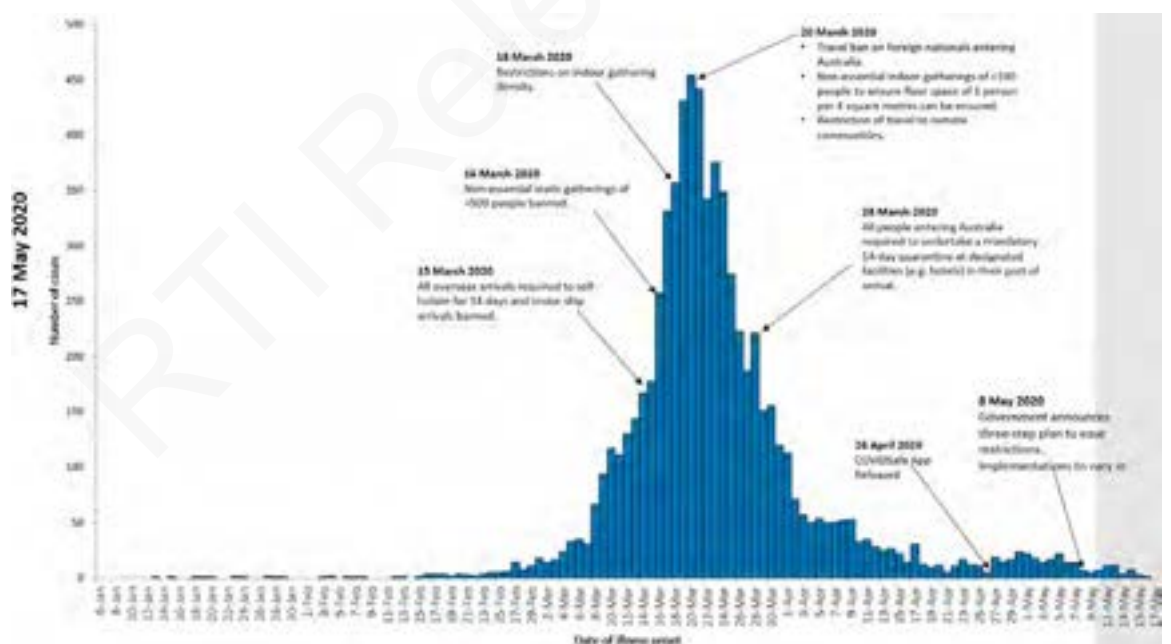
\*Note that under National Notifiable Diseases Surveillance System (NNDSS) reporting requirements, cases are reported based on their Australian jurisdiction of residence rather than where they were detected. For example, a case reported in the NT who is a NSW resident is counted in the national figures as a NSW case.

<sup>^</sup> On 16 May 2020, Vic excluded 2 previously reported cases as they were determined to be duplicate cases (under investigation) reported on 15 May 2020.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 17 May 2020**

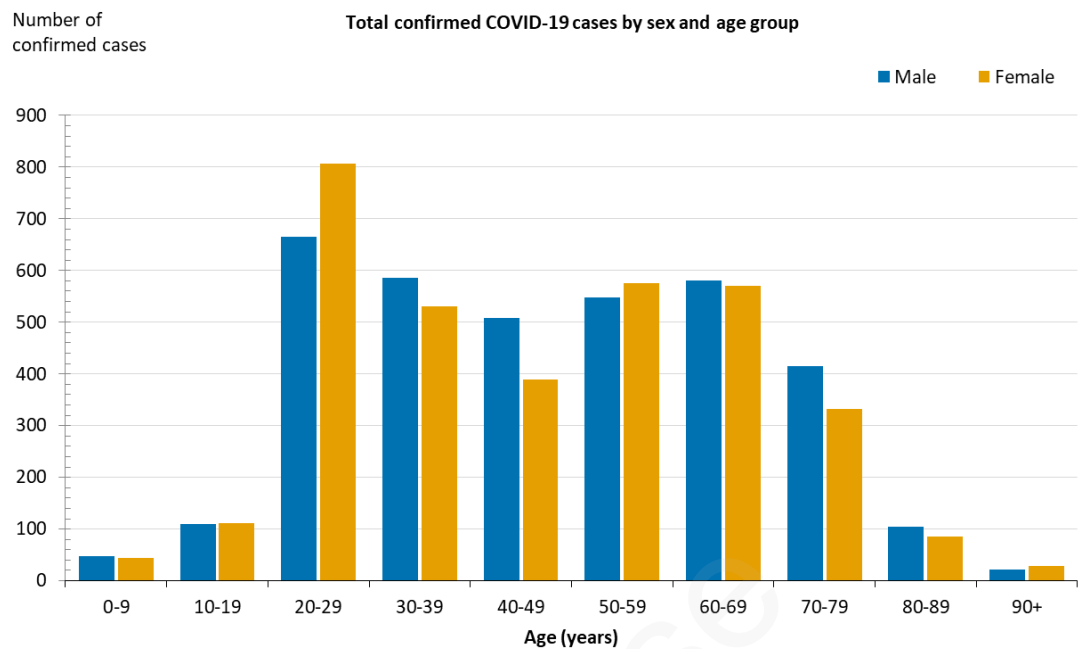


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 17 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 17 May 2020**



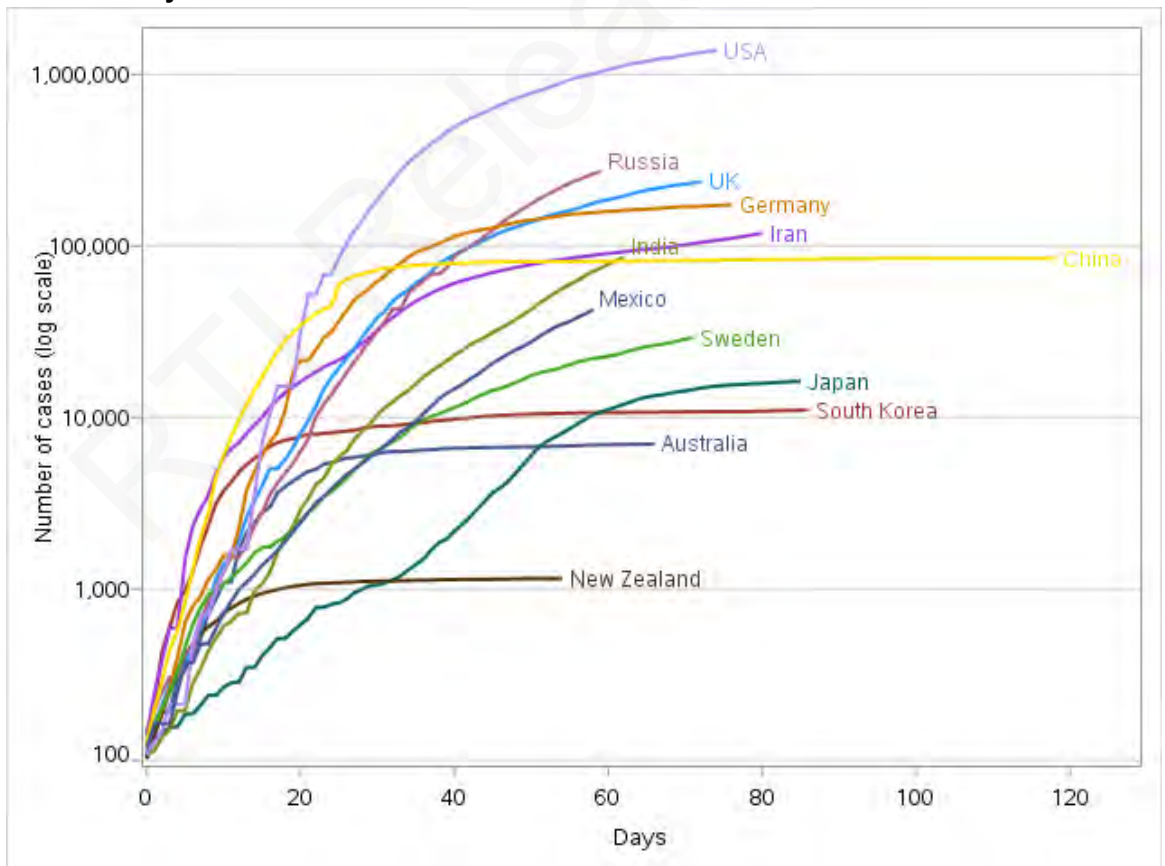
**International Situation (as at 1500 hrs, 17 May 2020)**

- The global number of confirmed COVID-19 cases is currently **4,635,786** including **311,821** deaths (Johns Hopkins).
  - Globally, in the past 24 hours, around **93,000** new cases and over **4,100** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **16 May 2020** indicates the majority of deaths are from the USA (28%), the UK (11%), Italy (**10%**), Spain and France (9% each).
- **Americas:** The USA has reported approximately **20,000** new cases and **1,700** deaths in the last 24 hours. The epidemic in Brazil appears to be accelerating, and the number of confirmed cases exceeding **200,000** and number of deaths exceeding **13,900**. *The number of newly confirmed cases in the previous 7 days was 14% higher than the 7 days prior.* Brazil has exceeded Germany in cumulative cases. Other countries of note in this region include Canada and Peru with over 70,000 cases *and 80,000 cases respectively*, and Mexico, Ecuador and Chile with over 30,000 cases each.
- **Europe:** Russia *continues to report the most cumulative cases in the European region*, reported over **9,000** new cases yesterday. *Newly confirmed cases continue to decline* in Italy, which reported **789 new cases in the last 24 hours, down from the 992 cases reported yesterday**. *This indicates that the spike may have been testing backlog. Daily new case numbers in the United Kingdom have been between 3,200 and 3,600 cases over the past four days and have been steadily declining since the high of approximately 6,200 cases on 7 May 2020. Germany reported 620 new cases yesterday and 913 new cases one day prior, continuing the steady decline that has been seen recently.*
- **Middle East:** Saudi Arabia has *reported almost 50,000 cases* with approximately **2,300** new cases reported *in the past 24 hours*. Pakistan reports over **38,000** cumulative cases with approximately **1,500** new cases. Their confirmed case curve to date shows exponential growth. Other countries of note include Qatar and the UAE who have both exceeded 20,000 cumulative cases. Kuwait may be starting to see an extended outbreak as they are reporting **750 to 950 new daily cases per day over the past 4 days**, and their epidemic curve shows rapid growth.
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. Their cumulative case count is showing exponential growth. *There has also been strong growth in the number of daily cases over the past 14 days in Zambia, Gabon, Sudan and Cameroon.*



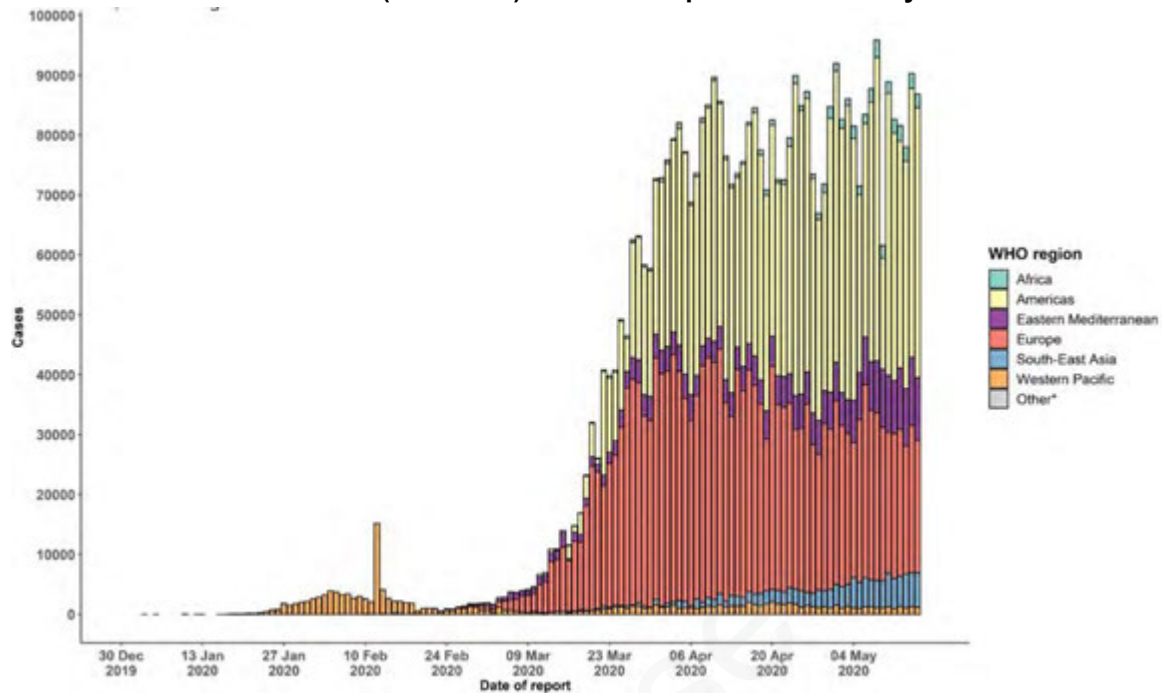
- **South East Asia.** New case numbers in India continue to be numerous; reporting over **3,500** new cases *per day over the past six days. They are now reporting more cumulative cases than China.* Testing capacity may play a role in the speed of their epidemic growth masking the true scale. Bangladesh has slightly more cases than Indonesia and is growing by **almost** 1,000 cases per day. The number of new cases reported in Indonesia has so far peaked at 689 new cases on 14 May 2020 *but the country continues to report approximately 500 new cases per day.* The Indonesian government has reported a case fatality rate of **6.4%**.
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **465** new cases, *of which 457 are migrant workers. The number of newly confirmed cases is the lowest number of daily cases since 2 May 2020.* Singapore has reported **25,109** cases among dormitory residents (**92%** of all cases), which represents **7.8%** of the estimated total population living in those facilities. The Philippines also has a high case fatality rate with **12,305** cases and **817** deaths reported, resulting in a case fatality rate of **6.6%**. The high case fatality rate is impacted both by limited testing and reporting of COVID related death. *On 16 May 2020, the Philippines reported its highest number of new cases since 16 April 2020.* No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last **10** days. Northern Mariana Islands reported one new case on 9 May and 3 new cases on 11 May 2020.

**Fig 4 Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 117 of 16 May 2020**





**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 117 of 16 May 2020**



#### International response

#### WHO

- On 15 May 2020, the Director-General announced that:
  - The World Health Assembly will be held next week (week commencing 18 May 2020),
  - The WHO released a policy brief on gender and COVID-19,
  - The WHO released a Scientific Brief on 'Multisystem inflammatory syndrome in children and adolescents with COVID-19', [which can be read here](#).
- The WHO Director-General called for global leaders to collaborate on a new global access policy and an operational tool with open, collaborative sharing of knowledge, data and intellectual property on existing and new health tools for COVID-19.

## 2. Health Responses by States and Territories

#### ACT Health

- The ACT declared a Public Health Emergency under the *Public Health Act 1997* (ACT).
- There are seven public health emergency directions in force under the Public Health Act 1997.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.
- Current ACT restrictions can be found at <https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings>
- Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.**

#### NSW Health

- The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.
- Effective 15 May 2020, the NSW Government eased restrictions to permit:
  - Outdoor gatherings of up to 10 people.
  - Cafes and restaurants can seat 10 patrons at any one time.
  - Up to five visitors to a household at any one time.
  - Weddings up to 10 guests.
  - Indoor funerals up to 20 mourners, outdoor funerals up to 30.
  - Religious gatherings/places of worship up to 10 worshippers.
  - Use of outdoor equipment with caution.
  - Outdoor pools open with restrictions.

NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>• Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>• NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>• NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Effective 15 May 2020, the following is <u>allowed</u>:             <ul style="list-style-type: none"> <li>◦ Gatherings in homes with a maximum of five people.</li> <li>◦ Visit a nail salon or beauty parlour.</li> <li>◦ Take a day trip up to 150km.</li> <li>◦ Visit an outdoor gym (max 10 people).</li> <li>◦ Attend a wedding (max 10 people).</li> <li>◦ Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• <u>From 11 May 2020</u>, outdoor dining, community centres and sports training were permitted.             <ul style="list-style-type: none"> <li>◦ More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>◦ Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>◦ In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• <u>From 11 May 2020</u>, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people will be allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• <i>On Sunday, 17 May 2020, the Victorian Premier announced the next steps in the easing of COVID-19 restrictions:</i> <ul style="list-style-type: none"> <li>◦ <i>From 1 June – cafes, restaurants and pubs will be able to reopen their doors to serve meals for up to 20 customers at a time per enclosed space.</i></li> <li>◦ <i>From 22 June – this could increase to up to 50 patrons.</i></li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ During the second half of July, up to 100 patrons may be permitted.</li> <li>○ All venues will need to abide by existing physical distancing requirements of one person per four square metres. Tables will also need to be spaced at least 1.5 metres apart.</li> <li>○ Venues will be required to take the contact details of every customer to assist in rapid contact tracing.</li> <li>● Before each of these dates, the Victorian Chief Health Officer will review the rates of community transmission in Victoria, confirm Victoria's ability to test, trace and respond to possible outbreaks and make sure there is an adequate safety net in the health system.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>● The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>● A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>● On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map will take place from Monday, 18 May 2020:             <ul style="list-style-type: none"> <li>○ Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>○ All WA students are expected to return to school.</li> <li>○ Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>○ Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>○ Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>○ Some regional travel restrictions relaxed.</li> <li>○ Non-contact community sports up to 20 people.</li> <li>○ Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>○ Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>○ Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from

Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### Severity

The global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,635,786** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on WHO Situation Report **117**, **16** May 2020, excluding Australian cases.

Location	Reported cases	Deaths	Case difference from last SitRep	Death difference from last SitRep
China (including SARs)	84,478	4,644	9	0
Hong Kong SAR	1,053	4	1	0

Taiwan	440	7	0	0
Macau SAR	45	0	0	0
United States of America	1,382,362	83,819	20,840	1,700
Russian Federation	272,043	2,537	9,200	119
The United Kingdom	236,715	33,998	3,560	384
Spain	230,183	27,459	643	138
Italy	223,885	31,610	789	242
Brazil	202,918	13,993	13,944	844
Germany	173,772	7,881	620	57
Turkey	146,457	4,055	1,708	48
France	139,646	27,482	494	104
Iran (Islamic Republic of)	116,635	6,902	2,102	48
India	85,940	2,752	3,970	103
Peru	80,604	2,267	4,298	98
Canada	73,829	5,499	1,293	162
Belgium	54,644	8,959	356	56
Saudi Arabia	49,176	292	2,307	9
Netherlands	43,681	5,643	200	53
Mexico	42,595	4,477	2,409	257
Pakistan	38,799	834	1,581	31
Chile	37,040	368	0	0
Ecuador	30,502	2,338	0	0
Switzerland	30,431	1,594	51	6
Qatar	29,425	14	1,153	0
Sweden	29,207	3,646	625	117
Portugal	28,583	1,190	264	6
Belarus	27,730	156	958	5
Singapore	26,891	21	793	0
Ireland	23,956	1,518	129	12
United Arab Emirates	21,831	210	747	2
Bangladesh	20,065	298	1,202	15
Poland	18,016	907	401	24
Ukraine	17,858	497	528	21
Israel	16,589	266	22	2
Indonesia	16,496	1,076	490	33
Romania	16,437	1,056	190	10
Japan	16,237	725	44	15
Austria	16,068	628	63	2
Colombia	13,610	525	680	16
South Africa	13,524	247	785	9
Kuwait	12,860	96	885	8
Philippines	12,091	806	215	16

Dominican Republic	11,739	424	419	2
Egypt	11,228	592	399	21
Republic of Korea	11,037	262	19	2
Denmark	10,791	537	78	0
Serbia	10,438	225	64	1
Panama	9,118	260	174	4
Czechia	8,406	295	55	2
Norway	8,197	232	22	0
Argentina	7,134	353	161	8
Malaysia	6,855	112	36	0
Morocco	6,652	190	45	0
Algeria	6,630	536	188	7
Bahrain	6,583	12	385	2
Afghanistan	6,402	168	349	15
Finland	6,228	293	83	6
Kazakhstan	5,850	34	161	0
Republic of Moldova	5,745	204	192	8
Ghana	5,638	28	108	4
Nigeria	5,450	171	288	4
Oman	5,029	20	404	1
Armenia	4,283	55	239	3
Luxembourg	3,923	104	8	1
Hungary	3,473	448	56	6
Bolivia (Plurinational State of)	3,372	152	224	10
Iraq	3,193	117	50	2
Cameroon	3,047	139	93	0
Thailand	3,025	56	0	0
Azerbaijan	2,980	36	101	1
Greece	2,810	160	40	4
Uzbekistan	2,691	11	39	0
Puerto Rico	2,542	122	115	5
Guinea	2,531	15	58	1
Honduras	2,318	133	63	10
Senegal	2,310	23	121	0
Bosnia and Herzegovina	2,237	127	21	4
Croatia	2,222	95	1	1
Bulgaria	2,138	102	38	3
Côte d'Ivoire	2,017	24	46	0
Sudan	1,964	91	0	0
Cuba	1,840	79	10	0
Iceland	1,802	10	0	0
Estonia	1,766	63	8	1

North Macedonia	1,740	97	17	2
Lithuania	1,523	54	12	0
Guatemala	1,518	29	176	0
Slovakia	1,480	27	3	0
Slovenia	1,465	103	1	0
Democratic Republic of the Congo	1,369	60	71	10
Djibouti	1,309	4	25	1
Somalia	1,284	53	0	0
Mayotte	1,258	16	48	0
El Salvador	1,210	23	98	3
Gabon	1,209	10	105	0
New Zealand	1,148	21	0	0
Tajikistan	1,118	36	33	-5
Kyrgyzstan	1,117	14	6	0
Tunisia	1,035	45	3	0
Maldives	1,031	4	49	0
Latvia	970	19	8	0
Kosovo	944	29	0	0
Sri Lanka	935	9	10	0
Albania	933	31	35	0
Guinea-Bissau	913	3	0	0
Cyprus	910	17	3	0
Lebanon	891	26	5	0
Niger	885	51	9	1
Costa Rica	830	8	15	1
Mali	806	46	27	0
Kenya	781	46	23	4
Burkina Faso	780	51	7	0
Andorra	761	49	0	0
Paraguay	759	11	5	0
Uruguay	724	19	5	0
International conveyance (Diamond Princess)	712	13	0	0
Georgia	677	12	6	0
Zambia	668	7	14	0
San Marino	652	41	5	0
Jordan	596	9	10	0
Equatorial Guinea	594	7	0	0
occupied Palestinian territory	554	4	6	0
Malta	532	6	10	0
Jamaica	509	9	0	0
United Republic of Tanzania	509	21	0	0
Venezuela (Bolivarian Republic of)	455	10	15	0



Sierra Leone	447	27	39	1
Réunion	441	0	1	0
Chad	428	48	29	2
Congo	391	15	0	0
Benin	339	2	0	0
Isle of Man	333	24	2	1
Mauritius	332	10	0	0
Cabo Verde	326	2	11	0
Montenegro	324	9	0	0
Viet Nam	313	0	25	0
Central African Republic	301	0	80	0
Jersey	297	27	2	1
Ethiopia	287	5	15	0
Rwanda	287	0	0	0
Nepal	276	0	18	0
Haiti	273	20	39	2
Togo	263	11	25	0
Guernsey	252	13	0	0
Madagascar	238	0	8	0
South Sudan	231	1	0	0
Liberia	219	20	4	0
Uganda	203	0	43	0
Eswatini	190	2	3	0
Martinique	189	14	0	0
Faroe Islands	187	0	0	0
French Guiana	184	1	20	0
Myanmar	182	6	1	0
São Tomé and Príncipe	166	7	0	0
Guadeloupe	155	13	0	0
Guam	149	5	0	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Bermuda	122	9	1	1
Cambodia	122	0	0	0
Mozambique	119	0	4	0
Trinidad and Tobago	116	8	0	0
Guyana	113	10	0	0
Yemen	108	16	21	3
Aruba	101	3	0	0
Mongolia	98	0	0	0
Bahamas	96	11	2	0
Monaco	96	1	0	0

Cayman Islands	93	1	7	0
Barbados	85	7	0	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
United States Virgin Islands	69	6	0	0
Libya	64	3	0	0
Malawi	63	3	0	0
French Polynesia	60	0	0	0
Syrian Arab Republic	50	3	2	0
Angola	48	2	0	0
Zimbabwe	42	4	5	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Mauritania	29	3	13	1
Burundi	27	1	0	0
Antigua and Barbuda	25	3	0	0
Nicaragua	25	8	0	0
Botswana	24	1	0	0
Timor-Leste	24	0	0	0
Gambia	23	1	0	0
Grenada	22	0	1	0
Bhutan	21	0	1	0
Lao People's Democratic Republic	19	0	0	0
Northern Mariana Islands (Commonwealth of the)	19	2	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curaçao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
British Virgin Islands	8	1	1	0

Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,418,466</b>	<b>301,961</b>	<b>86,797</b>	<b>4,940</b>

RTI Release

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #120 Novel Coronavirus (COVID-19)  
**Date:** Monday, 18 May 2020 9:11:32 PM  
**Attachments:** [2020-05-18 NIR Health SitRep v120 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 18 May 2020, there have been 7,060 confirmed cases of COVID-19 in Australia, including 99 deaths.
- Since yesterday's situation report, an additional 11 newly confirmed cases and one new death, have been reported in Australia.
- To date, more than 1,062,000 tests have been conducted across Australia.
- Over the last 7 days there were over 206,900 tests conducted, which is similar to the 204,000 reported in the week prior.

#### Situation Overseas

- As at 1500 hrs 18 May 2020, a total of 4,716,513 cases of COVID-19 have been reported globally, including 315,225 deaths.
- Globally, in the past 24 hours, around 81,000 new cases and over 3,400 new deaths have been reported (Johns Hopkins).
- Of the confirmed cases reported globally, the case fatality rate is approximately 6.8%.
- [The 73rd World Health Assembly](#) is being held virtually on 18 and 19 May 2020.

The next Situation Report will be issued on 19 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [\[redacted\]](#) or [\[redacted\]](#) (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [\[redacted\]](#) by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-18 1800 AEST	<b>Version</b>	120
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-19 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Graeme Barden, A/g FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 15 May 2020, the Minister for Health, the CMO and the CEO of the National Mental Health Commission announced Commonwealth funding of \$48.1 million for the <u>National Mental Health and Wellbeing Pandemic Response Plan</u>.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul>

	<p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required under the Biosecurity Act 2015.</li> <li>The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 18 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,060</b> cases of COVID-19, including <b>99</b> deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2). <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>11</b> newly confirmed cases and <b>one</b> new death, have been reported in Australia. <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, SA, Tas and <b>WA</b>.</li> <li>Vic reported <b>eight</b> newly confirmed cases: <b>three are in hotel quarantine, two were linked to known outbreaks, one has been detected in an aged care resident and two remain under investigation.</b></li> <li><b>NSW reported one newly confirmed case (overseas acquired) and one new death.</b></li> <li><b>Queensland reported two newly confirmed cases after one day of no new cases. Both newly confirmed cases are under investigation.</b></li> </ul> </li> <li><b>On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in. The intention of this change is to better reflect where cases are being managed, and to ensure consistency in reporting at the national and jurisdictional levels</b></li> <li>Following the peak of cases at the end of March, since approximately 19 April 2020 there has been a sustained and relatively low number of new cases reported daily. <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>109</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>76</b> cases this week).</li> <li>The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3). <ul style="list-style-type: none"> <li>To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases: <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> </ul> </li> </ul>
----------	--

- Almost half of cases were acquired overseas.
- Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - **85%** of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - **57%** were male and **43%** were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (32%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (18%) and neurological disorder (18%) were also more commonly reported among deceased cases (source: NNDSS as of 10 May).

#### Testing

- To date, more than **1,062,000** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - Cumulative per cent positive was 0.7% and the positivity in the past week was 0.1%.
  - Over the last 7 days there were over **206,900** tests conducted, **which is similar** to around **204,900** reported in the week prior.
  - **The highest testing rate is in Victoria, with over 5,000 total tests per 100,000 population.**

#### Source of infection

- To date, around 62% of confirmed cases are considered to have been overseas acquired (Table 1).
- **In the last 28 days, there were 439 additional cases which have been reported in Australia and 26 previously reported cases which were allocated a source of acquisition. Of these cases:**
  - **10% were locally acquired – contact not identified**
  - **58% were locally acquired – contact of a confirmed case and/or in a known cluster**
  - **30% were overseas acquired.**
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at 17 May 2020, Victoria has reported 11 cases associated with this outbreak.
    - More than 90 employees have been tested as a precaution and the restaurant has been closed to undergo a deep clean.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 17 May 2020, Victoria has reported 99 cases associated with this outbreak.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 17 May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 16 deaths associated with this outbreak.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 10 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

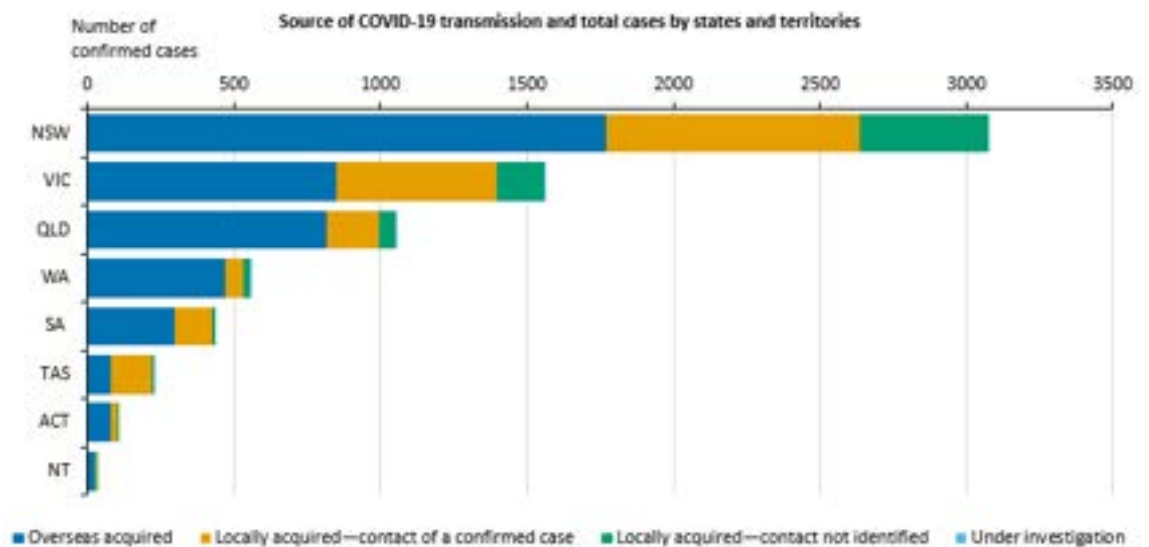


**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 18 May 2020)**

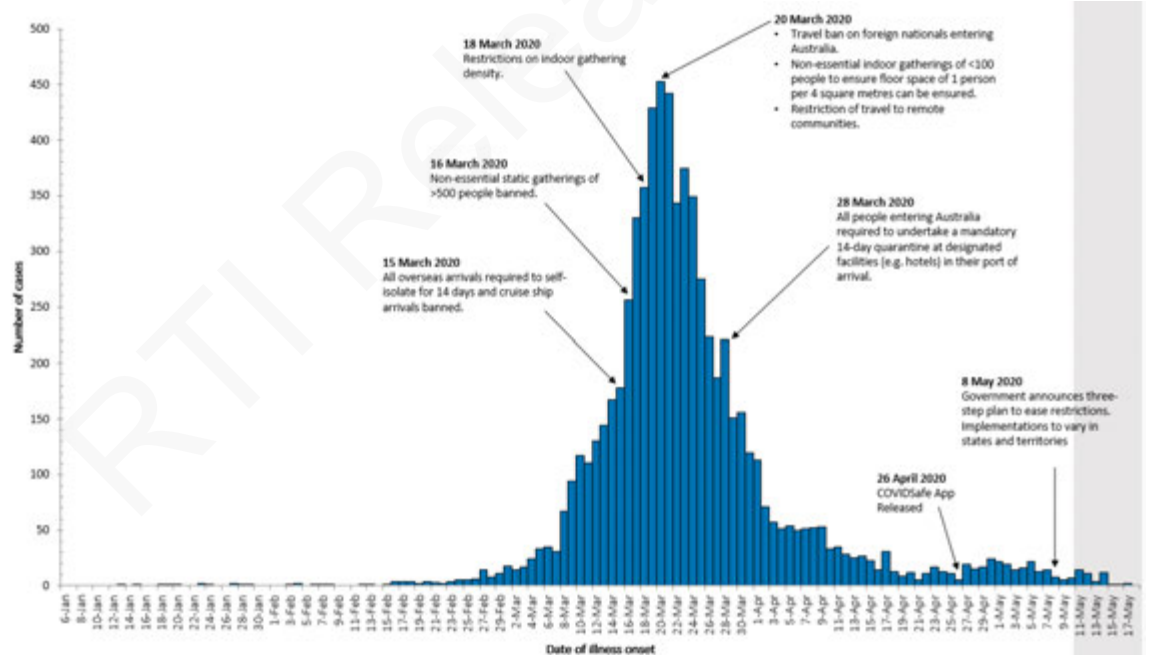
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic*	WA*
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,396	83	1,771	26	818	300	79	848	471
Locally acquired - contact of confirmed case and/or in a known cluster	1,937	17	863	2	176	124	141	551	63
Locally acquired - contact not identified	600	1	371	0	42	9	0	161	16
Locally acquired - contact not identified, but case had interstate travel	112	6	71	1	18	6	4	0	6
Under investigation	15	0	0	0	3	0	4	7	1
<b>Total cases</b>	<b>7,060</b>	<b>107</b>	<b>3,076</b>	<b>29</b>	<b>1,057</b>	<b>439</b>	<b>228</b>	<b>1,567</b>	<b>557</b>
<b>Recovered</b>	<b>6,389</b>	104	2612	27	1038	431	193	1,439	545
<b>Deaths (of total)</b>	<b>99</b>	3	46	0	6	4	13	18	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	11 (0.2%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	8 (0.5%)	0 (0.0%)
Newly confirmed cases in the last 72hrs (%change)	38 (0.5%)	0 (0.0%)	5 (0.2%)	0 (0.0%)	3 (0.3%)	0 (0.0%)	1 (0.4%)	26 (1.7%)	3 (0.5%)
Average daily change in newly confirmed cases over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.6%	0.2%
Newly confirmed cases over the past week (7 days)	109	0	23	0	4	0	1	76	5
<b>Current health care use</b>									
Hospitalised (total)	45	0	22	2	4	1	6	9	1
Hospitalised - ICU (of those hospitalised)	12	0	6	0	1	0	0	5	0
Hospitalised - ICU ventilated (of those admitted to ICU)	7	0	2	0	1	0	0	4	pendin g

\* On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in. The cumulative cases reported over the last 24 hours includes 4 cases that were previously excluded as suspected duplicates; therefore, the calculated difference is 15, of which 11 are newly confirmed cases. As a result the cumulative total for Vic has increased by 1 case and WA by 3 cases.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 18 May 2020**

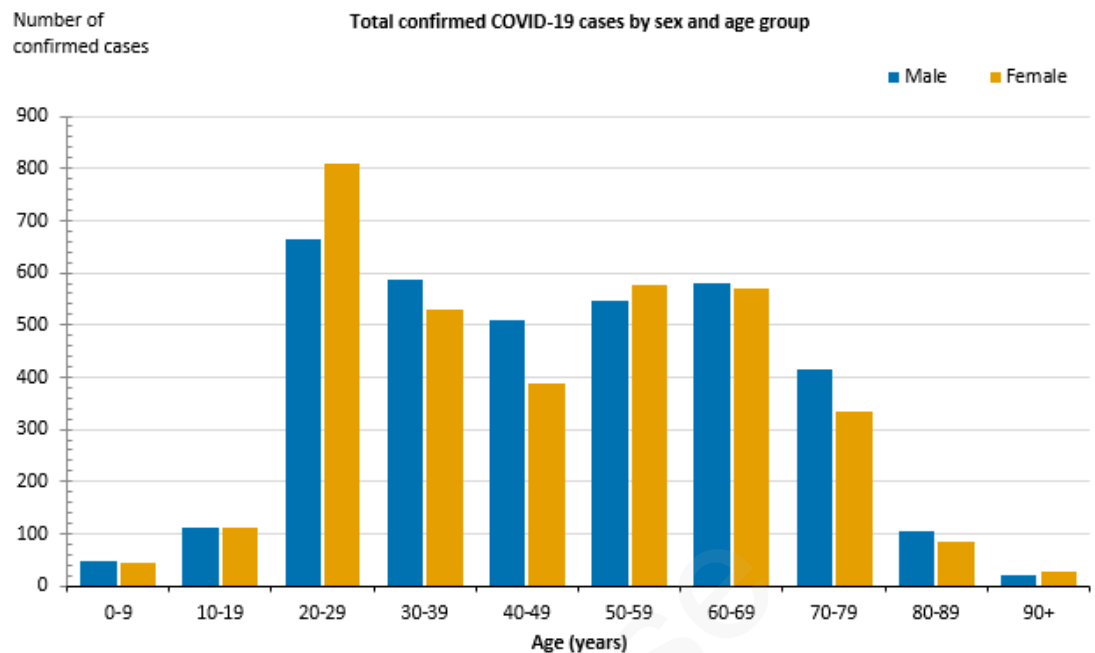


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 18 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 18 May 2020**



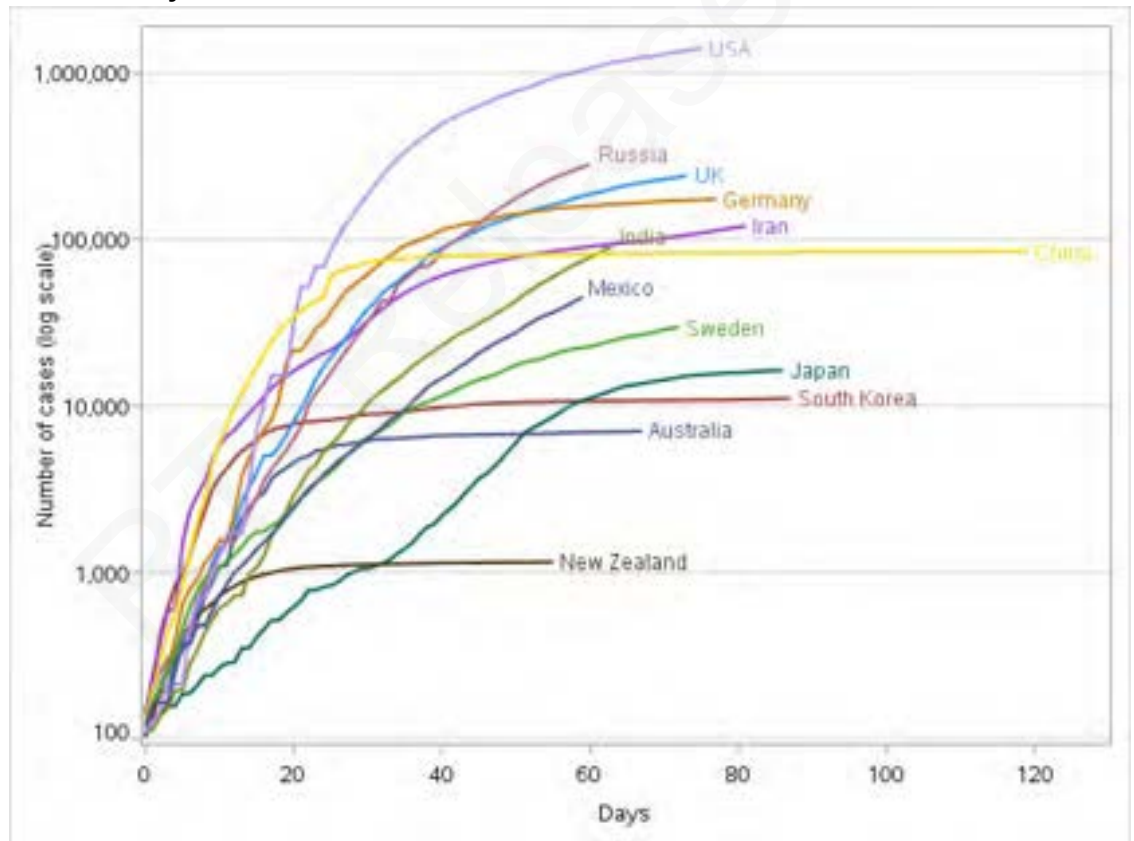
**International Situation (as at 1500 hrs, 18 May 2020)**

- The global number of confirmed COVID-19 cases is currently **4,716,513** including **315,225** deaths (Johns Hopkins).
- Globally, in the past 24 hours, around **81,000** new cases and over **3,400** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **17 May 2020** indicates the majority of deaths are from the USA (28%), the UK (11%), Italy (10%), Spain and France (9% each).
- **Americas.** The USA has reported approximately **27,000** new cases and **2,000** deaths in the last 24 hours. *The country appears to be on the downwards slop of the seventh spike in daily case numbers.* The epidemic in Brazil appears to be accelerating, with the number of confirmed cases exceeding **218,000** and number of deaths exceeding **14,800**. The number of newly confirmed cases in the previous 7 days was 14% higher than the 7 days prior. Other countries of note in this region include Canada and Peru with over **74,000** and **84,000** cases respectively, and Mexico, Ecuador and Chile with over 30,000 cases each.
- **Europe.** Russia reported over **9,000** new cases yesterday. *The daily new case curve indicates the country has passed the peak number of daily new cases.* Newly confirmed cases continue to decline in Italy, which reported **875** new cases in the last 24 hours, *slightly increased from the 789* cases reported yesterday. Daily new case numbers in the United Kingdom have been between 3,200 and 3,600 cases over the past **five** days and have been slowly declining since the high of approximately 6,200 cases on 7 May 2020. Germany reported **583** new cases yesterday and **620** new cases one day prior, continuing the steady decline that has been seen recently.
- **Middle East.** Iran is likely experiencing a second wave of the epidemic, but this may be starting to come under control. Saudi Arabia has reported over **52,000** cases with approximately **2,800** new cases reported in the past 24 hours. Pakistan reports over **40,000** cumulative cases with approximately **1,400** new cases. Their confirmed case curve to date shows exponential growth. Other countries of note include Qatar (almost **31,000** cumulative cases) and the UAE (more than **22,000** cumulative cases). Kuwait may be starting to see an extended outbreak as they are reporting **750-950** new daily cases per day over the past **5 days**, and their epidemic curve shows rapid growth.
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. Their cumulative case count is showing exponential growth. *While the majority of cases has been in South Africa, the majority of deaths in this region have occurred*

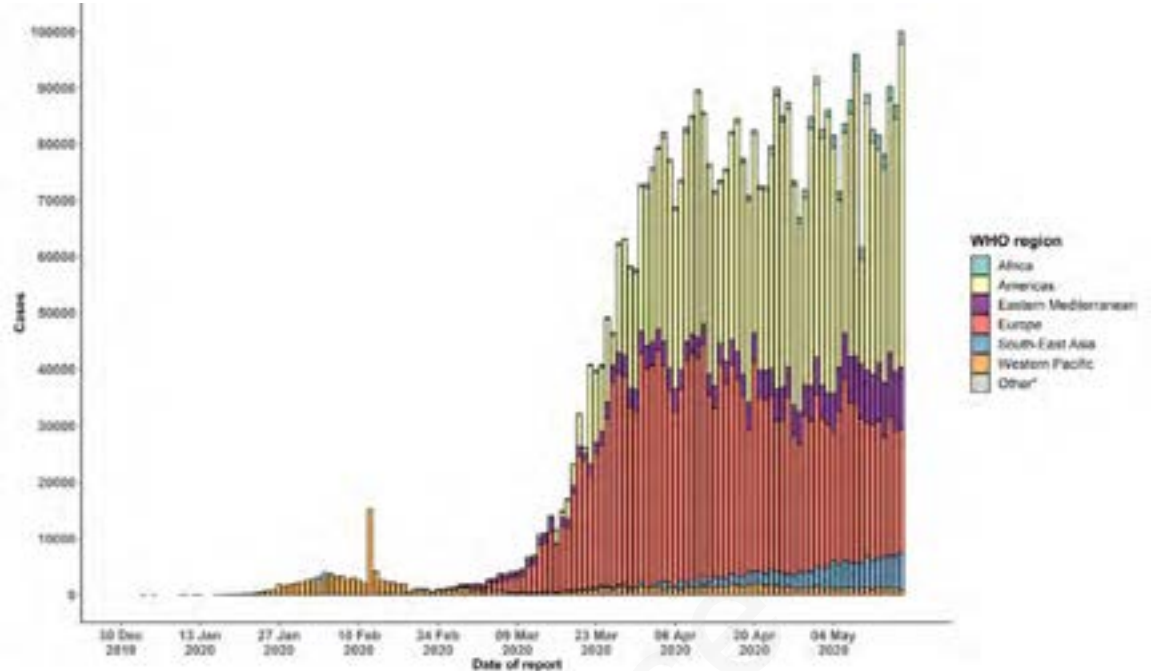
in Algeria. There has also been strong growth in the number of daily cases over the past 14 days in Zambia, Gabon, Sudan and Cameroon.

- **South East Asia.** New case numbers in India continue to be numerous; reporting approximately 5,000 new cases *in the last 24 hours, their highest new daily case figure to date.* Testing capacity may play a role in the speed of their epidemic growth masking the true scale. Bangladesh has *approximately 21,000 cases* and is growing by *almost* 1,000 cases per day. The number of new cases reported in Indonesia has so far peaked at 689 new cases on 14 May but the country continues to report approximately 500 new cases per day. The Indonesian government has reported a case fatality rate of 6.6%.
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting 682 new cases, *of which 673 are migrant workers.* Singapore has reported 25,782 cases among dormitory residents (92% of all cases), which represents 7.98% of the estimated total population living in those facilities. The Philippines also has a high case fatality rate with 12,513 cases and 824 deaths reported, resulting in a case fatality rate of 6.6%. No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last 11 days. *Northern Mariana Islands reported 2 new cases in the last 24 hours.*

**Fig 4 Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 118 of 17 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 118 of 17 May 2020**



International response

#### WHO

- *The 73<sup>rd</sup> World Health Assembly is being held virtually on 18 and 19 May 2020.*
- *The agenda includes Member States' statements on the COVID-19 pandemic, as well as the consideration of a draft resolution on COVID-19.*

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>• The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).</li> <li>• There are seven public health emergency directions in force under the Public Health Act 1997.</li> <li>• The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>• The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>• Current ACT restrictions can be found at <a href="https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings">https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings</a></li> <li>• Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• Effective 15 May 2020, the <u>NSW Government</u> eased restrictions to permit: <ul style="list-style-type: none"> <li>○ Outdoor gatherings of up to 10 people.</li> <li>○ Cafes and restaurants can seat 10 patrons at any one time.</li> <li>○ Up to five visitors to a household at any one time.</li> <li>○ Weddings up to 10 guests.</li> <li>○ Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>○ Religious gatherings/places of worship up to 10 worshippers.</li> <li>○ Use of outdoor equipment with caution.</li> <li>○ Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> </ul>

	<ul style="list-style-type: none"> <li>• Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>• NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>• NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Effective 15 May 2020, the following is <u>allowed</u>:             <ul style="list-style-type: none"> <li>○ Gatherings in homes with a maximum of five people.</li> <li>○ Visit a nail salon or beauty parlour.</li> <li>○ Take a day trip up to 150km.</li> <li>○ Visit an outdoor gym (max 10 people).</li> <li>○ Attend a wedding (max 10 people).</li> <li>○ Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• <u>From 11 May 2020</u>, outdoor dining, community centres and sports training were permitted.             <ul style="list-style-type: none"> <li>○ More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>○ Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>○ In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• <u>From 11 May 2020</u>, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people <b>are</b> allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• On Sunday, 17 May 2020, the Victorian Premier announced the next steps in the easing of COVID-19 restrictions:             <ul style="list-style-type: none"> <li>○ From 1 June 2020 – cafes, restaurants and pubs will be able to reopen their doors to serve meals for up to 20 customers at a time per enclosed space.</li> <li>○ From 22 June 2020 – this could increase to up to 50 patrons.</li> <li>○ During the second half of July, up to 100 patrons may be permitted.</li> <li>○ All venues will need to abide by existing physical distancing requirements of one person per four square metres. Tables will also need to be spaced at least 1.5 metres apart.</li> <li>○ Venues will be required to take the contact details of every customer to assist in rapid</li> </ul> </li> </ul>



	<p>contact tracing.</p> <ul style="list-style-type: none"> <li>• Before each of these dates, the Victorian Chief Health Officer will review the rates of community transmission in Victoria, confirm Victoria's ability to test, trace and respond to possible outbreaks and make sure there is an adequate safety net in the health system.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>• On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map <b>took</b> place from Monday, 18 May 2020: <ul style="list-style-type: none"> <li>○ Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>○ All WA students are expected to return to school.</li> <li>○ Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>○ Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>○ Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>○ Some regional travel restrictions relaxed.</li> <li>○ Non-contact community sports up to 20 people.</li> <li>○ Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>○ Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>○ Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have



also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### Severity

The global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,716,513** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO *Dashboard as at 0800hrs 18 May 2020*, excluding Australian cases.

Location	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,409,452	85,860	27,090	2,041
Russian Federation	281,752	2,631	9,709	94
The United Kingdom	240,165	34,466	3,450	468
Spain	230,698	27,563	515	104
Italy	224,760	31,763	875	153

Location	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
Brazil	218,223	14,817	15,305	824
Germany	174,355	7,914	583	33
Turkey	148,067	4,096	1,610	41
France	140,008	27,578	362	96
Iran (Islamic Republic of)	120,198	6,988	1,806	51
India	90,927	2,872	4,987	120
Peru	84,495	2,392	3,891	125
China (including SARs)	84,484	4,645	6	1
<i>Hong Kong SAR</i>	1,056	4	3	0
<i>Taiwan</i>	440	7	0	0
<i>Macau SAR</i>	45	0	0	0
Canada	74,993	5,595	1,164	96
Belgium	54,989	9,005	345	46
Saudi Arabia	54,752	312	2,736	10
Mexico	45,032	4,767	2,437	290
Netherlands	43,870	5,670	189	27
Chile	41,428	421	4,388	53
Pakistan	40,151	873	1,352	39
Qatar	32,604	15	1,632	0
Ecuador	31,467	2,594	965	256
Switzerland	30,489	1,601	58	7
Sweden	29,677	3,674	470	28
Portugal	28,810	1,203	227	13
Belarus	28,681	160	951	4
Singapore	27,356	22	465	1
Ireland	24,048	1,533	92	15
United Arab Emirates	23,358	220	1,527	10
Bangladesh	20,995	314	0	0
Ukraine	18,291	514	433	17
Poland	18,257	915	241	8
Indonesia	17,514	1,148	489	59
Romania	16,704	1,081	267	25
Israel	16,608	268	19	2
Japan	16,285	744	48	19
Austria	16,140	628	72	0
Kuwait	14,850	112	1,048	5
South Africa	14,355	261	831	14
Colombia	14,216	546	606	21
Philippines	12,513	824	208	7
Dominican Republic	12,110	428	371	4
Egypt	11,719	612	491	20
Republic of Korea	11,050	262	13	0
Denmark	10,858	543	67	6
Serbia	10,496	228	58	3
Panama	9,268	266	150	6
Czechia	8,455	296	49	1

Location	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
Norway	8,197	232	0	0
Argentina	7,479	363	345	10
Bahrain	6,930	12	275	0
Malaysia	6,872	113	17	1
Algeria	6,821	542	191	6
Morocco	6,798	192	117	0
Afghanistan	6,664	169	262	1
Finland	6,286	297	58	4
Kazakhstan	6,157	34	307	0
Republic of Moldova	5,934	209	189	5
Ghana	5,735	29	97	1
Nigeria	5,621	176	171	5
Oman	5,186	22	157	1
Armenia	4,472	60	189	5
Luxembourg	3,930	104	7	0
Bolivia (Plurinational State of)	3,577	164	205	12
Hungary	3,509	451	36	3
Iraq	3,404	123	144	2
Azerbaijan	3,138	36	158	0
Cameroon	3,047	139	0	0
Thailand	3,028	56	3	0
Greece	2,819	162	9	2
Uzbekistan	2,741	11	50	0
Guinea	2,658	16	127	1
Puerto Rico	2,589	122	47	0
Honduras	2,460	134	142	1
Senegal	2,429	25	119	2
Sudan	2,289	97	325	6
Bosnia and Herzegovina	2,265	131	28	4
Croatia	2,224	95	2	0
Bulgaria	2,211	108	73	6
Côte d'Ivoire	2,061	25	44	1
Cuba	1,862	79	22	0
Iceland	1,802	10	0	0
Estonia	1,770	63	4	0
North Macedonia	1,762	98	22	1
Guatemala	1,643	30	125	1
Lithuania	1,534	55	11	1
Slovakia	1,493	28	13	1
Slovenia	1,465	103	0	0
Democratic Republic of the Congo	1,454	60	85	0
Somalia	1,421	56	64	1
Djibouti	1,401	4	70	0
Tajikistan	1,322	39	204	3
Gabon	1,320	11	111	1
El Salvador	1,265	25	55	2

Location	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
Mayotte	1,258	16	0	0
New Zealand	1,149	21	1	0
Kyrgyzstan	1,138	14	21	0
Maldives	1,078	4	0	0
Tunisia	1,037	45	2	0
Latvia	997	19	27	0
Sri Lanka	970	9	21	0
Albania	946	31	13	0
Kosovo	944	29	0	0
Cyprus	914	17	4	0
Guinea-Bissau	913	3	0	0
Lebanon	911	26	9	0
Niger	889	51	4	0
Costa Rica	843	8	13	0
Mali	835	48	29	2
Kenya	830	50	49	4
Burkina Faso	782	51	2	0
Paraguay	778	11	19	0
Andorra	761	51	0	2
Uruguay	732	19	8	0
International conveyance (Diamond Princess)	712	13	0	0
Georgia	695	12	18	0
Equatorial Guinea	690	7	96	0
Zambia	679	7	11	0
San Marino	652	41	0	0
Jordan	613	9	6	0
occupied Palestinian territory, including east Jerusalem	560	4	6	0
Malta	546	6	14	0
Jamaica	511	9	2	0
United Republic of Tanzania	509	21	0	0
Venezuela (Bolivarian Republic of)	504	10	49	0
Chad	474	50	46	2
Sierra Leone	462	29	15	2
Réunion	443	0	2	0
Congo	391	15	0	0
Benin	339	2	0	0
Isle of Man	334	24	1	0
Mauritius	332	10	0	0
Cabo Verde	328	3	2	1
Montenegro	324	9	0	0
Viet Nam	318	0	0	0
Haiti	310	20	37	0
Ethiopia	306	5	19	0
Central African Republic	301	0	0	0
Togo	298	11	35	0
Jersey	297	27	0	0

Location	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
Nepal	295	2	14	1
Rwanda	289	0	2	0
Madagascar	283	0	45	0
Guernsey	252	13	0	0
South Sudan	231	1	0	0
Uganda	227	0	24	0
Liberia	223	20	4	0
Eswatini	202	2	12	0
Martinique	192	14	3	0
French Guiana	189	1	5	0
Faroe Islands	187	0	0	0
Myanmar	184	6	2	0
Sao Tome and Principe	169	7	3	0
Guadeloupe	155	13	0	0
Guam	149	5	0	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Mongolia	136	0	1	0
Mozambique	129	0	10	0
Yemen	126	19	2	0
Bermuda	123	9	1	0
Cambodia	122	0	0	0
Guyana	116	10	3	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Bahamas	96	11	0	0
Monaco	96	1	0	0
Cayman Islands	94	1	1	0
Barbados	85	7	0	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
United States Virgin Islands	69	6	0	0
Libya	65	3	1	0
Malawi	65	3	2	0
French Polynesia	60	0	0	0
Syrian Arab Republic	51	3	1	0
Angola	48	2	0	0
Zimbabwe	44	4	2	0
Mauritania	40	4	11	1
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Burundi	27	1	0	0
Antigua and Barbuda	25	3	0	0
Botswana	25	1	1	0
Nicaragua	25	8	0	0
Timor-Leste	24	0	0	0

Location	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
Gambia	23	1	0	0
Grenada	22	0	0	0
Bhutan	21	0	0	0
Northern Mariana Islands (Commonwealth of the)	21	2	2	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curacao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,534,731</b>	<b>307,537</b>	<b>100,078</b>	<b>5,368</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #121 Novel Coronavirus (COVID-19)  
**Date:** Tuesday, 19 May 2020 7:43:36 PM  
**Attachments:** [2020-05-19 NIR Health SitRep v121 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 19 May 2020, there have been 7,068 confirmed cases of COVID-19 in Australia, including 99 deaths.
- Since yesterday's situation report, an additional 9 newly confirmed cases and no new deaths, have been reported in Australia.
- To date, more than 1,085,870 tests have been conducted across Australia.
- The Minister for Health recognised World Family Doctor Day today, and the critical role medical practitioners play in the response to the COVID-19 pandemic.

#### Situation Overseas

- As at 1500 hrs 19 May 2020, a total of 4,805,005 cases of COVID-19 have been reported globally, including 318,534 deaths.
- Globally, in the past 24 hours, around 88,000 new cases and over 3,300 new deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 20 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health





**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-19 1800 AEST	<b>Version</b>	121
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-20 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>The Minister for Health recognised World Family Doctor Day today, 19 May 2020 and the critical role medical practitioners play in the response to the COVID-19 pandemic.</i></li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul>

	<p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required under the <i>Biosecurity Act 2015</i>.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 19 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,068</b> cases of COVID-19, including 99 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2). <ul style="list-style-type: none"> <li>Since yesterday's situation report, <b>9</b> newly confirmed cases and <b>no</b> new deaths*, have been reported in Australia. <p><i>* The Minister for Health has released a joint media release with Minister for Aged Care and Senior Australians, Minister for Youth and Sport today regarding the 100<sup>th</sup> death of an Australian resulting from COVID-19. This Department has not yet been officially notified of this death by NSW Health and so it is not reflected in today's figures.</i></p> <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, SA, <b>Qld</b>, Tas, and WA.</li> <li>Vic reported <b>7</b> newly confirmed cases: <b>1 was linked to overseas travel, 1 was linked to known outbreaks (Cedar Meats), 1 was locally acquired where the contact was not identified and four remain under investigation.</b> <ul style="list-style-type: none"> <li><b>Two of these cases are residents of aged care facilities.</b></li> </ul> </li> <li>NSW reported <b>2</b> newly confirmed cases (<b>overseas acquired</b>).</li> </ul> </li> <li>On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in. The intention of this change is to better reflect where cases are being managed, and to ensure consistency in reporting at the national and jurisdictional levels.</li> <li>Following the peak of cases at the end of March, since approximately 19 April 2020 there has been a sustained and relatively low number of new cases reported daily. <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>101</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>67</b> cases this week).</li> <li>The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3). <ul style="list-style-type: none"> <li>To date approximately 2% of cases have been in school aged children (5-17 years).</li> </ul> </li> </ul> </li> </ul>
----------	--

(source: NNDSS)

- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
    - 85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 57% were male and 43% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (32%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (18%) and neurological disorder (18%) were also more commonly reported among deceased cases (source: NNDSS as of 10 May).

#### Testing

- To date, more than **1,085,870** tests have been conducted across Australia (as at 1500) as reported by the jurisdictions.
  - *Over the last 7 days there were 207,943 tests conducted, which is slightly less than the 213,171 reported in the week prior.*
  - Cumulative per cent positive was 0.7% and the positivity in the past week was 0.1%.
  - The highest **crude cumulative** testing rate is in Victoria, with over 5,000 total tests per 100,000 population.

#### Source of infection

- To date, around 62% of confirmed cases are considered to have been overseas acquired (Table 1).
- *As of 18 May 2020*, in the last 28 days, there were 439 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 10% were locally acquired - contact not identified
  - 58% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 30% were overseas acquired.
- *Of all cases that have been confirmed to have acquired their infection overseas the majority reported a travel history to the European Region, on board cruise ships, or the Americas Region.*
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **19 May 2020**, *there were no further cases linked to this outbreak today with the total number of cases remaining at 12.*
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **19 May 2020**, Victoria has reported **100** cases associated with this outbreak, *with one additional case reported today.*
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **19 May 2020**, NSW has reported 71 cases (34 staff and 37 residents). There have also been 16 deaths associated with this outbreak.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 10 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

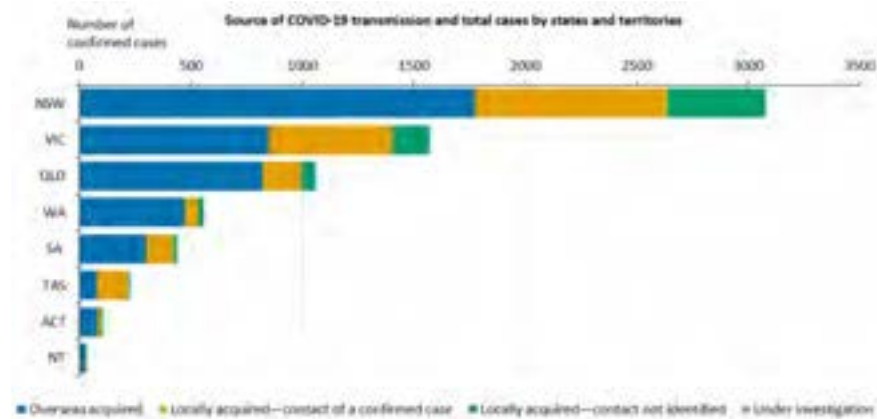
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 19 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic* <sup>^</sup>	WA*
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,401	83	1,773	26	821	300	79	848	471
Locally acquired - contact of confirmed case and/or in a known cluster	1,941	17	864	2	175	124	141	554	64
Locally acquired - contact not identified	603	1	370	0	42	9	0	165	16
Locally acquired - contact not identified, but case had interstate travel	112	6	71	1	18	6	4	0	6
Under investigation	11	0	0	0	1	0	4	6	0
<b>Total cases</b>	<b>7,068</b>	<b>107</b>	<b>3,078</b>	<b>29</b>	<b>1,057</b>	<b>439</b>	<b>228</b>	<b>1,573</b>	<b>557</b>
<b>Recovered</b>	<b>6,411</b>	104	2,614	27	1,039	435	193	1,454	545
<b>Deaths (of total)</b>	<b>99</b>	3	46	0	6	4	13	18	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	9 (0.1%)	0 (0.0%)	2 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (0.4%)	0 (0.0%)
Newly confirmed cases in the last 72hrs (%change)	38 (0.4%)	0 (0.0%)	5 (0.1%)	0 (0.0%)	2 (0.2%)	0 (0.0%)	0 (0.0%)	19 (1.2%)	1 (0.2%)
Average daily change in newly confirmed cases over the past three days (compound)	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%	0.1%
Newly confirmed cases over the past week (7 days)	101	0	25	0	4	0	1	67	4
<b>Current health care use</b>									
Hospitalised (total)	47	0	22	2	4	1	6	11	1
Hospitalised - ICU (of those hospitalised)	11	0	5	0	1	0	0	5	0
Hospitalised - ICU ventilated (of those admitted to ICU)	7	0	2	0	1	0	0	4	pending

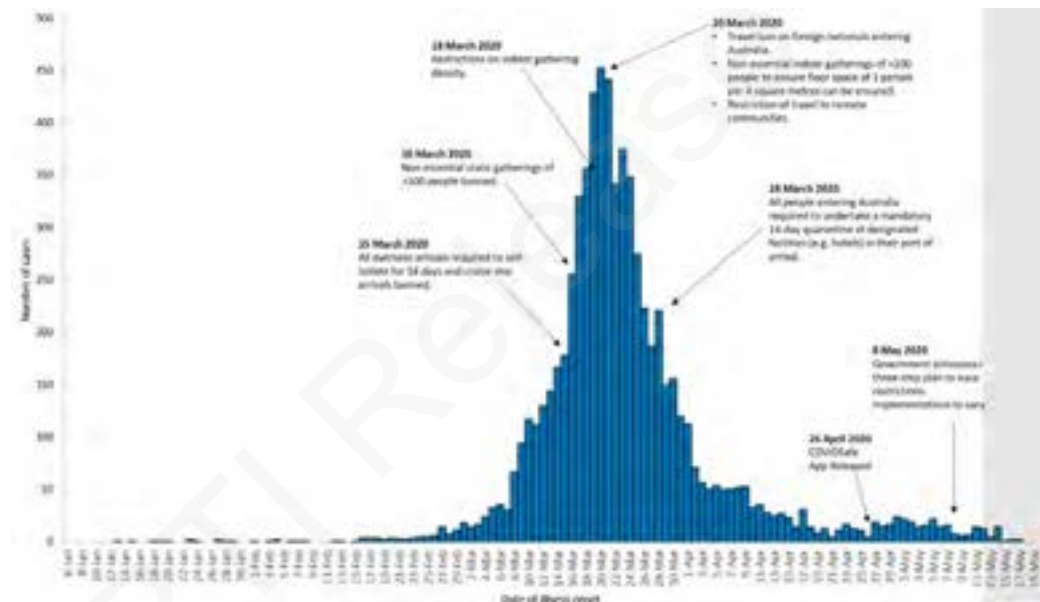
\* On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in.

<sup>^</sup>On 19 May 2020, Vic excluded 1 previously reported case as they were determined to be a duplicate case

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 19 May 2020**

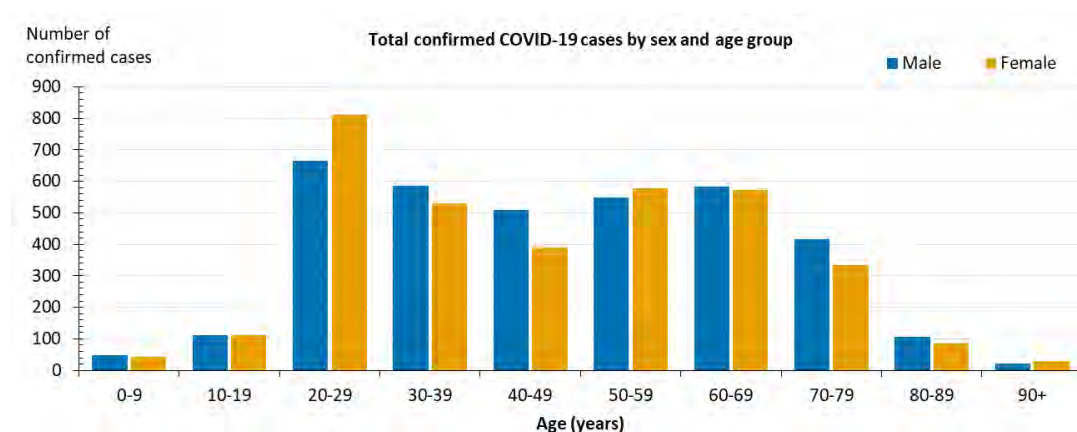


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 19 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 19 May 2020**

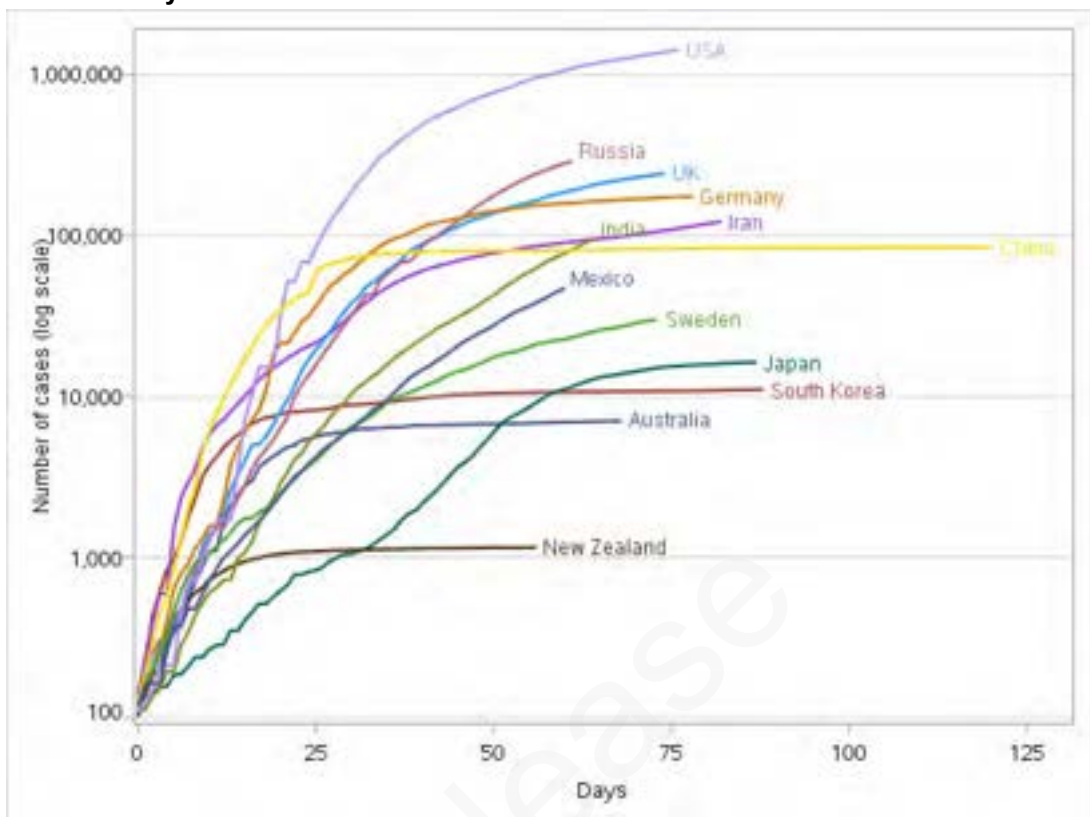


**International Situation (as at 1500 hrs, 19 May 2020)**

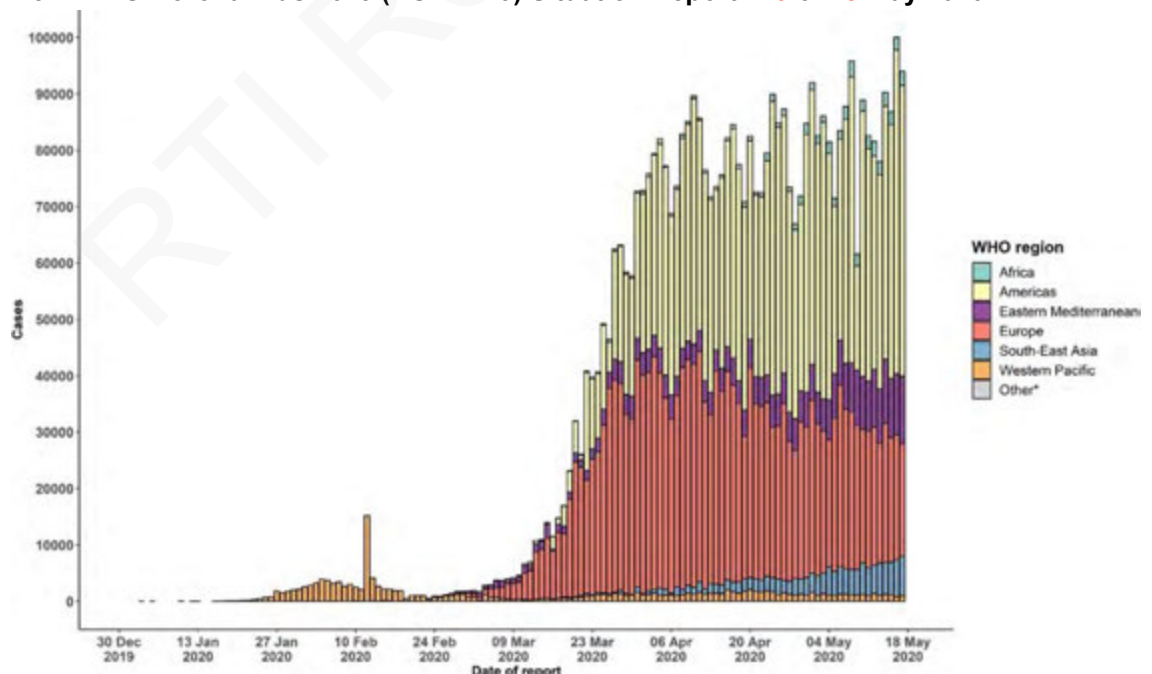
- The global number of confirmed COVID-19 cases is currently **4,805,005**, including **318,534** deaths (Johns Hopkins).
- Globally, in the past 24 hours, around **88,000** new cases and over **3,300** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from 17 May 2020 indicates the majority of deaths are from the USA (28%), the UK (11%), Italy (10%), **France and Spain** (9% each).
  - *Of the confirmed cases reported globally, the case fatality rate is approximately 6.7%.*
- **Americas.** The USA has reported approximately **23,000** new cases and **1,300** deaths in the last 24 hours. The country appears to be on the downwards slope in their daily case numbers. The epidemic in Brazil appears to be accelerating, with the number of confirmed cases exceeding **233,000** and number of deaths exceeding **15,600**. *Brazil has exceeded Spain and Italy in cumulative case counts. Peru is growing rapidly, reporting over 4,000 new cases yesterday and has a cumulative total over 88,000.* Other countries of note in this region include Canada (76,000 cases), Mexico (47,000 case), Chile (44,000 cases) and Ecuador 33,000 cases).
- **Europe.** Russia reported over **8,900** new cases yesterday. Newly confirmed cases continue to decline in Italy, which reported **675** new cases in the last 24 hours. Daily new case numbers in the United Kingdom have been between 3,200 and 3,600 cases over the past **six** days and have been steadily declining. Germany reported **342** new cases yesterday and **583** new cases one day prior, continuing the steady decline that has been seen recently.
- **Middle East.** Iran is likely experiencing a second wave of the epidemic *and reported 1,800 new cases yesterday.* Saudi Arabia *has reported over 54,000 cases* with approximately **2,700** new cases yesterday. Pakistan reports over **42,000** cumulative cases with approximately **1,900** new cases. Other countries of note include Qatar (**32,000** cases) and the UAE (**23,000** cases). Kuwait may be starting to see an extended outbreak as they are reporting *approximately 1,000 new cases per day.*
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. Their cumulative case count is showing exponential growth. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria. There has also been strong growth in the number of daily cases over the past 14 days in Zambia, Gabon, Sudan and Cameroon.
- **South East Asia.** New case numbers in India continue to be numerous; reporting approximately **5,200** new cases in the last 24 hours, their highest new daily case figure to date. Bangladesh has approximately **22,000** cases. The country reported its [first confirmed case in their refugee population in Cox's Bazaar](#), where approximately 1 million other refugees live in communal living conditions. The number of new cases reported in Indonesia has so far peaked at 689 new cases on 14 May but the country continues to report approximately 500 new cases per day. The Indonesian government has reported a case fatality rate of 6.6%.
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **305** new cases. Approximately 92% of all cases in Singapore are dormitory workers and 8.08% of the dormitory worker population has been diagnosed with COVID-19. *Dormitory workers are predominantly young, healthy individuals who must pass stringent medicals before employment in Singapore. This may explain the low mortality rate observed within this setting.* The Philippines also has a high case fatality rate with **12,718** cases and **831** deaths reported, resulting in a case fatality rate of **6.5%**. No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last **12** days. Northern Mariana Islands reported 2 new cases in the last 24 hours.



**Fig 4 Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 119 of 18 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 119 of 18 May 2020**



International response

#### WHO

- The 73<sup>rd</sup> World Health Assembly is being held virtually on 18 and 19 May 2020.
- The agenda includes Member States' statements on the COVID-19 pandemic, as well as the consideration of a draft resolution on COVID-19.



## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>There are <b>six</b> public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>Current ACT restrictions can be found at <a href="https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings">https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings</a></li> <li>Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>Effective 15 May 2020, the <u>NSW Government</u> eased restrictions to permit:               <ul style="list-style-type: none"> <li>Outdoor gatherings of up to 10 people.</li> <li>Cafes and restaurants can seat 10 patrons at any one time.</li> <li>Up to five visitors to a household at any one time.</li> <li>Weddings up to 10 guests.</li> <li>Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>Religious gatherings/places of worship up to 10 worshippers.</li> <li>Use of outdoor equipment with caution.</li> <li>Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>Effective 15 May 2020, the following is <u>allowed</u>:               <ul style="list-style-type: none"> <li>Gatherings in homes with a maximum of five people.</li> <li>Visit a nail salon or beauty parlour.</li> <li>Take a day trip up to 150km.</li> <li>Visit an outdoor gym (max 10 people).</li> <li>Attend a wedding (max 10 people).</li> <li>Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>From 11 May 2020, outdoor dining, community centres and sports training were permitted.               <ul style="list-style-type: none"> <li>More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>

TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• From 11 May 2020, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people are allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• On Sunday, 17 May 2020, the Victorian Premier announced the next steps in the easing of COVID-19 restrictions:             <ul style="list-style-type: none"> <li>◦ From 1 June 2020 – cafes, restaurants and pubs will be able to reopen their doors to serve meals for up to 20 customers at a time per enclosed space.</li> <li>◦ From 22 June 2020 – this could increase to up to 50 patrons.</li> <li>◦ During the second half of July, up to 100 patrons may be permitted.</li> <li>◦ All venues will need to abide by existing physical distancing requirements of one person per four square metres. Tables will also need to be spaced at least 1.5 metres apart.</li> <li>◦ Venues will be required to take the contact details of every customer to assist in rapid contact tracing.</li> </ul> </li> <li>• Before each of these dates, the Victorian Chief Health Officer will review the rates of community transmission in Victoria, confirm Victoria's ability to test, trace and respond to possible outbreaks and make sure there is an adequate safety net in the health system.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>• On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020:             <ul style="list-style-type: none"> <li>◦ Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>◦ All WA students are expected to return to school.</li> <li>◦ Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>◦ Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>◦ Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>◦ Some regional travel restrictions relaxed.</li> <li>◦ Non-contact community sports up to 20 people.</li> <li>◦ Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>◦ Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>◦ Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the *Communicable Disease Intelligence* journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

#### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

#### Severity

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,805,005** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs 19 May 2020, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,432,265	87,180	22,813	1,320
Russian Federation	290,678	2,722	8,926	91
The United Kingdom	243,699	34,636	3,534	170
Brazil	233,142	15,633	14,919	816
Spain	231,350	27,650	652	87
Italy	225,435	31,908	675	145
Germany	174,697	7,935	342	21
Turkey	149,435	4,140	1,368	44
France	140,036	28,059	28	481
Iran (Islamic Republic of)	122,492	7,057	2,294	69
India	96,169	3,029	5,242	157
Peru	88,541	2,523	4,046	131
China (including SARs)	84,494	4,645	10	0
<i>Hong Kong SAR</i>	1,056	4	0	0
<i>Taiwan</i>	440	7	0	0
<i>Macau SAR</i>	45	0	0	0
Canada	76,204	5,702	1,211	107
Saudi Arabia	57,345	320	2,593	8
Belgium	55,280	9,052	291	47
Mexico	47,144	5,045	2,112	278
Netherlands	43,995	5,680	125	10
Chile	43,781	450	2,353	29
Pakistan	42,125	903	1,974	30
Qatar	33,969	15	1,365	0
Ecuador	32,723	2,688	1,256	94

Switzerland	30,504	1,602	15	1
Sweden	30,143	3,679	466	5
Belarus	29,650	165	969	5
Portugal	29,036	1,218	226	15
Singapore	28,038	22	682	0
Ireland	24,112	1,543	64	10
Bangladesh	23,870	349	2,875	35
United Arab Emirates	23,358	220	0	0
Ukraine	18,616	535	325	21
Poland	18,529	925	272	10
Indonesia	18,010	1,191	496	43
Romania	16,871	1,097	167	16
Israel	16,607	271	-1	3
Japan	16,305	749	20	5
Austria	16,154	629	14	1
Kuwait	15,691	118	841	6
South Africa	15,515	264	1,160	3
Colombia	14,939	562	723	16
Philippines	12,718	831	205	7
Dominican Republic	12,314	428	204	0
Egypt	12,229	630	510	18
Republic of Korea	11,065	263	15	1
Denmark	10,927	547	69	4
Serbia	10,610	230	114	2
Panama	9,449	269	181	3
Czechia	8,475	298	20	2
Norway	8,197	232	0	0
Argentina	7,805	366	326	3
Bahrain	7,156	12	226	0
Afghanistan	7,072	173	408	4
Algeria	7,019	548	198	6
Morocco	6,930	192	132	0
Malaysia	6,894	113	22	0
Kazakhstan	6,440	34	283	0
Finland	6,347	298	61	1
Republic of Moldova	6,060	211	126	2
Nigeria	5,959	182	338	6
Ghana	5,735	29	0	0
Oman	5,379	23	193	1
Armenia	4,823	61	351	1
Luxembourg	3,945	107	15	3
Bolivia (Plurinational State of)	3,826	165	249	1
Iraq	3,554	127	150	4
Hungary	3,535	462	26	11
Azerbaijan	3,274	39	136	3
Cameroon	3,047	139	0	0
Thailand	3,031	56	3	0
Greece	2,834	163	15	1
Uzbekistan	2,762	12	21	1
Guinea	2,727	16	69	0
Puerto Rico	2,646	123	57	1

Sudan	2,591	105	302	8
Honduras	2,565	138	105	4
Senegal	2,480	25	51	0
Bosnia and Herzegovina	2,289	132	24	1
Bulgaria	2,235	110	24	2
Croatia	2,226	95	2	0
Côte d'Ivoire	2,109	27	48	2
Cuba	1,872	79	10	0
Iceland	1,802	10	0	0
North Macedonia	1,792	101	30	3
Estonia	1,774	63	4	0
Guatemala	1,763	33	120	3
Lithuania	1,541	56	7	1
Djibouti	1,518	7	117	3
Slovakia	1,494	28	1	0
Slovenia	1,466	104	1	1
Somalia	1,455	57	34	1
Democratic Republic of the Congo	1,454	60	0	0
Mayotte	1,342	18	84	2
El Salvador	1,338	27	73	2
Tajikistan	1,322	39	0	0
Gabon	1,320	11	0	0
Kyrgyzstan	1,216	14	78	0
New Zealand	1,149	21	0	0
Maldives	1,094	4	16	0
Tunisia	1,037	45	0	0
Latvia	1,008	19	11	0
Guinea-Bissau	990	4	77	1
Sri Lanka	986	9	16	0
Kosovo[1]	955	29	11	0
Albania	948	31	2	0
Lebanon	931	26	20	0
Cyprus	916	17	2	0
Niger	904	54	15	3
Kenya	887	50	57	0
Mali	860	52	25	4
Costa Rica	853	10	10	2
Burkina Faso	796	51	14	0
Paraguay	786	11	8	0
Andorra	761	51	0	0
Zambia	753	7	74	0
Uruguay	734	19	2	0
Equatorial Guinea	719	7	29	0
International conveyance (Diamond Princess)	712	13	0	0
Georgia	701	12	6	0
San Marino	668	41	16	0
Jordan	629	9	16	0
occupied Palestinian territory, including east Jerusalem	560	4	0	0
Malta	553	6	7	0
Venezuela (Bolivarian Republic of)	541	10	37	0
Jamaica	517	9	6	0

United Republic of Tanzania	509	21	0	0
Sierra Leone	505	32	43	3
Chad	503	53	29	3
Réunion	443	0	0	0
Congo	410	15	19	0
Haiti	358	20	48	0
Nepal	357	2	62	0
Benin	339	2	0	0
Isle of Man	335	24	1	0
Mauritius	332	10	0	0
Cabo Verde	328	3	0	0
Central African Republic	327	0	26	0
Montenegro	324	9	0	0
Viet Nam	320	0	2	0
Ethiopia	317	5	11	0
Madagascar	304	1	21	1
Togo	301	11	3	0
Jersey	297	27	0	0
Rwanda	292	0	3	0
South Sudan	282	4	51	3
Guernsey	252	13	0	0
Uganda	227	0	0	0
Liberia	226	21	3	1
Eswatini	203	2	1	0
French Guiana	197	1	8	0
Martinique	192	14	0	0
Myanmar	188	6	4	0
Faroe Islands	187	0	0	0
Sao Tome and Principe	169	7	0	0
Guadeloupe	155	13	0	0
Guam	149	5	0	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Mongolia	140	0	4	0
Mozambique	137	0	8	0
Yemen	132	21	6	2
Bermuda	123	9	0	0
Cambodia	122	0	0	0
Guyana	117	10	1	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Bahamas	96	11	0	0
Monaco	96	1	0	0
Cayman Islands	94	1	0	0
Barbados	86	7	1	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
Malawi	70	3	5	0
United States Virgin Islands	69	6	0	0
Libya	65	3	0	0
Mauritania	62	4	22	0



French Polynesia	60	0	0	0
Syrian Arab Republic	58	3	7	0
Angola	48	2	0	0
Zimbabwe	44	4	0	0
Burundi	42	1	15	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Antigua and Barbuda	25	3	0	0
Botswana	25	1	0	0
Nicaragua	25	8	0	0
Gambia	24	1	1	0
Timor-Leste	24	0	0	0
Grenada	22	0	0	0
Bhutan	21	0	0	0
Northern Mariana Islands (Commonwealth of the)	21	2	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curacao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	10	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,621,858</b>	<b>311,911</b>	<b>94,163</b>	<b>4,472</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #122 Novel Coronavirus (COVID-19)  
**Date:** Wednesday, 20 May 2020 7:56:08 PM  
**Attachments:** [2020-05-20 NIR Health SitRep v122 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 20 May 2020, there have been 7,079 confirmed cases of COVID-19 in Australia, including 100 deaths.
- Since yesterday's situation report, an additional 13 newly confirmed cases and one new death, have been reported in Australia.
- To date, more than 1,111,500 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 20 May 2020, a total of 4,900,155 cases of COVID-19 have been reported globally, including 323,333 deaths.
- Globally, in the past 24 hours, around 95,000 new cases and over 4,700 new deaths have been reported (Johns Hopkins).
- On 19 May 2020, the World Health Assembly passed a motion calling for an impartial, independent and comprehensive examination of the global response to COVID-19

The next Situation Report will be issued on 21 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [\[redacted\]](#) or [\[redacted\]](#) (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [\[redacted\]](#) by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-20 1800 AEST	<b>Version</b>	122
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05-21 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 19 May 2020, the World Health Assembly passed a motion calling for an impartial, independent and comprehensive examination of the global response to COVID-19.</li> <li>Australia and 137 countries co-sponsored the EU-led resolution, which sends a strong signal of worldwide solidarity to the global community, in the face of this unprecedented pandemic.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment.</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul>

**Emergency Response Plan for COVID-19**

- On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.

**Commonwealth emergency powers**

- On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.
- The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required under the Biosecurity Act 2015.
- The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.
- The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).

**1. Situation****Overview****Domestic Situation (as at 1500 hrs, 20 May 2020)**

- A total of **7,079** cases of COVID-19, including **100** deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - Since yesterday's situation report, **13** newly confirmed cases and **1** new death, have been reported in Australia.
    - There were no new cases reported in ACT, NT, SA, Tas, and WA.
    - Vic reported **8** newly confirmed cases:
      - 3 were linked to known outbreaks (1 linked to Cedar Meats), 2 were locally acquired where the contact was not identified and 3 remain under investigation.**
    - NSW reported **4** newly confirmed cases (**overseas acquired**) and **1** death in an aged care facility.
    - Qld reported 1 newly confirmed case (currently under investigation).**
  - On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in. The intention of this change is to better reflect where cases are being managed, and to ensure consistency in reporting at the national and jurisdictional levels.
  - Following the peak of cases at the end of March, since approximately 19 April 2020 there has been a sustained and relatively low number of new cases reported daily.
    - The total number of newly confirmed cases reported over the last 7 days was **100**. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (**68** cases this week).
    - The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)

- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
  - 85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - **56%** were male and **44%** were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (32%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (18%) and neurological disorder (18%) were also more commonly reported among deceased cases (source: NNDSS as of 10 May 2020).

#### Testing

- To date, more than **1,111,500** tests have been conducted across Australia.
  - Over the last 7 days there were **202,500** tests conducted, which is less than the **220,000** reported in the week prior.
  - Cumulative per cent positive was **0.6%** and the positivity in the past week was **less than 0.1%**.
  - The highest crude cumulative testing rate is in Victoria, with over 5,000 total tests per 100,000 population.

#### Source of infection

- As of 18 May 2020, in the last 28 days, there were 439 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 10% were locally acquired - contact not identified
  - 58% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 30% were overseas acquired.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **20 May 2020**, there were a total number of 12 cases linked this outbreak. No further cases have been reported since **18 May 2020**.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **20 May 2020**, Victoria has reported 103 cases associated with this outbreak (**an increase of 3 since yesterday – 1 new case and 2 reported yesterday who have confirmed been as linked following investigation.**
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **20 May 2020**, NSW has reported 71 cases (34 staff and 37 residents). There have also been **17** deaths associated with this outbreak.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 10 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 20 May 2020)**

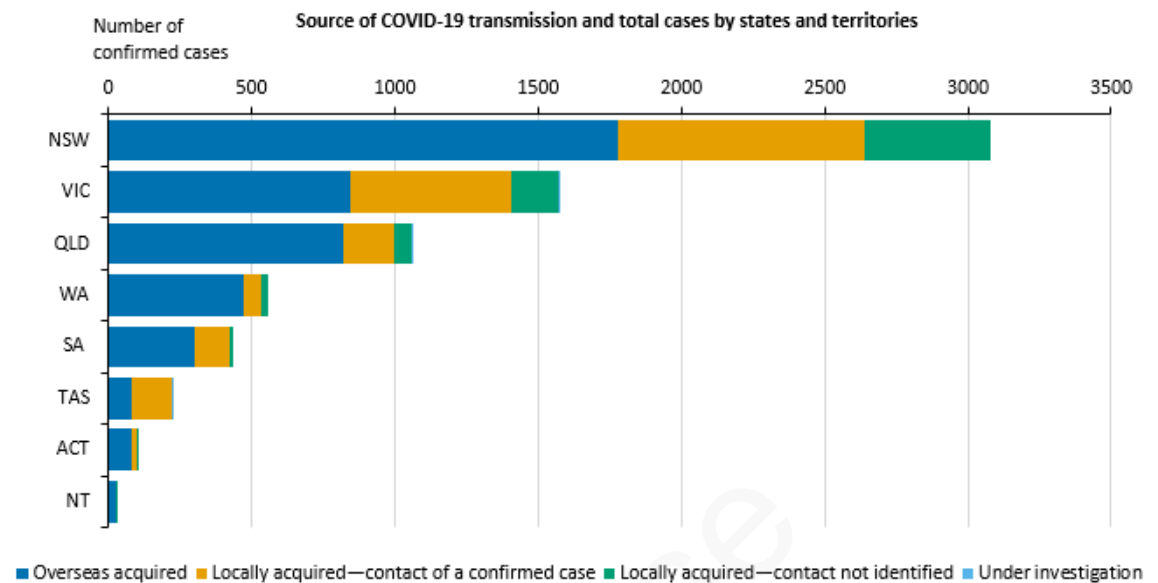
Confirmed COVID-19 cases	Australia	ACT	NSW*	NT	Qld	SA	Tas	Vic <sup>^</sup>	WA*
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,406	83	1,778	26	821	300	79	848	471
Locally acquired - contact of confirmed case and/or in a known cluster	1,945	17	864	2	176	124	141	557	64
Locally acquired - contact not identified	601	1	368	0	41	9	0	166	16
Locally acquired - contact not identified, but case had interstate travel	112	6	71	1	18	6	4	0	6
Under investigation	15	0	0	0	2	0	4	9	0
<b>Total cases</b>	<b>7,079</b>	<b>107</b>	<b>3,081</b>	<b>29</b>	<b>1,058</b>	<b>439</b>	<b>228</b>	<b>1,580</b>	<b>557</b>
<b>Recovered</b>	<b>6,444</b>	<b>104</b>	<b>2,631</b>	<b>28</b>	<b>1,040</b>	<b>435</b>	<b>196</b>	<b>1,465</b>	<b>545</b>
<b>Deaths (of total)</b>	<b>100</b>	<b>3</b>	<b>47</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	13 (0.2%)	0 (0%)	4 (0.1%)	0 (0%)	1 (0.1%)	0 (0%)	0 (0%)	8 (0.5%)	0 (0%)
Newly confirmed cases in the last 72hrs (%change)	31 (0.4%)	0 (0%)	6 (0.2%)	0 (0%)	3 (0.3%)	0 (0%)	0 (0%)	22 (1.4%)	0 (0%)
Average daily change in newly confirmed cases over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.5%	0.0%
Newly confirmed cases over the past week (7 days)	100	0	22	0	5	0	1	68	4
<b>Current health care use</b>									
Hospitalised (total)	43	0	20	2	4	1	6	10	0
Hospitalised - ICU (of those hospitalised)	9	0	3	0	1	0	0	5	0
Hospitalised - ICU ventilated (of those admitted to ICU)	7	0	2	0	1	0	0	4	pending

# On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in.

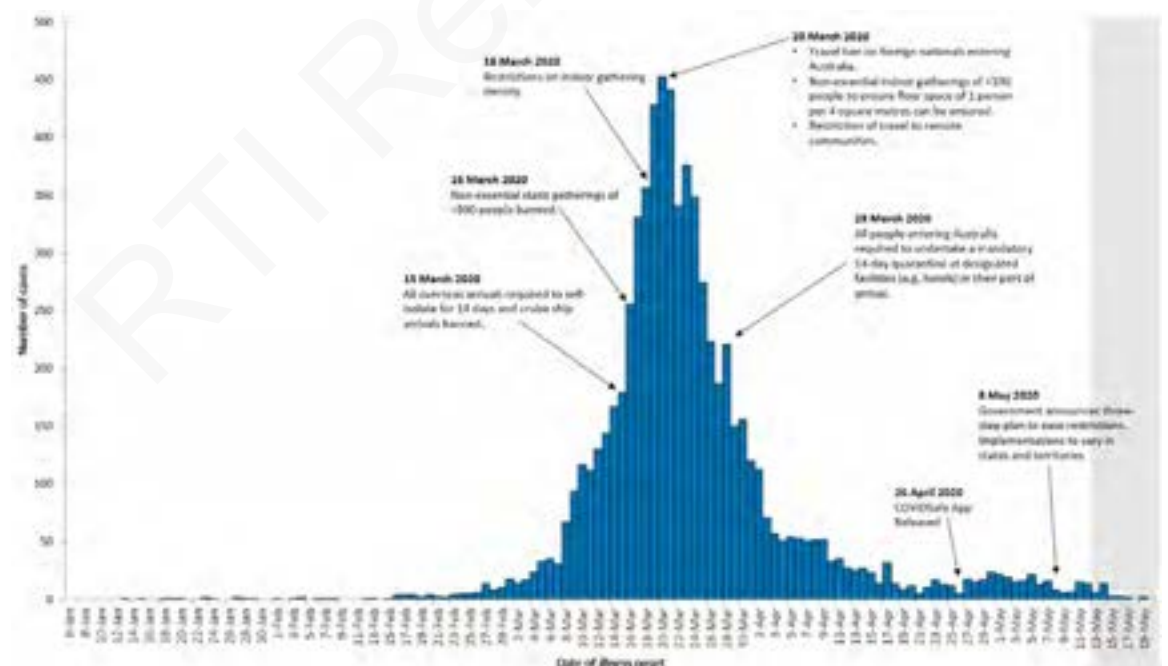
\* On 19 May 2020, NSW excluded 1 reported case (Locally acquired - contact not identified) after further testing.

<sup>^</sup> On 20 May 2020, Vic excluded 1 previously reported case (Overseas acquired) from 18 May 2020 after further investigation.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 20 May 2020**



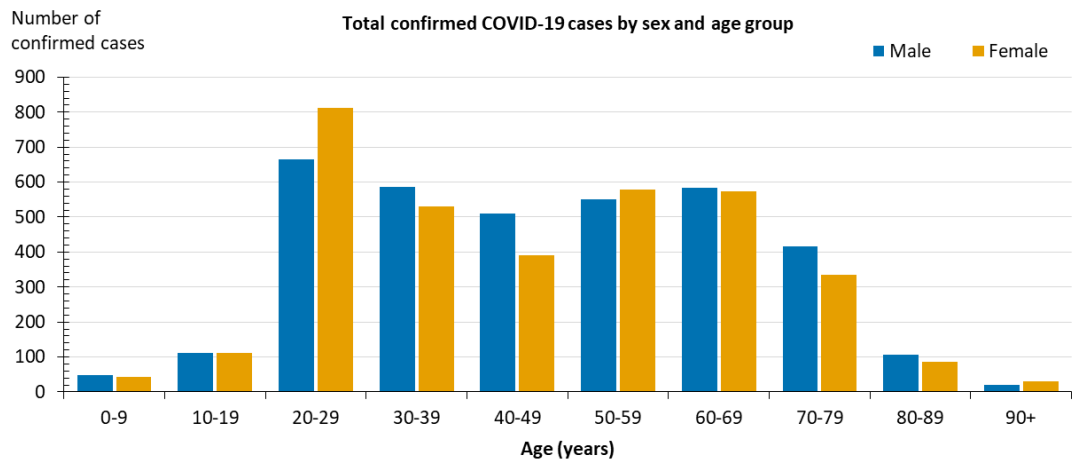
**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 20 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.



**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 20 May 2020**



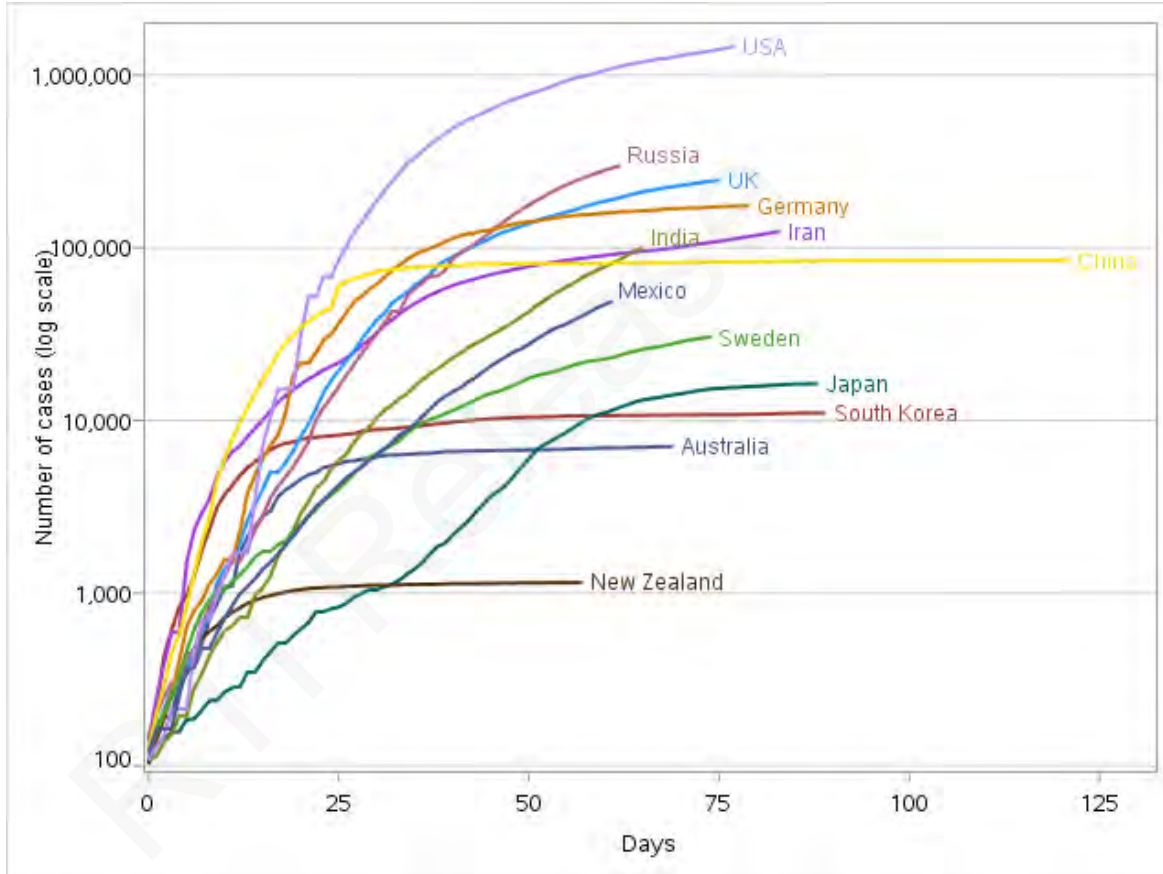
#### International Situation (as at 1500 hrs, 20 May 2020)

- The global number of confirmed COVID-19 cases is currently **4,900,155** cases including **323,333** deaths (Johns Hopkins).
- Globally, in the past 24 hours, around **95,000** new cases and over **4,700** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **19 May 2020** indicates the majority of deaths are from the USA (28%), the UK (11%), Italy (10%), France and Spain (9% each).
  - Of the confirmed cases reported globally, the case fatality rate is approximately 6.7%.
- **Americas.** The USA has reported approximately **45,000** new cases and **2,100** deaths in the last 24 hours. The epidemic in Brazil appears to be accelerating, with the number of confirmed cases exceeding **241,000** and number of deaths exceeding **16,000** and approximately **8,000** new cases reported yesterday. Peru is growing rapidly, reporting approximately **3,800** new cases yesterday and has a cumulative total over **92,000**. Other countries of note in this region include Canada (**77,000** cases), Mexico (**49,000** cases), Chile (**46,000** cases) and Ecuador (**33,000** cases).
- **Europe.** Russia reported approximately **300,000** total cases and over **9,200** new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases. *Effects of Russia's easing lockdown will start to be seen from the end of May through to mid-June.* Newly confirmed cases continue to decline in Italy, which reported **451** new cases in the last 24 hours. Daily new case numbers in the United Kingdom *reached their lowest value since April began, reporting 2,700 new cases yesterday.* Germany reported **513** new cases yesterday and **342** new cases one day prior.
- **Middle East.** Iran is experiencing a second wave of the epidemic and reported **2,300** new cases yesterday. Saudi Arabia *has reported over 59,000 cases.* Pakistan reports approximately **44,000** cumulative cases with approximately **1,800** new cases. Other countries of note include Qatar (**35,000 cases, growing by 3,000 cases**) and the UAE (**23,000 cases, growing by 1,700 cases**). Kuwait may be starting to see an extended outbreak as they are reporting *approximately 2,000 new cases per day.*
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. Their cumulative case count is showing exponential growth. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria. Strong growth in daily cases is observed in Cameroon, Nigeria, Algeria, Gabon and Equatorial Guinea.
- **South East Asia.** New case numbers in India surpasses **100,000** cases and reported approximately **5,000** new cases in the last 24 hours. Bangladesh has approximately **24,000** cases, reporting **1,600** new cases in the last 24 hours. The country reported its first confirmed case in their refugee population in Cox's Bazaar<sup>1</sup>, where approximately 1 million other refugees live in communal living conditions. *India and Bangladesh are conducting mass evacuations of millions of people in advance of Cyclone Amphan<sup>2</sup>.* Indonesia has reported **18,496** cases and **1,221** deaths (CFR of 6.6%).

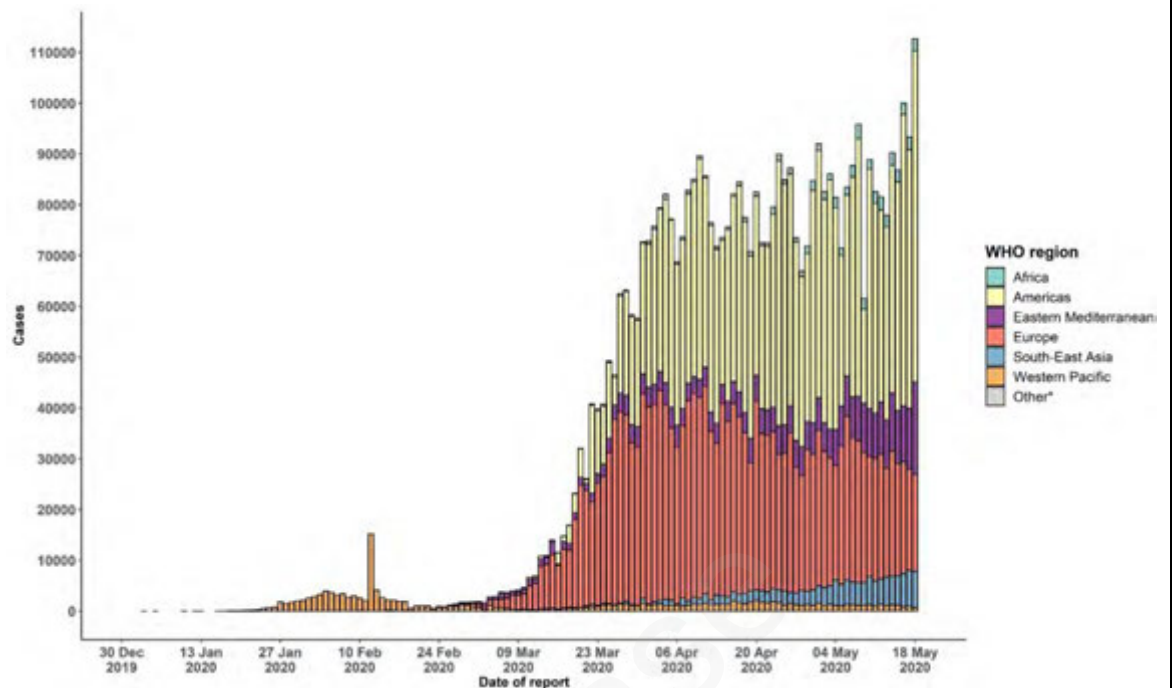
<sup>2</sup> <https://www.bbc.com/news/amp/world-asia-india-52718826>

- Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **451** new cases. Approximately 92% of all cases in Singapore are dormitory workers and **8.22%** of the dormitory worker population has been diagnosed with COVID-19. Dormitory workers are predominantly young, healthy individuals who must pass stringent medicals before employment in Singapore. This may explain the low mortality rate observed within this setting. The Philippines also has a high case fatality rate with **12,942** cases and **837** deaths reported (CFR of 6.5%). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last **13** days. Northern Mariana Islands reported 2 new cases on 17 May.

**Fig 4 Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 120 of 19 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 120 of 19 May 2020**



#### International response

##### WHO

- The 73<sup>rd</sup> World Health Assembly *was* held virtually on 18 and 19 May 2020.
- *Australia and 137 countries co-sponsored the World Health Assembly resolution on the 'COVID-19 Response'. This response requests:*
  - *Continuing joint efforts through the WHO, the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO) to identify the zoonotic source of the virus and its introduction to the human population,*
  - *An independent and comprehensive evaluation of the international health response to COVID-19, looking at the effectiveness of the mechanisms at the international community's disposal (including the International Health Regulations) as well as the actions of WHO, with recommendations to improve global pandemic prevention, preparedness, and response.*

## 2. Health Responses by States and Territories

#### ACT Health

- The ACT declared a Public Health Emergency under the *Public Health Act 1997* (ACT).
- There are six public health emergency directions in force under the *Public Health Act 1997*.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.
- Current ACT restrictions can be found at <https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings>
- Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.

NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• Effective 15 May 2020, the <u>NSW Government</u> eased restrictions to permit: <ul style="list-style-type: none"> <li>○ Outdoor gatherings of up to 10 people.</li> <li>○ Cafes and restaurants can seat 10 patrons at any one time.</li> <li>○ Up to five visitors to a household at any one time.</li> <li>○ Weddings up to 10 guests.</li> <li>○ Indoor funerals up to 20 mourners, outdoor funerals up to 30.</li> <li>○ Religious gatherings/places of worship up to 10 worshippers.</li> <li>○ Use of outdoor equipment with caution.</li> <li>○ Outdoor pools open with restrictions.</li> </ul> </li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>• Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>• NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>• NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Effective 15 May 2020, the following is <u>allowed</u>: <ul style="list-style-type: none"> <li>○ Gatherings in homes with a maximum of five people.</li> <li>○ Visit a nail salon or beauty parlour.</li> <li>○ Take a day trip up to 150km.</li> <li>○ Visit an outdoor gym (max 10 people).</li> <li>○ Attend a wedding (max 10 people).</li> <li>○ Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• <u>From 11 May 2020</u>, outdoor dining, community centres and sports training were permitted. <ul style="list-style-type: none"> <li>○ More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>○ Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>○ In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• <u>From 11 May 2020</u>, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people are allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for</li> </ul>

	<ul style="list-style-type: none"> <li>up to 10 people.</li> <li>On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>On Sunday, 17 May 2020, the Victorian Premier announced the next steps in the easing of COVID-19 restrictions:             <ul style="list-style-type: none"> <li>From 1 June 2020 – cafes, restaurants and pubs will be able to reopen their doors to serve meals for up to 20 customers at a time per enclosed space.</li> <li>From 22 June 2020 – this could increase to up to 50 patrons.</li> <li>During the second half of July, up to 100 patrons may be permitted.</li> <li>All venues will need to abide by existing physical distancing requirements of one person per four square metres. Tables will also need to be spaced at least 1.5 metres apart.</li> <li>Venues will be required to take the contact details of every customer to assist in rapid contact tracing.</li> </ul> </li> <li>Before each of these dates, the Victorian Chief Health Officer will review the rates of community transmission in Victoria, confirm Victoria's ability to test, trace and respond to possible outbreaks and make sure there is an adequate safety net in the health system.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020:             <ul style="list-style-type: none"> <li>Social distancing, good hygiene and the 4-sqm rule apply to all activities.</li> <li>All WA students are expected to return to school.</li> <li>Indoor and outdoor non-work gatherings of up to 20 people permitted; weddings and funerals up to 20 people inside or 30 outside.</li> <li>Cafés and restaurants with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons.</li> <li>Western Australians are encouraged to return to work, unless they are unwell or vulnerable.</li> <li>Some regional travel restrictions relaxed.</li> <li>Non-contact community sports up to 20 people.</li> <li>Outdoor or indoor fitness classes with minimal shared equipment, up to 20 people.</li> <li>Public pools (one indoor and one outdoor) permitted to open under strict rules and up to 20 patrons per pool.</li> <li>Places of worship, community facilities and libraries permitted to reopen up to 20 patrons.</li> </ul> </li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after



seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

### **Incubation period**

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

### **Molecular epidemiology**

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

### **Clinical presentation**

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### **Severity**

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### **Treatment**

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

**Confirmed cases of COVID-19 by location, excluding Australia**

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,900,155** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **20** May 2020, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,477,516	89,272	45,251	2,092
Russian Federation	299,941	2,837	9,263	115
The United Kingdom	246,410	34,796	2,711	160
Brazil	241,080	16,118	7,938	485
Spain	231,606	27,709	256	59
Italy	225,886	32,007	451	99
Germany	175,210	8,007	513	72
Turkey	150,593	4,171	1,158	31
France	140,497	28,190	461	131
Iran (Islamic Republic of)	124,603	7,119	2,111	62
India	101,139	3,163	4,970	134
Peru	92,273	2,648	3,732	125
China (including SARs)	84,500	4,645	6	0
<i>Hong Kong SAR</i>	1,056	4	0	0
<i>Taiwan</i>	440	7	0	0
<i>Macau SAR</i>	45	0	0	0
Canada	77,306	5,805	1,102	103
Saudi Arabia	59,854	329	2,509	9
Belgium	55,559	9,080	279	28
Mexico	49,219	5,177	2,075	132
Netherlands	44,141	5,694	146	14
Chile	46,059	478	2,278	28
Pakistan	43,966	939	1,841	36
Qatar	35,606	15	1,637	0
Ecuador	33,182	2,736	459	48
Switzerland	30,514	1,602	10	0
Sweden	30,377	3,698	234	19
Belarus	30,572	171	922	6
Portugal	29,209	1,231	173	13
Singapore	28,343	22	305	0
Ireland	24,200	1,547	88	4
Bangladesh	25,121	370	1,251	21
United Arab Emirates	25,063	227	1,705	7
Ukraine	18,876	548	260	13
Poland	18,885	936	356	11
Indonesia	18,496	1,221	486	30
Romania	17,036	1,107	165	10



Israel	16,621	272	14	1
Japan	16,365	763	60	14
Austria	16,179	629	25	0
Kuwait	16,764	121	1,073	3
South Africa	16,433	286	918	22
Colombia	15,574	574	635	12
Philippines	12,718	831	0	0
Dominican Republic	12,725	434	411	6
Egypt	12,764	645	535	15
Republic of Korea	11,078	263	13	0
Denmark	10,968	548	41	1
Serbia	10,699	231	89	1
Panama	9,606	275	157	6
Czechia	8,586	297	111	-1
Norway	8,249	233	52	1
Argentina	8,068	373	263	7
Bahrain	7,374	12	218	0
Afghanistan	7,655	177	583	4
Algeria	7,201	555	182	7
Morocco	6,972	193	42	1
Malaysia	6,941	113	47	0
Kazakhstan	6,751	35	311	1
Finland	6,380	300	33	2
Republic of Moldova	6,138	219	78	8
Nigeria	6,175	191	216	9
Ghana	5,735	29	0	0
Oman	5,671	27	292	4
Armenia	5,041	64	218	3
Luxembourg	3,947	107	2	0
Bolivia (Plurinational State of)	4,088	169	262	4
Iraq	3,611	131	57	4
Hungary	3,556	467	21	5
Azerbaijan	3,387	40	113	1
Cameroon	3,529	140	482	1
Thailand	3,033	56	2	0
Greece	2,836	165	2	2
Uzbekistan	2,802	13	40	1
Guinea	2,796	16	69	0
Puerto Rico	2,710	124	64	1
Sudan	2,591	105	0	0
Honduras	2,646	142	81	4
Senegal	2,544	26	64	1
Bosnia and Herzegovina	2,303	132	14	0
Bulgaria	2,259	112	24	2
Croatia	2,228	95	2	0
Côte d'Ivoire	2,119	28	10	1

Cuba	1,881	79	9	0
Iceland	1,802	10	0	0
North Macedonia	1,817	104	25	3
Estonia	1,784	64	10	1
Guatemala	1,912	35	149	2
Lithuania	1,547	59	6	3
Djibouti	1,618	7	100	0
Slovakia	1,495	28	1	0
Slovenia	1,466	104	0	0
Somalia	1,502	59	47	2
Democratic Republic of the Congo	1,537	60	83	0
Mayotte	1,370	18	28	0
El Salvador	1,413	30	75	3
Tajikistan	1,729	44	407	5
Gabon	1,432	11	112	0
Kyrgyzstan	1,243	14	27	0
New Zealand	1,153	21	4	0
Maldives	1,143	4	49	0
Tunisia	1,043	46	6	1
Latvia	1,009	19	1	0
Guinea-Bissau	1,038	6	48	2
Sri Lanka	1,020	9	34	0
Kosovo	955	29	0	0
Albania	948	31	0	0
Lebanon	954	26	23	0
Cyprus	917	17	1	0
Niger	909	55	5	1
Kenya	912	50	25	0
Mali	874	52	14	0
Costa Rica	863	10	10	0
Burkina Faso	796	51	0	0
Paraguay	788	11	2	0
Andorra	761	51	0	0
Zambia	761	7	8	0
Uruguay	734	20	0	1
Equatorial Guinea	825	7	106	0
International conveyance (Diamond Princess)	712	13	0	0
Georgia	702	12	1	0
San Marino	668	41	0	0
Jordan	649	9	20	0
occupied Palestinian territory, including east Jerusalem	567	4	7	0
Malta	558	6	5	0
Venezuela (Bolivarian Republic of)	618	10	77	0
Jamaica	520	9	3	0
United Republic of Tanzania	509	21	0	0
Sierra Leone	519	33	14	1

Chad	519	54	16	1
Réunion	446	0	3	0
Congo	414	15	4	0
Haiti	456	20	98	0
Nepal	402	2	45	0
Benin	129	2	-210	0
Isle of Man	335	24	0	0
Mauritius	332	10	0	0
Cabo Verde	328	3	0	0
Central African Republic	336	0	9	0
Montenegro	324	9	0	0
Viet Nam	324	0	4	0
Ethiopia	352	5	35	0
Madagascar	322	1	18	0
Togo	330	12	29	1
Jersey	302	27	5	0
Rwanda	297	0	5	0
South Sudan	282	4	0	0
Guernsey	252	13	0	0
Uganda	260	0	33	0
Liberia	229	22	3	1
Eswatini	205	2	2	0
French Guiana	197	1	0	0
Martinique	192	14	0	0
Myanmar	191	6	3	0
Faroe Islands	187	0	0	0
Sao Tome and Principe	165	7	-4	0
Guadeloupe	155	13	0	0
Guam	149	5	0	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Mongolia	140	0	0	0
Mozambique	145	0	8	0
Yemen	134	21	2	0
Bermuda	123	9	0	0
Cambodia	122	0	0	0
Guyana	117	10	0	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Bahamas	96	11	0	0
Monaco	96	1	0	0
Cayman Islands	94	1	0	0
Barbados	88	7	2	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
Malawi	70	3	0	0

United States Virgin Islands	69	6	0	0
Libya	65	3	0	0
Mauritania	81	4	19	0
French Polynesia	60	0	0	0
Syrian Arab Republic	58	3	0	0
Angola	50	2	2	0
Zimbabwe	46	4	2	0
Burundi	42	1	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Antigua and Barbuda	25	3	0	0
Botswana	25	1	0	0
Nicaragua	25	8	0	0
Gambia	24	1	0	0
Timor-Leste	24	0	0	0
Grenada	22	0	0	0
Bhutan	21	0	0	0
Northern Mariana Islands (Commonwealth of the)	21	2	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curacao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	11	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	1	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,728,562</b>	<b>316,190</b>	<b>106,704</b>	<b>4,279</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #123 Novel Coronavirus (COVID-19)  
**Date:** Thursday, 21 May 2020 7:45:26 PM  
**Attachments:** [2020-05-21 NIR Health SitRep v123 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

Please be advised that this week we have made changes to our reporting schedule. Moving forward, we will only be issuing Situation Reports on weekdays, therefore, you will not receive a Situation Report over the coming weekend, 23/24 May 2020. The Department of Health website will continue to be updated each evening.

#### Situation in Australia

- As at 1500 hrs 21 May 2020, there have been 7,081 confirmed cases of COVID-19 in Australia, including 100 deaths.
- Since yesterday's situation report, an additional 6 newly confirmed cases and one new death, have been reported in Australia.
- To date, more than 1,137,500 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 21 May 2020, a total of 4,999,981 cases of COVID-19 have been reported globally, including 328,169 deaths.
- Globally, in the past 24 hours, around 100,000 new cases and over 4,800 new deaths have been reported (Johns Hopkins).
- The USA has reported approximately 1.5 million cases in total.

The next Situation Report will be issued on 22 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>21</i> 1800 AEST	<b>Version</b>	<i>123</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>22</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 19 May 2020, the World Health Assembly passed a motion calling for an impartial, independent and comprehensive examination of the global response to COVID-19.               <ul style="list-style-type: none"> <li>Australia and 137 countries co-sponsored the EU-led resolution, which sends a strong signal of worldwide solidarity to the global community, in the face of this unprecedented pandemic.</li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment.</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul>

**Emergency Response Plan for COVID-19**

- On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.

**Commonwealth emergency powers**

- On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.
- The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required under the Biosecurity Act 2015.
- The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.
- The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).

**1. Situation****Overview****Domestic Situation (as at 1500 hrs, 21 May 2020)**

- A total of **7,081** cases of COVID-19, including 100 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - Since yesterday's situation report **6** newly confirmed cases and **no** new deaths, have been reported in Australia.
    - There were no new cases reported in ACT, NT, **Qld**, SA, Tas, and WA.
    - Vic reported **4** newly confirmed cases:
      - 3 were linked to **the Cedar Meats** outbreaks, and **1** remains under investigation.
    - NSW reported **2** newly confirmed cases; **1 acquired interstate and 1 is under investigation**.
  - On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in. The intention of this change is to better reflect where cases are being managed, and to ensure consistency in reporting at the national and jurisdictional levels.
  - Following the peak of cases at the end of March, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020.
    - The total number of newly confirmed cases reported over the last 7 days was **87**. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (**60** cases this week).
    - The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.
  - The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
    - To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)



- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
  - 85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (32%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (18%) and neurological disorder (18%) were also more commonly reported among deceased cases (source: NNDSS as of 10 May 2020).

#### Testing

- To date, more than **1,137,500** tests have been conducted across Australia.
  - Over the last 7 days there were **over 194,000** tests conducted, which is less than the **220,500** reported in the week prior.
  - Cumulative per cent positive was 0.6% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with over 5,000 total tests per 100,000 population.

#### Source of infection

- As of 18 May 2020, in the last 28 days, there were 439 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 10% were locally acquired - contact not identified
  - 58% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 30% were overseas acquired.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **21** May 2020, there were a total number of 12 cases linked this outbreak. No further cases have been reported since 18 May 2020.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **21** May 2020, Victoria has reported **106** cases associated with this outbreak (an **increase of 3 since yesterday – all of which are household contacts**).
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **21** May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 10 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 21 May 2020)**

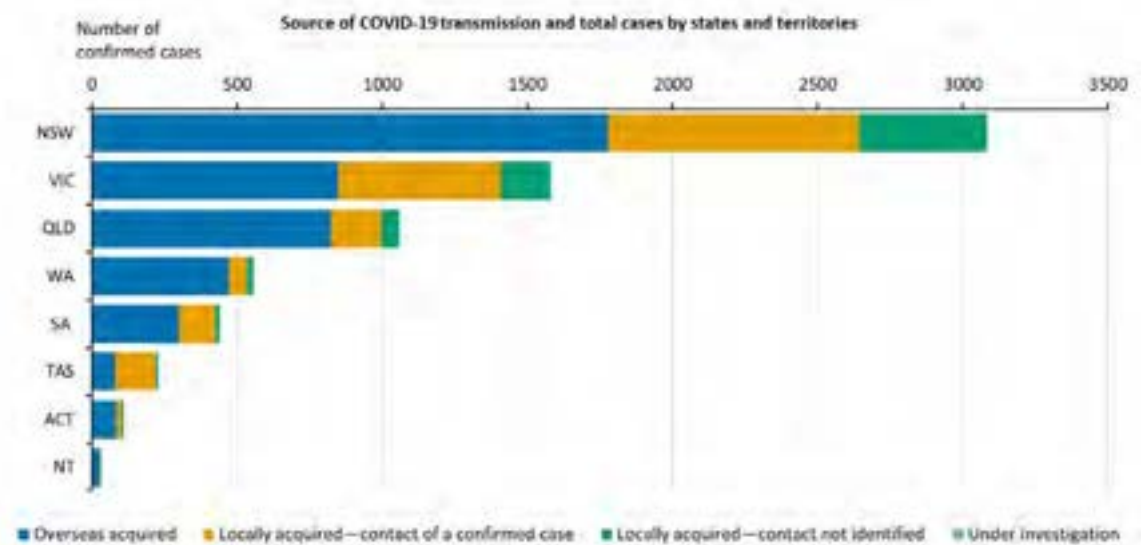
Confirmed COVID-19 cases	Australia	ACT	NSW*	NT	Qld	SA	Tas	Vic^	WA*
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,406	83	1,778	26	821	300	79	848	471
Locally acquired - contact of confirmed case and/or in a known cluster	1,949	17	864	2	176	124	141	561	64
Locally acquired - contact not identified	603	1	368	0	41	9	0	168	16
Locally acquired - contact not identified, but case had interstate travel	112	6	71	1	18	6	4	0	6
Under investigation	11	0	1	0	2	0	4	4	0
<b>Total cases</b>	<b>7,081</b>	<b>107</b>	<b>3,082</b>	<b>29</b>	<b>1,058</b>	<b>439</b>	<b>228</b>	<b>1,581</b>	<b>557</b>
<b>Recovered</b>	<b>6,472</b>	<b>104</b>	<b>2,648</b>	<b>29</b>	<b>1,040</b>	<b>435</b>	<b>198</b>	<b>1,473</b>	<b>545</b>
<b>Deaths (of total)</b>	<b>100</b>	<b>3</b>	<b>47</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>18</b>	<b>9</b>
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	6 (0.1%)	0 (0.0%)	2 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (0.3%)	0 (0.0%)
Newly confirmed cases in the last 72hrs (%change)	23 (0.3%)	0 (0.0%)	5 (0.2%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	17 (1.1%)	0 (0.0%)
Average daily change in newly confirmed cases over the past three days (compound)	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%
Newly confirmed cases over the past week (7 days)	87	0	18	0	5	0	1	60	3
<b>Current health care use</b>									
Hospitalised (total)	41	0	20	1	4	1	5	10	0
Hospitalised - ICU (of those hospitalised)	9	0	3	0	1	0	0	5	0
Hospitalised - ICU ventilated (of those admitted to ICU)	7	0	2	0	1	0	0	4	0

# On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in.

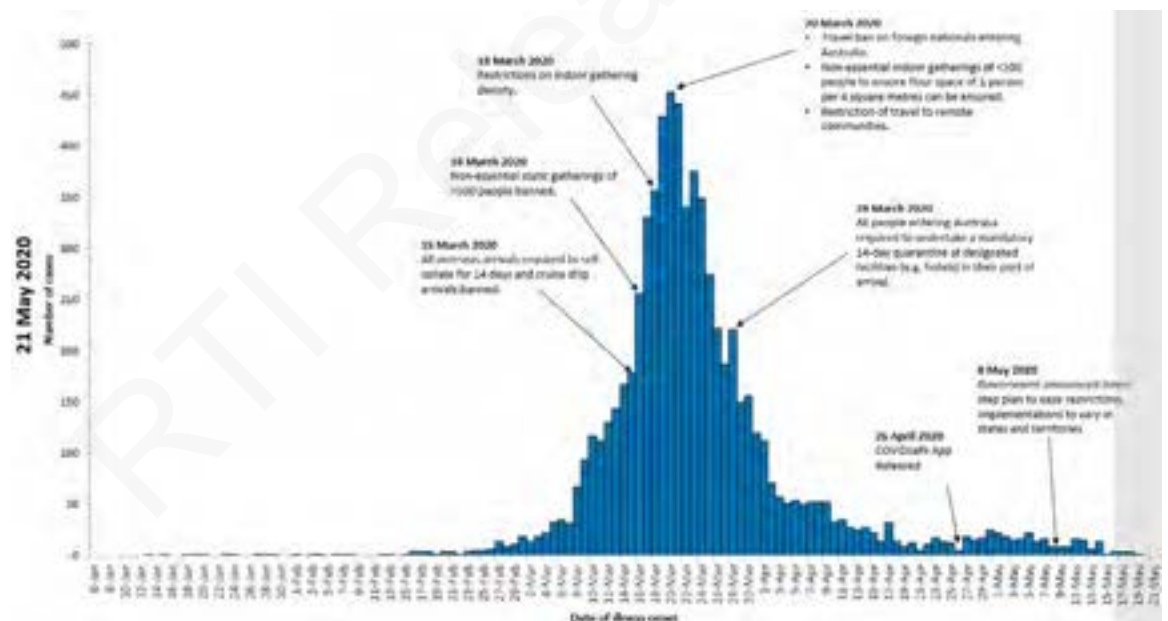
\* On 19 May 2020, NSW excluded 1 reported case (Locally acquired - contact not identified) after further testing.

^ On 20 May 2020, Vic excluded 1 previously reported case (Overseas acquired) from 18 May 2020 after further investigation.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 21 May 2020**

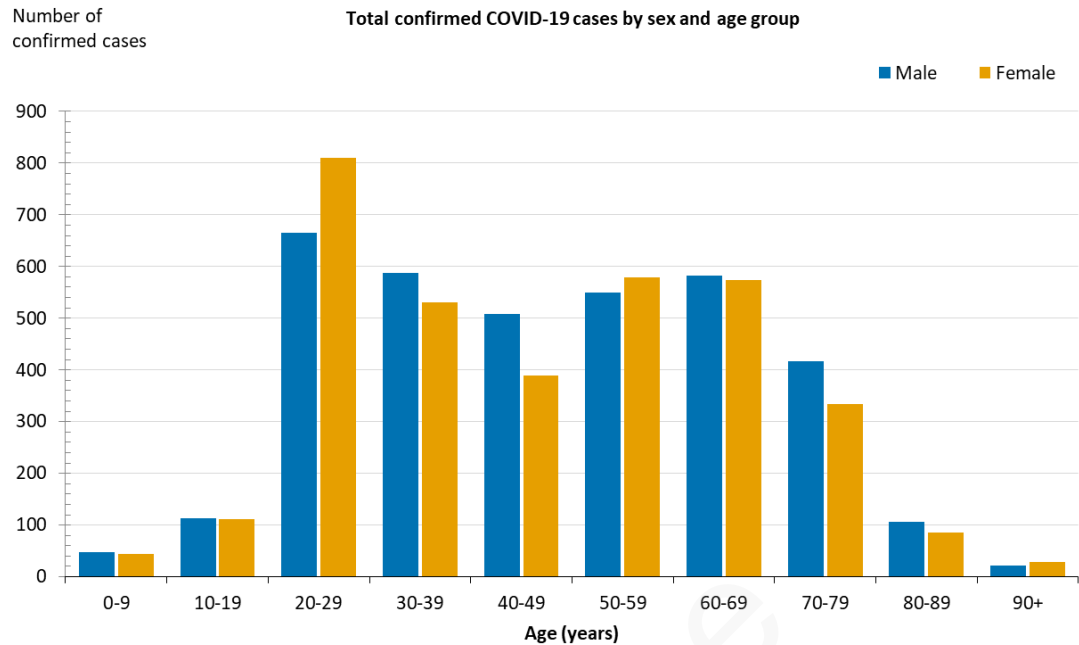


**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 21 May 2020 by date of illness onset\***



\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.

**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 21 May 2020**

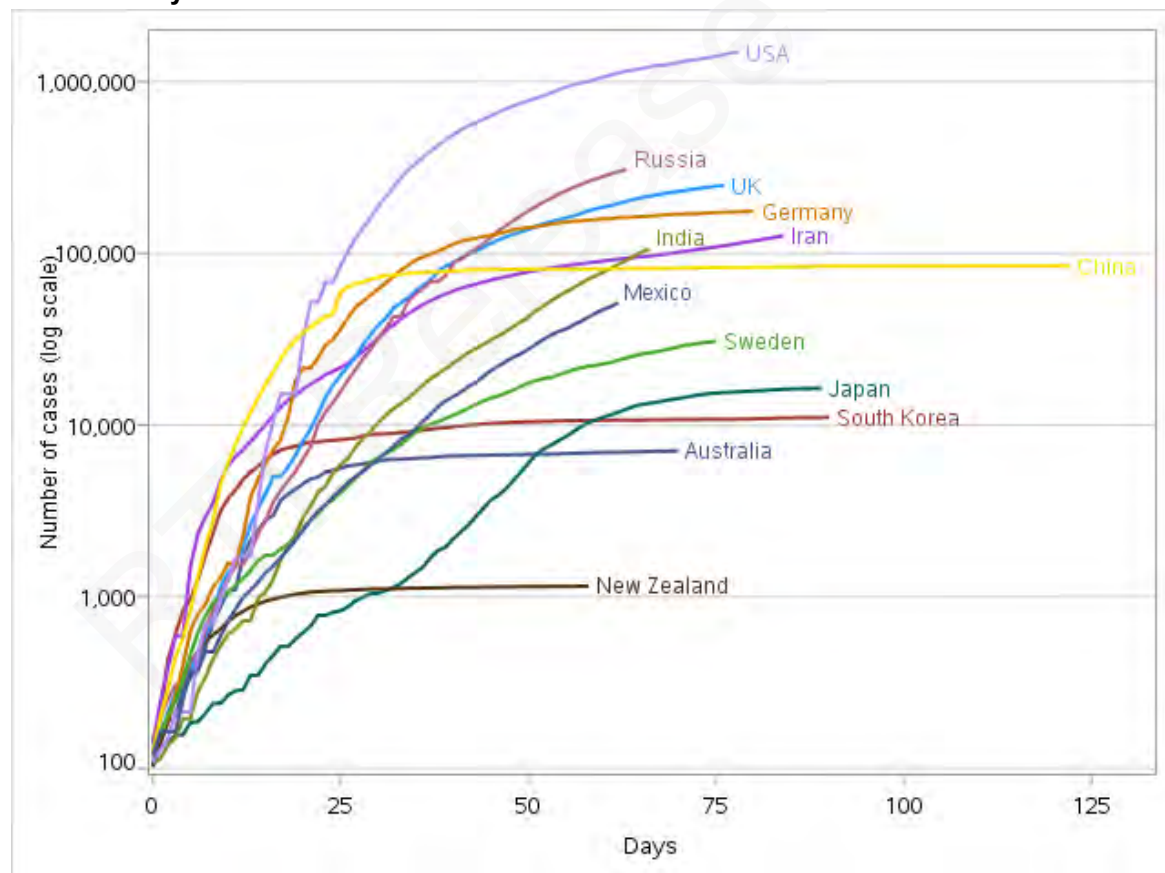


**International Situation (as at 1500 hrs, 21 May 2020)**

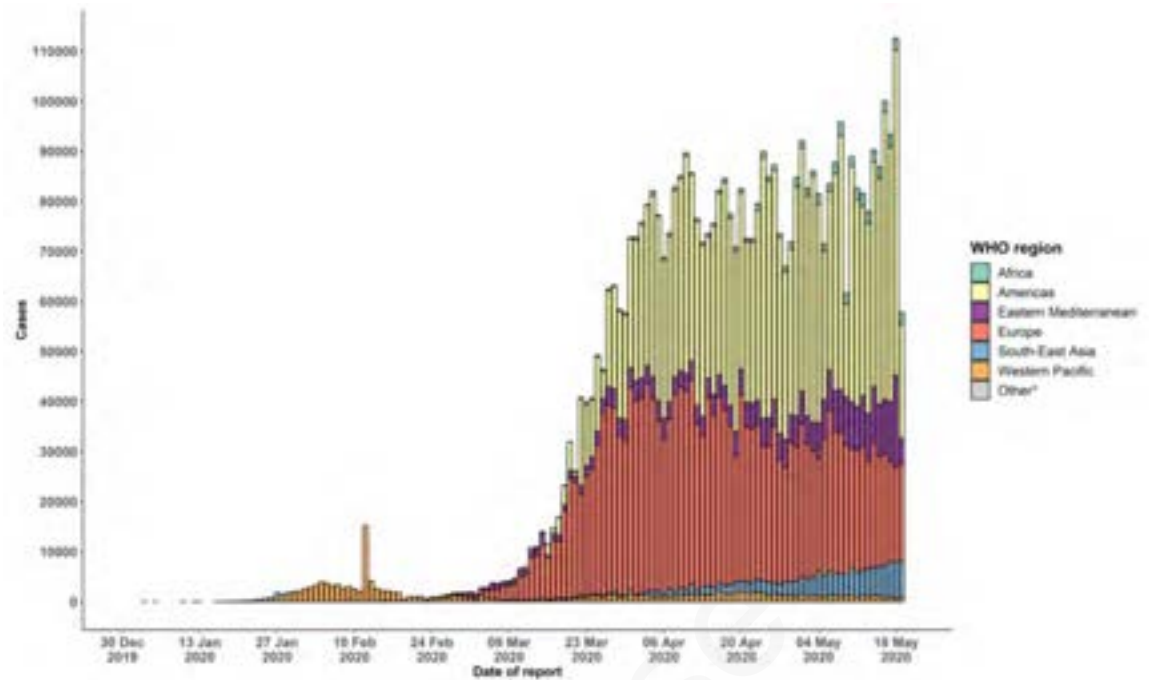
- The global number of confirmed COVID-19 cases is currently **4,999,981** cases including **328,169** deaths (Johns Hopkins).
- Globally, in the past 24 hours, around **100,000** new cases and over **4,800** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **20 May 2020** indicates the majority of deaths are from the USA (28%), the UK (11%), Italy (10%), France and Spain (9% each). Of the confirmed cases reported globally, the case fatality rate is approximately 6.7%.
- *The WHO Situation Report today should be interpreted with caution, as updated case counts are temporarily not available for several countries with large numbers of cases, which are regularly reported. These include the United States, Chile, Saudi Arabia, Qatar, the United Arab Emirates and Kuwait.*
- **Americas.** The USA has reported approximately **1.5 million cases in total. Despite daily variation in total cases detected depending on the day of the week, the trend is a slow decline.** The epidemic in Brazil appears to be accelerating, with the number of confirmed cases exceeding **254,000** and number of deaths exceeding 16,000 and approximately **13,000** new cases reported yesterday. Peru is growing rapidly, reporting approximately **2,600** new cases yesterday and has a cumulative total approximately **95,000**. Other countries of note in this region include Canada (**78,000** cases), Mexico (**51,000** cases), Chile (46,000 cases) and Ecuador (**34,000** cases).
- **Europe.** Russia reported approximately **308,000** total cases and over **8,700** new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases **and is also experiencing a slow decline.** Effects of Russia's easing lockdown will start to be seen from the end of May through to mid-June. Newly confirmed cases continue to decline in Italy, which reported **813** new cases in the last 24 hours. Daily new case numbers in the United Kingdom reached their lowest value since April began, reporting **2,400** new cases yesterday. Germany reported **797** new cases yesterday and **513** new cases one day prior.
- **Middle East.** Iran is experiencing a second wave of the epidemic and reported **2,100** new cases yesterday. Saudi Arabia *has reported over 59,000 cases.* Pakistan reports approximately **45,000** cumulative cases with approximately **1,200** new cases. Other countries of note include Qatar (**35,000** cases) and the UAE (**23,000** cases). Kuwait may be starting to see an extended outbreak and **have passed Egypt in cumulative case count in recent days.**

- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. *They report 17,200 cases and a growth of 767 yesterday.* While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria.
- **South East Asia.** New case numbers in India surpasses 106,000 cases and reported approximately 5,600 new cases in the last 24 hours. Bangladesh has approximately 25,000 cases, reporting 1,200 new cases in the last 24 hours. *Currently the track of Cyclone Amphan does not pass over the Cox's Bazaar refugee camp, however damaging winds may still occur in the area.* Indonesia has reported 19,189 cases and 1,242 deaths (CFR of 6.5%).
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting 570 new cases. Approximately 92% of all cases in Singapore are dormitory workers and 8.39% of the dormitory worker population has been diagnosed with COVID-19. The Philippines also has a high case fatality rate with 13,221 cases and 842 deaths reported (CFR of 6.4%). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last 14 days. Northern Mariana Islands reported 2 new cases on 17 May 2020.

**Fig 4 Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus 2019 (COVID-19) Situation Report 121 of 20 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 121 of 20 May 2020**



#### International response

##### WHO

- The 73<sup>rd</sup> World Health Assembly was held virtually on 18 and 19 May 2020.
- Australia and 137 countries co-sponsored the World Health Assembly resolution on the 'COVID-19 Response'. This response requires:
  - Continuing joint efforts through the WHO, the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO) to identify the zoonotic source of the virus and its introduction to the human population,
  - An independent and comprehensive evaluation of the international health response to COVID-19, looking at the effectiveness of the mechanisms at the international community's disposal (including the International Health Regulations) as well as the actions of WHO, with recommendations to improve global pandemic prevention, preparedness, and response.

## 2. Health Responses by States and Territories

#### ACT Health

- The ACT declared a Public Health Emergency under the *Public Health Act 1997* (ACT).
- There are six public health emergency directions in force under the *Public Health Act 1997*.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.
- Current ACT restrictions can be found at <https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings>
- Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.

#### NSW Health

- The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.
- Effective 15 May 2020, the NSW Government eased restrictions to permit:
  - Outdoor gatherings of up to 10 people.
  - Cafes and restaurants can seat 10 patrons at any one time.
  - Up to five visitors to a household at any one time.
  - Weddings up to 10 guests.
  - Indoor funerals up to 20 mourners, outdoor funerals up to 30.



	<ul style="list-style-type: none"> <li>o Religious gatherings/places of worship up to 10 worshippers.</li> <li>o Use of outdoor equipment with caution.</li> <li>o Outdoor pools open with restrictions.</li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Effective 1200 1 May 2020, the NT Government <u>eased restrictions</u> on a range of outdoor activities, as well as home visitations and shopping.</li> <li>• Gyms were authorised to reopen on 15 May 2020 as part of the second stage of easing restrictions.</li> <li>• NT will be looking to lift biosecurity zone restrictions on remote communities in June 2020.</li> <li>• NT is 'on track' to start lifting some of those strict remote travel restrictions.</li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Effective 15 May 2020, the following is <u>allowed</u>:             <ul style="list-style-type: none"> <li>o Gatherings in homes with a maximum of five people.</li> <li>o Visit a nail salon or beauty parlour.</li> <li>o Take a day trip up to 150km.</li> <li>o Visit an outdoor gym (max 10 people).</li> <li>o Attend a wedding (max 10 people).</li> <li>o Dining in cafes and restaurants (max 20 people).</li> </ul> </li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• <u>From 11 May 2020</u>, outdoor dining, community centres and sports training were permitted.             <ul style="list-style-type: none"> <li>o More people will be able to attend funerals and universities and TAFE colleges will also be allowed to resume face-to-face learning.</li> <li>o Public libraries and swimming pools will be opening, and open house inspections and home auctions will resume.</li> <li>o In almost all cases, numbers will be limited to 10 people at a time however, SA will allow up to 20 people to attend a funeral indoors and up to 30 people outdoors.</li> </ul> </li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• <u>From 11 May 2020</u>, restrictions on funeral attendance, aged care visits and exercise in parks and reserves will be eased gradually:</li> <li>• On 11 May 2020, the number of attendees allowed at a funeral increased from 10 to 20. Aged care visits are allowed once a week for a maximum of two visitors. National Parks and reserves opened to residents who live no more than 30km away.</li> <li>• On 18 May 2020, public gatherings of up to 10 people are allowed, but visits to households will be capped at five people. All restaurants and cafes will be allowed to open for up to 10 seated patrons at a time. State border controls will stay in place, but Tasmanian residents will be allowed to quarantine at home on arrival. Playgrounds, pools and boot camps will be allowed for up to 10 people.</li> <li>• On 25 May 2020, some students will return to classrooms and aged care visits will be allowed daily for a maximum of two visitors.</li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• On Sunday, 17 May 2020, the Victorian Premier announced the next steps in the easing of COVID-19 restrictions:</li> </ul>



	<ul style="list-style-type: none"> <li>○ From 1 June 2020 – cafes, restaurants and pubs will be able to reopen their doors to serve meals for up to 20 customers at a time per enclosed space.</li> <li>○ From 22 June 2020 – this could increase to up to 50 patrons.</li> <li>○ During the second half of July, up to 100 patrons may be permitted.</li> <li>○ All venues will need to abide by existing physical distancing requirements of one person per four square metres. Tables will also need to be spaced at least 1.5 metres apart.</li> <li>○ Venues will be required to take the contact details of every customer to assist in rapid contact tracing.</li> <li>● Before each of these dates, the Victorian Chief Health Officer will review the rates of community transmission in Victoria, confirm Victoria's ability to test, trace and respond to possible outbreaks and make sure there is an adequate safety net in the health system.</li> </ul>
WA Health	<ul style="list-style-type: none"> <li>● The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>● A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>● On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

#### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those

with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### Severity

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **4,999,981** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **21** May 2020, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,477,459	89,271	0	0
Russian Federation	308,705	2,972	8,764	135
The United Kingdom	248,822	35,341	2,412	545
Brazil	254,220	16,792	13,140	674
Spain	232,037	27,778	431	69
Italy	226,699	32,169	813	162
Germany	176,007	8,090	797	83
Turkey	151,615	4,199	1,022	28
France	140,959	27,972	462	-218
Iran (Islamic Republic of)	126,949	7,183	2,346	64
India	106,750	3,303	5,611	140

Peru	94,933	2,789	2,660	141
China (including SARs)	84,505	4,645	5	0
<i>Hong Kong SAR</i>	1,056	4	0	0
<i>Taiwan</i>	440	7	0	0
<i>Macau SAR</i>	45	0	0	0
Canada	78,499	5,857	1,193	52
Saudi Arabia	62,545	339	2,691	10
Belgium	55,791	9,108	232	28
Mexico	51,633	5,332	2,414	155
Netherlands	44,249	5,715	108	21
Chile	46,059	478	0	0
Pakistan	45,898	985	1,932	46
Qatar	37,097	16	1,491	1
Ecuador	34,151	2,839	969	103
Switzerland	30,535	1,613	21	11
Sweden	30,799	3,743	422	45
Belarus	31,508	175	936	4
Portugal	29,432	1,247	223	16
Singapore	28,794	22	451	0
Ireland	24,251	1,561	51	14
Bangladesh	26,738	386	1,617	16
United Arab Emirates	25,063	227	0	0
Ukraine	19,230	564	354	16
Poland	19,268	948	383	12
Indonesia	19,189	1,242	693	21
Romania	17,191	1,126	155	19
Israel	16,650	277	29	5
Japan	16,385	771	20	8
Austria	16,257	632	78	3
Kuwait	17,568	124	804	3
South Africa	17,200	312	767	26
Colombia	16,295	592	721	18
Philippines	12,942	837	224	6
Dominican Republic	13,223	441	498	7
Egypt	14,229	680	1,465	35
Republic of Korea	11,110	263	32	0
Denmark	11,044	551	76	3
Serbia	10,733	234	34	3
Panama	9,726	279	120	4
Czechia	8,647	302	61	5
Norway	8,257	233	8	0
Argentina	8,371	382	303	9
Bahrain	7,532	12	158	0
Afghanistan	8,145	187	490	10
Algeria	7,377	561	176	6
Morocco	7,048	194	76	1
Malaysia	6,978	114	37	1
Kazakhstan	6,969	35	218	0
Finland	6,399	301	19	1
Republic of Moldova	6,340	224	202	5
Nigeria	6,401	192	226	1

Ghana	6,096	31	361	2
Oman	6,043	29	372	2
Armenia	5,271	67	230	3
Luxembourg	3,958	109	11	2
Bolivia (Plurinational State of)	4,263	174	175	5
Iraq	3,724	134	113	3
Hungary	3,598	470	42	3
Azerbaijan	3,518	41	131	1
Cameroon	3,529	140	0	0
Thailand	3,034	56	1	0
Greece	2,840	165	4	0
Uzbekistan	2,880	13	78	0
Guinea	2,863	18	67	2
Puerto Rico	2,805	124	95	0
Sudan	2,728	111	137	6
Honduras	2,798	146	152	4
Senegal	2,617	30	73	4
Bosnia and Herzegovina	2,319	133	16	1
Bulgaria	2,292	116	33	4
Croatia	2,232	96	4	1
Côte d'Ivoire	2,153	28	34	0
Cuba	1,887	79	6	0
Iceland	1,802	10	0	0
North Macedonia	1,839	106	22	2
Estonia	1,791	64	7	0
Guatemala	2,001	38	89	3
Lithuania	1,562	60	15	1
Djibouti	1,828	9	210	2
Slovakia	1,495	28	0	0
Slovenia	1,467	104	1	0
Somalia	1,573	61	71	2
Democratic Republic of the Congo	1,730	60	193	0
Mayotte	1,419	19	49	1
El Salvador	1,498	30	85	0
Tajikistan	1,936	44	207	0
Gabon	1,502	12	70	1
Kyrgyzstan	1,270	14	27	0
New Zealand	1,153	21	0	0
Maldives	1,186	4	43	0
Tunisia	1,044	47	1	1
Latvia	1,012	21	3	2
Guinea-Bissau	1,038	6	0	0
Sri Lanka	1,027	9	7	0
Kosovo	989	29	34	0
Albania	964	31	16	0
Lebanon	961	26	7	0
Cyprus	918	17	1	0
Niger	914	55	5	0
Kenya	963	50	51	0
Mali	901	53	27	1
Costa Rica	882	10	19	0

Burkina Faso	806	52	10	1
Paraguay	829	11	41	0
Andorra	761	51	0	0
Zambia	772	7	11	0
Uruguay	737	20	3	0
Equatorial Guinea	890	7	65	0
International conveyance (Diamond Princess)	712	13	0	0
Georgia	713	12	11	0
San Marino	668	41	0	0
Jordan	672	9	23	0
occupied Palestinian territory, including east	577	4	10	0
Malta	560	6	2	0
Venezuela (Bolivarian Republic of)	618	10	0	0
Jamaica	520	9	0	0
United Republic of Tanzania	509	21	0	0
Sierra Leone	534	33	15	0
Chad	545	56	26	2
Réunion	446	0	0	0
Congo	420	15	6	0
Haiti	533	21	77	1
Nepal	427	2	25	0
Benin	130	2	1	0
Isle of Man	335	24	0	0
Mauritius	332	10	0	0
Cabo Verde	335	3	7	0
Central African Republic	411	0	75	0
Montenegro	324	9	0	0
Viet Nam	324	0	0	0
Ethiopia	365	5	13	0
Madagascar	326	2	4	1
Togo	338	12	8	0
Jersey	303	27	1	0
Rwanda	308	0	11	0
South Sudan	282	4	0	0
Guernsey	252	13	0	0
Uganda	260	0	0	0
Liberia	233	23	4	1
Eswatini	208	2	3	0
French Guiana	210	1	13	0
Martinique	192	14	0	0
Myanmar	193	6	2	0
Faroe Islands	187	0	0	0
Sao Tome and Principe	165	7	0	0
Guadeloupe	155	13	0	0
Guam	149	5	0	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Mongolia	140	0	0	0
Mozambique	146	0	1	0
Yemen	171	29	37	8
Bermuda	125	9	2	0

Cambodia	122	0	0	0
Guyana	124	10	7	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Bahamas	96	11	0	0
Monaco	96	1	0	0
Cayman Islands	94	1	0	0
Barbados	88	7	0	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
Malawi	71	3	1	0
United States Virgin Islands	69	6	0	0
Libya	68	3	3	0
Mauritania	131	4	50	0
French Polynesia	60	0	0	0
Syrian Arab Republic	58	3	0	0
Angola	52	3	2	1
Zimbabwe	46	4	0	0
Burundi	42	1	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Antigua and Barbuda	25	3	0	0
Botswana	25	1	0	0
Nicaragua	25	8	0	0
Gambia	24	1	0	0
Timor-Leste	24	0	0	0
Grenada	22	0	0	0
Bhutan	21	0	0	0
Northern Mariana Islands (Commonwealth of the)	21	2	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	17	0	0	0
Curacao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Comoros	34	1	23	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0

Anguilla	3	0	0	0
Lesotho	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,880,180</b>	<b>323,492</b>	<b>65,634</b>	<b>2,647</b>

RTI Release



**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #124 Novel Coronavirus (COVID-19)  
**Date:** Friday, 22 May 2020 7:23:01 PM  
**Attachments:** [2020-05-22 NIR Health SitRep v124 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 22 May 2020, there have been 7,095 confirmed cases of COVID-19 in Australia, including 101 deaths.
- Since yesterday's situation report, an additional 15 newly confirmed cases and one new death, have been reported in Australia.
- To date, more than 1,170,500 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 22 May 2020, a total of 5,103,279 cases of COVID-19 have been reported globally, including 332,925 deaths.
- Globally, in the past 24 hours, around 103,000 new cases and over 4,700 new deaths have been reported (Johns Hopkins).

Please be advised that this week, we have made changes to our reporting schedule. Moving forward, we will only be issuing Situation Reports on weekdays, therefore, you will not receive a Situation Report over the coming weekend, 23/24 May 2020. The Department of Health website will continue to be updated each evening.

The next Situation Report will be issued on 25 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [\[redacted\]](#) or [\[redacted\]](#) (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [\[redacted\]](#) by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## New coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <b>22</b> 1800 AEST	<b>Version</b>	<b>124</b>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <b>25</b> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>On 19 May 2020, the World Health Assembly passed a motion calling for an impartial, independent and comprehensive examination of the global response to COVID-19.               <ul style="list-style-type: none"> <li>Australia and 137 countries co-sponsored the EU-led resolution, which sends a strong signal of worldwide solidarity to the global community, in the face of this unprecedented pandemic.</li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment.</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 15 June 2020.</li> </ul>

	<p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required under the Biosecurity Act 2015.</li> <li>The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 22 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,095</b> cases of COVID-19, including <b>101</b> deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>Since yesterday's situation report <b>15</b> newly confirmed cases and <b>1</b> new death, have been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, Qld, SA, Tas, and WA.</li> <li>Vic reported <b>12</b> newly confirmed cases: <b>5 were linked to the Cedar Meats outbreak, 4 detected in returned travellers in mandatory hotel quarantine and 3 cases are under investigation (including 2 cases detected through community screening).</b></li> <li>NSW reported <b>3</b> newly confirmed cases; <b>2 locally acquired – contact not identified and 1 under investigation.</b></li> <li><b>Current active cases reported by jurisdictions is fewer than 510 cases. ACT, NT and SA are reporting no active cases. (Classification of active cases varies by jurisdiction)</b></li> <li><b>Over the past 24 hours, there has been an additional death in NSW.</b></li> </ul> </li> <li>On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in. The intention of this change is to better reflect where cases are being managed, and to ensure consistency in reporting at the national and jurisdictional levels.</li> <li>Following the peak of cases at the end of March 2020, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>74</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>53</b> cases this week).</li> <li>The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).                 <ul style="list-style-type: none"> <li>To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> </ul> </li> </ul>
----------	--

- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
  - 85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - **55%** were male and **45%** were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (**34%**), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (**19%**) and neurological disorder (**17%**) were also more commonly reported among deceased cases (source: NNDSS as of **17 May 2020**).

#### Testing

- To date, more than **1,170,500** tests have been conducted across Australia.
  - Over the last 7 days there were over **187,000** tests conducted, which is less than the **226,500** reported in the week prior.
  - Cumulative per cent positive was 0.6% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with **almost 6,000 total tests per 100,000 population**.

#### Source of infection

- As of 18 May 2020, in the last 28 days, there were 439 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 10% were locally acquired - contact not identified
  - 58% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 30% were overseas acquired.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **22 May 2020**, Victoria has reported **111** cases associated with this outbreak (an increase of **5** since yesterday).
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **22 May 2020**, there were a total number of 12 cases linked this outbreak. No further cases have been reported since 18 May 2020.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **22 May 2020**, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak. **There have been no reported cases linked to this outbreak since 13 May 2020.**

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to **17 May 2020**.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 22 May 2020)**

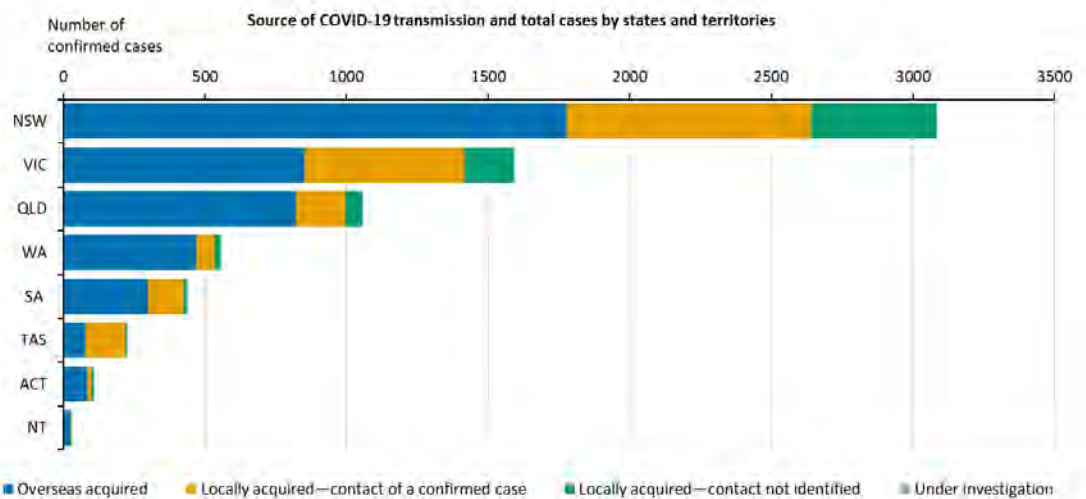
Confirmed COVID-19 cases	Australia	ACT	NSW*	NT	Qld	SA	Tas	Vic^	WA*
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,407	83	1,777	26	821	300	79	850	471
Locally acquired - contact of confirmed case and/or in a known cluster	1,955	17	864	2	176	124	141	567	64
Locally acquired - contact not identified	608	1	370	0	41	9	0	171	16
Locally acquired - contact not identified, but case had interstate travel	113	6	72	1	18	6	4	0	6
Under investigation	12	0	1	0	2	0	4	5	0
<b>Total cases</b>	<b>7,095</b>	<b>107</b>	<b>3,084</b>	<b>29</b>	<b>1,058</b>	<b>439</b>	<b>228</b>	<b>1,593</b>	<b>557</b>
<b>Recovered</b>	<b>6,479</b>	104	2,648	29	1,040	435	199	1,479	545
<b>Deaths (of total)</b>	<b>101</b>	3	48	0	6	4	13	18	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs (%change)	15 (0.2%)	0 (0.0%)	3 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	12 (0.8%)	0 (0.0%)
Newly confirmed cases in the last 72hrs (%change)	31 (0.4%)	0 (0.0%)	8 (0.3%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	22 (1.4%)	0 (0.0%)
Average daily change in newly confirmed cases over the past three days (compound)	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%
Newly confirmed cases over the past week (7 days)	74	0	13	0	4	0	1	53	3
<b>Current health care use</b>									
Hospitalised (total)	38	0	20	0	4	0	4	10	0
Hospitalised - ICU (of those hospitalised)	7	0	1	0	1	0	0	5	0
Hospitalised - ICU ventilated (of those admitted to ICU)	6	0	1	0	1	0	0	4	0

# On 18 May 2020, the reporting requirements for cases of COVID-19 were revised nationally so that cases are consistently reported based on the jurisdiction where first diagnosed and treated, not their usual place of residence. This change may result in minor adjustments to which jurisdiction cases are reported in.

^ On 20 May 2020, Vic excluded 1 previously reported case (Overseas acquired) from 18 May 2020 after further investigation.

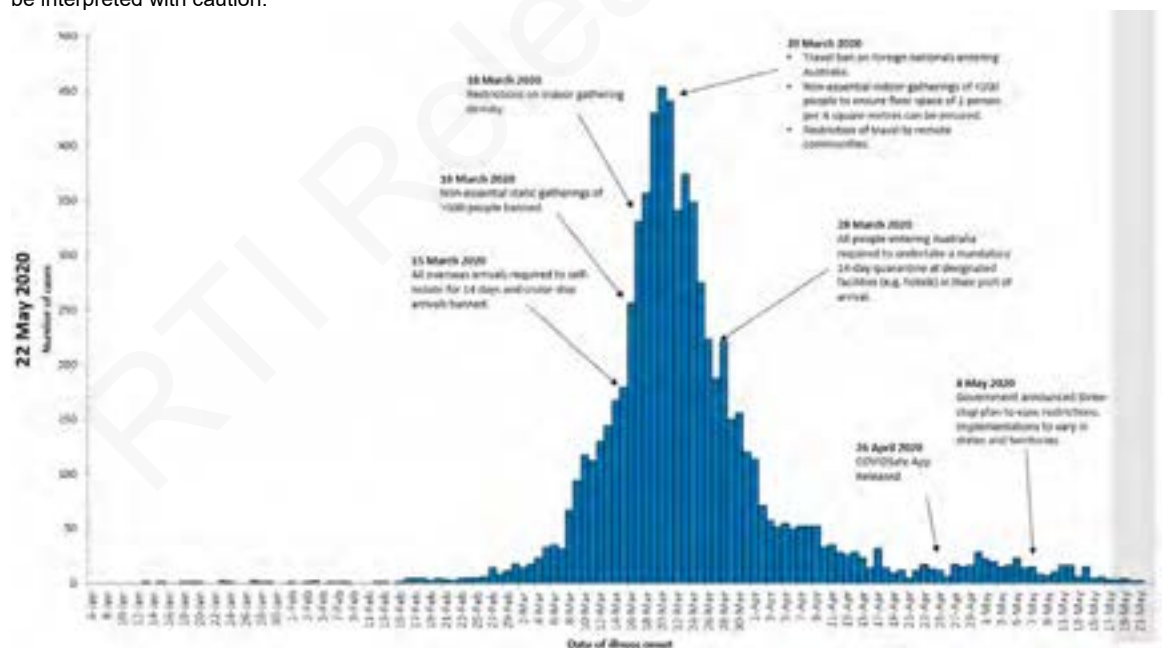
\* On 21 May 2020, NSW excluded 1 case (Overseas acquired) upon further testing.

**Fig 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 22 May 2020**



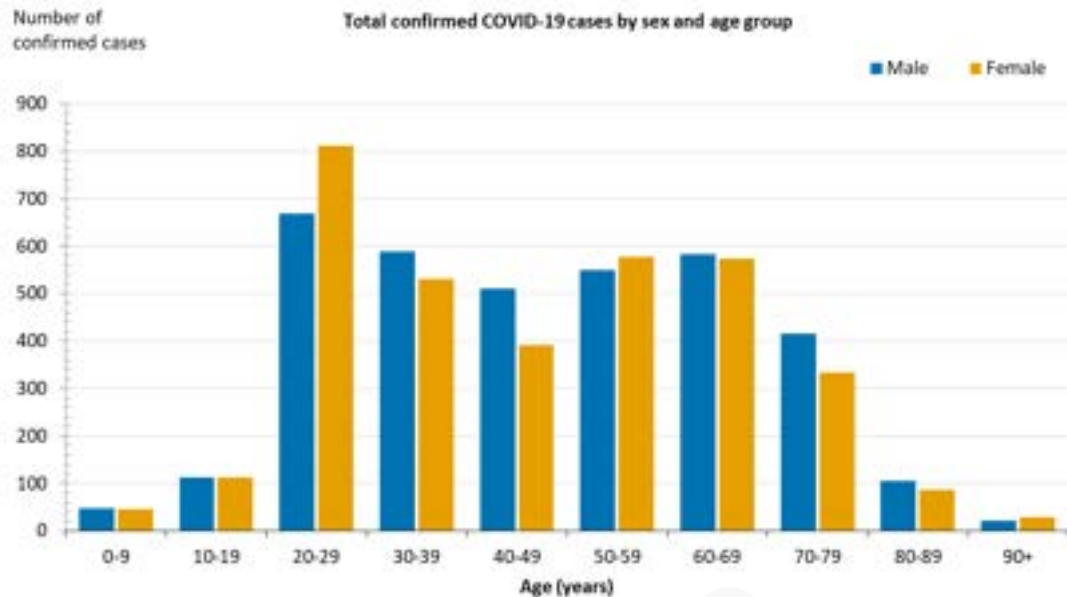
**Fig 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 22 May 2020 by date of illness onset\***

\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.





**Fig 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 22 May 2020**



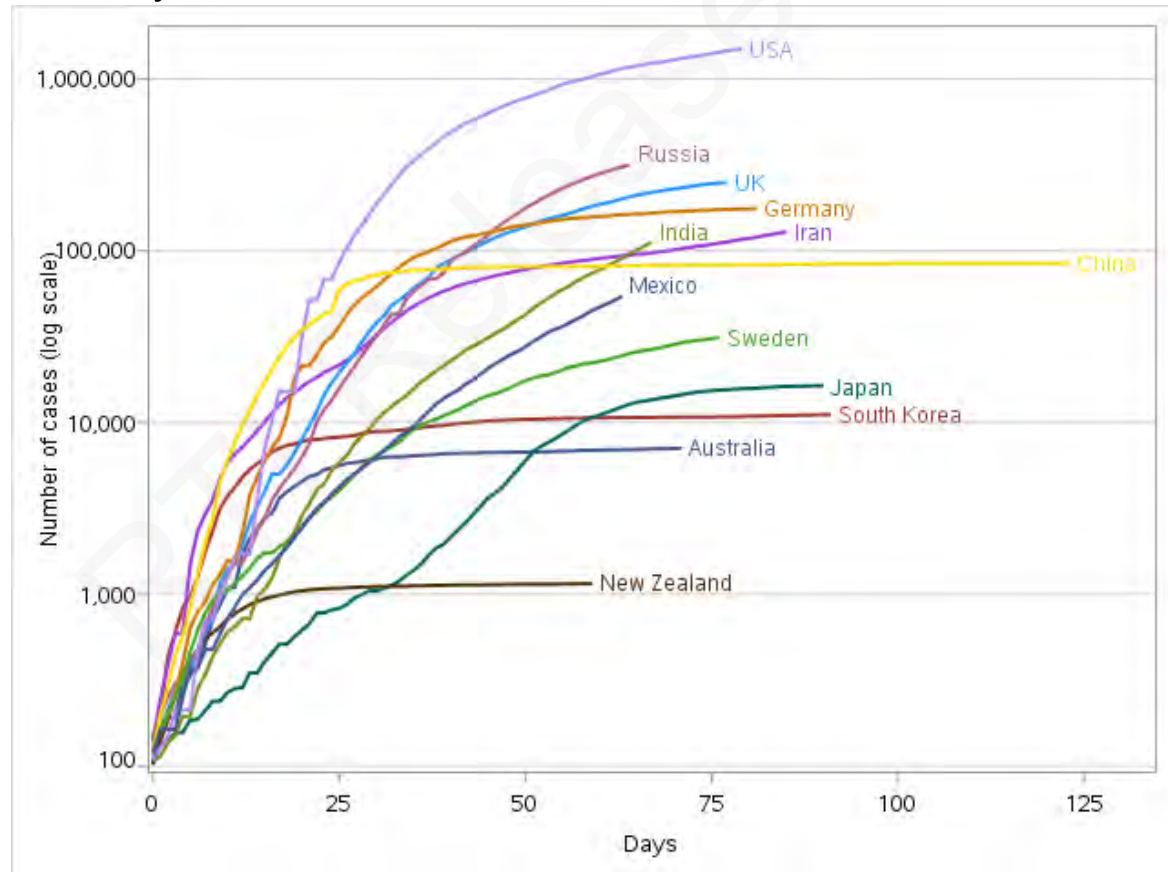
#### International Situation (as at 1500 hrs, 22 May 2020)

- The global number of confirmed COVID-19 cases is currently **5,103,279** cases including **332,925** deaths (Johns Hopkins).
- Globally, in the past 24 hours, around **103,000** new cases and over **4,700** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **21** May 2020 indicates the majority of deaths are from the USA (28%), the UK (11%), Italy (10%), France and Spain (9% each). Of the confirmed cases reported globally, the case fatality rate is approximately **6.6%**.
- Americas.** The USA has reported approximately 1.5 million cases in total. Despite daily variation in total cases detected depending on the day of the week the trend is a slow decline. The epidemic in Brazil is **rapidly accelerating**, with the number of confirmed cases exceeding **271,000** and number of deaths approaching **18,000** and over **17,000** new cases reported yesterday. **Brazil's President is pushing the use of hydroxychloroquine as a treatment for the virus. A large proportion of the Brazilian population are refusing to comply with social distancing measures – either following their President or because their situation does not allow measures to be followed. Currently, the disease circulates in just over half of Brazilian municipalities, but most do not register any deaths.** Peru is growing rapidly, reporting approximately **4,500** new cases yesterday and has a cumulative total approximately **100,000**. Other countries of note in this region include Canada (**79,000** cases), Mexico (**54,000** cases), Chile (**53,000** cases) and Ecuador (**34,000** cases – **no report for 2 days**). Of the countries reporting over 100 cases in the region, Mexico has the highest CFR at 10.3%, followed by Ecuador at 8.3%.
- Europe.** Russia reported approximately **317,000** total cases and over **8,800** new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases and is also experiencing a slow decline. Effects of Russia's easing lockdown will start to be seen from the end of May through to mid-June. Newly confirmed cases continue to decline in Italy, which reported **665** new cases in the last 24 hours. Daily new case numbers in the United Kingdom have likely been reclassified as the WHO is reporting a decrease. **The UK Government report 2,600 new cases.** Germany reported **745** new cases yesterday and **797** new cases one day prior.
- Eastern Mediterranean.** Iran is experiencing a second wave of the epidemic and reported **2,400** new cases yesterday. Saudi Arabia has reported over **65,000** cases. Pakistan reports approximately **48,000** cases with approximately **2,200** new cases. Other countries of note include Qatar (**39,000** cases), the UAE (**26,000** cases) and Kuwait (**19,000** cases). **With the exception of Yemen at CFR 16.3%, all other countries report rates below the global average.**

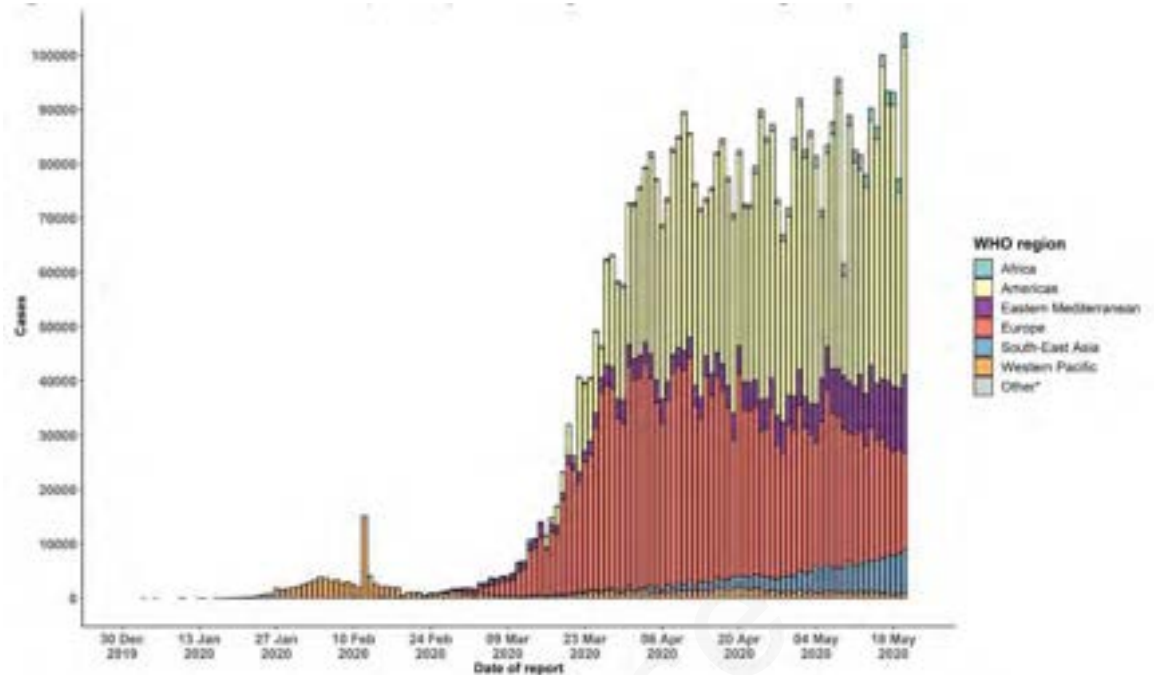


- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. They report **18,000** cases and a growth of **803** yesterday. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria. *The largest growth in daily cases was observed in South Sudan, growing by 20% and Madagascar growing by 14%.*
- **South East Asia.** New case numbers in India surpasses **112,000** cases and reported approximately **5,600** new cases *in the last 24 hours*. Bangladesh has approximately **28,000** cases, reporting **1,700** new cases in the last 24 hours. *Cyclone Amphan has made landfall and has killed more than 80 people.* [Indonesia](#) has reported **20,162** cases and **1,287** deaths (CFR of **6.3%**).
- **Pacific.** The outbreak in the migrant worker population of [Singapore](#) continues with the country reporting **448** new cases. Approximately 92% of all cases in Singapore are dormitory workers and **8.53%** of the dormitory worker population has been diagnosed with COVID-19. The [Philippines](#) is reporting a high case fatality rate with **13,434** cases and **846** deaths reported (CFR of **6.3%**). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia, or Timor-Leste over the last **15** days. Northern Mariana Islands reported 2 new cases on 17 May 2020.

**Fig 4 Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus Disease (COVID-19) Dashboard data as at 21 May 2020**



**Fig 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 122 of 21 May 2020**



#### International response

##### WHO

- The 73<sup>rd</sup> World Health Assembly was held virtually on 18 and 19 May 2020.
- Australia and 137 countries co-sponsored the World Health Assembly resolution on the 'COVID-19 Response'. This response requires:
  - Continuing joint efforts through the WHO, the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO) to identify the zoonotic source of the virus and its introduction to the human population,
  - An independent and comprehensive evaluation of the international health response to COVID-19, looking at the effectiveness of the mechanisms at the international community's disposal (including the International Health Regulations) as well as the actions of WHO, with recommendations to improve global pandemic prevention, preparedness, and response.

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>• The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>• There are six public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>• The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>• The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>• Current ACT restrictions can be found at <a href="https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings">https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings</a></li> <li>• Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• <i>Current NSW restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules">https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules</a></i></li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Current NT restrictions and upcoming changes from 5 June 2020 can be found at: <a href="https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_friday_5_june">https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_friday_5_june</a></i></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>• <i>Current QLD restrictions and upcoming changes from 12 June 2020 can be found at: <a href="https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions">https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</a></i></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• <i>Current SA restrictions from 11 May 2020 can be found at: <a href="https://www.covid-19.sa.gov.au/recovery">https://www.covid-19.sa.gov.au/recovery</a></i></li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• <i>Current TAS restrictions and upcoming changes from 15 June 2020 can be found at: <a href="https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery">https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery</a></i></li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• <i>Current VIC restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered">https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered</a></i></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>• On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

### **Incubation period**

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

### **Molecular epidemiology**

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

### **Clinical presentation**

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### **Severity**

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### **Treatment**

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

#### 4. Appendix 1

##### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **5,103,278** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **22** May 2020, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
China (including SARs)	84,507	4,645	2	0
<i>Hong Kong SAR</i>	1,064	4	8	0
<i>Taiwan</i>	441	7	1	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,501,876	90,203	24,417	932
Russian Federation	317,554	3,099	8,849	127
Brazil	271,628	17,971	17,408	1,179
The United Kingdom	248,297	35,704	-525	363
Spain	232,555	27,888	518	110
Italy	227,364	32,330	665	161
Germany	176,752	8,147	745	57
Turkey	152,587	4,222	972	23
France	141,312	28,081	353	109
Iran (Islamic Republic of)	129,341	7,249	2,392	66
India	112,359	3,435	5,609	132
Peru	99,483	2,914	4,550	125
Canada	79,502	5,955	1,003	98
Saudi Arabia	65,077	351	2,532	12
Belgium	55,983	9,150	192	42
Mexico	54,346	5,666	2,713	334
Chile	53,617	544	7,558	66
Pakistan	48,091	1,017	2,193	32
Netherlands	44,447	5,748	198	33
Qatar	38,651	17	1,554	1
Ecuador	34,151	2,839	0	0
Belarus	33,371	185	1,863	10
Sweden	31,523	3,831	724	88
Switzerland	30,575	1,629	40	16
Portugal	29,660	1,263	228	16
Singapore	29,364	22	570	0
Bangladesh	28,511	408	1,773	22
United Arab Emirates	26,004	233	941	6
Ireland	24,315	1,571	64	10
Indonesia	20,162	1,278	973	36
Poland	19,739	962	471	14
Ukraine	19,706	579	476	15
Kuwait	18,609	129	1,041	5
South Africa	18,003	339	803	27
Romania	17,387	1,141	196	15
Colombia	16,935	613	640	21

Israel	16,659	278	9	1
Japan	16,424	777	39	6
Austria	16,275	633	18	1
Egypt	14,229	680	0	0
Dominican Republic	13,477	446	254	5
Philippines	13,434	846	492	9
Republic of Korea	11,122	264	12	1
Denmark	11,117	554	73	3
Serbia	10,833	235	100	1
Panama	9,867	281	141	2
Argentina	8,809	393	438	11
Czechia	8,721	304	74	2
Afghanistan	8,676	193	531	6
Norway	8,268	234	11	1
Bahrain	8,039	12	507	0
Algeria	7,542	568	165	7
Kazakhstan	7,234	35	265	0
Morocco	7,185	196	137	2
Malaysia	7,009	114	31	0
Nigeria	6,677	200	276	8
Republic of Moldova	6,553	232	213	8
Finland	6,443	304	44	3
Oman	6,370	30	327	1
Ghana	6,096	31	0	0
Armenia	5,606	70	335	3
Bolivia (Plurinational State of)	4,481	189	218	15
Luxembourg	3,971	109	13	0
Iraq	3,877	140	153	6
Cameroon	3,733	146	204	6
Hungary	3,641	473	43	3
Azerbaijan	3,631	43	113	2
Sudan	3,138	121	410	10
Thailand	3,037	56	3	0
Honduras	2,955	147	157	1
Uzbekistan	2,950	13	70	0
Guinea	2,927	19	64	1
Puerto Rico	2,866	125	61	1
Greece	2,850	166	10	1
Senegal	2,714	30	97	0
Bosnia and Herzegovina	2,334	135	15	2
Bulgaria	2,331	120	39	4
Croatia	2,234	96	2	0
Côte d'Ivoire	2,231	29	78	1
Tajikistan	2,140	44	204	0
Guatemala	2,133	43	132	5
Djibouti	2,047	10	219	1
Cuba	1,900	79	13	0
North Macedonia	1,858	110	19	4
Democratic Republic of the Congo	1,834	60	104	0
Iceland	1,803	10	1	0
Estonia	1,794	64	3	0



Somalia	1,594	61	21	0
Lithuania	1,577	60	15	0
El Salvador	1,571	31	73	1
Gabon	1,567	12	65	0
Slovakia	1,496	28	1	0
Mayotte	1,475	19	56	0
Slovenia	1,468	105	1	1
Kyrgyzstan	1,313	14	43	0
Maldives	1,216	4	30	0
New Zealand	1,153	21	0	0
Guinea-Bissau	1,089	6	51	0
Sri Lanka	1,045	9	18	0
Tunisia	1,045	47	1	0
Kenya	1,029	50	66	0
Lebanon	1,024	26	63	0
Latvia	1,016	21	4	0
Kosovo	989	29	0	0
Albania	969	31	5	0
Mali	931	55	30	2
Cyprus	922	17	4	0
Niger	920	58	6	3
Equatorial Guinea	903	10	13	3
Costa Rica	882	10	0	0
Paraguay	833	11	4	0
Zambia	832	7	60	0
Venezuela (Bolivarian Republic of)	824	10	206	0
Burkina Faso	809	52	3	0
Andorra	762	51	1	0
Uruguay	738	20	1	0
Georgia	721	12	8	0
International conveyance (Diamond Princess)	712	13	0	0
Jordan	684	9	12	0
San Marino	670	41	2	0
Haiti	596	22	63	1
occupied Palestinian territory, including east	596	4	19	0
Malta	584	6	24	0
Sierra Leone	570	34	36	1
Chad	565	57	20	1
Jamaica	520	9	0	0
United Republic of Tanzania	509	21	0	0
Nepal	454	3	27	1
Réunion	447	1	1	1
Congo	420	15	0	0
Central African Republic	411	0	0	0
Ethiopia	389	5	24	0
Madagascar	371	2	45	0
Cabo Verde	349	3	14	0
South Sudan	339	6	57	2
Togo	338	12	0	0
Isle of Man	335	24	0	0
Mauritius	332	10	0	0



Montenegro	324	9	0	0
Viet Nam	324	0	0	0
Rwanda	314	0	6	0
Jersey	303	28	0	1
Nicaragua	279	17	254	9
Uganda	264	0	4	0
Guernsey	252	13	0	0
Liberia	238	23	5	0
French Guiana	218	1	8	0
Eswatini	217	2	9	0
Myanmar	199	6	6	0
Martinique	192	14	0	0
Faroe Islands	187	0	0	0
Yemen	184	30	13	1
Sao Tome and Principe	165	8	0	1
Guam	160	5	11	0
Mozambique	156	0	10	0
Guadeloupe	155	13	0	0
Gibraltar	147	0	0	0
Brunei Darussalam	141	1	0	0
Mauritania	141	4	10	0
Mongolia	140	0	0	0
Benin	130	2	0	0
Bermuda	125	9	0	0
Guyana	125	10	1	0
Cambodia	122	0	0	0
Trinidad and Tobago	116	8	0	0
Cayman Islands	111	1	17	0
Aruba	101	3	0	0
Bahamas	96	11	0	0
Monaco	96	1	0	0
Barbados	90	7	2	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
Malawi	72	3	1	0
Libya	71	3	3	0
United States Virgin Islands	69	6	0	0
French Polynesia	60	0	0	0
Angola	58	3	6	0
Syrian Arab Republic	58	3	0	0
Zimbabwe	48	4	2	0
Burundi	42	1	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Comoros	34	1	0	0
Antigua and Barbuda	25	3	0	0
Botswana	25	1	0	0
Gambia	24	1	0	0
Timor-Leste	24	0	0	0
Grenada	22	0	0	0
Bhutan	21	0	0	0

Northern Mariana Islands (Commonwealth of the)	21	2	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	18	0	1	0
Curacao	16	1	0	0
Dominica	16	0	0	0
Namibia	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	1	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>4,897,334</b>	<b>323,312</b>	<b>103,200</b>	<b>4,476</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #125 Novel Coronavirus (COVID-19)  
**Date:** Monday, 25 May 2020 8:09:38 PM  
**Attachments:** [2020-05-25 NIR Health SitRep v125 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 25 May 2020, there have been 7,118 confirmed cases of COVID-19 in Australia, including 102 deaths.
- In the past 24 hours there has been an increase of 9 newly confirmed cases. No additional deaths have been reported in Australia.
- To date, more than 1,244,000 tests have been conducted across Australia.
- The Minister for Health has announced more than \$20 million additional funding for research to improve mental health care and reduce suicide rates in Australia.

#### Situation Overseas

- As at 1500 hrs 25 May 2020, a total of 5,408,301 cases of COVID-19 have been reported globally, including 345,064 deaths.
- Globally, in the past 24 hours, approximately 97,000 new cases and approximately 3,000 new deaths have been reported (Johns Hopkins).

Please be advised that last week the Department made changes to the reporting schedule of these Situation Reports. The Department are only issuing situation reports on weekdays, so there were no situation reports over the weekend, 23/24 May 2020. The Department of Health website will continue to be updated each evening.

The next Situation Report will be issued on 26 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## Novel coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>25</i> 1800 AEST	<b>Version</b>	<i>125</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>26</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information [Redacted]	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>The Minister for Aged Care and Senior Australians, Minister for Youth and Sport welcomed the launch of a toolkit aimed at ensuring community sporting clubs and associations have a roadmap for the safe return to sport at all levels. The toolkit was endorsed by the National Cabinet on 1 May 2020.</i></li> <li><i>25 May 2020, the Minister for Health announced more than \$20 million additional funding for research to improve mental health care and reduce suicide rates in Australia. Mental health and suicide prevention remains one of the Government's highest priorities especially as Australia battles COVID-19.</i> <ul style="list-style-type: none"> <li><i>\$3 million for a new grants round under the Medical Research Future Fund (MRFF) Million Minds Mission;</i></li> <li><i>\$10.3 million for suicide prevention research; and</i></li> <li><i>\$6.75 million to improve treatment using pharmacogenomics.</i></li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> </ul>

	<ul style="list-style-type: none"> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the <i>Biosecurity Act 2015</i> prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until <b>17 September 2020</b>.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration allows the Minister for Health to issue targeted, legally enforceable directions and requirements to combat the virus as required under the <i>Biosecurity Act 2015</i>.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 25 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,118</b> cases of COVID-19, including <b>102</b> deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>In the past 24 hours there has been an increase of <b>9</b> newly confirmed cases and <b>no additional</b> deaths have been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, Qld, SA, Tas.</li> <li>Vic reported <b>2</b> newly confirmed cases: <b>both were detected in returned travellers in mandatory hotel quarantine</b>.</li> <li>NSW reported <b>3</b> newly confirmed cases; <b>1 was 'overseas acquired' and two remain 'under investigation'</b>.</li> <li><b>WA reported 4 newly confirmed cases; all were 'overseas acquired'. These cases are the first newly confirmed cases in eight days for WA.</b></li> </ul> </li> <li>Current active cases reported by jurisdictions is fewer than 500 cases. ACT, NT and SA are reporting no active cases. (Classification of active cases varies by jurisdiction)</li> <li>Following the peak of cases at the end of March 2020, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>61</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>41</b> cases this week).</li> <li>The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> </ul> </li> </ul>
----------	--

- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
  - 85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 17 May 2020).

#### Testing

- To date, more than 1,244,000 tests have been conducted across Australia.
  - Over the last 7 days there were over 182,000 tests conducted, which is less than the 206,500 reported in the week prior.
  - Cumulative per cent positive was 0.6% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with over 6,500 total tests per 100,000 population.

#### Source of infection

- As of 25 May 2020, in the last 28 days, there were 398 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 10% were locally acquired - contact not identified
  - 50% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 31% were overseas acquired.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 25 May 2020, Victoria has reported 111 cases associated with this outbreak.
    - No further cases have been reported since 22 May 2020.
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at 25 May 2020, there were a total number of 12 cases linked this outbreak.
    - No further cases have been reported since 18 May 2020.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 25 May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak. There have been no reported cases linked to this outbreak since 13 May 2020.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 17 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction\*, Australia (as at 1500 hrs, 25 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld <sup>a</sup>	SA	Tas	Vic <sup>^</sup>	WA*
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,424	83	1,782	26	819	300	79	857	478
Locally acquired - contact of confirmed case and/or in a known cluster	1,955	17	864	2	176	124	141	567	64
Locally acquired - contact not identified	617	1	370	0	41	9	0	180	16
Locally acquired - contact not identified, but case had interstate travel	113	6	72	1	18	6	4	0	6
Under investigation	9	0	2	0	2	0	4	1	0
<b>Total cases</b>	<b>7,118</b>	<b>107</b>	<b>3,090</b>	<b>29</b>	<b>1,056</b>	<b>439</b>	<b>228</b>	<b>1,605</b>	<b>564</b>
<b>Recovered</b>	<b>6,532</b>	104	2,656	29	1,038	435	201	1,520	549
<b>Deaths (of total)</b>	<b>102</b>	3	48	0	6	4	13	19	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs	9	0	3	0	0	0	0	2	4
%change in the last 24 hours	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	1.3%
Newly confirmed cases in the last 72hrs	25	0	7	0	1	0	0	13	4
%change in the last 72 hrs	0.4%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	0.8%	0.7%
Average daily change in newly confirmed cases over the past three days (compound)	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.3%	0.2%
Newly confirmed cases over the past week (7 days)	61	0	14	0	2	0	0	41	4
<b>Current health care use</b>									
Hospitalised (total)	31	0	15	0	4	0	4	8	0
Hospitalised - ICU (of those hospitalised)	5	0	1	0	1	0	0	3	0
Hospitalised - ICU ventilated (of those admitted to ICU)	5	0	1	0	1	0	0	3	0

<sup>^</sup> On 23 May 2020, Vic excluded one case (under investigation) reported 22 May 2020 due to laboratory reclassification.

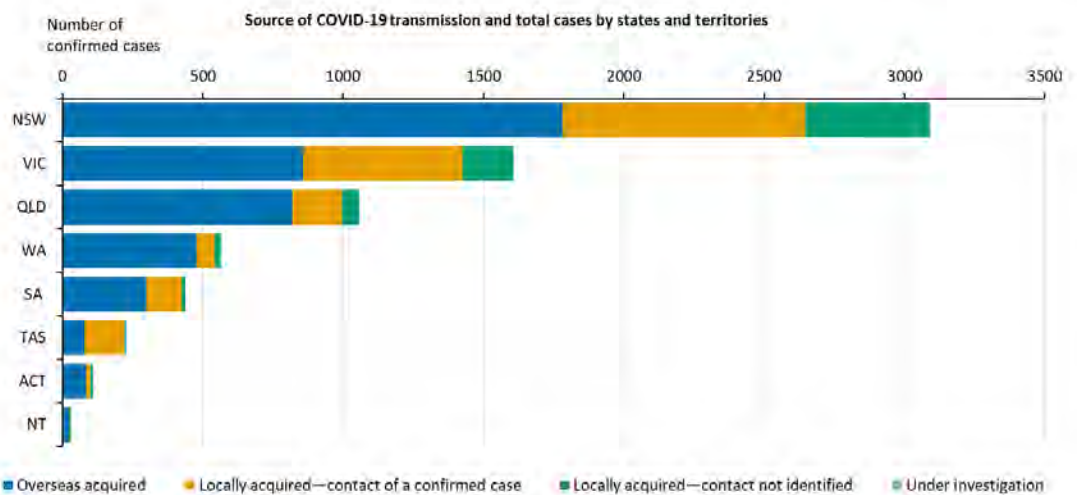
<sup>^</sup> On 24 May 2020, Vic excluded one case (under investigation) reported on 23 May 2020 due to duplication.

<sup>a</sup> On 25 May 2020, 3 cases (overseas acquired) from WA were included. These cases are retrospective cases so are not classified as newly confirmed.

<sup>B</sup> On 25 May 2020, Qld removed 3 previously reported cases after further investigation (2 cases (overseas acquired) were initially reported on 24 March 2020 and 1 case (locally acquired - contact not identified), was reported on 10 April 2020).

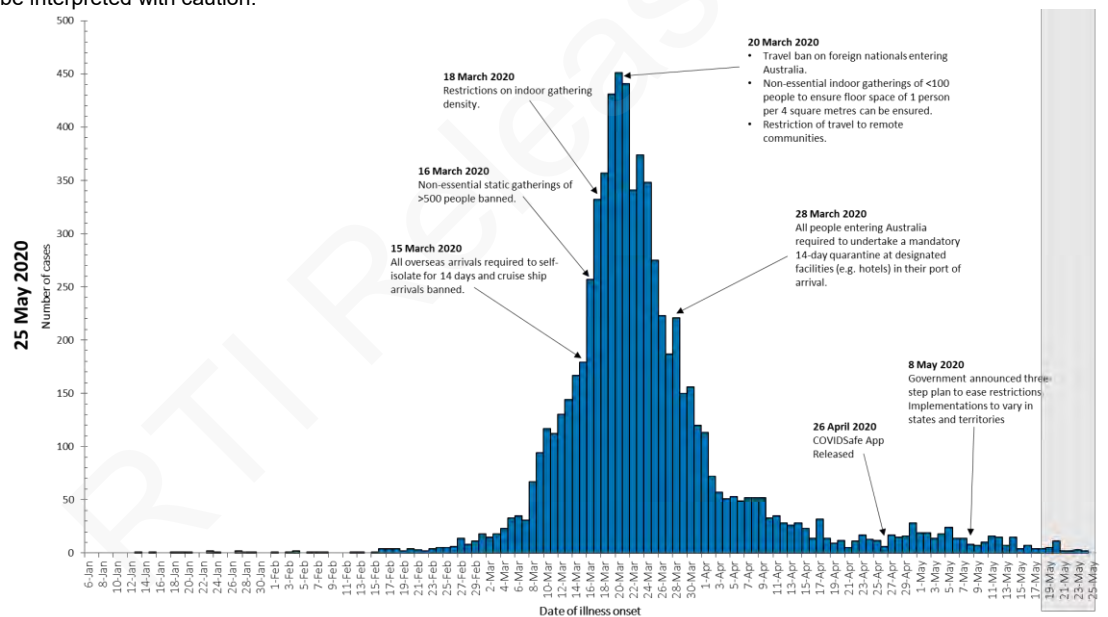


**Figure 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 25 May 2020**

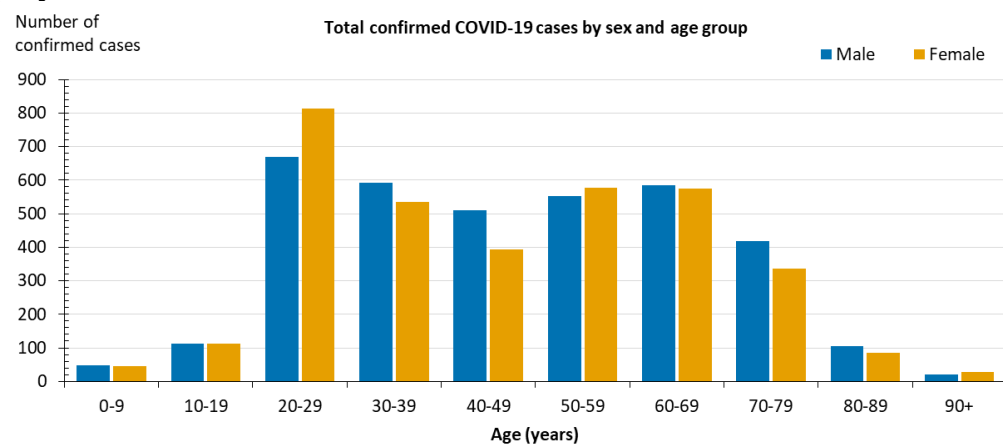


**Figure 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 25 May 2020 by date of illness onset\***

\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.



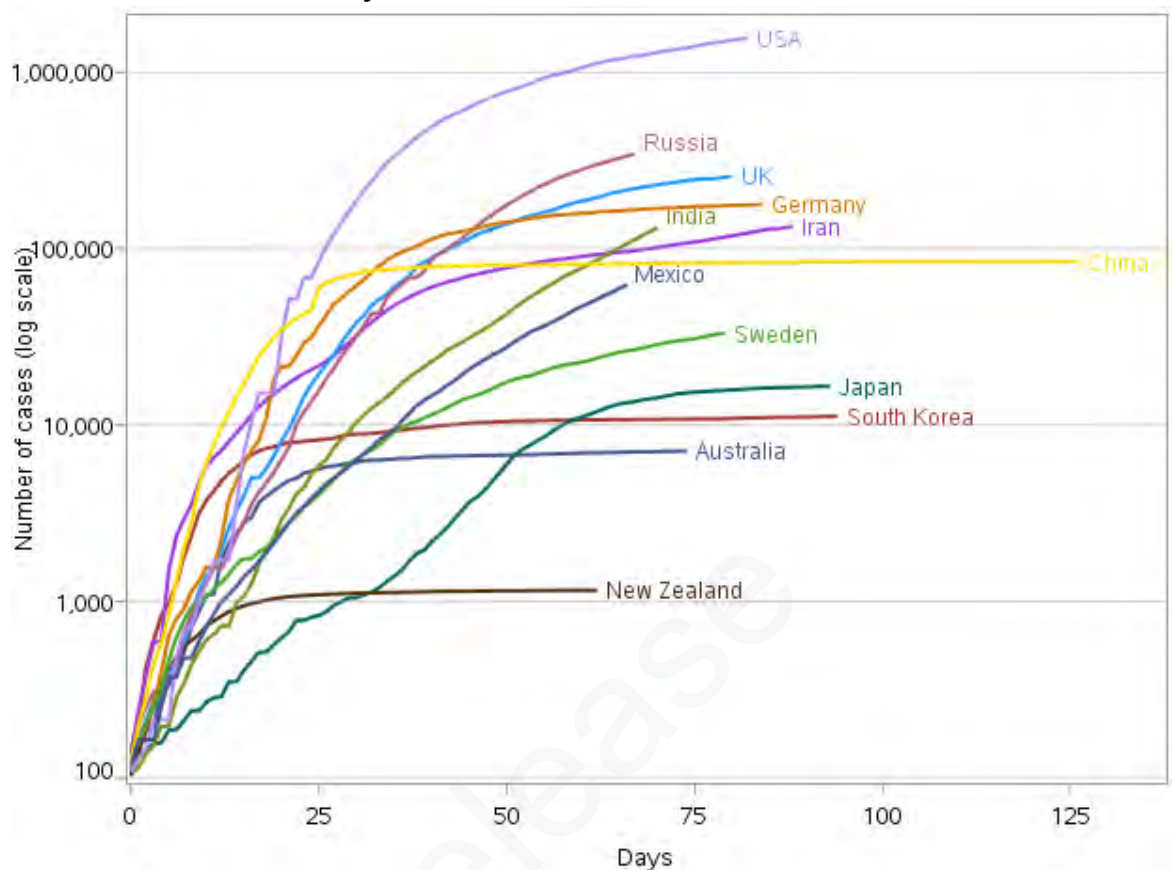
**Figure 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 25 May 2020**



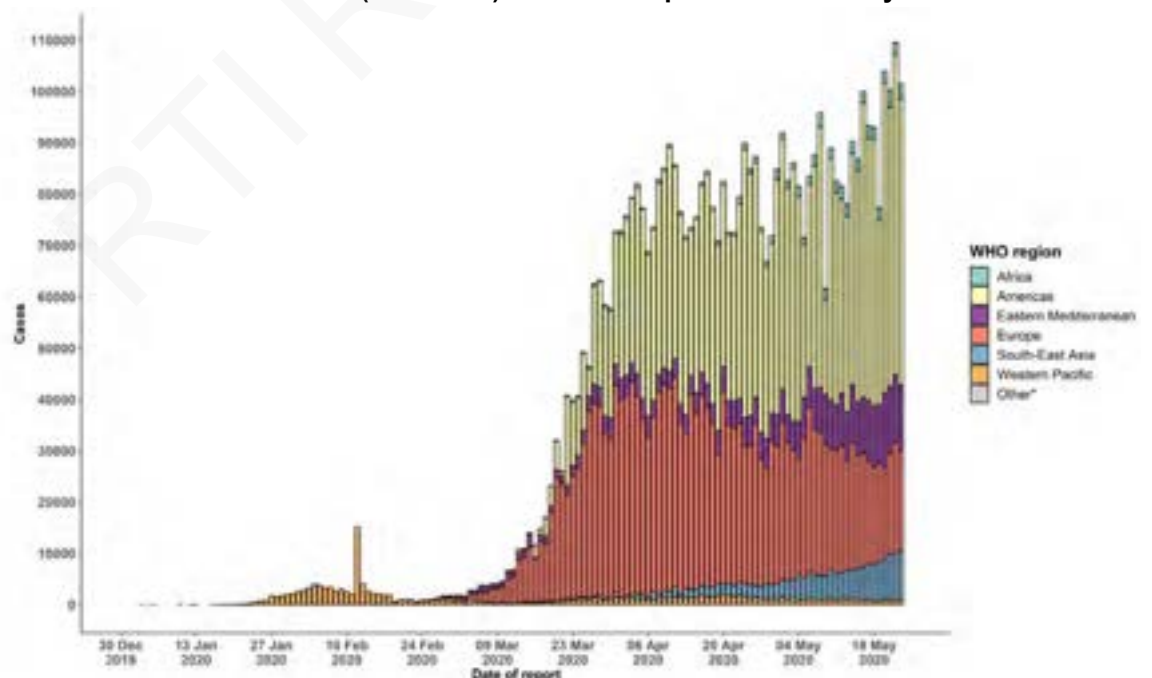
**International Situation (as at 1500 hrs, 25 May 2020)**

- The global number of confirmed COVID-19 cases is currently **5,408,301** cases including **345,064** deaths (Johns Hopkins).
- Globally, in the past 24 hours, approximately **97,000** new cases and approximately **3,000** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **24 May 2020** indicates the majority of the cases remain in the United States, followed by Russia, Brazil, the United Kingdom, and Spain. The majority of deaths are from the United States (28%), the United Kingdom (11%), Italy (10%), **Spain (9%) and France (8%)**.
- Of the confirmed cases reported globally, the case fatality rate is approximately **6.5%**.
- **Americas.** The USA has reported approximately 1.5 million cases in total. Despite daily variation in total cases detected depending on the day of the week the trend is a slow decline. The epidemic in Brazil is **rapidly accelerating**, with the number of confirmed cases exceeding **330,000** and number of deaths approaching **21,000** and between **18,000 - 20,000** new cases reported daily over the weekend. Peru is growing rapidly, reporting between **3,000 – 4,500** new cases daily over the weekend (2.7% daily case growth). They have a cumulative total approximately **112,000 cases and are the third highest case count in the American region**. Other countries of note in this region include Canada (**83,000** cases), Chile (**65,000** cases), Mexico (**63,000** cases), and Ecuador (**36,000** cases). Of the countries reporting over 100 cases in the region, Mexico has the highest CFR at **11.2%**, followed by Ecuador at **8.5%**.
- **Europe.** Russia reported approximately **344,000** total cases and **8,600** new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases and is experiencing a slow decline. Effects of Russia's easing lockdown will start to be seen from the end of May through to mid-June. Newly confirmed cases continue to decline in Italy, which reported **669** new cases in the last 24 hours. Daily new case numbers over the weekend in the United Kingdom **were approximately 3,000**. Germany reported **431** new cases yesterday and **638** new cases one day prior.
- **Eastern Mediterranean.** Iran is experiencing a second wave of the epidemic and reported **1,900** new cases yesterday, the lowest value over the weekend **and may be starting to bring this under control**. Saudi Arabia has reported over **70,000** cases. Pakistan reports approximately **55,000** cases. Other countries of note include Qatar (**42,000** cases), the UAE (**29,000** cases) and Kuwait (**20,000** cases). With the exception of Yemen at CFR **18.5%**, all other countries report rates below the global average.
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. They report **21,000** cases and a growth of **1,218** yesterday. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria. The largest growth in daily cases was observed in **Mauritania, growing by 31.2%, South Sudan, growing by 19% and Central African Republic growing by 15.2%**.
- **South East Asia.** New case numbers in India surpasses **131,000** cases and reported approximately **6,700** new cases **in the last 24 hours which was typical of trends over the weekend**. Bangladesh has approximately **34,000** cases, reporting **1,500** new cases in the last 24 hours. Cyclone Amphan has made landfall and has killed more than 80 people. Millions were able to be evacuated prior to the system making landfall into shelters with COVID-19 supplies. Many areas have been without power. Indonesia has reported **22,271** cases and **1,372** deaths (CFR of **6.2%**).
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **548** new cases. Approximately **93%** of all cases in Singapore are dormitory workers and **9.09%** of the dormitory worker population has been diagnosed with COVID-19. The Philippines also has a high case fatality rate with **14,035** cases and **868** deaths reported (CFR of **6.2%**). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, or Timor-Leste in over a month. Northern Mariana Islands reported 2 new cases on 17 May 2020. **French Polynesia reported 29 new cases on 23 May 2020; however, these were from an international commercial fishing vessel and have been reported as in transit.**

**Figure 4. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus Disease (COVID-19) Dashboard data as at 25 May 2020**



**Figure 6. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 122 of 24 May 2020**



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>• The 73<sup>rd</sup> World Health Assembly was held virtually on 18 and 19 May 2020.</li> <li>• Australia and 137 countries co-sponsored the World Health Assembly resolution on the 'COVID-19 Response'. This response requires: <ul style="list-style-type: none"> <li>◦ Continuing joint efforts through the WHO, the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization (FAO) to identify the zoonotic source of the virus and its introduction to the human population,</li> <li>◦ An independent and comprehensive evaluation of the international health response to COVID-19, looking at the effectiveness of the mechanisms at the international community's disposal (including the International Health Regulations) as well as the actions of WHO, with recommendations to improve global pandemic prevention, preparedness, and response.</li> </ul> </li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>• The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>• There are six public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>• The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>• The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>• Current ACT restrictions can be found at <a href="https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings">https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings</a></li> <li>• Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• Current NSW restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules">https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules</a></li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• Current NT restrictions and upcoming changes from 5 June 2020 can be found at: <a href="https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June">https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June</a></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>• Current QLD restrictions and upcoming changes from 12 June 2020 can be found at: <a href="https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions">https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</a></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• Current SA restrictions from 11 May 2020 can be found at: <a href="https://www.covid-19.sa.gov.au/recovery">https://www.covid-19.sa.gov.au/recovery</a></li> </ul>

TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>Current TAS restrictions and upcoming changes from 15 June 2020 can be found at: <a href="https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery">https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery</a></li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>Current VIC restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered">https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered</a></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>On 10 May 2020, the WA Premier announced a <a href="#">four-phase roadmap</a> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> <li><i>From Friday, 29 May 2020, the WA regional boundaries will be lifted except for the Federal Government biosecurity zones, including the Kimberley region, parts of the Shire of East Pilbara and Shire of Ngaanyatjaraku. Restrictions on entering 274 remote Aboriginal communities will remain in place.</i></li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.



### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### Severity

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **5,408,301** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **25** May 2020, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,568,448	94,011	20,475	1,088
Russian Federation	344,481	3,541	8,599	153
Brazil	330,890	21,048	20,803	1,001
The United Kingdom	257,158	36,675	2,959	282
Spain	235,290	28,678	466	50
Italy	229,327	32,735	669	119
Germany	178,281	8,247	431	31
Turkey	155,686	4,308	1,186	32

France	142,173	28,281	224	43
Iran (Islamic Republic of)	133,521	7,359	1,869	59
India	131,868	3,867	6,767	147
Peru	111,698	3,244	2,929	96
China (including SARs)	84,525	4,645	3	0
<i>Hong Kong SAR</i>	1,066	4	2	0
<i>Taiwan</i>	441	7	0	0
<i>Macau SAR</i>	45	0	0	0
Canada	82,892	6,277	1,127	97
Saudi Arabia	70,161	379	2,442	15
Chile	65,393	673	3,536	43
Mexico	62,527	6,989	2,960	479
Belgium	56,810	9,237	299	25
Pakistan	54,601	1,133	2,164	32
Netherlands	45,064	5,811	176	23
Qatar	42,213	21	1,732	2
Ecuador	36,258	3,096	430	40
Belarus	35,244	194	941	4
Bangladesh	33,610	480	1,532	28
Sweden	33,188	3,992	379	67
Singapore	31,068	23	642	0
Switzerland	30,642	1,640	18	3
Portugal	30,471	1,302	271	13
United Arab Emirates	28,704	244	812	3
Ireland	24,582	1,604	76	12
Indonesia	22,271	1,372	526	21
South Africa	21,343	407	1,218	10
Ukraine	20,986	617	406	12
Poland	20,931	993	312	11
Kuwait	20,464	148	900	10
Colombia	19,131	682	801	30
Romania	17,857	1,170	145	11
Israel	16,712	279	22	0
Japan	16,550	820	14	12
Egypt	16,513	735	727	28
Austria	16,407	639	46	4
Dominican Republic	14,422	458	433	2
Philippines	13,777	863	180	6
Denmark	11,289	561	59	0
Republic of Korea	11,190	266	25	0
Serbia	11,092	238	68	1
Argentina	10,649	439	718	20
Afghanistan	10,582	218	716	7
Panama	10,267	295	151	4
Czechia	8,890	314	77	2
Bahrain	8,802	13	388	1
Kazakhstan	8,322	35	403	0
Norway	8,309	235	0	0
Algeria	8,113	592	195	10
Nigeria	7,526	221	265	0
Morocco	7,406	198	74	1



Oman	7,257	36	463	2
Malaysia	7,185	115	48	0
Republic of Moldova	6,994	250	147	12
Armenia	6,661	81	359	4
Ghana	6,617	31	131	0
Finland	6,568	306	31	0
Bolivia (Plurinational State of)	5,579	230	392	15
Cameroon	4,400	159	0	0
Iraq	4,272	152	308	5
Luxembourg	3,990	109	9	0
Azerbaijan	3,982	49	127	3
Hungary	3,741	486	28	4
Sudan	3,634	146	256	9
Honduras	3,477	167	273	11
Guinea	3,176	20	62	1
Uzbekistan	3,132	13	54	0
Puerto Rico	3,100	127	70	1
Thailand	3,040	56	0	0
Senegal	2,976	34	67	1
Greece	2,876	171	3	2
Guatemala	2,743	53	231	5
Tajikistan	2,738	44	187	0
Bulgaria	2,408	126	0	0
Bosnia and Herzegovina	2,371	140	0	0
Côte d'Ivoire	2,366	30	25	1
Djibouti	2,270	10	0	0
Croatia	2,243	99	0	0
Democratic Republic of the Congo	2,140	62	196	0
North Macedonia	1,941	113	20	1
Gabon	1,934	12	206	0
Cuba	1,931	81	15	0
Estonia	1,821	64	14	0
El Salvador	1,819	33	94	0
Iceland	1,804	10	1	0
Lithuania	1,616	63	12	2
Somalia	1,594	61	0	0
Mayotte	1,521	19	0	0
Slovakia	1,504	28	1	0
Slovenia	1,478	106	0	0
Kyrgyzstan	1,403	14	38	0
Maldives	1,313	4	39	0
Kenya	1,192	50	31	0
New Zealand	1,154	21	0	0
Sri Lanka	1,118	9	33	0
Guinea-Bissau	1,114	6	0	0
Lebanon	1,097	26	11	0
Tunisia	1,048	48	0	1
Latvia	1,046	22	16	0
Equatorial Guinea	1,043	12	83	1
Kosovo	1,025	29	21	0
Mali	1,015	62	46	0

Albania	989	32	8	1
Venezuela (Bolivarian Republic of)	944	10	62	0
Niger	943	61	6	1
Cyprus	927	17	0	0
Zambia	920	7	0	0
Costa Rica	911	10	8	0
Paraguay	850	11	12	0
Burkina Faso	831	52	17	0
Haiti	812	25	78	0
Andorra	763	51	1	0
Uruguay	753	20	4	0
Georgia	730	12	7	0
International conveyance (Diamond Princess)	712	13	0	0
Jordan	704	9	4	0
San Marino	672	42	0	1
Chad	648	60	37	1
Sierra Leone	621	39	15	1
Malta	609	6	9	0
Nepal	603	3	19	0
occupied Palestinian territory, including east	602	5	0	1
South Sudan	563	6	90	1
Central African Republic	552	1	73	1
Jamaica	544	9	10	0
United Republic of Tanzania	509	21	0	0
Ethiopia	494	5	61	0
Madagascar	488	2	40	0
Congo	487	16	18	0
Réunion	452	1	3	0
Togo	373	12	10	0
Cabo Verde	371	3	9	0
Isle of Man	336	24	0	0
Mauritius	332	10	0	0
Rwanda	325	0	4	0
Viet Nam	325	0	1	0
Montenegro	324	9	0	0
Uganda	312	0	38	0
Jersey	306	29	0	0
Nicaragua	279	17	0	0
French Guiana	261	1	12	0
Liberia	255	26	6	2
Guernsey	252	13	0	0
Eswatini	238	2	13	0
Mauritania	227	6	54	1
Yemen	216	40	7	6
Myanmar	201	6	0	0
Martinique	197	14	0	0
Faroe Islands	187	0	0	0
Sao Tome and Principe	174	8	9	0
Mozambique	168	0	4	0
Guam	161	5	1	0
Guadeloupe	156	13	1	0

Gibraltar	151	0	0	0
Brunei Darussalam	141	1	0	0
Mongolia	141	0	0	0
Benin	135	3	0	0
Cayman Islands	129	1	8	0
Bermuda	128	9	3	0
Guyana	127	10	0	0
Cambodia	124	0	0	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Monaco	98	1	2	0
Bahamas	97	11	0	0
Barbados	90	7	0	0
French Polynesia	89	0	0	0
Liechtenstein	83	1	0	0
Malawi	83	4	1	1
Sint Maarten	78	15	0	0
Libya	75	3	3	0
Syrian Arab Republic	70	4	11	0
United States Virgin Islands	69	6	0	0
Angola	60	3	0	0
Zimbabwe	56	4	5	0
Burundi	42	1	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Comoros	34	1	0	0
Botswana	29	1	0	0
Antigua and Barbuda	25	3	0	0
Gambia	25	1	0	0
Bhutan	24	0	3	0
Timor-Leste	24	0	0	0
Grenada	22	0	0	0
Northern Mariana Islands (Commonwealth of the)	22	2	0	0
Namibia	20	0	1	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	18	0	0	0
Curacao	16	1	0	0
Dominica	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	0	0
British Virgin Islands	8	1	0	0

Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	2	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>5,285,585</b>	<b>342,290</b>	<b>100,727</b>	<b>4,289</b>

RTI Release

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #126 Novel Coronavirus (COVID-19)  
**Date:** Tuesday, 26 May 2020 7:44:57 PM  
**Attachments:** [2020-05-26 NIR Health SitRep v126 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 26 May 2020, there have been 7,133 confirmed cases of COVID-19 in Australia, including 102 deaths.
- In the past 24 hours there has been an increase of 15 newly confirmed cases. No additional deaths have been reported in Australia.
- To date, more than 1,288,000 tests have been conducted across Australia.
- In the Prime Minister's address at the National Press Club today, he stated that the National Cabinet's three-step plan for a COVID safe Australia is anticipated to be completed across the country in July 2020.
- The Minister for Health announced travel restrictions across remote communities in the Northern Territory will be lifted from Friday, 5 June 2020.

#### Situation Overseas

- As at 1500 hrs 26 May 2020, a total of 5,497,532 cases of COVID-19 have been reported globally, including 346,269 deaths.
- Globally, in the past 24 hours, approximately 89,000 new cases and approximately 1,200 deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 27 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## Novel coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <del>26</del> 1800 AEST	<b>Version</b>	<b>126</b>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <del>27</del> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>In the Prime Minister's address at the National Press Club today, 26 May 2020, he stated that the National Cabinet's three-step plan for a COVID safe Australia is anticipated to be completed across the country on time, in July 2020.</i></li> <li><i>The Minister for Health announced today that travel restrictions across remote communities in the Northern Territory will be lifted from Friday, 5 June 2020.</i> <ul style="list-style-type: none"> <li><i>The decision to lift the Emergency Determination in the Northern Territory is based on the expert medical advice of the Australian Health Protection Principal Committee and is in line with the framework for Easing Remote Restrictions announced by the Prime Minister on 15 May 2020.</i></li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> </ul>

	<ul style="list-style-type: none"> <li>On 25 March 2020, the Minister for Health made a determination under the <i>Biosecurity Act 2015</i> prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 17 September 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. <i>The declaration enlivens the Minister for Health's powers under the Biosecurity Act 2015 to determine emergency requirements or issue directions to respond to COVID-19.</i></li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	---

## 1. Situation

<b>Overview</b>	<p><b>Domestic Situation (as at 1500 hrs, 26 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,133</b> cases of COVID-19, including 102 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>In the past 24 hours, there has been an increase of <b>15</b> newly confirmed cases and no additional deaths have been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, and Tas.</li> <li>Vic reported <b>5</b> newly confirmed cases: <b>3</b> were detected in returned travellers in mandatory hotel quarantine, <b>1 case was locally acquired – contact not identified and 1 case was detected in an aged care facility.</b></li> <li>NSW reported <b>2</b> newly confirmed cases; <b>both were overseas acquired.</b></li> <li>WA reported <b>6</b> newly confirmed cases; <b>all were overseas acquired.</b></li> <li><b>SA reported 1 newly confirmed case which was overseas acquired. This case is the first newly confirmed case in 19 days for SA.</b></li> <li><b>Qld reported 1 newly confirmed case which remains under investigation.</b></li> </ul> </li> <li>Current active cases reported by jurisdictions is fewer than 500 cases. ACT and NT are reporting no active cases (Classification of active cases varies by jurisdiction).</li> <li>Following the peak of cases at the end of March 2020, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>69</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>39</b> cases this week).</li> <li>The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).</li> </ul> </li> </ul>
-----------------	--



- To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 42 to 96 years).
  - 85% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 17 May 2020).

#### Testing

- To date, more than **1,288,000** tests have been conducted across Australia.
  - *In the past 24 hours there have been over 14,600 tests this is a decrease compared to over 23,800 tests conducted in the same 24 hour period a week ago.*
  - Cumulative per cent positive was 0.6% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with over 6,500 total tests per 100,000 population.
  - *The number of tests conducted has been aligned in all jurisdictions to reflect the number of tests conducted and not the number of people tested as people can be tested multiple times. This better reflects the testing capacity of jurisdictions and current public health actions.*

#### Source of infection

- As of **24 May 2020**, in the last 14 days, there were **167** newly confirmed cases. Of cases where information on the source of exposure is available:
  - **12%** were locally acquired - contact not identified
  - **45%** were locally acquired - contact of a confirmed cases and/or in a known cluster
  - **41%** were overseas acquired.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **26 May 2020**, Victoria has reported 111 cases associated with this outbreak.
    - No further cases have been reported since 22 May 2020.
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **26 May 2020**, there were a total number of 12 cases linked this outbreak.
    - No further cases have been reported since 18 May 2020.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **26 May 2020**, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak. There have been no reported cases linked to this outbreak since 13 May 2020.

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 17 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

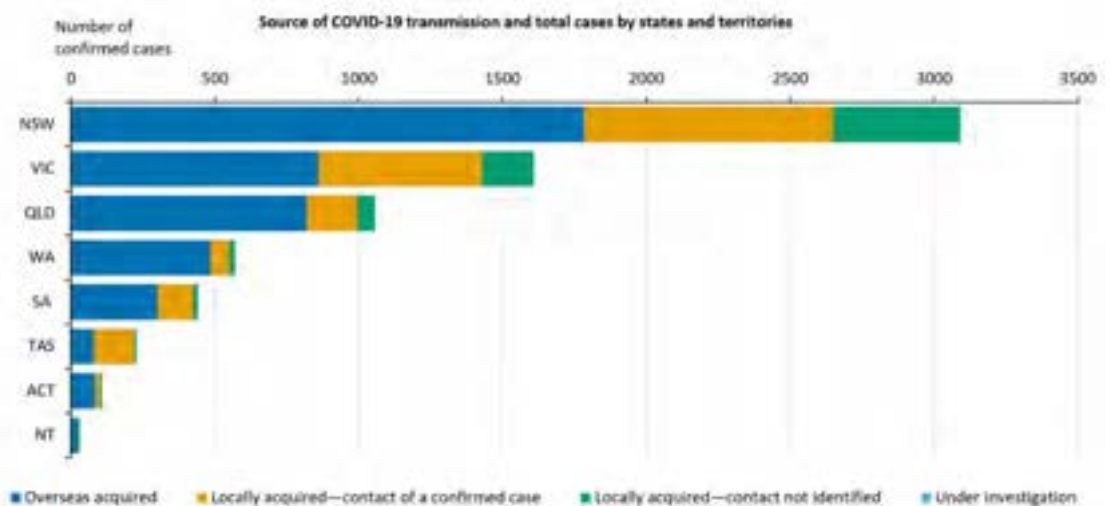
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction, Australia (as at 1500 hrs, 26 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld*	SA	Tas	Vic	WA^
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,436	83	1,784	26	819	301	79	860	484
Locally acquired - contact of confirmed case and/or in a known cluster	1,956	17	864	2	176	124	141	568	64
Locally acquired - contact not identified	619	1	370	0	41	9	0	182	16
Locally acquired - contact not identified, but case had interstate travel	113	6	72	1	18	6	4	0	6
Under investigation	9	0	2	0	3	0	4	0	0
<b>Total cases</b>	<b>7,133</b>	<b>107</b>	<b>3,092</b>	<b>29</b>	<b>1,057</b>	<b>440</b>	<b>228</b>	<b>1,610</b>	<b>570</b>
<b>Recovered</b>	<b>6,553</b>	<b>104</b>	<b>2661</b>	<b>29</b>	<b>1039</b>	<b>435</b>	<b>203</b>	<b>1,533</b>	<b>549</b>
<b>Deaths (of total)</b>	<b>102</b>	<b>3</b>	<b>48</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>19</b>	<b>9</b>
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs	15	0	2	0	1	1	0	5	6
%change in the last 24 hours	0.2%	0.0%	0.1%	0.0%	0.1%	0.2%	0.0%	0.3%	1.1%
Newly confirmed cases in the last 72hrs	28	0	6	0	2	1	0	9	10
%change in the last 72 hrs	0.4%	0.0%	0.2%	0.0%	0.2%	0.2%	0.0%	0.6%	1.8%
Average daily change in newly confirmed cases over the past three days (compound)	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.2%	0.6%
Newly confirmed cases over the past week (7 days)	69	0	16	0	3	1	0	39	10
<b>Current health care use</b>									
Hospitalised (total)	30	0	14	0	4	0	4	8	0
Hospitalised - ICU (of those hospitalised)	5	0	1	0	1	0	0	3	0
Hospitalised - ICU ventilated (of those admitted to ICU)	5	0	1	0	1	0	0	3	0

^ On 25 May 2020, 3 cases (overseas acquired) from WA were included. These cases are retrospective cases so are not classified as newly confirmed.

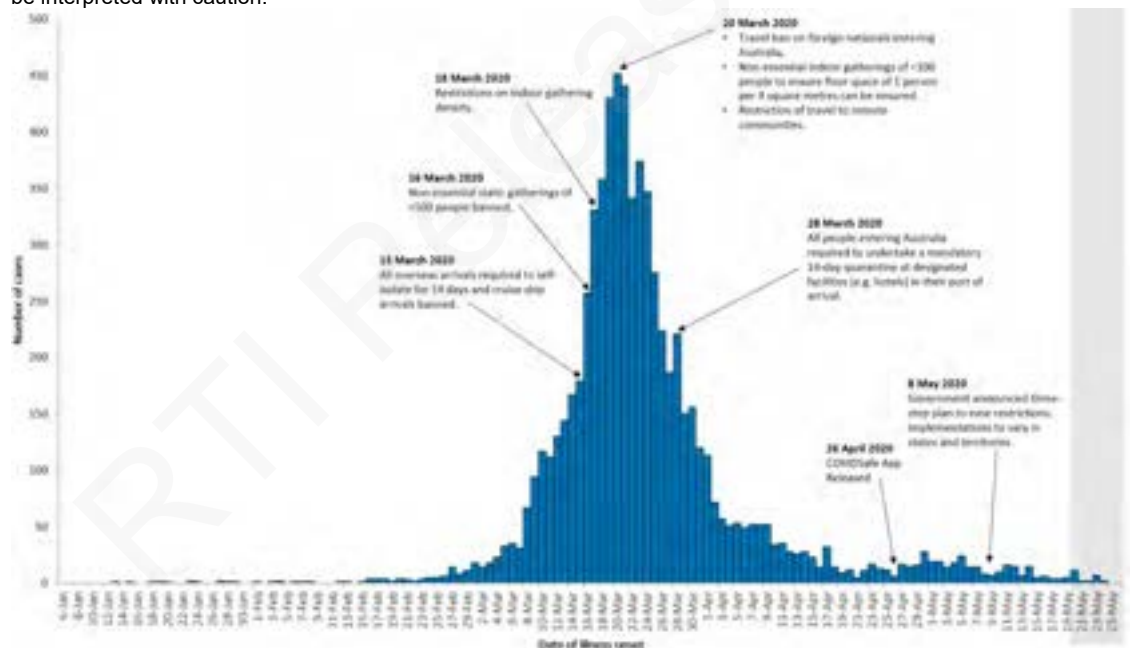
\* On 25 May 2020, Qld removed 3 previously reported cases after further investigation (2 cases (overseas acquired) were initially reported on 24 March 2020 and 1 case (locally acquired - contact not identified), was reported on 10 April 2020).

**Figure 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 26 May 2020**

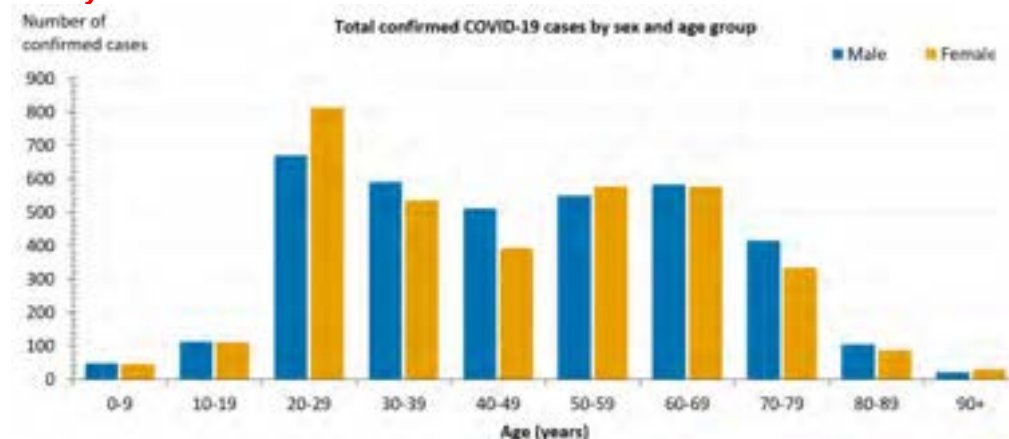


**Figure 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 26 May 2020 by date of illness onset\***

\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.



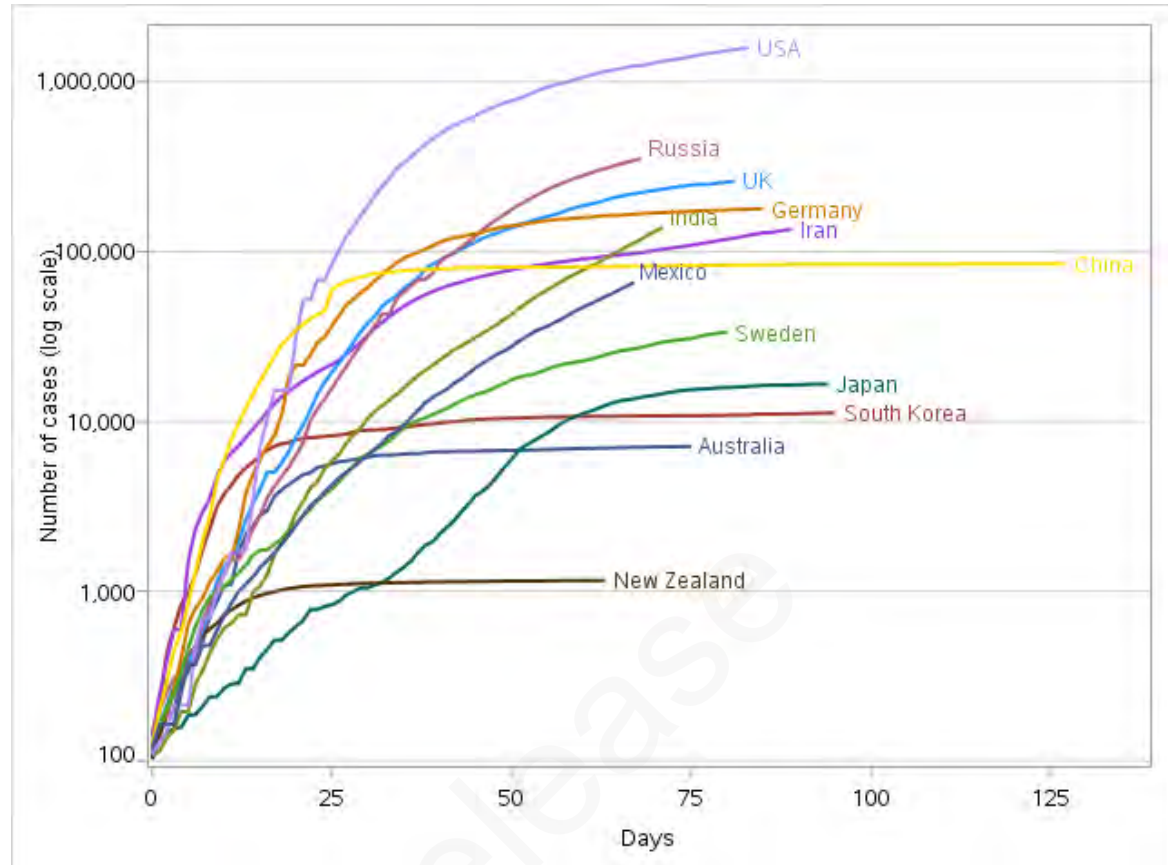
**Figure 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 26 May 2020**



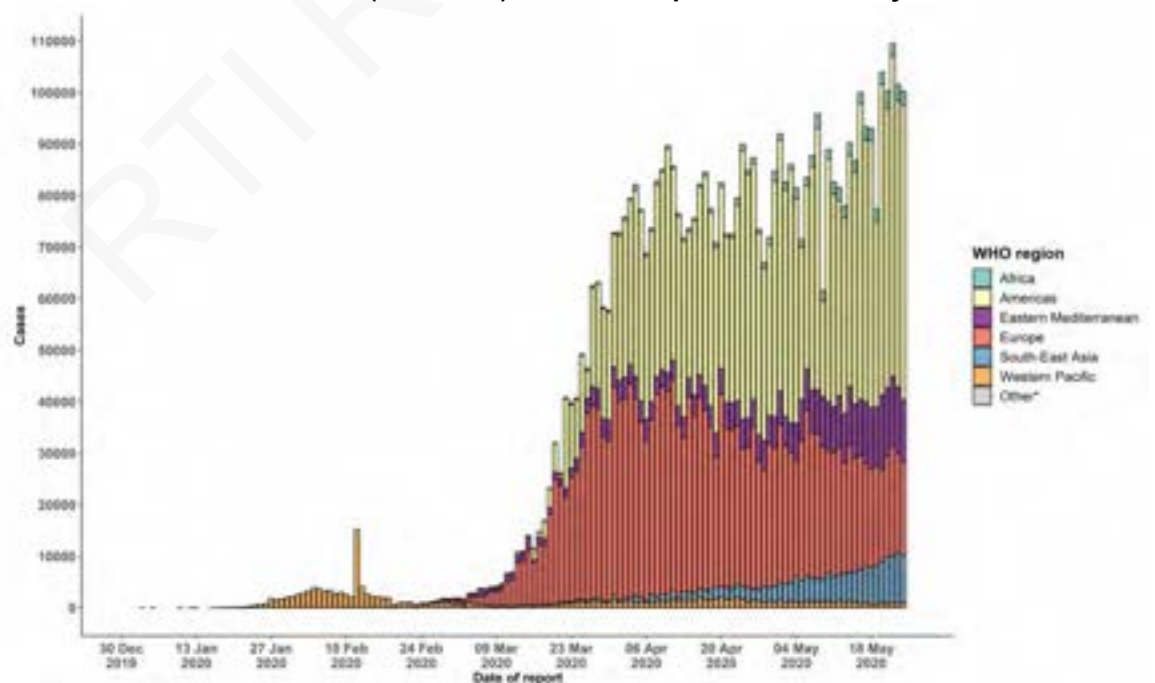
**International Situation (as at 1500 hrs, 26 May 2020)**

- The global number of confirmed COVID-19 cases is currently **5,497,532** cases including **346,269** deaths (Johns Hopkins).
- Globally, in the past 24 hours, approximately **89,000** new cases and approximately **1,200** new deaths have been reported (Johns Hopkins).
- The WHO Situation Report from **25 May 2020** indicates the majority of the cases remain in the United States, followed by Russia, Brazil, the United Kingdom, and Spain. The majority of deaths are from the United States (28%), the United Kingdom (11%), Italy (10%), Spain (**8%**) and France (8%).
- Of the confirmed cases reported globally, the case fatality rate is approximately **6.4%**.
- **Americas.** The USA has reported approximately **1.6** million cases in total. Despite daily variation in total cases detected depending on the day of the week the trend is a slow decline. The epidemic in Brazil is rapidly accelerating, with the number of confirmed cases exceeding **347,000** and number of deaths is approximately 22,000 with **16,500** new cases reported yesterday. Peru is growing rapidly, reporting **4,000** new cases yesterday (**3.6%** daily case growth). They have a cumulative total approximately **116,000** cases and are the third highest case count in the American region. Other countries of note in this region include Canada (**84,000** cases), Chile (**69,000** cases), Mexico (**66,000** cases), and Ecuador (**37,000** cases). Of the countries reporting over 100 cases in the region, the **Bahamas** has the highest CFR at **11%**, followed by **Mexico** at **10.9%**.
- **Europe.** Russia reported approximately **353,000** total cases and **8,900** new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases and is experiencing a slow decline. Effects of Russia's easing lockdown will start to be seen from the end of May through to mid-June. *Newly confirmed cases continue to decline* in Italy, which reported **531** new cases in the last 24 hours. Daily new case numbers over the weekend in the United Kingdom were approximately **2,400**. Germany reported **289** new cases yesterday and **431** new cases one day prior.
- **Eastern Mediterranean.** Iran is experiencing a second wave of the epidemic and reported **2,100** new cases yesterday, and may be starting to bring this under control. Saudi Arabia *has reported approximately 73,000 cases*. Pakistan reports approximately **56,000** cases. Other countries of note include Qatar (**44,000** cases), the UAE (29,000 cases) and Kuwait (**21,000** cases). With the exception of Yemen at CFR **19%**, all other countries report rates below the global average. *Media reports that the health system in Yemen has effectively collapsed and the virus is circulating freely within the countries malnourished population.*
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. They report **23,000** cases and a growth of **1,200** yesterday. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria. *The largest growth in daily cases has been fluctuating daily and no clear trends are emerging.*
- **South East Asia.** New case numbers in India surpasses **139,000** cases and reported approximately **6,900** new cases *in the last 24 hours, which was typical of trends over the weekend*. Bangladesh has approximately **36,000** cases, reporting **2,000** new cases in the last 24 hours. Indonesia has reported **22,750** cases and **1,391** deaths (CFR of **6.1%**).
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **344** new cases. Approximately 93% of all cases in Singapore are dormitory workers and **9.20%** of the dormitory worker population has been diagnosed with COVID-19. *A time series of the proportion of workers effected showed that the rate was beginning to slow.* The Philippines also has a high case fatality rate with **14,319** cases and **873** deaths reported (CFR of **6.1%**). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, or Timor-Leste in over a month. Northern Mariana Islands reported 2 new cases on 17 May 2020. French Polynesia reported 29 new cases on 23 May 2020; however these were from an international commercial fishing vessel.

**Figure 4. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus Disease (COVID-19) Dashboard data as at 25 May 2020**



**Figure 5. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 126 of 25 May 2020**





International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 25 May 2020, the World Health Organization (WHO) temporarily paused the use of hydroxychloroquine arm within the Solidarity Trial while the safety data is reviewed by the Data Safety Monitoring Board. The other arms of the trial are continuing             <ul style="list-style-type: none"> <li>The Solidarity Trial, overseen by WHO, has so far enrolled 3,500 patients from across 17 countries and is assessing the efficacy of four experimental drugs in the management of hospitalised COVID-19 patients, one of which is hydroxychloroquine</li> </ul> </li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>There are six public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>Current ACT restrictions can be found at <a href="https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings">https://www.covid19.act.gov.au/protecting-yourself-and-others/groups-and-gatherings</a></li> <li>Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>Current NSW restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules">https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules</a></li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>Current NT restrictions and upcoming changes from 5 June 2020 can be found at: <a href="https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June">https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June</a></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the Public Health Act 2005 on 29 January 2020.</li> <li>Current QLD restrictions and upcoming changes from 12 June 2020 can be found at: <a href="https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions">https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</a></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>Current SA restrictions from 11 May 2020 can be found at: <a href="https://www.covid-19.sa.gov.au/recovery">https://www.covid-19.sa.gov.au/recovery</a></li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>Current TAS restrictions and upcoming changes from 15 June 2020 can be found at: <a href="https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery">https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery</a></li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> </ul>

	<ul style="list-style-type: none"> <li>Current VIC restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered">https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered</a></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>On 10 May 2020, the WA Premier announced a <a href="#">four-phase roadmap</a> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> <li>From Friday, 29 May 2020, the WA regional boundaries will be lifted except for the Federal Government biosecurity zones, including the Kimberley region, parts of the Shire of East Pilbara and Shire of Ngaanyatjaraku. Restrictions on entering 274 remote Aboriginal communities will remain in place.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

#### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the



central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/aguesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### Severity

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **5,497,532** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **26** May 2020, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,592,599	95,863	24,151	1,852
Russian Federation	353,427	3,633	8,946	153
Brazil	347,398	22,013	16,508	1,001
The United Kingdom	259,563	36,793	2,405	282
Spain	235,772	28,752	482	50
Italy	229,858	32,785	531	119
Germany	178,570	8,257	289	31
Turkey	156,827	4,340	1,141	32
France	142,204	28,315	31	43
India	138,845	4,021	6,977	147
Iran (Islamic Republic of)	135,701	7,417	2,180	59
Peru	115,754	3,373	4,056	96
China (including SARs)	84,536	4,645	11	0
<i>Hong Kong SAR</i>	1,066	4	2	0
<i>Taiwan</i>	441	7	0	0
<i>Macau SAR</i>	45	0	0	0

Canada	84,081	6,380	1,189	97
Saudi Arabia	72,560	390	2,399	15
Chile	69,102	718	3,709	43
Mexico	65,856	7,179	3,329	479
Belgium	57,092	9,280	282	25
Pakistan	56,349	1,167	1,748	32
Netherlands	45,236	5,822	172	23
Qatar	43,714	23	1,501	2
Ecuador	36,756	3,108	498	40
Belarus	36,198	199	954	4
Bangladesh	35,585	501	1,975	28
Sweden	33,459	3,998	271	67
Singapore	31,616	23	548	0
Switzerland	30,653	1,640	11	3
Portugal	30,623	1,316	152	13
United Arab Emirates	29,485	245	781	3
Ireland	24,639	1,608	57	12
Indonesia	22,750	1,391	479	21
South Africa	22,583	429	1,240	10
Poland	21,326	996	395	11
Kuwait	21,302	156	838	10
Ukraine	21,245	623	259	12
Colombia	20,177	705	1,046	30
Romania	18,070	1,179	213	11
Egypt	17,265	764	752	28
Israel	16,712	279	0	0
Japan	16,581	830	31	12
Austria	16,439	640	32	4
Dominican Republic	14,801	458	379	2
Philippines	14,035	868	258	6
Denmark	11,360	562	71	0
Argentina	11,353	445	704	20
Republic of Korea	11,206	267	16	0
Serbia	11,159	238	67	1
Afghanistan	11,094	219	512	7
Panama	10,577	299	310	4
Bahrain	9,138	13	336	1
Czechia	8,957	315	67	2
Kazakhstan	8,531	35	209	0
Norway	8,309	235	0	0
Algeria	8,306	600	193	10
Nigeria	7,839	226	313	0
Oman	7,770	37	513	2
Morocco	7,433	199	27	1
Malaysia	7,245	115	60	0
Armenia	7,113	87	452	4
Republic of Moldova	7,093	256	99	12
Ghana	6,683	32	66	0
Finland	6,579	307	11	0
Bolivia (Plurinational State of)	5,915	240	336	15
Iraq	4,469	160	197	5

Cameroon	4,400	159	0	0
Azerbaijan	4,122	49	140	3
Luxembourg	3,992	110	2	0
Sudan	3,826	165	192	9
Hungary	3,756	491	15	4
Honduras	3,743	174	266	11
Guinea	3,275	20	99	1
Puerto Rico	3,189	127	89	1
Uzbekistan	3,180	13	48	0
Guatemala	3,054	57	311	5
Senegal	3,047	35	71	1
Thailand	3,042	57	2	0
Tajikistan	2,929	46	191	0
Greece	2,878	171	2	2
Bulgaria	2,433	130	25	0
Bosnia and Herzegovina	2,391	141	20	0
Côte d'Ivoire	2,376	30	10	1
Djibouti	2,270	10	0	0
Croatia	2,244	99	1	0
Democratic Republic of the Congo	2,140	62	0	0
North Macedonia	1,978	113	37	1
Cuba	1,941	82	10	0
Gabon	1,934	12	0	0
El Salvador	1,915	35	96	0
Estonia	1,823	64	2	0
Iceland	1,804	10	0	0
Lithuania	1,623	63	7	2
Somalia	1,594	61	0	0
Mayotte	1,587	20	66	0
Slovakia	1,509	28	5	0
Slovenia	1,509	107	31	0
Kyrgyzstan	1,433	16	30	0
Maldives	1,395	4	82	0
Kenya	1,214	51	22	0
Sri Lanka	1,182	9	64	0
Guinea-Bissau	1,173	6	59	0
New Zealand	1,154	21	0	0
Lebanon	1,114	26	17	0
Tunisia	1,051	48	3	1
Latvia	1,047	22	1	0
Equatorial Guinea	1,043	12	0	1
Kosovo	1,032	29	7	0
Mali	1,030	65	15	0
Venezuela (Bolivarian Republic of)	1,010	10	66	0
Albania	1,004	32	15	1
Niger	945	61	2	1
Cyprus	935	17	8	0
Zambia	920	7	0	0
Costa Rica	918	10	7	0
Haiti	865	26	53	0
Paraguay	862	11	12	0

Burkina Faso	832	52	1	0
Uruguay	764	22	11	0
Andorra	763	51	0	0
Georgia	731	12	1	0
Sierra Leone	721	40	100	1
International conveyance (Diamond Princess)	712	13	0	0
Jordan	708	9	4	0
Nepal	682	4	79	0
Chad	675	60	27	1
San Marino	672	42	0	1
South Sudan	655	8	92	1
Malta	610	6	1	0
Central African Republic	604	1	52	1
occupied Palestinian territory, including east	602	5	0	1
Ethiopia	582	5	88	0
Jamaica	550	9	6	0
Madagascar	527	2	39	0
United Republic of Tanzania	509	21	0	0
Congo	487	16	0	0
Réunion	452	1	0	0
Togo	381	12	8	0
Cabo Verde	380	3	9	0
Isle of Man	336	24	0	0
Mauritius	334	10	2	0
Rwanda	327	0	2	0
Viet Nam	325	0	0	0
Montenegro	324	9	0	0
Jersey	306	29	0	0
Uganda	304	0	-8	0
French Guiana	279	1	18	0
Nicaragua	279	17	0	0
Liberia	265	26	10	2
Guernsey	252	13	0	0
Eswatini	250	2	12	0
Mauritania	237	6	10	1
Yemen	226	43	10	6
Myanmar	201	6	0	0
Martinique	197	14	0	0
Mozambique	194	0	26	0
Benin	191	3	56	0
Faroe Islands	187	0	0	0
Sao Tome and Principe	174	9	0	0
Guam	161	5	0	0
Guadeloupe	156	13	0	0
Gibraltar	155	0	4	0
Brunei Darussalam	141	1	0	0
Mongolia	141	0	0	0
Bermuda	133	9	5	0
Cayman Islands	129	1	0	0
Guyana	127	10	0	0
Cambodia	124	0	0	0

Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Bahamas	100	11	3	0
Monaco	98	1	0	0
Barbados	92	7	2	0
French Polynesia	89	0	0	0
Syrian Arab Republic	86	4	16	0
Liechtenstein	83	1	0	0
Malawi	83	4	0	1
Sint Maarten	78	15	0	0
Libya	75	3	0	0
Angola	69	4	9	0
United States Virgin Islands	69	6	0	0
Zimbabwe	56	4	0	0
Comoros	43	1	9	0
Burundi	42	1	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Botswana	35	1	6	0
Bhutan	27	0	3	0
Antigua and Barbuda	25	3	0	0
Gambia	25	1	0	0
Timor-Leste	24	0	0	0
Grenada	22	0	0	0
Northern Mariana Islands (Commonwealth of the)	22	2	0	0
Namibia	21	0	1	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	18	0	0	0
Curacao	17	1	1	0
Dominica	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	11	0	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	6	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	2	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>5,300,189</b>	<b>346,624</b>	<b>100,694</b>	<b>5,053</b>

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #127 Novel Coronavirus (COVID-19)  
**Date:** Wednesday, 27 May 2020 8:05:33 PM  
**Attachments:** [2020-05-27 NIR Health SitRep v127 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 27 May 2020, there have been 7,139 confirmed cases of COVID-19 in Australia, including 103 deaths.
- In the past 24 hours there has been an increase of 11 newly confirmed cases. One additional death has been reported in Australia.
- To date, more than 1,338,000 tests have been conducted across Australia.
- The Minister for Health announced medical students across Australia will receive basic mental health first aid training so they can recognise and respond to the extra stresses associated with the COVID-19 pandemic.

#### Situation Overseas

- As at 1500 hrs 27 May 2020, a total of 5,593,148 cases of COVID-19 have been reported globally, including 350,509 deaths.
- Globally, in the past 24 hours, approximately 95,500 new cases and approximately 4,200 deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 28 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [\[redacted\]](#) or [\[redacted\]](#) (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [\[redacted\]](#) by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## Novel coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <i>27</i> 1800 AEST	<b>Version</b>	<i>127</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <i>28</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat.		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>The Minister for Health announced today, 27 May 2020, that medical students across Australia will receive basic mental health first aid training to ensure they can recognise and respond to the extra stresses associated with the COVID-19 pandemic.</i></li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the <i>Biosecurity Act 2015</i> prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 17 September 2020.</li> </ul>



	<p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration enlivens the Minister for Health's powers under the <i>Biosecurity Act 2015</i> to determine emergency requirements or issue directions to respond to COVID-19.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	--

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 27 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,139</b> cases of COVID-19, including <b>103</b> deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).             <ul style="list-style-type: none"> <li>In the past 24 hours, there has been <b>11</b> newly confirmed cases, <b>including 1</b> death, has been reported in Australia.                 <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, <b>SA</b>, Tas and <b>WA</b>.</li> <li>Vic reported <b>8</b> newly confirmed cases: <b>1 was detected in hotel quarantine (overseas acquired); 1 case is locally acquired (contact not identified); and 6 cases remain under investigation – 2 of these are linked to an aged care facility.</b></li> <li>NSW reported <b>2</b> newly confirmed cases; <b>both are in children who attended different schools, the sources of infection for both cases are currently under investigation.</b></li> <li>Qld reported <b>1</b> newly confirmed <b>case who has deceased; however, their source of acquisition remains under investigation.</b></li> </ul> </li> <li><b>There are fewer than 500 active cases currently being reported by jurisdictions.</b> ACT and NT are reporting no active cases (classification of active cases varies by jurisdiction).</li> <li>Following the peak of cases at the end of March 2020, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020.                 <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>67</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>41</b> cases this week).</li> <li>The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).                 <ul style="list-style-type: none"> <li>To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:                 <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> <li>Almost half of cases were acquired overseas.</li> <li>Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.</li> </ul> </li> </ul> </li> </ul>
----------	---

- Of the deaths reported so far:
  - The median age is 80 years (range 30 to 96 years).
  - 83% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 17 May 2020).

#### Testing

- To date, more than 1,338,000 tests have been conducted across Australia.
  - In the past 24 hours there have been over 30,000 tests; this is an increase compared to over 25,500 tests conducted in the same 24 hour period a week ago.
  - Cumulative per cent positive was 0.5% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with over 7,100 total tests per 100,000 population.
  - The reporting of testing data has been aligned in all jurisdictions to reflect the number of tests conducted and not the number of people tested as people can be tested multiple times. This better reflects the testing capacity of jurisdictions and current public health actions.

#### Source of infection

- As of 24 May 2020, in the last 14 days, there were 167 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 12% were locally acquired - contact not identified
  - 2% were locally acquired – contact not identified and case had interstate travel
  - 45% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 41% were overseas acquired.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
- The have been
  - As at 27 May 2020, 3 separate aged care facilities in Victoria with cases identified since the 17 May 2020.
    - There were 2 cases reported from Lynden Aged Care in the last 24 hours and an additional case reported from Hammond Aged Care on the 26 May 2020 bringing the total in this facility to 2.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 27 May 2020, Victoria has reported 111 cases associated with this outbreak.
    - No further cases have been reported since 22 May 2020.
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at 27 May 2020, there were a total number of 12 cases associated with this outbreak.
    - No further cases have been reported since 18 May 2020.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 27 May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak. There have been no reported cases linked to this outbreak since 13 May 2020.

#### Epidemiological Resources

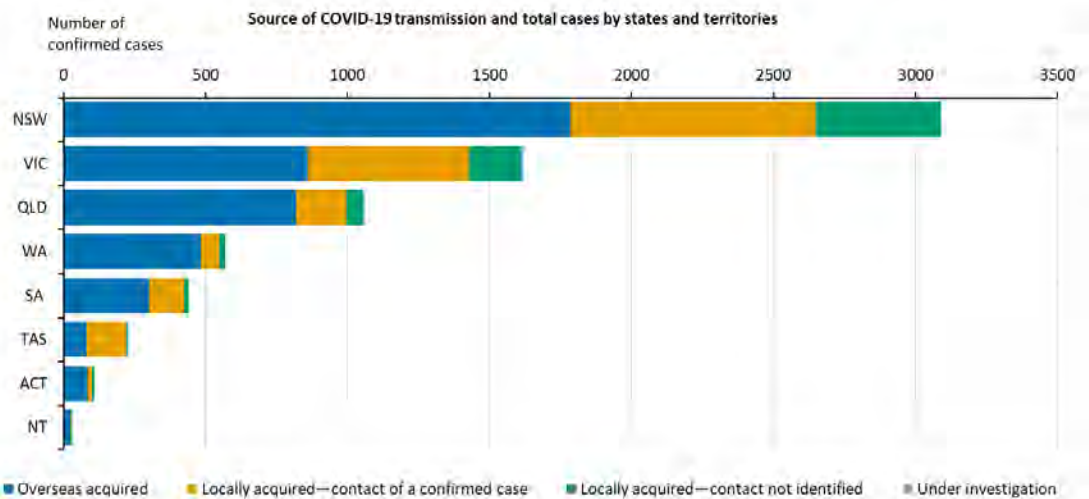
- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 17 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction, Australia (as at 1500 hrs, 27 May 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW <sup>^</sup>	NT	Qld	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,438	83	1,784	26	819	301	81	860	484
Locally acquired - contact of confirmed case and/or in a known cluster	1,956	17	864	2	176	124	140	569	64
Locally acquired - contact not identified	618	1	368	0	41	9	0	183	16
Locally acquired - contact not identified, but case had interstate travel	112	6	72	1	18	6	3	0	6
Under investigation	15	0	1	0	4	0	4	6	0
<b>Total cases</b>	<b>7,139</b>	<b>107</b>	<b>3,089</b>	<b>29</b>	<b>1,058</b>	<b>440</b>	<b>228</b>	<b>1,618</b>	<b>570</b>
<b>Recovered</b>	<b>6,566</b>	104	2,663	29	1,044	435	203	1,539	549
<b>Deaths (of total)</b>	<b>103</b>	3	48	0	7	4	13	19	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs	11	0	2	0	1	0	0	8	0
%change in the last 24 hours	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.5%	0.0%
Newly confirmed cases in the last 72hrs	35	0	7	0	2	1	0	15	10
%change in the last 72 hrs	0.5%	0.0%	0.2%	0.0%	0.2%	0.2%	0.0%	0.9%	1.8%
Average daily change in newly confirmed cases over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.3%	0.6%
Newly confirmed cases over the past week (7 days)	67	0	12	0	3	1	0	41	10
<b>Current health care use</b>									
Hospitalised (total)	30	0	14	0	4	0	4	8	0
Hospitalised - ICU (of those hospitalised)	6	0	1	0	1	0	0	4	0
Hospitalised - ICU ventilated (of those admitted to ICU)	3	0	1	0	1	0	0	1	0

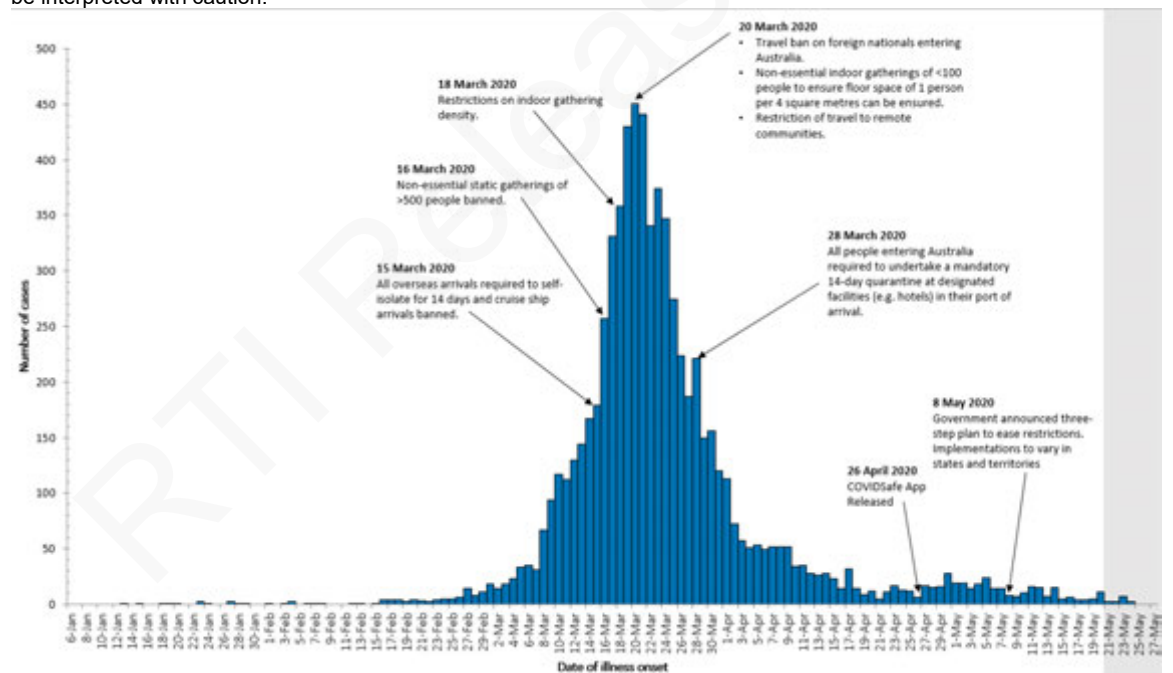
<sup>^</sup> On 26 May 2020, NSW excluded a total of 5 cases - 1 case reported on 21 May 2020 as under investigation and 2 cases reported on 20 May 2020 as locally acquired – contact not identified have been excluded due to further testing; 1 case reported on 17 April 2020 as locally acquired - contact not identified and 1 case reported on 28 March 2020 as locally acquired - source not identified, were excluded after expert panel review.

**Figure 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs **27 May 2020****

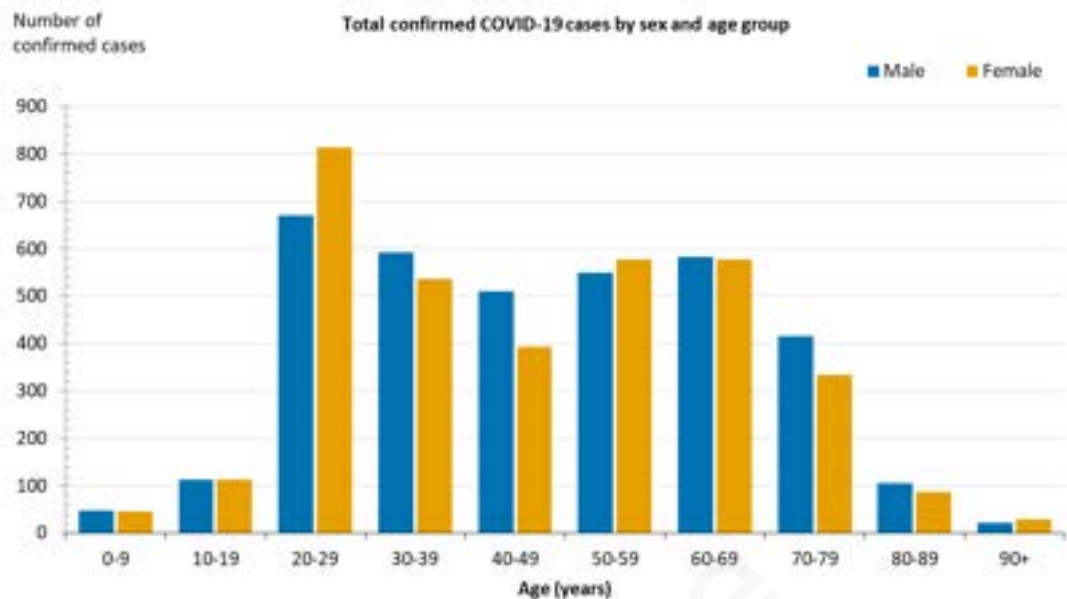


**Figure 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs **27 May 2020** by date of illness onset\***

\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.



**Figure 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 27 May 2020**



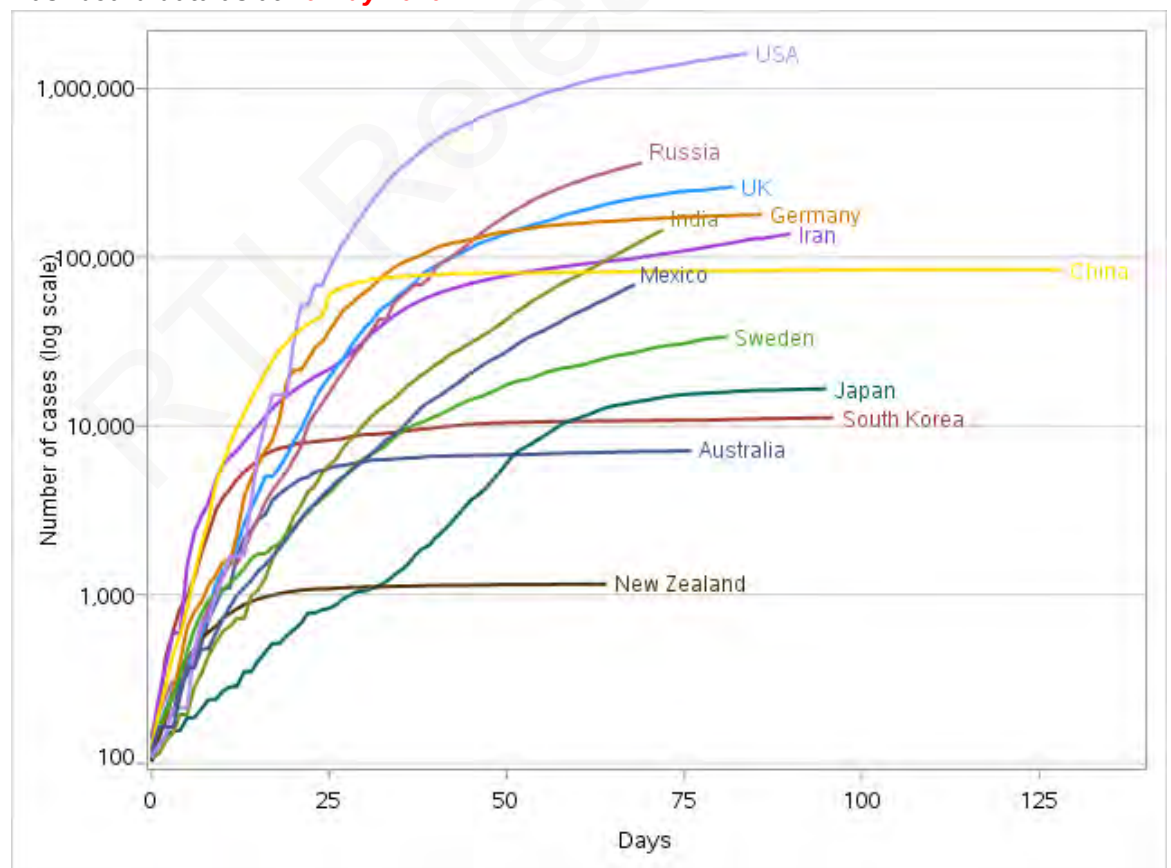
**International Situation (as at 1500 hrs, 27 May 2020)**

- The global number of confirmed COVID-19 cases is currently **5,593,148** cases including **350,509** deaths (Johns Hopkins).
- Globally, in the past 24 hours, approximately **95,500** new cases and over **4,200** new deaths have been reported (Johns Hopkins).
- The **WHO Dashboard data** from **27 May 2020** indicates the majority of the cases remain in the United States, followed by **Brazil, Russia**, the United Kingdom, and Spain. The majority of deaths are from the United States (28%), the United Kingdom (11%), Italy (10%), Spain (8%) and France (8%).
- Of the confirmed cases reported globally, the case fatality rate is approximately 6.4%.
- **Americas.** The USA has reported approximately 1.6 million cases in total. Despite daily variation in total cases detected depending on the day of the week the trend is a slow decline. The epidemic in Brazil is rapidly accelerating, **and has surpassed Russia**, with the number of confirmed cases exceeding **363,000** and number of deaths is approximately **23,000** with **16,000** new cases reported yesterday. Peru is growing rapidly, reporting a cumulative total approximately **120,000** cases and are the third highest case count in the American region. Other countries of note in this region include Canada (**85,000** cases), Chile (**74,000** cases), Mexico (**69,000** cases), and Ecuador (37,000 cases).
- **Europe.** Russia has reported approximately **362,000** total cases, including 8,900 new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases and is experiencing a slow decline. Newly confirmed cases continue to decline in Italy, which reported **92** new cases yesterday. Daily new case numbers over the weekend in the United Kingdom were approximately **1,600 – their lowest daily value since 25 March 2020**. Germany reported **432** new cases yesterday and **289** new cases one day prior.
- **Eastern Mediterranean.** Iran is experiencing a second wave of the epidemic and reported **2,000** new cases yesterday, and may be starting to bring this under control. Saudi Arabia has reported approximately **75,000** cases. Pakistan reports approximately **58,000** cases. Other countries of note include Qatar (**45,000** cases), the UAE (**30,000** cases) and Kuwait (**22,000** cases). With the exception of Yemen at CFR 19%, all other countries report rates below the global average. [Media reports](#) that the health system in Yemen has effectively collapsed and the virus is circulating freely within the countries malnourished population.
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. They report **24,000** cases and a growth of **1,000** yesterday. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria.

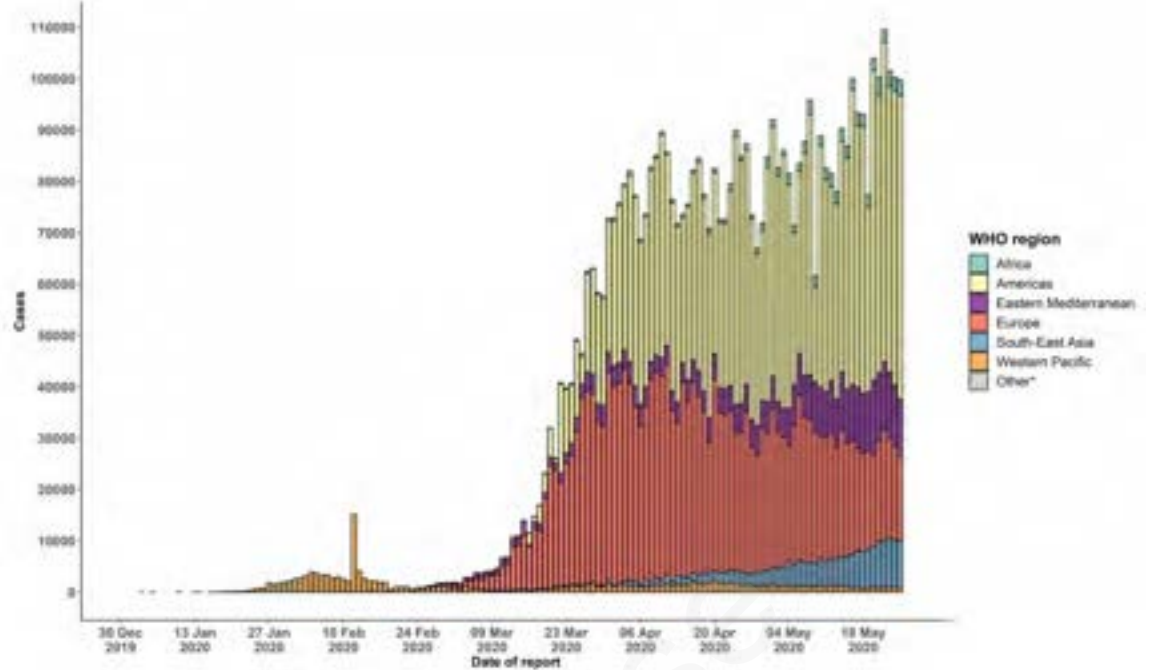


- South East Asia.** New case numbers in India surpasses **145,000** cases and reported approximately **6,500** new cases in the last 24 hours. Bangladesh has approximately **37,000** cases, reporting **1,200** new cases in the last 24 hours. Indonesia has reported **23,165** cases and **1,418** deaths, *their CFR is 6.1% and has reduced in line with the global average, though they remain the highest in the region.* Malaysia have reported **7,604** cases and **115** deaths with **187** cases reported yesterday. *Their positivity rate is 1.46% and they have conducted approximately 1,600 tests per 100,000 population. They have a cluster in an Immigration Detention Centre.* Vietnam has only reported **327** cases and **0** deaths with **1** new case reported yesterday. *Their positivity rate is 0.12% and have conducted approximately 268 tests per 100,000 population.* Thailand has reported **3045** cases and **57** deaths, with **3** cases reported yesterday. *Their positivity rate is 0.81% and have conducted approximately 540 tests per 100,000 people.*
- Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **383** new cases. Approximately 93% of all cases in Singapore are dormitory workers and **9.32%** of the dormitory worker population has been diagnosed with COVID-19. A time series of the proportion of workers effected showed that the rate was beginning to slow. The Philippines also has a high case fatality rate with **14,469** cases and **886** deaths reported (CFR of 6.1%). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, or Timor-Leste in over a month. Northern Mariana Islands reported 2 new cases on 17 May 2020. *The French Polynesia fishing vessel cases have been reallocated in the Situation Report to 'International commercial vessel' and their total has returned to 60.*

**Figure 4. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus Disease (COVID-19) Dashboard data as at **26 May 2020****



**Figure 5. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 127 of 26 May 2020**



#### International response

##### WHO

- On 25 May 2020, the World Health Organization (WHO) temporarily paused the use of hydroxychloroquine arm within the Solidarity Trial while the safety data is reviewed by the Data Safety Monitoring Board. The other arms of the trial are continuing.
  - The Solidarity Trial, overseen by WHO, has so far enrolled 3,500 patients from across 17 countries and is assessing the efficacy of four experimental drugs in the management of hospitalised COVID-19 patients, one of which is hydroxychloroquine.

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>• The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>• There are six public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>• The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>• The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>• <i>From 1159hrs on Friday 29 May 2020, COVID-19 restrictions in the ACT will ease further. Information on the changes can be found at <a href="https://www.covid19.act.gov.au/faqs/faqs-changes-to-restrictions">https://www.covid19.act.gov.au/faqs/faqs-changes-to-restrictions</a>.</i></li> <li>• Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>• The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>• Current NSW restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules">https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules</a></li> </ul>
NT Health	<ul style="list-style-type: none"> <li>• Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>• NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>• <i>The Minister for Health announced on 26 May 2020 that travel restrictions across remote communities in the Northern Territory will be lifted from Friday, 5 June 2020.</i> <ul style="list-style-type: none"> <li>◦ <i>The decision to lift the Emergency Determination in the Northern Territory was made based on medical advice, following the Framework for <a href="#">Easing Remote Restrictions</a> (the</i></li> </ul> </li> </ul>



	<p><i>Framework) endorsed by the Australian Health Protection Principal Committee and announced by the Prime Minister on 15 May 2020 after National Cabinet.</i></p> <ul style="list-style-type: none"> <li>Current NT restrictions and upcoming changes from 5 June 2020 can be found at: <a href="https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June">https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June</a></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>Current QLD restrictions and upcoming changes from 12 June 2020 can be found at: <a href="https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions">https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</a></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>Current SA restrictions from 11 May 2020 can be found at: <a href="https://www.covid-19.sa.gov.au/recovery">https://www.covid-19.sa.gov.au/recovery</a></li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>Current TAS restrictions and upcoming changes from 15 June 2020 can be found at: <a href="https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery">https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery</a></li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>Current VIC restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered">https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered</a></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> <li>From Friday, 29 May 2020, the WA regional boundaries will be lifted except for the Federal Government biosecurity zones, including the Kimberley region, parts of the Shire of East Pilbara and Shire of Ngaanyatjaraku. Restrictions on entering 274 remote Aboriginal communities will remain in place.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

### **Incubation period**

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

### **Molecular epidemiology**

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

### **Clinical presentation**

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### **Severity**

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### **Treatment**

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

#### 4. Appendix 1

##### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **5,593,148** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **27 May 2020**, excluding Australian cases.\*

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,618,757	96,909	26,158	1,046
Russian Federation	362,342	3,807	8,915	174
Brazil	363,211	22,666	15,813	653
The United Kingdom	261,188	36,914	1,625	121
Spain	235,400	26,834	-372	-1,918
Italy	230,158	32,877	300	92
Germany	179,002	8,302	432	45
Turkey	157,814	4,369	987	29
France	142,482	28,379	278	64
India	145,380	4,167	6,535	146
Iran (Islamic Republic of)	137,724	7,451	2,023	34
Peru	119,959	3,456	4,205	83
Canada	85,103	6,453	1,022	73
China (including SARs)	84,543	4,645	7	0
<i>Hong Kong SAR</i>	1,066	4	0	0
<i>Taiwan</i>	441	7	0	0
<i>Macau SAR</i>	45	0	0	0
Saudi Arabia	74,795	399	2,235	9
Chile	73,997	761	4,895	43
Mexico	68,620	7,394	2,764	215
Belgium	57,342	9,312	250	32
Pakistan	57,705	1,197	1,356	30
Netherlands	45,445	5,830	209	8
Qatar	45,465	26	1,751	3
Ecuador	37,355	3,203	599	95
Belarus	37,144	204	946	5
Bangladesh	36,751	522	1,166	21
Sweden	33,843	4,029	384	31
Singapore	31,960	23	344	0
Switzerland	30,663	1,641	10	1
Portugal	30,788	1,330	165	14
United Arab Emirates	30,307	248	822	3
Ireland	24,698	1,606	59	-2
Indonesia	23,165	1,418	415	27
South Africa	23,615	481	1,032	52
Poland	21,631	1,007	305	11
Kuwait	21,967	165	665	9

Ukraine	21,584	644	339	21
Colombia	21,175	727	998	22
Romania	18,283	1,197	213	18
Egypt	17,967	783	702	19
Israel	16,720	280	8	1
Japan	16,623	846	42	16
Austria	16,459	641	20	1
Dominican Republic	15,073	460	272	2
Philippines	14,319	873	284	5
Denmark	11,387	563	27	1
Argentina	12,076	452	723	7
Republic of Korea	11,225	269	19	2
Serbia	11,193	239	34	1
Afghanistan	11,831	220	737	1
Panama	10,926	306	349	7
Bahrain	9,171	14	33	1
Czechia	9,002	317	45	2
Kazakhstan	8,969	35	438	0
Norway	8,352	235	43	0
Algeria	8,503	609	197	9
Nigeria	8,068	233	229	7
Oman	7,770	37	0	0
Morocco	7,532	200	99	1
Malaysia	7,417	115	172	0
Armenia	7,402	91	289	4
Republic of Moldova	7,149	265	56	9
Ghana	6,808	32	125	0
Finland	6,599	308	20	1
Bolivia (Plurinational State of)	6,263	250	348	10
Iraq	4,632	163	163	3
Cameroon	4,890	165	490	6
Azerbaijan	4,271	51	149	2
Luxembourg	3,993	110	1	0
Sudan	3,976	170	150	5
Hungary	3,771	499	15	8
Honduras	3,950	180	207	6
Guinea	3,322	20	47	0
Puerto Rico	3,260	129	71	2
Uzbekistan	3,261	13	81	0
Guatemala	3,424	58	370	1
Senegal	3,130	35	83	0
Thailand	3,045	57	3	0
Tajikistan	3,100	46	171	0
Greece	2,882	172	4	1
Bulgaria	2,433	130	0	0
Bosnia and Herzegovina	2,405	145	14	4

Côte d'Ivoire	2,423	30	47	0
Djibouti	2,468	14	198	4
Croatia	2,244	100	0	1
Democratic Republic of the Congo	2,304	66	164	4
North Macedonia	1,999	113	21	0
Cuba	1,947	82	6	0
Gabon	2,135	14	201	2
El Salvador	1,983	35	68	0
Estonia	1,824	65	1	1
Iceland	1,804	10	0	0
Lithuania	1,635	63	12	0
Somalia	1,689	66	95	5
Mayotte	1,609	20	22	0
Slovakia	1,511	28	2	0
Slovenia	1,469	106	0	0
Kyrgyzstan	1,468	16	35	0
Maldives	1,395	4	0	0
Kenya	1,286	52	72	1
Sri Lanka	1,278	10	96	1
Guinea-Bissau	1,173	6	0	0
New Zealand	1,154	21	0	0
Lebanon	1,119	26	5	0
Tunisia	1,051	48	0	0
Latvia	1,049	22	2	0
Equatorial Guinea	1,043	12	0	0
Kosovo	1,038	30	6	1
Mali	1,059	67	29	2
Venezuela (Bolivarian Republic of)	1,121	10	111	0
Albania	1,029	33	25	1
Niger	951	62	6	1
Cyprus	937	17	2	0
Zambia	920	7	0	0
Costa Rica	930	10	12	0
Haiti	958	27	93	1
Paraguay	865	11	3	0
Burkina Faso	841	52	9	0
Uruguay	769	22	5	0
Andorra	763	51	0	0
Georgia	732	12	1	0
Sierra Leone	735	42	14	2
International conveyance (Diamond Princess)	712	13	0	0
Jordan	711	9	3	0
Nepal	772	4	90	0
Chad	687	61	12	1
San Marino	672	42	0	0
South Sudan	655	8	0	0

Malta	611	6	1	0
Central African Republic	652	1	48	0
occupied Palestinian territory, including east Jerusalem	602	5	0	0
Ethiopia	655	5	73	0
Jamaica	552	9	2	0
Madagascar	542	2	15	0
United Republic of Tanzania	509	21	0	0
Congo	531	17	44	1
Réunion	456	1	4	0
Togo	386	13	5	1
Cabo Verde	390	3	10	0
Isle of Man	336	24	0	0
Mauritius	334	10	0	0
Rwanda	336	0	9	0
Viet Nam	326	0	1	0
Montenegro	324	9	0	0
Jersey	306	29	0	0
Uganda	304	0	0	0
French Guiana	328	1	49	0
Nicaragua	279	17	0	0
Liberia	265	26	0	0
Guernsey	252	13	0	0
Eswatini	256	2	6	0
Mauritania	262	9	25	3
Yemen	237	45	11	2
Myanmar	206	6	5	0
Martinique	197	14	0	0
Mozambique	209	1	15	1
Benin	191	3	0	0
Faroe Islands	187	0	0	0
Sao Tome and Principe	165	10	-9	1
Guam	161	5	0	0
Guadeloupe	161	14	5	1
Gibraltar	155	0	0	0
Brunei Darussalam	141	1	0	0
Mongolia	141	0	0	0
Bermuda	133	9	0	0
Cayman Islands	129	1	0	0
Guyana	135	10	8	0
Cambodia	124	0	0	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Bahamas	100	11	0	0
Monaco	98	1	0	0
Barbados	92	7	0	0
French Polynesia	60	0	0	0

Syrian Arab Republic	106	4	20	0
Liechtenstein	83	1	0	0
Malawi	101	4	18	0
Sint Maarten	78	15	0	0
Libya	75	3	0	0
Angola	69	4	0	0
United States Virgin Islands	69	6	0	0
Zimbabwe	56	4	0	0
Comoros	43	1	0	0
Burundi	42	1	0	0
Eritrea	39	0	0	0
Saint Martin	39	3	0	0
Botswana	35	1	0	0
International commercial vessel	29	0	0	0
Bhutan	27	0	0	0
Antigua and Barbuda	25	3	0	0
Gambia	25	1	0	0
Timor-Leste	24	0	0	0
Grenada	22	0	0	0
Northern Mariana Islands (Commonwealth of the)	22	2	0	0
Namibia	21	0	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	18	0	0	0
Curacao	17	1	0	0
Dominica	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Greenland	12	0	1	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	7	0	1	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	2	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>5,399,164</b>	<b>343,460</b>	<b>99,015</b>	<b>1,493</b>

\* Update 26 May 2020, Ireland: Counts adjusted retrospectively by national authorities: 2 deaths were excluded. Update 26 May 2020, São Tomé and Príncipe: Counts adjusted retrospectively by national authorities: 9 cases were excluded. Update 26 May



2020, French Polynesia: The last three publications (on 23 May, 24 May and 25 May) attributed 29 cases from an international commercial vessel to French Polynesia. This has been updated. Update 26 May 2020, Spain: Counts adjusted retrospectively by national authorities: 372 cases and 1918 deaths were excluded. Update 26 May 2020, Slovenia: Counts adjusted retrospectively by national authorities: 40 cases have been excluded.

RTI Release

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #128 Novel Coronavirus (COVID-19)  
**Date:** Thursday, 28 May 2020 6:48:19 PM  
**Attachments:** [2020-05-28 NIR Health SitRep v128 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 28 May 2020, there have been 7,150 confirmed cases of COVID-19 in Australia, including 103 deaths.
- In the past 24 hours there has been an increase of 11 newly confirmed cases. No new deaths have been reported in Australia.
- To date, more than 1,367,000 tests have been conducted across Australia.
- National Cabinet will meet tomorrow, 29 May 2020.

#### Situation Overseas

- As at 1500 hrs 28 May 2020, a total of 5,695,155 cases of COVID-19 have been reported globally, including 355,688 deaths.
- Globally, in the past 24 hours, approximately 102,000 new cases and approximately 5,200 deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 29 May 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the following day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
National Incident Room Manager  
Health Emergency Management Branch  
Office of Health Protection | Chief Medical Officer Group  
Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## Novel coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05- <b>28</b> 1800 AEST	<b>Version</b>	<b>128</b>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-05- <b>29</b> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li><i>National Cabinet will meet tomorrow, 29 May 2020.</i></li> <li>The Minister for Health announced <i>on</i> 27 May 2020, that medical students across Australia will receive basic mental health first aid training to ensure they can recognise and respond to the extra stresses associated with the COVID-19 pandemic.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>On 25 March 2020, the Minister for Health made a determination under the <i>Biosecurity Act 2015</i> prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the <i>Biosecurity Act 2015</i> that cruise ships cannot come</li> </ul>

	<p>into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 17 September 2020.</p> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the <i>Biosecurity Act 2015</i>, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration enlivens the Minister for Health's powers under the <i>Biosecurity Act 2015</i> to determine emergency requirements or issue directions to respond to COVID-19.</li> <li>The Minister for Health determined, under the <i>Biosecurity Act 2015</i>, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>The Minister for Health has also made determinations under the <i>Biosecurity Act 2015</i> to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>
--	--

## 1. Situation

Overview	<p><b>Domestic Situation (as at 1500 hrs, 27 May 2020)</b></p> <ul style="list-style-type: none"> <li>A total of <b>7,150</b> cases of COVID-19, including 103 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2). <ul style="list-style-type: none"> <li>In the past 24 hours, there has been <b>11</b> newly confirmed cases, <b>and no new deaths</b> reported in Australia. <ul style="list-style-type: none"> <li>There were no new cases reported in ACT, NT, <b>Qld</b>, SA, Tas and WA.</li> <li>Vic reported <b>10</b> newly confirmed cases: <b>3 were detected in hotel quarantine (overseas acquired); 7 cases were locally acquired - contacts of confirmed cases.</b></li> <li>NSW reported <b>1</b> newly confirmed case <b>which was overseas acquired.</b></li> </ul> </li> <li>There are fewer than 500 active cases currently being reported by jurisdictions. ACT and NT are reporting no active cases (classification of active cases varies by jurisdiction).</li> <li>Following the peak of cases at the end of March 2020, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020. <ul style="list-style-type: none"> <li>The total number of newly confirmed cases reported over the last 7 days was <b>74</b>. The increase over the past 7 days is predominately associated with an increase in cases in Victoria (<b>63% of</b> cases in the last week).</li> <li>The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.</li> </ul> </li> </ul> </li> <li>The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3). <ul style="list-style-type: none"> <li>To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)</li> </ul> </li> <li>Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases: <ul style="list-style-type: none"> <li>Median age of cases is approximately 34 years.</li> <li>Almost half of cases were acquired overseas.</li> <li>Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.</li> </ul> </li> <li>Of the deaths reported so far:</li> </ul>
----------	---

- The median age is 80 years (range 30 to 96 years).
- 83% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
- 56% were male and 44% were female.
- The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 17 May 2020).

#### Testing

- To date, more than **1,367,000** tests have been conducted across Australia.
  - In the past 24 hours there have been over **29,000** tests; this is an increase compared to over **26,000** tests conducted in the same 24 hour period a week ago.
  - Cumulative per cent positive was 0.5% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with over **7,200** total tests per 100,000 population.
  - The reporting of testing data has been aligned in all jurisdictions to reflect the number of tests conducted and not the number of people tested as people can be tested multiple times. This better reflects the testing capacity of jurisdictions and current public health actions.

#### Source of infection

- As of 24 May 2020, in the last 14 days, there were 167 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 12% were locally acquired - contact not identified
  - 2% were locally acquired – contact not identified - interstate travel
  - 45% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 41% were overseas acquired.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - As at **28 May 2020**, 3 separate aged care facilities in Victoria with cases identified since the 17 May 2020. **There were no new cases reported associated with aged care facilities in the past 24 hours.**
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at **28 May 2020**, Victoria has reported 111 cases associated with this outbreak.
    - No further cases have been reported since 22 May 2020.
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at **28 May 2020**, there were a total number of 12 cases associated with this outbreak.
    - No further cases have been reported since 18 May 2020.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at **28 May 2020**, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak. There have been no reported cases linked to this outbreak since 13 May 2020.

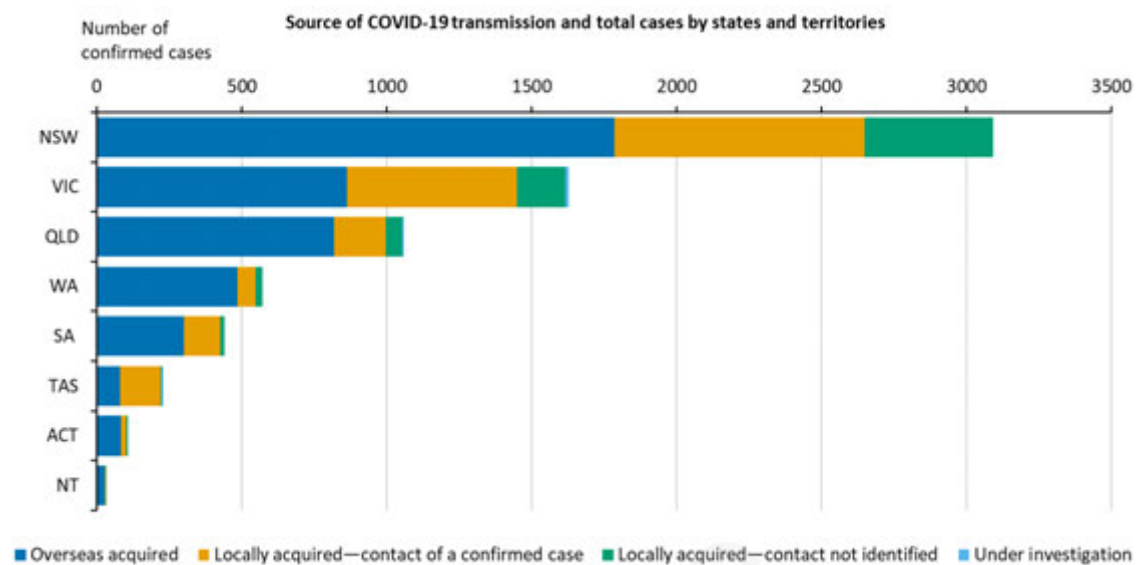
#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 17 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction, Australia (as at 1500 hrs, 28 May 2020)**

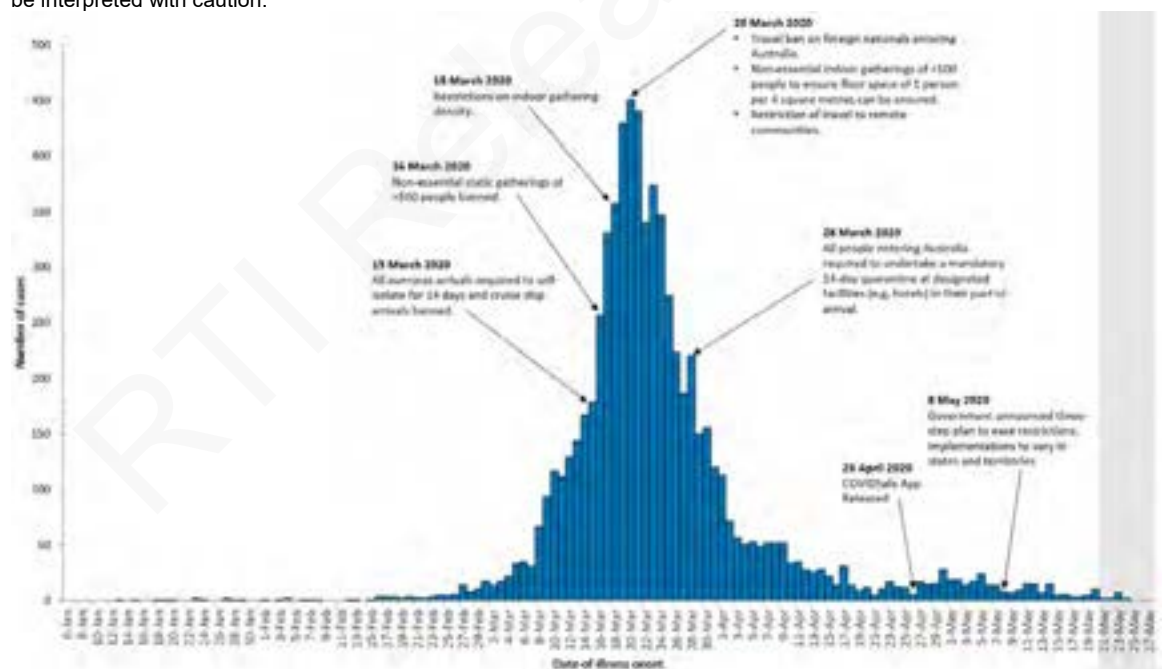
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,441	83	1,785	26	819	301	81	862	484
Locally acquired - contact of confirmed case and/or in a known cluster	1,975	17	864	2	176	124	140	588	64
Locally acquired - contact not identified	601	1	369	0	41	9	0	165	16
Locally acquired - contact not identified, but case had interstate travel	112	6	72	1	18	6	3	0	6
Under investigation	21	0	0	0	4	0	4	13	0
<b>Total cases</b>	<b>7,150</b>	<b>107</b>	<b>3,090</b>	<b>29</b>	<b>1,058</b>	<b>440</b>	<b>228</b>	<b>1,628</b>	<b>570</b>
<b>Recovered</b>	<b>6,580</b>	104	2,670	29	1,045	435	203	1,544	550
<b>Deaths (of total)</b>	<b>103</b>	3	48	0	7	4	13	19	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs	11	0	1	0	0	0	0	10	0
%change in the last 24 hours	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%
Newly confirmed cases in the last 72hrs	37	0	5	0	2	1	0	23	6
%change in the last 72 hrs	0.5%	0.0%	0.2%	0.0%	0.2%	0.2%	0.0%	1.4%	1.1%
Average daily change in newly confirmed cases over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.5%	0.4%
Newly confirmed cases over the past week (7 days)	74	0	13	0	3	1	0	47	10
<b>Current health care use</b>									
Hospitalised (total)	27	0	13	0	4	0	2	8	0
Hospitalised - ICU (of those hospitalised)	5	0	1	0	1	0	0	3	0
Hospitalised - ICU ventilated (of those admitted to ICU)	2	0	1	0	0	0	0	1	0

**Figure 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 28 May 2020**



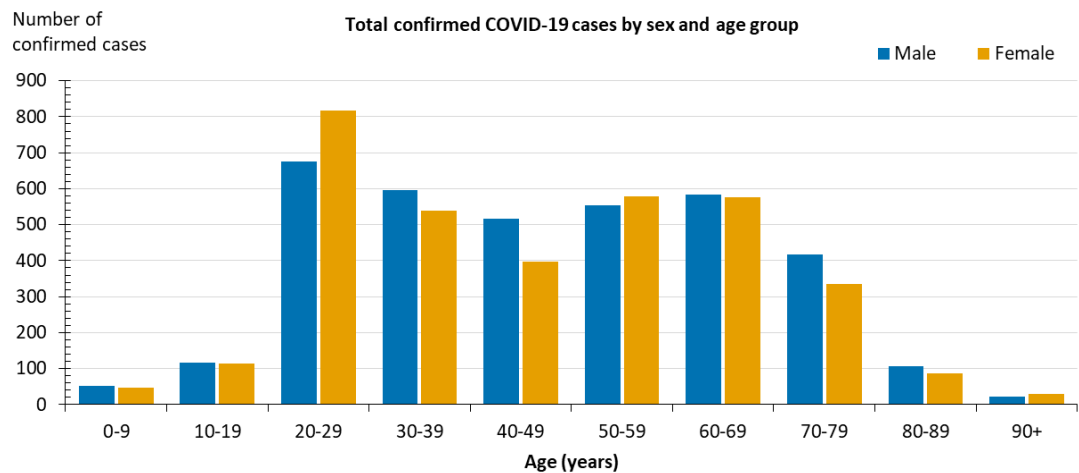
**Figure 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 28 May 2020 by date of illness onset\***

\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.





**Figure 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 28 May 2020**



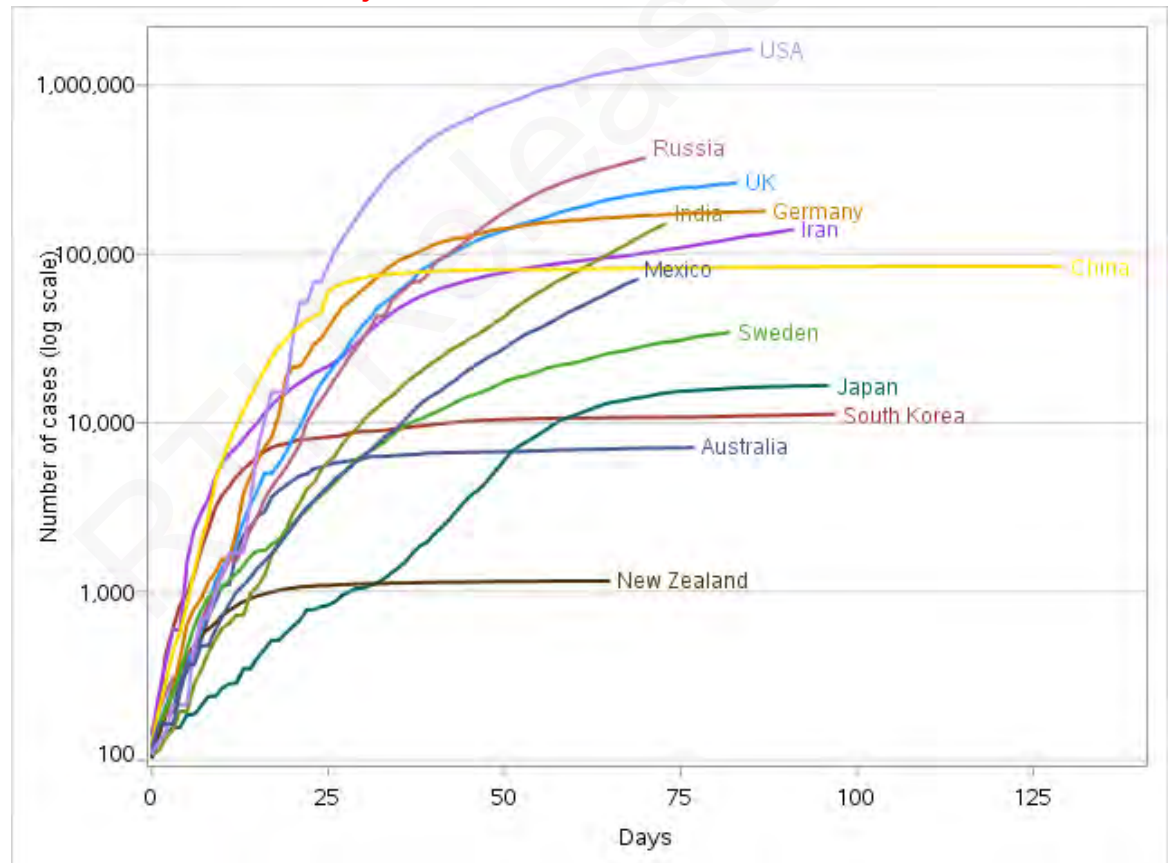
**International Situation (as at 1500 hrs, 28 May 2020)**

- The global number of confirmed COVID-19 cases is currently **5,695,155** cases including **355,688** deaths (Johns Hopkins).
- Globally, in the past 24 hours, approximately **102,000** new cases and approximately **5,200** new deaths have been reported (Johns Hopkins).
- The WHO Dashboard data from **28 May 2020** indicates the majority of the cases remain in the United States, followed by Brazil, Russia, the United Kingdom, and Spain. The majority of deaths are from the United States (28%), the United Kingdom (11%), Italy (**9%**), Spain and France (8%).
- Of the confirmed cases reported globally, the case fatality rate is approximately 6.4%.
- **Americas.** The USA has reported approximately 1.6 million cases in total. Despite daily variation in total cases detected depending on the day of the week the trend is a slow decline. Brazil's number of confirmed cases and deaths is approximately **375,000** and 23,000 respectively, with **12,000** new cases reported yesterday. *In the State of Amazonas (where a large proportion of Brazil's indigenous population resides) there are 31,949 cases and 1,852 deaths; the second highest incidence and the highest mortality by State. Yet the country is intending to reopen from 1 June 2020.* Peru is growing rapidly, reporting **4,000** new cases yesterday (**3.4%** daily case growth). They have a cumulative total approximately **124,000** cases and are the third highest case count in the American region. Other countries of note in this region include Canada (**86,000** cases), Chile (**78,000** cases), Mexico (**71,000** cases), and Ecuador (37,000 cases – remains issues with reporting). Of the countries reporting over 100 cases in the region, the Bahamas has the highest CFR at 11%, followed by Mexico at **10.7%**.
- **Europe.** Russia reported approximately **371,000** total cases and **8,300** new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases and is experiencing a slow decline. Effects of Russia's easing lockdown will start to be seen from the end of May 2020 through to mid-June 2020. Newly confirmed cases continue to decline in Italy, which reported **397** new cases yesterday. Daily new case numbers in the United Kingdom were approximately **4,000**. Germany reported **362** new cases yesterday and **432** new cases one day prior. *The Baltic States of Estonia, Latvia and Lithuania have opened their borders in the first European travel bubble on 15 May 2020.*
- **Eastern Mediterranean.** Iran is experiencing a second wave of the epidemic and reported **1,800** new cases yesterday, and may be starting to bring this under control. Saudi Arabia has reported approximately **78,000** cases. Pakistan reports approximately **59,000** cases. Other countries of note include Qatar (**47,000** cases), the UAE (**31,000** cases) and Kuwait (**23,000** cases). With the exception of Yemen at CFR **19.8%**, all other countries report rates below the global average.
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. They report 24,000 cases and a growth of **649** yesterday. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria. *Nations implemented travel restrictions and lockdowns early and are implementing measures*

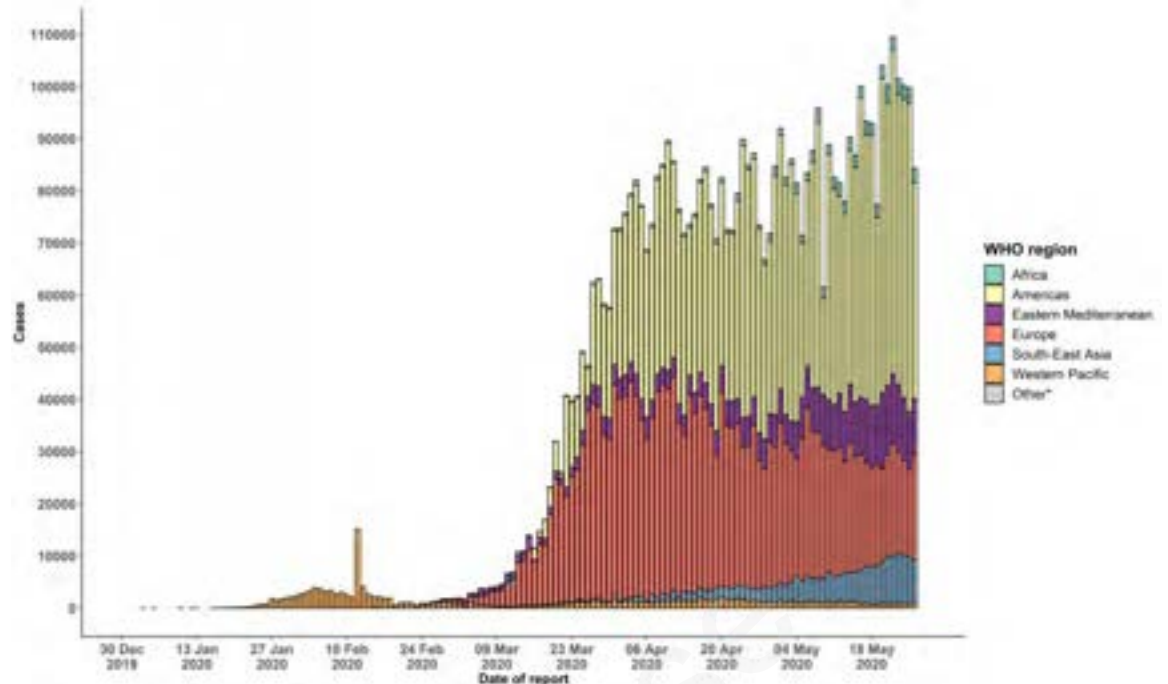
*backed by scientific advice. A total of 43 laboratories from 43 African countries are now able to test for COVID-19; however, obtaining the test kits has proved to be problematic for smaller nations. Africa CDC are coordinating bulk orders of testing supplies to improve the continents negotiating power.*

- **South East Asia.** Case numbers in India is approximately **152,000** cases, with **6,400** new cases yesterday. Bangladesh has approximately **38,000** cases, reporting **1,500** new cases in the last 24 hours. *Thousands of Rohingya refugees are in quarantine as the number of confirmed cases in the camp has reached 29.* Indonesia has reported **23,851** cases and **1,473** deaths, their CFR is **6.2%** and has reduced in line with the global average, though they remain the highest in the region. *Malaysia, Vietnam and Thailand all show a flattening of their epidemic curve over an extended period of time. They all show low positivity rates from their testing and low numbers of newly confirmed cases.*
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **533** new cases. Approximately 93% of all cases in Singapore are dormitory workers and **9.48%** of the dormitory worker population has been diagnosed with COVID-19. The Philippines reports **15,049** cases and **904** deaths (CFR of **6.0%**). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia or Timor-Leste in **21 days**. Northern Mariana Islands reported 2 new cases on 17 May 2020.

**Figure 4. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus Disease (COVID-19) Dashboard data as at **28 May 2020****



**Figure 5. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 128 of 27 May 2020**



#### International response

#### WHO

- On 25 May 2020, the World Health Organization (WHO) temporarily paused the use of hydroxychloroquine arm within the Solidarity Trial while the safety data is reviewed by the Data Safety Monitoring Board. The other arms of the trial are continuing.
  - The Solidarity Trial, overseen by WHO, has so far enrolled 3,500 patients from across 17 countries and is assessing the efficacy of four experimental drugs in the management of hospitalised COVID-19 patients, one of which is hydroxychloroquine.

## 2. Health Responses by States and Territories

#### ACT Health

- The ACT declared a Public Health Emergency under the Public Health Act 1997 (ACT).
- There are six public health emergency directions in force under the Public Health Act 1997.
- The ACT Health Emergency Control Centre (HECC) remains activated.
- The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.
- On 26 May 2020, the Chief Minister announced easing of restrictions under Stage 2.1 of the Canberra's Recovery Plan to commence from 11:59pm on Friday 29 May 2020.*
- The ACT's easing of restrictions are available at:*  
[https://www.covid19.act.gov.au/\\_data/assets/pdf\\_file/0007/1551778/CV\\_Roadmap\\_Recovery-plan\\_ease-of-restrictions\\_0.4.1.pdf](https://www.covid19.act.gov.au/_data/assets/pdf_file/0007/1551778/CV_Roadmap_Recovery-plan_ease-of-restrictions_0.4.1.pdf)
- Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine *and are being prepared for release on Friday 29 May 2020.*

#### NSW Health

- The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.
- Current NSW restrictions and upcoming changes from 1 June 2020 can be found at:  
<https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules>

#### NT Health

- Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.
- NT enacted the Biosecurity Act regional control measures on 26 March 2020.
- The Minister for Health announced on 26 May 2020 that travel restrictions across remote communities in the Northern Territory will be lifted from Friday, 5 June 2020.

	<ul style="list-style-type: none"> <li>o The decision to lift the Emergency Determination in the Northern Territory was made based on medical advice, following the Framework for <u>Easing Remote Restrictions</u> (the Framework) endorsed by the Australian Health Protection Principal Committee and announced by the Prime Minister on 15 May 2020 after National Cabinet.</li> <li>• Current NT restrictions and upcoming changes from 5 June 2020 can be found at: <a href="https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June">https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June</a></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>• A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>• The State Health Emergency Coordination Centre (SHECC) moved to “stand up” on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>• A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>• Current QLD restrictions and upcoming changes from 12 June 2020 can be found at: <a href="https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions">https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</a></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>• The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>• Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>• Current SA restrictions from 11 May 2020 <i>and upcoming changes from 1 June 2020</i> can be found at: <a href="https://www.covid-19.sa.gov.au/recovery">https://www.covid-19.sa.gov.au/recovery</a></li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>• On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>• Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>• Current TAS restrictions and upcoming changes from 15 June 2020 can be found at: <a href="https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery">https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery</a></li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• Current VIC restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered">https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered</a></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020 and has been extended through to 28 May 2020.</li> <li>• On 10 May 2020, the WA Premier announced a <u>four-phase roadmap</u> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> <li>• From Friday, 29 May 2020, the WA regional boundaries will be lifted except for the Federal Government biosecurity zones, including the Kimberley region, parts of the Shire of East Pilbara and Shire of Ngaanyatjaraku. Restrictions on entering 274 remote Aboriginal communities will remain in place.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper

respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

### **Incubation period**

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

### **Molecular epidemiology**

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

### **Clinical presentation**

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agueusia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### **Severity**

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### **Treatment**

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room



(NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

#### 4. Appendix 1

##### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **5,695,155** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **28 May 2020**, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,634,010	97,529	15,253	620
Brazil	374,898	23,473	11,687	807
Russian Federation	370,680	3,968	8,338	161
The United Kingdom	265,231	37,048	4,043	134
Spain	236,631	29,035	1,231	2,201
Italy	230,555	32,955	397	78
Germany	179,364	8,349	362	47
Turkey	158,762	4,397	948	28
India	151,767	4,337	6,387	170
France	142,704	28,477	222	98
Iran (Islamic Republic of)	139,511	7,508	1,787	57
Peru	123,979	3,629	4,020	173
Canada	85,998	6,566	895	113
China (including SARs)	84,544	4,645	1	0
<i>Hong Kong SAR</i>	1,067	4	1	0
<i>Taiwan</i>	441	7	0	0
<i>Macau SAR</i>	45	0	0	0
Chile	77,961	806	3,964	45
Saudi Arabia	76,726	411	1,931	12
Mexico	71,105	7,633	2,485	239
Pakistan	59,151	1,225	1,446	28
Belgium	57,455	9,334	113	22
Qatar	47,207	28	1,742	2
Netherlands	45,578	5,856	133	26
Bangladesh	38,292	544	1,541	22
Belarus	38,059	208	915	4
Ecuador	37,355	3,203	0	0
Sweden	34,440	4,125	597	96
Singapore	32,343	23	383	0
United Arab Emirates	31,086	253	779	5
Portugal	31,007	1,342	219	12
Switzerland	30,678	1,647	15	6

Ireland	24,735	1,615	37	9
South Africa	24,264	524	649	43
Indonesia	23,851	1,473	686	55
Kuwait	22,575	172	608	7
Poland	22,074	1,024	443	17
Colombia	21,981	750	806	23
Ukraine	21,905	658	321	14
Egypt	18,756	797	789	14
Romania	18,429	1,210	146	13
Israel	16,743	281	23	1
Japan	16,651	858	28	12
Austria	16,497	643	38	2
Dominican Republic	15,264	468	191	8
Philippines	15,049	904	730	31
Argentina	12,628	471	552	19
Afghanistan	12,379	226	548	6
Denmark	11,428	563	41	0
Republic of Korea	11,265	269	40	0
Serbia	11,227	239	34	0
Panama	11,183	310	257	4
Bahrain	9,366	14	195	0
Kazakhstan	9,304	37	335	2
Czechia	9,050	317	48	0
Algeria	8,697	617	194	8
Norway	8,364	235	12	0
Nigeria	8,344	249	276	16
Oman	8,118	37	348	0
Armenia	7,774	98	372	7
Malaysia	7,604	115	187	0
Morocco	7,577	202	45	2
Republic of Moldova	7,305	273	156	8
Ghana	6,964	32	156	0
Bolivia (Plurinational State of)	6,660	261	397	11
Finland	6,628	312	29	4
Cameroon	5,436	177	546	12
Iraq	4,848	169	216	6
Azerbaijan	4,403	52	132	1
Honduras	4,189	182	239	2
Sudan	4,146	184	170	14
Luxembourg	3,995	110	2	0
Hungary	3,793	505	22	6
Guatemala	3,760	59	336	1
Guinea	3,358	20	36	0
Uzbekistan	3,333	14	72	1
Puerto Rico	3,324	129	64	0
Tajikistan	3,266	47	166	1



Senegal	3,161	37	31	2
Thailand	3,054	57	9	0
Greece	2,892	173	10	1
Côte d'Ivoire	2,477	30	54	0
Djibouti	2,468	14	0	0
Bulgaria	2,460	133	27	3
Bosnia and Herzegovina	2,415	149	10	4
Democratic Republic of the Congo	2,402	67	98	1
Croatia	2,244	101	0	1
Gabon	2,238	14	103	0
El Salvador	2,042	36	59	1
North Macedonia	2,015	116	16	3
Cuba	1,963	82	16	0
Estonia	1,834	65	10	0
Iceland	1,804	10	0	0
Somalia	1,711	67	22	1
Lithuania	1,639	65	4	2
Mayotte	1,634	20	25	0
Kyrgyzstan	1,520	16	52	0
Slovakia	1,513	28	2	0
Slovenia	1,469	106	0	0
Maldives	1,457	5	62	1
Sri Lanka	1,425	10	147	0
Kenya	1,348	52	62	0
Venezuela (Bolivarian Republic of)	1,177	10	56	0
Guinea-Bissau	1,173	6	0	0
New Zealand	1,154	21	0	0
Lebanon	1,140	26	21	0
Mali	1,077	70	18	3
Haiti	1,063	31	105	4
Latvia	1,053	22	4	0
Tunisia	1,051	48	0	0
Albania	1,050	33	21	0
Equatorial Guinea	1,043	12	0	0
Kosovo	1,038	30	0	0
Niger	952	63	1	1
Costa Rica	951	10	21	0
Cyprus	939	17	2	0
Zambia	920	7	0	0
Nepal	886	4	114	0
Paraguay	877	11	12	0
Burkina Faso	845	53	4	1
South Sudan	806	8	151	0
Uruguay	787	22	18	0
Andorra	763	51	0	0
Sierra Leone	754	44	19	2

Georgia	735	12	3	0
Jordan	718	9	7	0
International conveyance (Diamond Princess)	712	13	0	0
Ethiopia	701	6	46	1
Chad	700	62	13	1
San Marino	672	42	0	0
Central African Republic	652	1	0	0
Malta	611	6	0	0
occupied Palestinian territory, including east Jerusalem	605	5	3	0
Madagascar	586	2	44	0
Congo	569	19	38	2
Jamaica	556	9	4	0
United Republic of Tanzania	509	21	0	0
Réunion	459	1	3	0
Togo	391	13	5	0
Cabo Verde	390	4	0	1
French Guiana	353	1	25	0
Uganda	341	0	37	0
Rwanda	339	0	3	0
Isle of Man	336	24	0	0
Mauritius	334	10	0	0
Viet Nam	327	0	1	0
Montenegro	324	9	0	0
Jersey	307	29	1	0
Sao Tome and Principe	295	10	130	0
Nicaragua	279	17	0	0
Liberia	266	26	1	0
Mauritania	262	9	0	0
Eswatini	261	2	5	0
Yemen	253	50	16	5
Guernsey	252	13	0	0
Mozambique	213	1	4	0
Benin	208	3	17	0
Myanmar	206	6	0	0
Martinique	197	14	0	0
Faroe Islands	187	0	0	0
Guam	163	5	2	0
Guadeloupe	161	14	0	0
Gibraltar	154	0	0	0
Mongolia	148	0	7	0
Brunei Darussalam	141	1	0	0
Guyana	137	11	2	1
Cayman Islands	134	1	5	0
Bermuda	133	9	0	0
Cambodia	124	0	0	0
Syrian Arab Republic	121	4	15	0

Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Malawi	101	4	0	0
Bahamas	100	11	0	0
Monaco	98	1	0	0
Barbados	92	7	0	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
Libya	77	3	2	0
Angola	71	4	2	0
United States Virgin Islands	69	6	0	0
French Polynesia	60	0	0	0
Zimbabwe	56	4	0	0
Comoros	43	1	0	0
Burundi	42	1	0	0
Saint Martin	40	3	1	0
Eritrea	39	0	0	0
Botswana	35	1	0	0
International commercial vessel	29	0	0	0
Bhutan	27	0	0	0
Antigua and Barbuda	25	3	0	0
Gambia	25	1	0	0
Timor-Leste	24	0	0	0
Grenada	23	0	1	0
Northern Mariana Islands (Commonwealth of the)	22	2	0	0
Namibia	21	0	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Curacao	18	1	1	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	18	0	0	0
Dominica	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Greenland	12	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	7	0	0	0
Saint Barthélemy	6	0	0	0

Anguilla	3	0	0	0
Lesotho	2	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>5,484,545</b>	<b>349,088</b>	<b>85,382</b>	<b>5,628</b>

RTI Release

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #129 Novel Coronavirus (COVID-19)  
**Date:** Friday, 29 May 2020 7:23:29 PM  
**Attachments:** [2020-05-29 NIR Health SitRep v129 - COVID-19.pdf](#)  
[NFRC flow chart.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities as well as the National Federation Reform Council (NFRC) flow chart.

#### Situation in Australia

- As at 1500 hrs 29 May 2020, there have been 7,173 confirmed cases of COVID-19 in Australia, including 103 deaths.
- In the past 24 hours there has been an increase of 24 newly confirmed cases. No new deaths have been reported in Australia.
- To date, more than 1,397,500 tests have been conducted across Australia.
- National Cabinet met today and agreed to the formation of the National Federation Reform Council and the cessation of the Council of Australian Governments (COAG) model.
- National Cabinet endorsed the principles for Public Transport operations approved by the AHPPC, which will help manage the health and safety of workers and passengers on public transport networks

#### Situation Overseas

- As at 1500 hrs 29 May 2020, a total of 5,813,919 cases of COVID-19 have been reported globally, including 360,332 deaths.
- Globally, in the past 24 hours, approximately 119,000 new cases and approximately 4,600 new deaths have been reported (Johns Hopkins).

**Please be advised, the NIR is now only issuing Situation Reports on weekdays. The next Situation Report will be issued on 1 June 2020.**

To notify further updates or for any questions or changes to distribution, please contact the NIR at [\[redacted\]](#) or [\[redacted\]](#) (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [\[redacted\]](#) by 1300hrs for inclusion in the same day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## Novel coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020-05-29 1800 AEST	<b>Version</b>	129
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020-06-01 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Graeme Barden, A/g FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>• <i>National Cabinet met today, 29 May 2020 and agreed to the formation of the National Federation Reform Council and the cessation of the Council of Australian Governments (COAG) model.</i> <ul style="list-style-type: none"> <li>◦ <i>National Cabinet will continue to meet regularly and will be briefed directly by experts such as the Australian Health Protection Principal Committee (AHPPC).</i></li> <li>◦ <i>The National Cabinet will be driven by an initial single agenda, creating jobs.</i></li> </ul> </li> <li>• <i>The new National Federation Reform Council, agreed to by Premiers, Chief Ministers and the Prime Minister, will change the way the Commonwealth and states and territories effectively and productively work together to address new areas of reform.</i> <ul style="list-style-type: none"> <li>◦ <i>National Cabinet will be at the centre of the National Federation Reform Council.</i></li> <li>◦ <i>Further details of the National Federation Reform Council and consolidation and reset of the Ministerial Forums and Ministerial Regulatory Councils will be reviewed by National Cabinet.</i></li> </ul> </li> <li>• <i>National Cabinet has finalised the 2020-2025 National Health Reform Agreement.</i></li> <li>• <i>The AHPPC has advised National Cabinet of the continued progress on meeting the majority of precedent conditions under the Pandemic Health Intelligence Plan to enable restrictions to be removed under the three step COVID-Safe Australia.</i> <ul style="list-style-type: none"> <li>◦ <i>While it is still too early to determine the success of our measures, the initial signs are very positive.</i></li> </ul> </li> </ul>
-------------------------------	---

	<ul style="list-style-type: none"> <li>• <i>National Cabinet endorsed the principles for Public Transport operations approved by the AHPPC, which will help manage the health and safety of workers and passengers on public transport networks.</i> <ul style="list-style-type: none"> <li>◦ <i>The principles should be considered alongside Work Health and Safety requirements, public health advice and other advice jurisdictions provide in relation to mass gatherings, including on public transport.</i></li> </ul> </li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>• On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>• In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> <li>• From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.</li> <li>• Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.</li> <li>• On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment</li> <li>• The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 17 September 2020.</li> </ul> <p><b>Emergency Response Plan for COVID-19</b></p> <ul style="list-style-type: none"> <li>• On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.</li> </ul> <p><b>Commonwealth emergency powers</b></p> <ul style="list-style-type: none"> <li>• On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the Biosecurity Act 2015, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.</li> <li>• The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration enlivens the Minister for Health's powers under the Biosecurity Act 2015 to determine emergency requirements or issue directions to respond to COVID-19.</li> <li>• The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.</li> <li>• The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).</li> </ul>

## 1. Situation

<b>Overview</b>	<p><b>Domestic Situation (as at 1500 hrs, 29 May 2020)</b></p> <ul style="list-style-type: none"> <li>• A total of <b>7,173</b> cases of COVID-19, including 103 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2). <ul style="list-style-type: none"> <li>◦ In the past 24 hours, there has been <b>24</b> newly confirmed cases, and no new deaths reported in Australia. <ul style="list-style-type: none"> <li>▪ There were no new cases reported in ACT, NT, Qld, SA and Tas.</li> <li>▪ Vic reported <b>7</b> newly confirmed cases: <b>2 cases were overseas acquired, 3 cases were locally acquired – contact of a confirmed case, and 2 cases are under investigation.</b></li> </ul> </li> </ul> </li> </ul>
-----------------	---



- NSW reported 2 newly confirmed cases, *which were both overseas acquired.*
- *WA reported 15 newly confirmed cases, which were all overseas acquired. Of the newly confirmed cases 14 were crew from a livestock carrier.*
- There are fewer than 500 active cases currently being reported by jurisdictions. ACT and NT are reporting no active cases (classification of active cases varies by jurisdiction).
- Following the peak of cases at the end of March 2020, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020.
  - The total number of newly confirmed cases reported over the last 7 days was 86. *The recent fluctuations in the daily and weekly numbers of new cases were mostly driven from known outbreaks in Victoria and and/or overseas acquired cases being managed in Western Australia.*
  - The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. There is currently very low community transmission in Australia.
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 30 to 96 years).
  - 83% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 17 May 2020).

#### Testing

- To date, more than 1,397,500 tests have been conducted across Australia.
  - In the past 24 hours there have been over 30,000 tests; this is a *slight decrease* compared to over 33,000 tests conducted in the same 24 hour period a week ago.
  - Cumulative per cent positive was 0.5% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with over 7,400 total tests per 100,000 population.
  - The reporting of testing data has been aligned in all jurisdictions to reflect the number of tests conducted and not the number of people tested as people can be tested multiple times. This better reflects the testing capacity of jurisdictions and current public health actions.

#### Source of infection

- As of 24 May 2020, in the last 14 days, there were 167 newly confirmed cases. Of cases where information on the source of exposure is available:
  - 12% were locally acquired - contact not identified
  - 2% were locally acquired – contact not identified - interstate travel
  - 45% were locally acquired - contact of a confirmed cases and/or in a known cluster
  - 41% were overseas acquired.

- *From the total cumulative cases reported in Australia to date, 62% of confirmed cases have acquired their infection overseas. In this reporting week, most overseas acquired cases have reported travel history to the Southern and Central Asia and Sub-Saharan Africa regions. In the previous reporting week, 3 – 10 May 2020, the number of overseas acquired cases was highest among those who reported travel history to Southern and Central Asia.*
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.
- The following COVID-19 outbreaks have been reported:
  - *An outbreak among crew from a livestock carrier, Al Kuwait, was reported from WA on 26 May 2020.*
    - *To date 20 crew have tested positive. The 10 crew who remain on board have been tested, along with crew currently in hotel quarantine. The vessel remains docked in Fremantle.*
  - As at 29 May 2020, 3 separate aged care facilities in Victoria with cases identified since the 17 May 2020. There were no new cases reported associated with aged care facilities in the past 24 hours.
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - As at 29 May 2020, Victoria has reported 111 cases associated with this outbreak.
    - No further cases have been reported since 22 May 2020.
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - As at 29 May 2020, there were a total number of 12 cases associated with this outbreak.
    - No further cases have been reported since 18 May 2020.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - As at 29 May 2020, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak. There have been no reported cases linked to this outbreak since 13 May 2020.

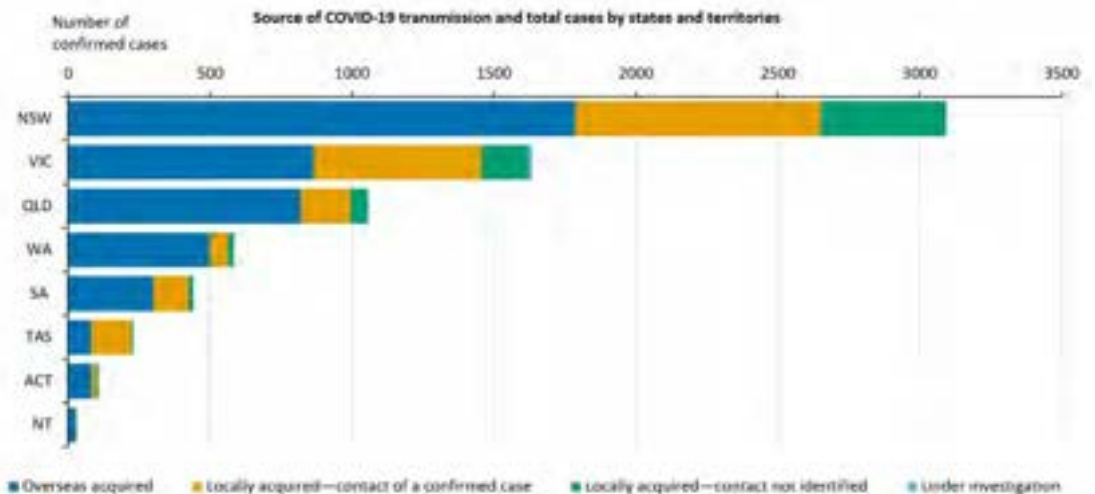
#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 17 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction, Australia (as at 1500 hrs, 29 May 2020)**

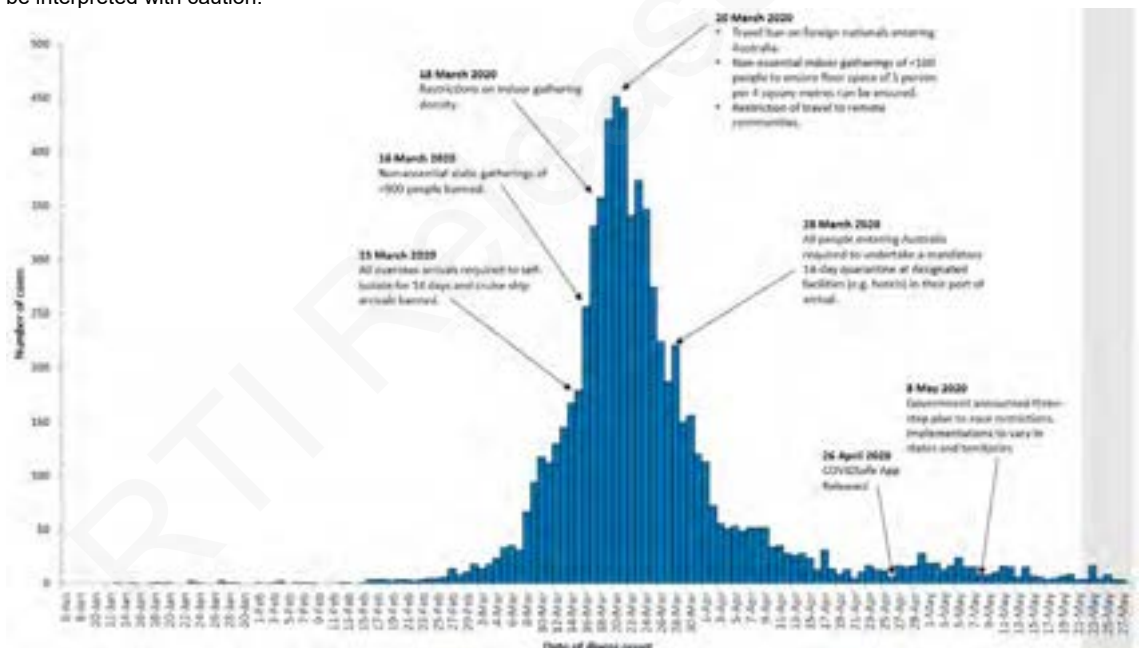
Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,460	83	1,787	26	819	301	81	864	499
Locally acquired - contact of confirmed case and/or in a known cluster	1,981	17	864	2	176	124	141	592	65
Locally acquired - contact not identified	604	1	369	0	41	9	3	166	15
Locally acquired - contact not identified, but case had interstate travel	112	6	72	1	18	6	3	0	6
Under investigation	16	0	0	0	4	0	0	12	0
<b>Total cases</b>	<b>7,173</b>	<b>107</b>	<b>3,092</b>	<b>29</b>	<b>1,058</b>	<b>440</b>	<b>228</b>	<b>1,634</b>	<b>585</b>
<b>Recovered</b>	<b>6,582</b>	104	2,666	29	1,045	435	203	1,549	551
<b>Deaths (of total)</b>	<b>103</b>	3	48	0	7	4	13	19	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs	24	0	2	0	0	0	0	7	15
%change in the last 24 hours	0.3%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.4%	2.6%
Newly confirmed cases in the last 72hrs	46	0	5	0	1	0	0	25	15
%change in the last 72 hrs	0.6%	0.0%	0.2%	0.0%	0.1%	0.0%	0.0%	1.5%	2.6%
Average daily change in newly confirmed cases over the past three days (compound)	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.5%	0.9%
Newly confirmed cases over the past week (7 days)	86	0	14	0	3	1	0	43	25
<b>Current health care use</b>									
Hospitalised (total)	23	0	13	0	1	0	2	7	0
Hospitalised - ICU (of those hospitalised)	4	0	1	0	1	0	0	2	0
Hospitalised - ICU ventilated (of those admitted to ICU)	3	0	1	0	1	0	0	1	0

**Figure 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 29 May 2020**

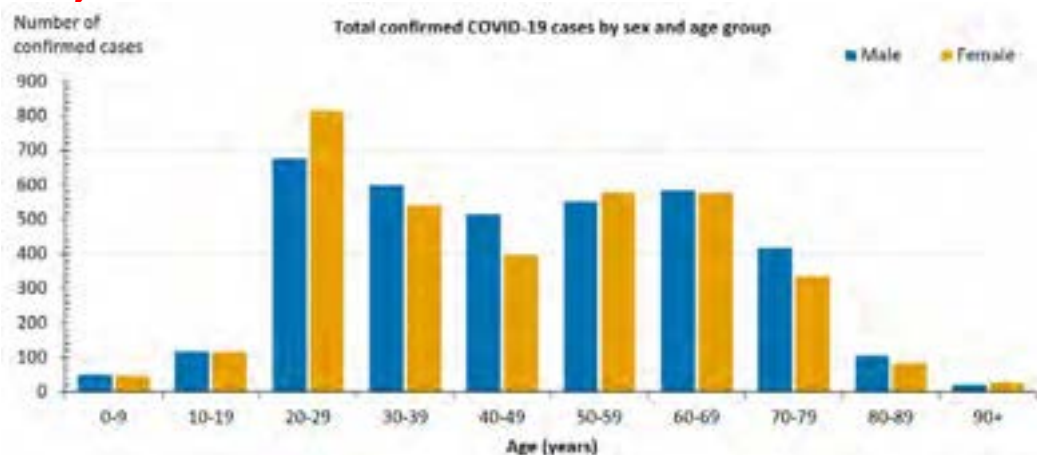


**Figure 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 29 May 2020 by date of illness onset\***

\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.



**Figure 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 29 May 2020**



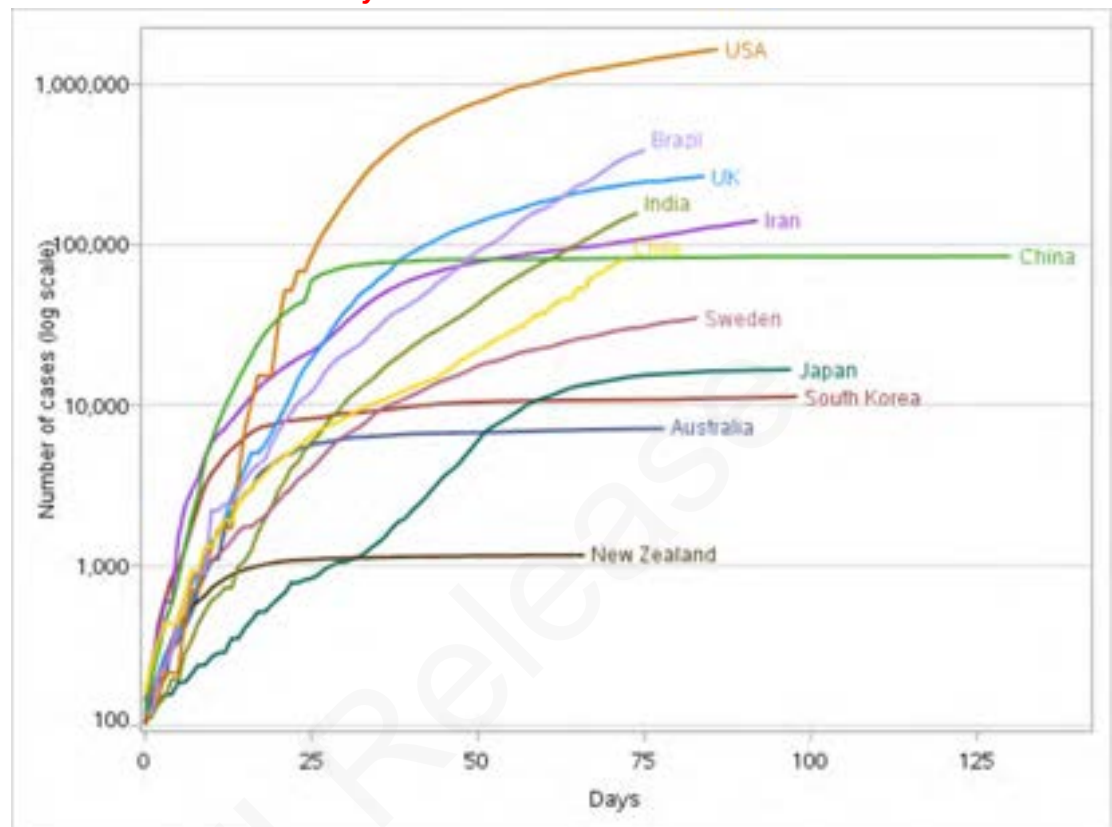
**International Situation (as at 1500 hrs, 29 May 2020)**

- The global number of confirmed COVID-19 cases is currently **5,813,919** cases including **360,332** deaths (Johns Hopkins).
- Globally, in the past 24 hours, approximately **119,000** new cases and approximately **4,600** new deaths have been reported (Johns Hopkins).
- The WHO Dashboard data from 29 May 2020 indicates the majority of the cases remain in the United States, followed by Brazil, Russia, the United Kingdom, and Spain. The majority of deaths are from the United States (28%), the United Kingdom (11%), Italy (9%), Spain and France (8%).
- Of the confirmed cases reported globally, the case fatality rate is approximately **6.3%**.
- **Americas.** The USA has reported approximately 1.66 million cases in total. Despite daily variation in total cases detected depending on the day of the week the trend is a slow decline. Brazil's number of confirmed cases and deaths is approximately **391,000** and **25,000** respectively, with **16,000** new cases reported yesterday. The epidemic is not under control within the country, yet it is intending to reopen from 1 June 2020. Peru's cases are growing rapidly, reporting **3,800** new cases yesterday. They have a cumulative total approximately **130,000** cases and are the third highest case count in the American region. Other countries of note in this region include Chile (**82,000** cases, **4,300 new cases**) and Mexico (**75,000** cases, **3,500 new cases**). Of the countries reporting over 100 cases in the region, the Bahamas has the highest CFR at 11%, followed by Mexico at 10.7%.
- **Europe.** Russia reported approximately **379,000** total cases and **8,400** new cases yesterday. The daily new case curve indicates the country has passed the peak number of daily new cases and is experiencing a slow decline. Effects of Russia's easing lockdown will start to be seen from the end of May through to mid-June. Newly confirmed cases continue to decline in Italy, which reported **584** new cases yesterday. Daily new case numbers in the United Kingdom were approximately **2,000**. Germany reported **353** new cases yesterday and **362** new cases one day prior. The Baltic States of Estonia, Latvia and Lithuania have opened their borders in the first European travel bubble on 15 May 2020.
- **Eastern Mediterranean.** Iran is experiencing a second wave of the epidemic and reported **2,000** new cases yesterday, and may be starting to bring this under control. Saudi Arabia has reported approximately **79,000** cases *and appears to be past its epidemic peak*. Pakistan reports approximately **61,000** cases. Other countries of note include Qatar (**49,000** cases) which may have reached its epidemic peak, the UAE (**32,000** cases) and Kuwait (23,000 cases) which also appear to be past their epidemic peak. *The live export ship, Al Kuwait departed Fremantle around 18 April 2020 and visited Kuwait, the United Arab Emirates, Oman and Qatar.* With the exception of Yemen at CFR **20.8%**, all other countries report rates below the global average. *In the coming two weeks we will see the effects of Eid at-Fitr on these countries epidemics.*
- **Africa.** South Africa's outbreak has been accelerating in recent days with increasing numbers of daily new cases. It reports **26,000** cases and a growth of **1,700** yesterday. While the majority of cases has been in South Africa, the majority of deaths in this region have occurred in Algeria. Nations implemented travel restrictions and lockdowns early and are implementing measures backed by scientific advice. 43 laboratories from 43 African countries are now able to test for COVID-19, however obtaining the test kits has proved to be problematic for smaller nations. Africa CDC are coordinating bulk orders of testing supplies to improve the continents negotiating power.
- **South East Asia.** Case numbers in India is approximately **158,000** cases, with **6,600** new cases yesterday. Bangladesh has approximately **40,000** cases, reporting **2,000** new cases in the last 24 hours. Thousands of Rohingya refugees are in quarantine and *risk of a major outbreak in the main refugee camp remains high*. Indonesia has reported **25,000** cases and **1,500** deaths, its CFR is **6.1%** and has reduced in line with the global average, though they remain the highest in the region. Malaysia, and Vietnam both have a very low positivity rate and have likely contained the outbreak in their respective countries. Malaysia is reporting several ongoing clusters which account for a large proportion of its daily cases, while the latter report very few new daily cases.
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **373** new cases. Approximately 93% of all cases in Singapore are dormitory workers and **9.60%** of the dormitory worker population has been diagnosed with COVID-19. A time

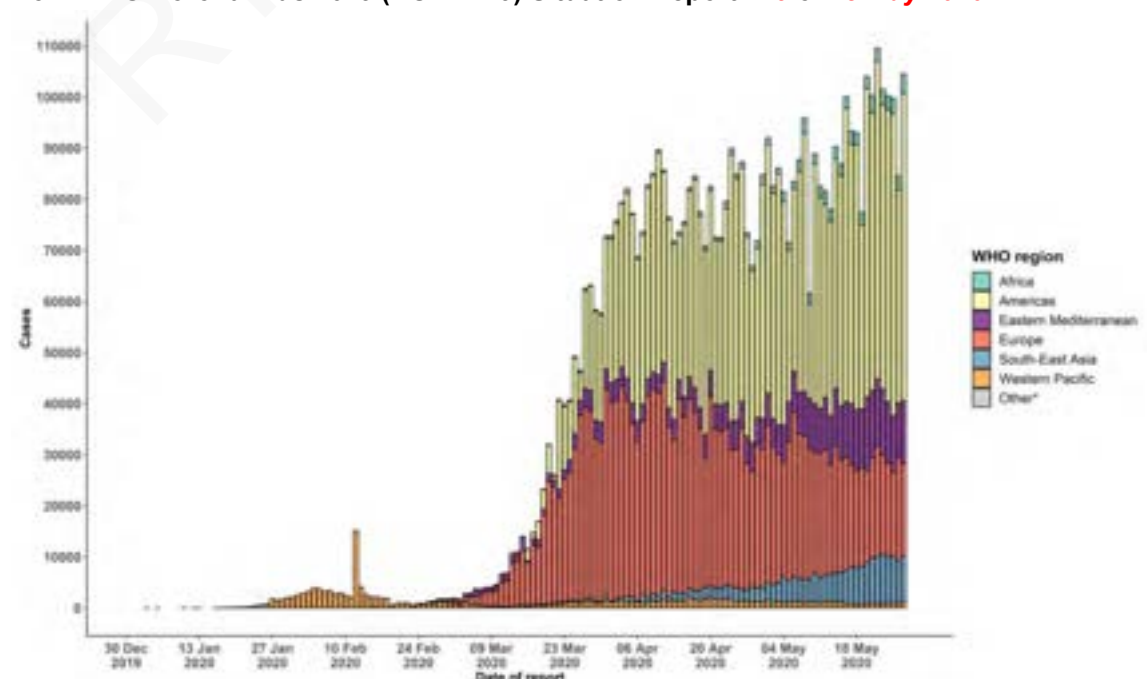


series of the proportion of workers effected showed that the rate was beginning to slow. The Philippines also has a high case fatality rate with **15,588** cases and **921** deaths reported (CFR of **5.9%**). No new cases or deaths have been reported in the Fiji, New Caledonia, Papua New Guinea, French Polynesia or Timor-Leste in **22** days. Northern Mariana Islands reported 2 new cases on 17 May 2020 *and are easing some restrictions*.

**Figure 4. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus Disease (COVID-19) Dashboard data as at **29 May 2020****



**Figure 5. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report **129** of **28 May 2020****



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 25 May 2020, the World Health Organization (WHO) temporarily paused the use of hydroxychloroquine arm within the Solidarity Trial while the safety data is reviewed by the Data Safety Monitoring Board. The other arms of the trial are continuing. <ul style="list-style-type: none"> <li>The Solidarity Trial, overseen by WHO, has so far enrolled 3,500 patients from across 17 countries and is assessing the efficacy of four experimental drugs in the management of hospitalised COVID-19 patients, one of which is hydroxychloroquine.</li> </ul> </li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>There are six public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>On 26 May 2020, the Chief Minister announced easing of restrictions under Stage 2.1 of the Canberra's Recovery Plan to commence from 11:59pm on Friday 29 May 2020.</li> <li>The ACT's easing of restrictions are available at: <a href="https://www.covid19.act.gov.au/_data/assets/pdf_file/0007/1551778/CV_Roadmap_Recovery-plan_ease-of-restrictions_0.4.1.pdf">https://www.covid19.act.gov.au/_data/assets/pdf_file/0007/1551778/CV_Roadmap_Recovery-plan_ease-of-restrictions_0.4.1.pdf</a></li> <li>Passengers (Australian citizens and permanent residents) from the returned flight from India on 15 May 2020 remain in hotel quarantine and are being prepared for release on Friday 29 May 2020.</li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>Current NSW restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules">https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules</a></li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>The Minister for Health announced on 26 May 2020 that travel restrictions across remote communities in the Northern Territory will be lifted from Friday, 5 June 2020. <ul style="list-style-type: none"> <li>The decision to lift the Emergency Determination in the Northern Territory was made based on medical advice, following the Framework for <u>Easing Remote Restrictions</u> (the Framework) endorsed by the Australian Health Protection Principal Committee and announced by the Prime Minister on 15 May 2020 after National Cabinet.</li> </ul> </li> <li>Current NT restrictions and upcoming changes from 5 June 2020 can be found at: <a href="https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June">https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June</a></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>Current QLD restrictions and upcoming changes from 12 June 2020 can be found at: <a href="https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions">https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</a></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>Current SA restrictions from 11 May 2020 and upcoming changes from 1 June 2020 can be found at: <a href="https://www.covid-19.sa.gov.au/recovery">https://www.covid-19.sa.gov.au/recovery</a></li> </ul>



TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>Current TAS restrictions and upcoming changes from 15 June 2020 can be found at: <a href="https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery">https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery</a></li> </ul>
VIC Health	<ul style="list-style-type: none"> <li>A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>Current VIC restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered">https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered</a></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>A State of Emergency declaration was made on 15 March 2020.</li> <li>On 10 May 2020, the WA Premier announced a <a href="#">four-phase roadmap</a> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> <li>From Friday, 29 May 2020, the WA regional boundaries <b>have been</b> lifted except for the Federal Government biosecurity zones, including the Kimberley region, parts of the Shire of East Pilbara and Shire of Ngaanyatjaraku. Restrictions on entering 274 remote Aboriginal communities will remain in place.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have

also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agnosia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### Severity

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the *National Health Security Act 2007*.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **5,813,919** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at **0800hrs 29 May 2020**, excluding Australian cases.

	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
United States of America	1,658,896	98,119	24,886	590
Brazil	391,222	24,512	16,324	1,039
Russian Federation	379,051	4,142	8,371	174
The United Kingdom	267,244	37,460	2,013	412
Spain	237,141	29,036	510	1

Italy	231,139	33,072	584	117
Germany	179,717	8,411	353	62
Turkey	159,797	4,431	1,035	34
India	158,333	4,531	6,566	194
France	142,852	28,543	148	66
Iran (Islamic Republic of)	141,591	7,564	2,080	56
Peru	129,751	3,788	5,772	159
Canada	86,939	6,671	941	105
China (Including SAR's)	84,547	4,645	3	0
<i>Hong Kong SAR</i>	1,067	4	0	0
<i>Taiwan</i>	441	7	0	0
<i>Macau SAR</i>	45	0	0	0
Chile	82,289	841	4,328	35
Saudi Arabia	78,541	425	1,815	14
Mexico	74,560	8,134	3,455	501
Pakistan	61,227	1,260	2,076	35
Belgium	57,592	9,364	137	30
Qatar	48,947	30	1,740	2
Netherlands	45,768	5,871	190	15
Bangladesh	40,321	559	2,029	15
Belarus	38,956	214	897	6
Ecuador	38,103	3,275	447	54
Sweden	35,088	4,220	648	95
Singapore	32,876	23	533	0
United Arab Emirates	31,969	255	883	2
Portugal	31,292	1,356	285	14
Switzerland	30,693	1,648	15	1
South Africa	25,937	552	1,673	28
Ireland	24,803	1,631	68	16
Indonesia	24,538	1,496	687	23
Kuwait	23,267	175	692	3
Colombia	23,003	776	1,022	26
Poland	22,473	1,028	399	4
Ukraine	22,382	669	477	11
Egypt	19,666	816	910	19
Romania	18,594	1,219	165	9
Israel	16,771	281	28	0
Japan	16,683	867	32	9
Austria	16,515	645	18	2
Dominican Republic	15,723	474	459	6
Philippines	15,049	904	380	18
Argentina	13,228	492	600	21
Afghanistan	13,016	235	637	9
Denmark	11,480	565	52	2
Panama	11,447	313	264	3
Republic of Korea	11,344	269	79	0

Serbia	11,275	240	48	1
Bahrain	9,692	15	326	1
Kazakhstan	9,576	37	272	0
Czechia	9,086	317	36	0
Algeria	8,857	623	160	6
Nigeria	8,733	254	389	5
Norway	8,383	235	19	0
Oman	8,373	39	255	2
Armenia	8,216	113	442	15
Malaysia	7,619	115	15	0
Morocco	7,601	202	24	0
Republic of Moldova	7,537	276	232	3
Ghana	7,303	34	339	2
Bolivia (Plurinational State of)	7,136	274	476	13
Finland	6,692	313	64	1
Cameroon	5,436	177	0	0
Iraq	5,135	175	287	6
Azerbaijan	4,568	54	165	2
Honduras	4,401	188	212	6
Sudan	4,346	195	200	11
Luxembourg	4,001	110	6	0
Guatemala	3,954	63	194	4
Hungary	3,816	509	23	4
Guinea	3,446	21	88	1
Tajikistan	3,424	47	158	0
Puerto Rico	3,397	129	73	0
Uzbekistan	3,396	14	63	0
Senegal	3,253	39	92	2
Thailand	3,065	57	11	0
Greece	2,903	173	11	0
Djibouti	2,697	18	229	4
Democratic Republic of the Congo	2,659	68	257	1
Côte d'Ivoire	2,556	31	79	1
Bulgaria	2,460	133	0	0
Bosnia and Herzegovina	2,415	149	0	0
Gabon	2,319	14	81	0
Croatia	2,244	101	0	0
El Salvador	2,109	37	67	1
North Macedonia	2,040	119	25	3
Cuba	1,974	82	11	0
Estonia	1,840	66	6	1
Iceland	1,805	10	1	0
Somalia	1,731	67	20	0
Lithuania	1,647	66	8	1
Mayotte	1,645	20	11	0
Kyrgyzstan	1,594	16	74	0

Slovakia	1,515	28	2	0
Sri Lanka	1,503	10	78	0
Kenya	1,471	55	123	3
Slovenia	1,471	107	2	1
Maldives	1,457	5	0	0
Venezuela (Bolivarian Republic of)	1,245	11	68	1
Haiti	1,174	33	111	2
Guinea-Bissau	1,173	6	0	0
Lebanon	1,161	26	21	0
New Zealand	1,154	22	0	1
Mali	1,116	70	39	0
Albania	1,076	33	26	0
Latvia	1,057	23	4	1
Zambia	1,057	7	137	0
Tunisia	1,051	48	0	0
Kosovo	1,047	30	9	0
Equatorial Guinea	1,043	12	0	0
Nepal	1,042	5	156	1
Costa Rica	956	10	5	0
Niger	955	64	3	1
Cyprus	939	17	0	0
Paraguay	884	11	7	0
Burkina Faso	845	53	0	0
South Sudan	806	8	0	0
Uruguay	789	22	2	0
Sierra Leone	782	45	28	1
Andorra	763	51	0	0
Nicaragua	759	35	480	18
Georgia	738	12	3	0
Ethiopia	731	6	30	0
Jordan	720	9	2	0
Chad	715	64	15	2
International conveyance (Diamond Princess)	712	13	0	0
Central African Republic	701	1	49	0
San Marino	672	42	0	0
Malta	615	7	4	1
occupied Palestinian territory, including east Jerusalem	613	5	8	0
Madagascar	612	2	26	0
Congo	571	19	2	0
Jamaica	564	9	8	0
United Republic of Tanzania	509	21	0	0
Réunion	460	1	1	0
Togo	395	13	4	0
Cabo Verde	390	4	0	0
French Guiana	384	1	31	0
Uganda	351	0	10	0

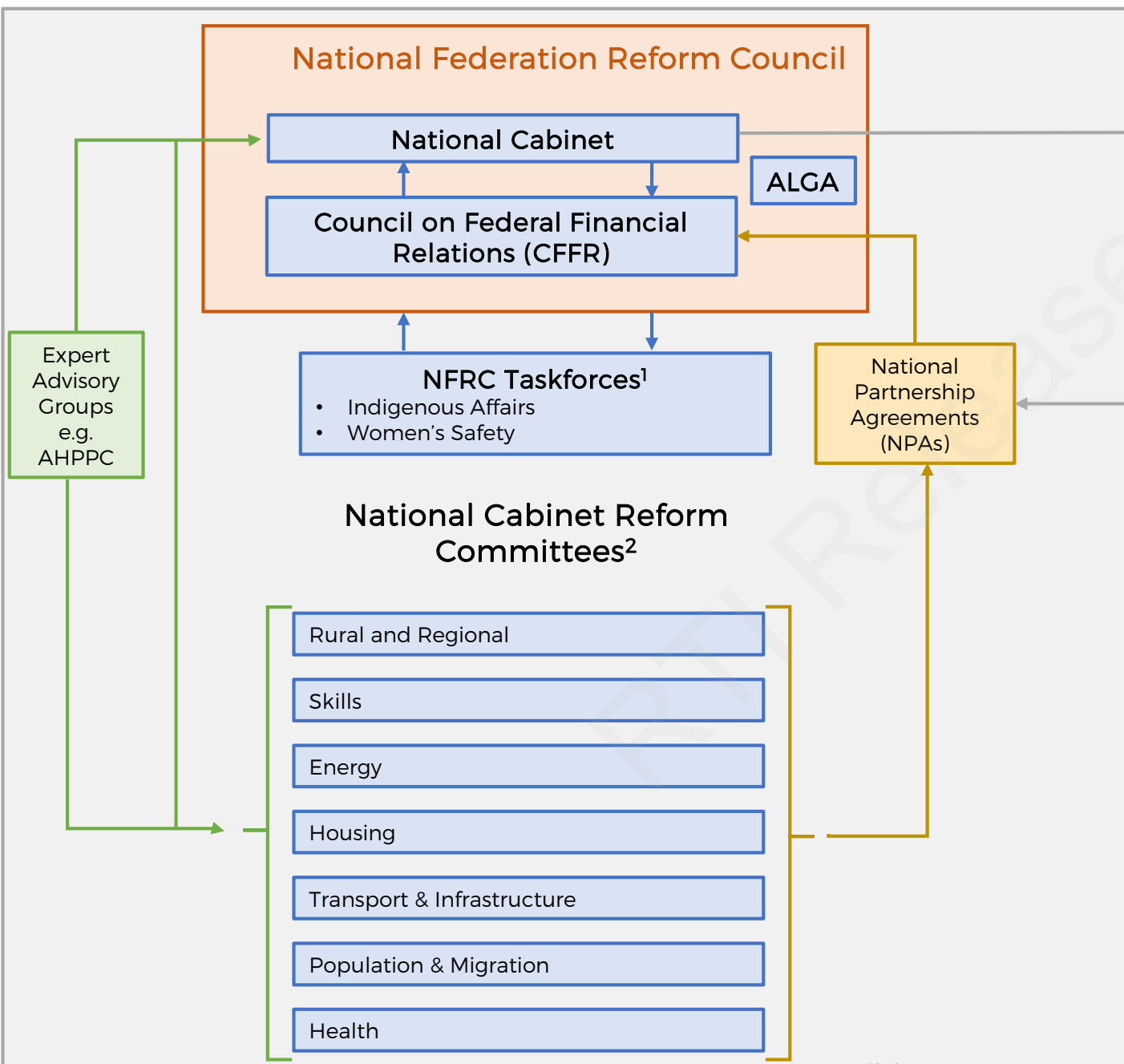
Rwanda	346	0	7	0
Isle of Man	336	24	0	0
Mauritius	334	10	0	0
Viet Nam	327	0	0	0
Montenegro	324	9	0	0
Jersey	307	29	0	0
Sao Tome and Principe	295	10	0	0
Mauritania	292	16	30	7
Eswatini	272	2	11	0
Liberia	266	27	0	1
Yemen	260	54	7	4
Guernsey	252	13	0	0
Mozambique	227	1	14	0
Benin	210	3	2	0
Myanmar	206	6	0	0
Martinique	197	14	0	0
Faroe Islands	187	0	0	0
Guam	164	5	1	0
Guadeloupe	161	14	0	0
Mongolia	161	0	13	0
Gibraltar	154	0	0	0
Brunei Darussalam	141	2	0	1
Bermuda	139	9	6	0
Guyana	139	11	2	0
Cayman Islands	137	1	3	0
Zimbabwe	132	4	76	0
Cambodia	124	0	0	0
Syrian Arab Republic	121	4	0	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Malawi	101	4	0	0
Bahamas	100	11	0	0
Libya	99	4	22	1
Monaco	98	1	0	0
Barbados	92	7	0	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
Angola	71	4	0	0
United States Virgin Islands	69	6	0	0
French Polynesia	60	0	0	0
Comoros	43	2	0	1
Burundi	42	1	0	0
Saint Martin	40	3	0	0
Eritrea	39	0	0	0
Botswana	35	1	0	0
International commercial vessel	29	0	0	0

Bhutan	28	0	1	0
Antigua and Barbuda	25	3	0	0
Gambia	25	1	0	0
Timor-Leste	24	0	0	0
Grenada	23	0	0	0
Namibia	22	0	1	0
Northern Mariana Islands (Commonwealth of the)	22	2	0	0
Lao People's Democratic Republic	19	0	0	0
Belize	18	2	0	0
Curacao	18	1	0	0
Fiji	18	0	0	0
New Caledonia	18	0	0	0
Saint Lucia	18	0	0	0
Saint Vincent and the Grenadines	18	0	0	0
Dominica	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Greenland	12	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
Suriname	11	1	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	7	0	0	0
Saint Barthélemy	6	0	0	0
Anguilla	3	0	0	0
Lesotho	2	0	0	0
Saint Pierre and Miquelon	1	0	0	0
<b>Total</b>	<b>5,589,411</b>	<b>353,270</b>	<b>104,945</b>	<b>4,182</b>



## Reform

## Coordination



### TO BE CONSOLIDATED AND RESET

#### Ministerial Forums<sup>3</sup>

- Attorney-Generals' Ministerial Forum
- Data and Digital Ministerial Forum
- Ministerial Forum on the Environment
- Ministerial Forum on Police and Emergency Management
- Building Ministers' Forum
- Ministerial Forum on Northern Development
- Regional Ministerial Forum
- Ministerial Forum on Tourism
- Ministerial Forum on Trade and Investment
- Ministerial Forum on Consumer Affairs
- Ministerial Forum on Sports and Recreation
- Agriculture Ministers' Forum
- Australia-New Zealand Counter-Terrorism Committee (ANZCTC)
- Joint Council on Closing the Gap
- Skills Council
- Ministerial Forum on Vehicle Emissions
- Ministerial Forum on Planning
- Ministerial Forum on Fisheries
- Ministerial Forum on Forestry
- Ministerial Forum on the Great Barrier Reef

### TO BE CONSOLIDATED AND RESET

#### Ministerial Regulatory Councils<sup>3</sup>

- Regulatory Council on Disability
- Regulatory Council on Infrastructure and Transport
- Regulatory Council on Energy
- Regulatory Council on Education
- Regulatory Council on Health
- Regulatory Council for the Murray-Darling Basin
- Regulatory Council for Consumer Affairs
- Australian and New Zealand Ministerial Forum on Food Regulation
- Regulatory Council on Gene Technology

**From:** NGComms  
**To:** [Jeannette Young](#)  
**Subject:** Health Situation Report #130 Novel Coronavirus (COVID-19)  
**Date:** Monday, 1 June 2020 7:38:36 PM  
**Attachments:** [2020-06-01 NIR Health SitRep v130 - COVID-19.pdf](#)

---

Good evening,

Please find attached today's Situation Report on the novel coronavirus (COVID-19) and current preparedness and response activities.

#### Situation in Australia

- As at 1500 hrs 1 June 2020, there have been 7,204 confirmed cases of COVID-19 in Australia, including 103 deaths.
- In the past 24 hours there has been an increase of 8 newly confirmed cases. No new deaths have been reported in Australia.
- To date, more than 1,472,000 tests have been conducted across Australia.

#### Situation Overseas

- As at 1500 hrs 1 June 2020, a total of 6,170,474 cases of COVID-19 have been reported globally, including 372,099 deaths.
- Globally, in the past 24 hours, approximately 107,000 new cases and approximately 2,900 new deaths have been reported (Johns Hopkins).

The next Situation Report will be issued on 2 June 2020.

To notify further updates or for any questions or changes to distribution, please contact the NIR at [redacted] or [redacted] (24 hours). Commonwealth agencies and jurisdictions, please provide relevant updates or additions to [redacted] by 1300hrs for inclusion in the same day's Situation Report.

As always, thank you to all contributing business areas and jurisdictions for your ongoing efforts in supporting our daily Situation Reports.

Kind regards

Rhonda Owen  
 National Incident Room Manager  
 Health Emergency Management Branch  
 Office of Health Protection | Chief Medical Officer Group  
 Australian Government Department of Health



**Australian Government**  
**Department of Health**  
 National Incident Room

## Novel coronavirus 2019 (COVID-19)

### Health Situation Report

#### Report Details

<b>Date of Issue</b>	2020- <i>06-01</i> 1800 AEST	<b>Version</b>	<i>130</i>
<b>Reference</b>	NIR #2238	<b>Next Report</b>	2020- <i>06-02</i> 1800 AEST
<b>Prepared By</b>	Irrelevant information	<b>Authorised By</b>	Celia Street, FAS NIRD
<b>Context</b>	<p>This report focuses on the health response by the Australian Government. States and territories have constitutional authority for health responses. The NIR is supporting the national coordination of the health sector emergency response to COVID-19 under the direction of the <u>Australian Health Protection Principal Committee (AHPPC)</u>.</p> <p>Changes are shown in <i>red italics</i>.</p>		
<b>Distribution</b>	AHPPC, NHEMS, State and Territory Health Departments, CDNA Secretariat, PHLN Secretariat		

#### Summary

<b>Key events and updates</b>	<ul style="list-style-type: none"> <li>National Cabinet met on 29 May 2020 and agreed to the formation of the National Federation Reform Council and the cessation of the Council of Australian Governments (COAG) model.               <ul style="list-style-type: none"> <li>National Cabinet will continue to meet regularly and will be briefed directly by experts such as the Australian Health Protection Principal Committee (AHPPC).</li> <li>The National Cabinet will be driven by an initial single agenda, creating jobs.</li> </ul> </li> <li>The new National Federation Reform Council, agreed to by Premiers, Chief Ministers and the Prime Minister, will change the way the Commonwealth and states and territories effectively and productively work together to address new areas of reform.               <ul style="list-style-type: none"> <li>National Cabinet will be at the centre of the National Federation Reform Council.</li> <li>Further details of the National Federation Reform Council and consolidation and reset of the Ministerial Forums and Ministerial Regulatory Councils will be reviewed by National Cabinet.</li> </ul> </li> <li>National Cabinet has finalised the 2020-2025 National Health Reform Agreement.</li> </ul>
<b>Response</b>	<p><b>Travel advice and restrictions</b></p> <ul style="list-style-type: none"> <li>On 24 April 2020, self-isolation advice for international air crew was updated so essential flight related duties from a regulatory and safety perspective can be undertaken.</li> <li>In April 2020, the outgoing international travel ban for Australian citizens and permanent residents was reviewed and will remain in force until the end of the human biosecurity emergency period unless revoked earlier.</li> </ul>

- From 28 March 2020, incoming travellers entering Australia will be quarantined in a designated hotel or other accommodation for 14 days at their point of arrival. Foreign nationals cannot enter Australia.
- Quarantining of travellers will be led by State and Territory Governments with enforcement through State and Territory police.
- On 25 March 2020, the Minister for Health made a determination under the Biosecurity Act 2015 prohibiting Australian citizens or permanent residents from traveling overseas with some exemptions. Exemptions include compassionate travel and essential travel for employment
- The Prime Minister announced measures in relation to cruise ships on 15 March 2020. The Minister for Health determined under the Biosecurity Act 2015 that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory. This determination continues to apply to cruise ships until 17 September 2020.

#### Emergency Response Plan for COVID-19

- On 27 February 2020, the Prime Minister announced the activation of the 'Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)'.

#### Commonwealth emergency powers

- On 18 March 2020, the Prime Minister announced the Governor-General accepted the Commonwealth Government's recommendation that he declare a "human biosecurity emergency" under the *Biosecurity Act 2015*, given the threat COVID-19 poses to human health on a nationally significant scale and the need to control its entry, emergence, establishment and spread in Australia.
- The Governor-General extended the current human biosecurity emergency period for three months from 17 June 2020 to 17 September 2020. The declaration enlivens the Minister for Health's powers under the Biosecurity Act 2015 to determine emergency requirements or issue directions to respond to COVID-19.
- The Minister for Health determined, under the Biosecurity Act 2015, that cruise ships cannot come into Australian ports and foreign cruise ships must leave Australian territory.
- The Minister for Health has also made determinations under the Biosecurity Act 2015 to prevent price gouging of essential goods (personal protective equipment such as disposable face masks and disinfectant products), preventing persons from entering designated remote communities, subject to exceptions, and to close some retail outlets at airports (with the exception of food outlets and chemists).

## 1. Situation

### Overview

#### Domestic Situation (as at 1500 hrs, 1 June 2020)

- A total of **7,204** cases of COVID-19, including 103 deaths, have been confirmed by jurisdictions in Australia (Table 1 and Figure 2).
  - In the past 24 hours, there has been **8** newly confirmed cases and no new deaths reported in Australia.
    - There were no new cases reported in ACT, NT, Qld, SA and Tas.
    - Vic reported **4** newly confirmed cases: **1** case was overseas acquired, **1** case was locally acquired (linked to a known outbreak) and **2** cases are under investigation.
    - NSW reported **3** newly confirmed cases, which were all overseas acquired.
    - WA reported **1** newly confirmed case, which was overseas acquired.
      - **Additionally, WA have included 1 historical probable case in their total. The case is from April 2020 and was a known contact of a confirmed case. The case is not considered an active case.**
  - There are fewer than 500 active cases currently being reported by jurisdictions. ACT and NT are reporting no active cases (classification of active cases varies by jurisdiction).
  - Following the peak of cases at the end of March 2020, there has been a sustained and relatively low number of new cases reported daily since approximately 19 April 2020.
    - The total number of newly confirmed cases reported over the last 7 days was **90**. The recent fluctuations in the daily and weekly numbers of new cases were mostly driven from known outbreaks in Victoria and and/or overseas acquired cases being managed in Western Australia.

- The current COVID-19 epidemic in Australia consists mainly of clusters of cases, linked by common exposures. *There have been very few instances of potential community transmission in Australia.*
- The median age of cases is 47 years, range 0 to 101 years, with a relatively equal ratio of male-to-female cases across most age groups (source: National Notifiable Diseases Surveillance System (NNDSS)) (Figure 3).
  - To date approximately 2% of cases have been in school aged children (5-17 years). (source: NNDSS)
- Aboriginal and Torres Strait Islander cases represent less than 1% of the total number of cases:
  - Median age of cases is approximately 34 years.
  - Almost half of cases were acquired overseas.
  - Two-thirds of cases have been from major cities, with the remainder in inner and outer regional areas. There are no reported cases in remote or very remote areas.
- Of the deaths reported so far:
  - The median age is 80 years (range 30 to 96 years).
  - 83% of deaths have been in people aged 70 years and over, compared with only 14% of all cases being in this age group.
  - 56% were male and 44% were female.
  - The most commonly reported comorbid conditions among COVID-19 deaths were cardiac disease (34%), diabetes (26%) and chronic respiratory disease (22%). Immunosuppressive condition/therapy (19%) and neurological disorder (17%) were also more commonly reported among deceased cases (source: NNDSS as of 17 May 2020).

#### Testing

- To date, more than *1,472,000* tests have been conducted across Australia.
  - *Over the past 7 days there were over 228,000 tests conducted, which is higher than the 182,000 reported in the week prior. This is indicative of a sustained increase in testing numbers over the past fortnight.*
  - Cumulative per cent positive was 0.5% and the positivity in the past week was less than 0.1%.
  - The highest crude cumulative testing rate is in Victoria, with over *7,700* total tests per 100,000 population.
  - The reporting of testing data has been aligned in all jurisdictions to reflect the number of tests conducted and not the number of people tested as people can be tested multiple times. This better reflects the testing capacity of jurisdictions and current public health actions.

#### Source of infection

- *As of the week ending Sunday 31 May 2020, there had been 7,195 cases reported in Australia. Of cases where information on the source of exposure is available:*
  - *10.0% were locally acquired - contact not identified*
  - *27.6% were locally acquired - contact of a confirmed cases and/or in a known cluster*
  - *62.2% were overseas acquired.*
  - *0.3% were under investigation.*
- From the total cumulative cases reported in Australia to date, 62% of confirmed cases have acquired their infection overseas. In this reporting week, most overseas acquired cases have reported travel history to the Southern and Central Asia and Sub-Saharan Africa regions. In the previous reporting week, 3 – 10 May 2020, the number of overseas acquired cases was highest among those who reported travel history to Southern and Central Asia.
- The ACT, NT and SA are reporting no active outbreaks through COVID-Net – the network established by the Australian Government in partnership with states and territories to focus on COVID-19 cluster and outbreak investigations.

- The following COVID-19 outbreaks have been reported from the jurisdictions:
  - An outbreak among crew from a livestock carrier, Al Kuwait, was reported from WA on 26 May 2020.
    - To date **21** crew have tested positive.
      - No new cases in this outbreak *have been reported since 31 May 2020.*
      - *One of the cases was hospitalised on 30 May 2020.*
    - *All 48 crew members from the vessel have been tested. The 10 crew who remain on board the vessel have all tested negative. The remaining crew members are in hotel quarantine.*
    - The vessel *is currently* docked in Fremantle.
  - *An outbreak linked to a family in Keilor Downs in Victoria:*
    - *To date, Victoria has reported 13 cases associated with this outbreak.*
      - *No further cases have been reported since 31 May 2020.*
    - *Investigations into the original source of the outbreak are ongoing.*
  - *An outbreak among staff at a mandatory hotel quarantine facility, the Rydges on Swanston hotel, was reported from VIC.*
    - *To date, Victoria has reported 8 new cases associated with this outbreak.*
      - *On 1 June 2020, one additional case linked to this outbreak was reported.*
  - An outbreak at a meat processing facility in Victoria (Cedar Meats):
    - **To date**, Victoria has reported 111 cases associated with this outbreak.
    - No further cases have been reported since 22 May 2020.
  - An outbreak at a McDonald's Restaurant in Fawkner, Victoria:
    - **To date**, there has been a total of 12 cases associated with this outbreak.
    - No further cases have been reported since 18 May 2020.
  - An outbreak associated with the Anglicare Newmarch House aged care facility in NSW.
    - **To date**, NSW has reported 71 cases (34 staff and 37 residents). There have also been 17 deaths associated with this outbreak. There have been no reported cases linked to this outbreak since 13 May 2020 and *there are currently no active cases associated with this outbreak.*

#### Epidemiological Resources

- A weekly COVID-19 epidemiological report is published in the Communicable Diseases Intelligence (CDI) journal. The most recent report contains information on cases up to 17 May 2020.
- Figures regarding the epidemiology of cases in Australia are also being published on the Department of Health website.

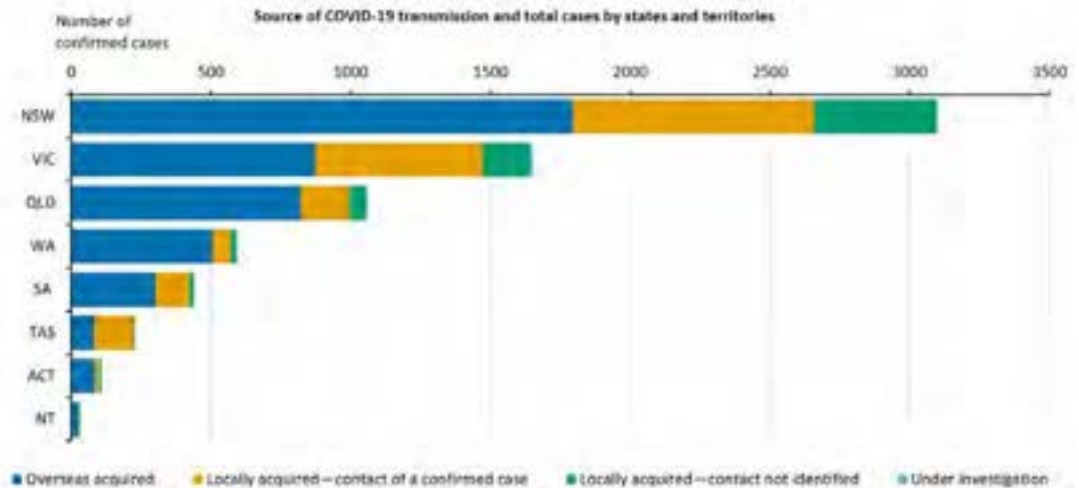
**Table 1. Confirmed cases of COVID-19 by source of infection in each jurisdiction, Australia (as at 1500 hrs, 1 June 2020)**

Confirmed COVID-19 cases	Australia	ACT	NSW	NT	Qld	SA	Tas	Vic	WA <sup>a</sup>
<b>Source of infection (cumulative to date)</b>									
Overseas acquired	4,480	83	1,793	26	819	301	81	873	504
Locally acquired - contact of confirmed case and/or in a known cluster	1,990	17	865	2	176	124	141	599	66
Locally acquired - contact not identified	605	1	368	0	41	9	3	168	15
Locally acquired - contact not identified, but case had interstate travel	112	6	72	1	18	6	3	0	6
Under investigation	17	0	0	0	4	0	0	13	0
<b>Total cases</b>	<b>7,204</b>	<b>107</b>	<b>3,098</b>	<b>29</b>	<b>1,058</b>	<b>440</b>	<b>228</b>	<b>1,653</b>	<b>591</b>
<b>Recovered</b>	<b>6,619</b>	104	2,685	29	1,046	435	207	1560	553
<b>Deaths (of total)</b>	<b>103</b>	3	48	0	7	4	13	19	9
<b>Comparison over time (newly confirmed cases)</b>									
Newly confirmed cases in last 24hrs	8	0	3	0	0	0	0	4	1
%change in the last 24 hours	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%
Newly confirmed cases in the last 72hrs	30	0	6	0	0	0	0	20	4
%change in the last 72 hrs	0.4%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	1.2%	0.7%
Average daily change in newly confirmed cases over the past three days (compound)	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.4%	0.2%
Newly confirmed cases over the past week (7 days)	90	0	13	0	2	1	0	49	25
<b>Current health care use</b>									
Hospitalised (total)	20	0	10	0	1	0	2	6	1
Hospitalised - ICU (of those hospitalised)	3	0	1	0	1	0	0	1	0
Hospitalised - ICU ventilated (of those admitted to ICU)	1	0	0	0	0	0	0	1	0

<sup>a</sup>On 1 June 2020, WA included one historical case (locally acquired – contact of a confirmed case) that has already recovered and is not considered an active case.

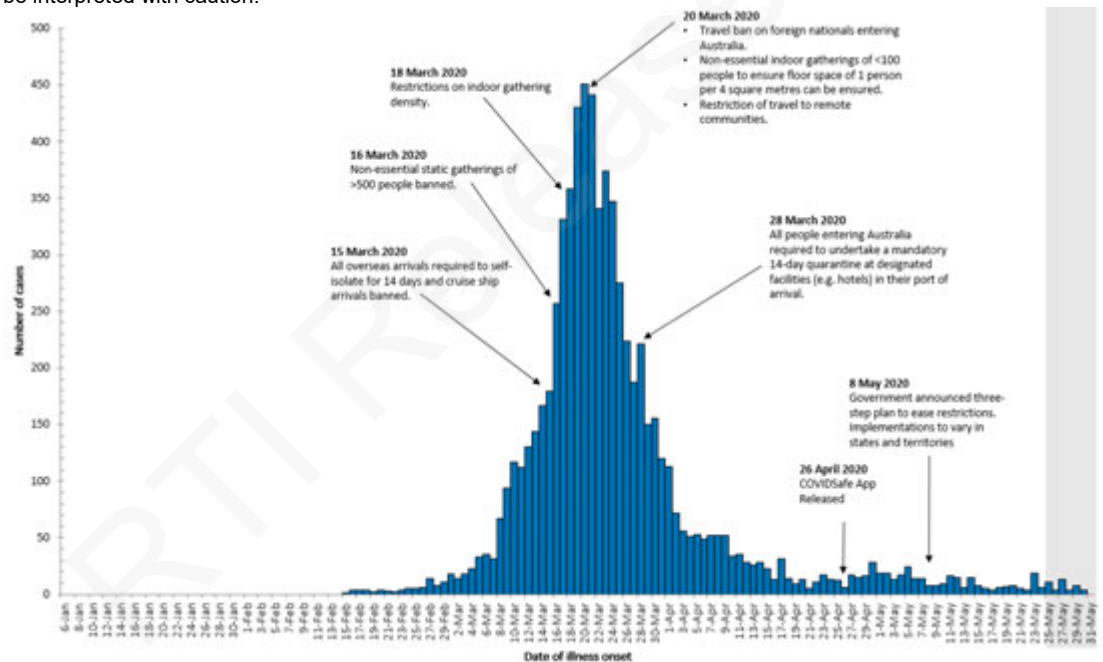


**Figure 1. Distribution of confirmed cases of COVID-19, by jurisdiction and type of acquisition, as at 1500 hrs 1 June 2020**

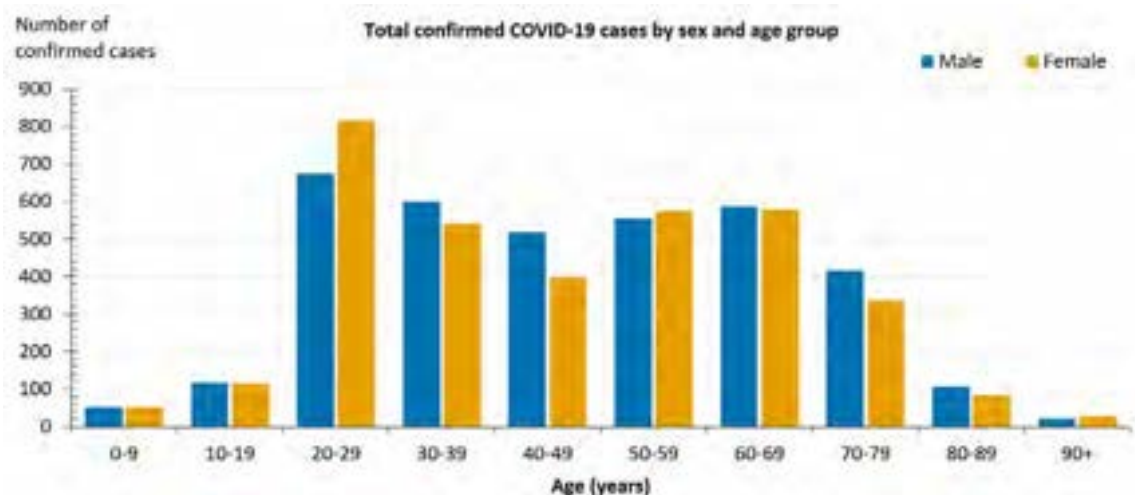


**Figure 2. Epidemic curve of confirmed cases of COVID-19, as at 1500 hrs 1 June 2020 by date of illness onset\***

\*Illness with an onset during the shaded period may not yet have been reported and so trends during this period should be interpreted with caution.



**Figure 3. Distribution of confirmed cases of COVID-19, by age and sex, as at 1500 hrs 1 June 2020**

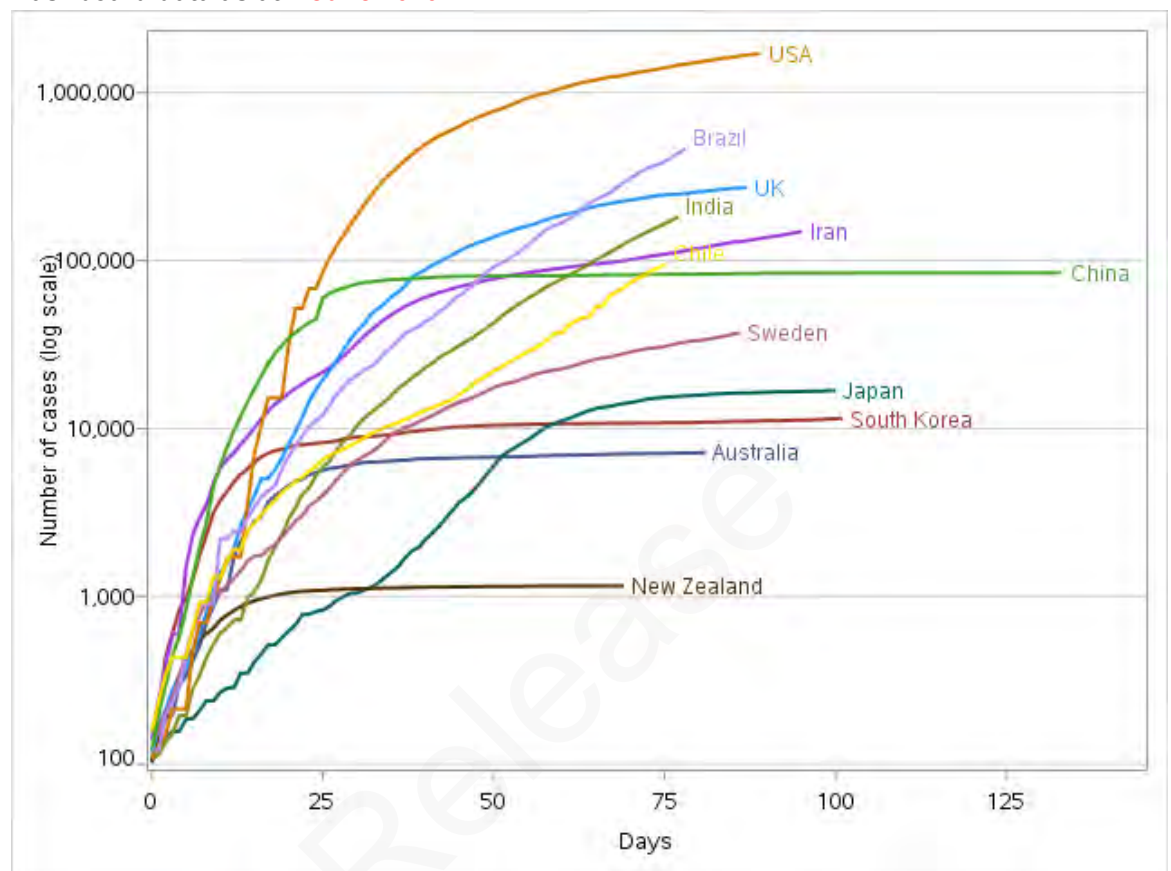


**International Situation (as at 1500 hrs, 1 June 2020)**

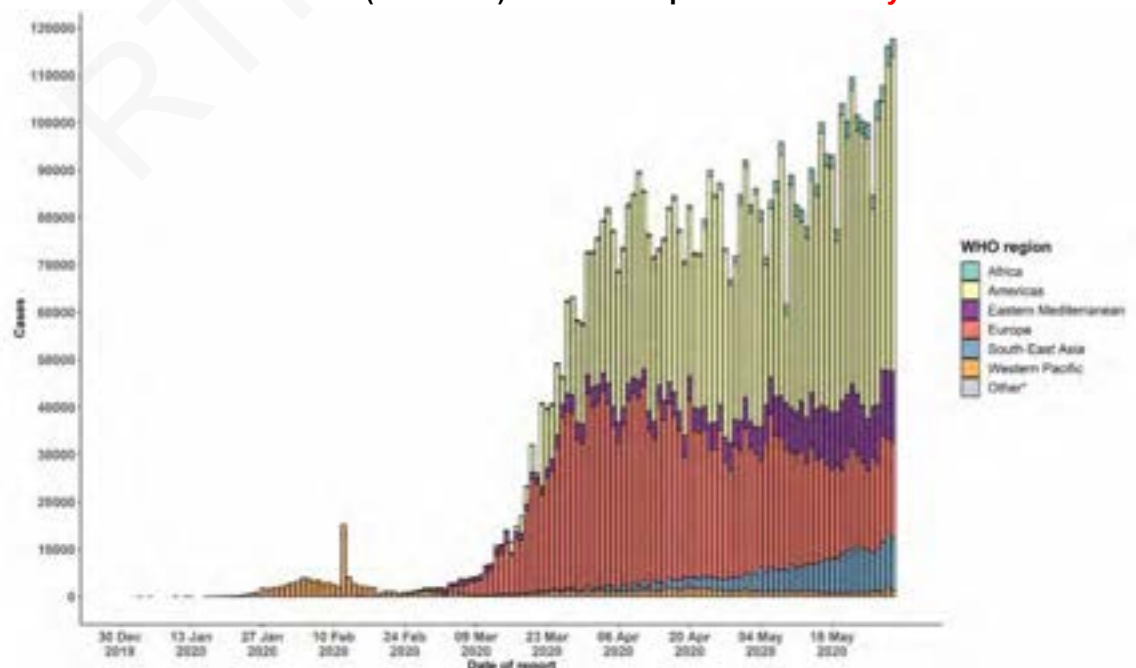
- The global number of confirmed COVID-19 cases is currently **6,170,474** cases including **372,099** deaths (Johns Hopkins).
- Globally, in the past 24 hours, approximately **107,000** new cases and approximately **2,900** new deaths have been reported (Johns Hopkins).
- The WHO Dashboard data from **1 June 2020** indicates the majority of the cases remain in the United States, followed by Brazil, Russia, the United Kingdom, and Spain. The majority of deaths are from the United States (28%), the United Kingdom (**10%**), Italy (9%), Spain and France (8%).
- Of the confirmed cases reported globally, the case fatality rate is approximately **6.2%**.
- **Americas.** The USA has reported approximately **1.72 million** cases in total. The trend is **steady**. **The USA surpassed 100,000 deaths over the weekend.** Brazil's number of confirmed cases and deaths is approximately **465,000** and **28,000** respectively, with **over 20,000** new cases reported daily over the weekend. They are intending to **re-open** from 1 June 2020. Peru is **over 6,000** new cases daily over the weekend. They have a cumulative total of approximately **148,000** cases and have the third highest case count in the American region. Other countries of note in this region include Chile (**95,000** cases, **approx. 4,000** daily new cases over the weekend) and Mexico (**85,000** cases, **3,300 new cases daily over the weekend**). Of the countries reporting over 100 cases in the region, **Mexico** has the highest CFR at **11.1%**, followed by the **Bahamas** at **10.9%**.
- **Europe.** Russia reported approximately **406,000** total cases and **8,500-9,200** new cases daily over the weekend. The daily new case curve indicates the country has passed the peak number of daily new cases and **the current trend is flat**. Newly confirmed cases continue to decline in Italy, which reported less than 600 cases daily over the weekend. Daily new case numbers in the United Kingdom were **approx. 2,000**. Germany reported fewer than 750 daily new cases over the weekend. **To date no changes in daily case trends of Estonia, Latvia and Lithuania have been observed.**
- **Eastern Mediterranean.** Iran is experiencing a second wave of the epidemic and reported **approx. 2,500** daily new cases over the weekend, they appeared to have brought this under control, **but a recent spike in daily new cases may mean that this is not the case**. Saudi Arabia has reported approximately **83,000** cases **and appears to be past their epidemic peak**. Pakistan reports approximately **61,000** cases. Other countries of note include Qatar (**55,000** cases) **who are seeing a steady increase in their daily new case numbers**, the UAE (**34,000** cases) and Kuwait (**26,000** cases) who also appear **to be showing a second wave of infection**. With the exception of Yemen at CFR **24.8%**, all other countries report rates below the global average. **In the coming week we will see the effects of Eid at-Fitr on these epidemics.**
- **Africa.** **The continent remains largely untouched by the epidemic. The region reported 25,000 cases over the last 7 days, which comprises approximately 3% of the global total. South Africa's outbreak showed a spike in daily cases the last four days, with approx. 1,500 new cases reported daily.** They report **31,000** cases and **643 deaths**. **Half of the regions deaths have occurred between South Africa and Algeria.** 43 laboratories from 43 African countries are now able to test for COVID-19, however obtaining the test kits has proved to be problematic for smaller nations. Africa CDC is coordinating bulk orders of testing supplies to improve the continents negotiating power.
- **South East Asia.** India is reporting approximately **182,000** cases, with **approx. 8,000** new cases daily over the weekend. Bangladesh has approximately **45,000** cases, reporting **between 1,700-2,500** new cases daily over the weekend. The risk of a major outbreak in the Rohingya refugee camp remains high. Indonesia has reported **26,000** cases and **1,600** deaths, though many cases and deaths may be underreported. Malaysia, and Vietnam both have a very low positivity rate and have likely contained the outbreak in their respective countries. Malaysia is reporting several ongoing clusters which account for a large proportion of their daily cases, while the latter report very few new daily cases.
- **Pacific.** The outbreak in the migrant worker population of Singapore continues with the country reporting **373** new cases. Approximately 93% of all cases in Singapore are dormitory workers and **10%** of the dormitory worker population has been diagnosed with COVID-19. The Philippines also has a high case fatality rate for the region with **17,000** cases and **950** deaths reported (CFR of **5.5%**). No new cases or deaths have been reported in the Fiji, French Polynesia, Papua New Guinea, or Timor-Leste in **25** days. Northern Mariana Islands reported

2 new cases on 17 May 2020 and are easing some restrictions. *New Caledonia recorded another case on 29 May 2020.*

**Figure 4. Logarithmic epidemic curve of confirmed cases in the days after the first 100 cases of COVID-19 for various countries, WHO Coronavirus Disease (COVID-19) Dashboard data as at 1 June 2020**



**Figure 5. Epidemic curve of confirmed COVID-19 cases, by date of report and WHO region, from WHO Coronavirus 2019 (COVID-19) Situation Report 132 of 31 May 2020**



International response	<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>On 25 May 2020, the World Health Organization (WHO) temporarily paused the use of hydroxychloroquine arm within the Solidarity Trial while the safety data is reviewed by the Data Safety Monitoring Board. The other arms of the trial are continuing.             <ul style="list-style-type: none"> <li>The Solidarity Trial, overseen by WHO, has so far enrolled 3,500 patients from across 17 countries and is assessing the efficacy of four experimental drugs in the management of hospitalised COVID-19 patients, one of which is hydroxychloroquine.</li> </ul> </li> </ul>
------------------------	---

## 2. Health Responses by States and Territories

ACT Health	<ul style="list-style-type: none"> <li>The ACT declared a Public Health Emergency under the <i>Public Health Act 1997</i> (ACT).</li> <li>There are six public health emergency directions in force under the <i>Public Health Act 1997</i>.</li> <li>The ACT Health Emergency Control Centre (HECC) remains activated.</li> <li>The ACT continues to test people with flu-like symptoms presenting at designated COVID-19 testing sites.</li> <li>Stage 2.1 of Canberra's Recovery Plan commenced from 11:59pm on Friday 29 May 2020.</li> <li>The ACT's restrictions are available at: <a href="https://www.covid19.act.gov.au/_data/assets/pdf_file/0007/1551778/CV_Roadmap_Recovery-plan_ease-of-restrictions_0.4.1.pdf">https://www.covid19.act.gov.au/_data/assets/pdf_file/0007/1551778/CV_Roadmap_Recovery-plan_ease-of-restrictions_0.4.1.pdf</a></li> </ul>
NSW Health	<ul style="list-style-type: none"> <li>The State Emergency Operations Centre is active to help facilitate NSW government agency COVID-19 preparedness.</li> <li>Current NSW restrictions and <i>the changes effective</i> from 1 June 2020 can be found at: <a href="https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules">https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules</a></li> </ul>
NT Health	<ul style="list-style-type: none"> <li>Restrictions on entry into the NT from 1600 24 March 2020. Those not exempt will be required to self-isolate for 14 days.</li> <li>NT enacted the Biosecurity Act regional control measures on 26 March 2020.</li> <li>The Minister for Health announced on 26 May 2020 that travel restrictions across remote communities in the Northern Territory will be lifted from Friday, 5 June 2020.             <ul style="list-style-type: none"> <li>The decision to lift the Emergency Determination in the Northern Territory was made based on medical advice, following the Framework for <i>Easing Remote Restrictions</i> (the Framework) endorsed by the Australian Health Protection Principal Committee and announced by the Prime Minister on 15 May 2020 after National Cabinet.</li> </ul> </li> <li>Current NT restrictions and upcoming changes from 5 June 2020 can be found at: <a href="https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June">https://coronavirus.nt.gov.au/roadmap-new-normal#/stage_3_Friday_5_June</a></li> </ul>
QLD Health	<ul style="list-style-type: none"> <li>A Public Health Event of State Significance was declared by the Chief Health Officer on 22 January 2020.</li> <li>The State Health Emergency Coordination Centre (SHECC) moved to "stand up" on 25 January 2020 and is activated 24 hours to coordinate the Queensland Health response.</li> <li>A public health emergency for COVID-19 was declared under the <i>Public Health Act 2005</i> on 29 January 2020.</li> <li>Current QLD restrictions and upcoming changes from 12 June 2020 can be found at: <a href="https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions">https://www.covid19.qld.gov.au/government-actions/roadmap-to-easing-queenslands-restrictions</a></li> </ul>
SA Health	<ul style="list-style-type: none"> <li>The hours of operation of the State Control Centre - Health are 0800hrs -1700hrs Monday to Friday. Recall arrangements will be initiated through the SA Health Emergency Management Duty Officer.</li> <li>Restrictions on international arrivals and cross border travel came into effect into SA from 22 March 2020. Unless exempt, all arrivals are required to self-quarantine for 14 days.</li> <li>Current SA restrictions from 11 May 2020 <i>and the changes effective</i> from 1 June 2020 can be found at: <a href="https://www.covid-19.sa.gov.au/recovery">https://www.covid-19.sa.gov.au/recovery</a></li> </ul>
TAS Health	<ul style="list-style-type: none"> <li>On 21 March 2020, Tasmania put in place strict self-isolation requirements for anyone entering the state.</li> <li>Incident Management Team has established a working group to coordinate strengthening testing capacity.</li> <li>Current TAS restrictions and upcoming changes from 15 June 2020 can be found at:</li> </ul>



	<a href="https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery">https://coronavirus.tas.gov.au/families-community/roadmap-to-recovery</a>
VIC Health	<ul style="list-style-type: none"> <li>• A state of emergency was declared in Victoria, effective from midday on 16 March 2020.</li> <li>• All public hospital ICUs in Victoria are now reporting real-time data on confirmed cases every 6 hours. The data are managed by Ambulance Victoria via the REACH platform.</li> <li>• Current VIC restrictions and upcoming changes from 1 June 2020 can be found at: <a href="https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered">https://www.dhhs.vic.gov.au/your-coronavirus-covid-19-questions-answered</a></li> </ul>
WA Health	<ul style="list-style-type: none"> <li>• The Public Health Emergency Operations Centre and State Health Incident Coordination Centre are activated.</li> <li>• A State of Emergency declaration was made on 15 March 2020.</li> <li>• On 10 May 2020, the WA Premier announced a <a href="#">four-phase roadmap</a> to ease COVID-19 restrictions. Phase 2 of the road map took place from Monday, 18 May 2020.</li> <li>• From 29 May 2020, the WA regional boundaries were lifted, except for the Federal Government biosecurity zones, including the Kimberley region, parts of the Shire of East Pilbara and Shire of Ngaanyatjaraku. Restrictions on entering 274 remote Aboriginal communities will remain in place.</li> </ul>

### 3. Supporting Information and Background

#### General

A weekly epidemiological report which includes data on Australian cases, the international situation and current information on the severity, transmission and spread of the COVID-19 infection is being published in the Communicable Disease Intelligence journal.

#### Transmission

Human-to-human transmission of SARS-CoV-2 is via droplets and fomites from an infected person to a close contact. A virological analysis of hospitalised cases found active virus replication in upper respiratory tract tissues, with viral shedding occurring during the first week of symptoms. Current evidence does not support airborne or faecal-oral spread as major transmission pathways.

SARS-CoV-2 has been identified in respiratory tract specimens 1–2 days prior to symptoms onset, and has been observed after symptom cessation. In 50% of the patients, antibody production occurred after seven days with a range of up to 14 days; this antibody production was not followed by a rapid decline in viral load.

Rates of the disease are lower in children than adults and it is suggested that children do not play a key role in household transmission given the lower incidence of the disease among children.

#### Incubation period

The median incubation period is estimated at 5 to 6 days (ranging from 1 to 14 days). Patients with long incubation periods do occasionally occur; however, they are likely to be 'outliers' and not represent a change in epidemiology of the virus.

#### Molecular epidemiology

Since December 2019, the virus has diversified into multiple lineages as it has spread globally, with some degree of geographical clustering. The whole genome sequences currently available from Australian cases are dispersed across these lineages, reflecting multiple concurrent introductions into Australia. Genomic clusters — closely related sequences reflecting local transmission chains — have also been identified in Australia. Genomic epidemiology may be used to link known cases that were epidemiologically classified as 'locally acquired – contact not identified'.

#### Clinical presentation

COVID-19 presents as mild illness in the majority of cases, with cough and fever being the most commonly reported symptoms. Severe or fatal outcomes are more likely to occur in the elderly or those

with comorbid conditions. Common comorbidities in Australian COVID-19 deaths include cardiac disease, diabetes and chronic respiratory disease.

Some COVID-19 patients show neurological signs such as headache, nausea and vomiting. There is evidence that SARS-CoV-2 viruses are not always confined to the respiratory tract and may invade the central nervous system inducing neurological symptoms. Impairment or loss of the sense of smell (hyposmia/anosmia) or taste (hypoguesia/agesia) may also be associated with COVID-19.

Literature from outside of Wuhan reports that approximately 10% of all cases developed gastrointestinal symptoms associated with COVID-19 infection either on admission or during hospitalisation. This number is higher than the 3% previously reported in Wuhan.

### Severity

The crude global case fatality rate (CFR) is approximately 7%, which has remained consistent since the middle of April 2020. There is some variation between countries, with Australia reporting a CFR of 1-2% and Sweden a rate of approximately 12%.

Examination of cases and their close contacts in China found that younger people generally had a shorter period between symptom onset and recovery. Compared to people with mild disease, those with moderate and severe disease reported longer periods between symptom onset and recovery.

### Treatment

Current clinical management of COVID-19 cases focuses on early recognition, isolation, appropriate infection control measures and provision of supportive care. Whilst there is no specific antiviral treatment currently recommended for patients with suspected or confirmed SARS-CoV-2 infection, multiple clinical trials are underway to evaluate a number of therapeutic agents. Several COVID-19 vaccines have commenced clinical trials.

This report is issued under the function of the Australian National Focal Point (NFP). The Australian NFP is in the Office of Health Protection at the Australian Government Department of Health and its activities are supported 24/7 by the National Incident Room (NIR). The Australian NFP is established under the National Health Security Act 2007.

For more information on the event(s) in this report, contact the NFP by email at [health.ops@health.gov.au](mailto:health.ops@health.gov.au) or by phone (24 hours) at +61 (0) 2 6289 3030.

## 4. Appendix 1

### Confirmed cases of COVID-19 by location, excluding Australia

Please note that the total global cases count reported in the table below is less than the 'live' figure of **6,170,474** reported by Johns Hopkins, checked at 1500 hours.

Source: International cases based on the WHO Dashboard as at 0800hrs **31 May 2020**, excluding Australian cases.

Country	Total confirmed cases	Total deaths	Total confirmed new cases	Total new deaths
China (Including SAR's)	84,570	4,645	5	0
<i>Hong Kong SAR</i>	1,085	4	2	0
<i>Taiwan</i>	442	7	0	0
<i>Macau SAR</i>	45	0	0	0
United States of America	1,716,078	101,567	21,214	1,263
Brazil	465,166	27,878	26,928	1,124
Russian Federation	405,843	4,693	9,268	138
The United Kingdom	272,830	38,376	1,604	215
Spain	239,600	29,043	664	4
Italy	232,664	33,340	416	111
India	182,143	5,164	8,380	193

Germany	181,482	8,500	286	11
Turkey	163,103	4,515	983	26
Iran (Islamic Republic of)	148,950	7,734	2,282	57
France	148,436	28,717	1,779	57
Peru	148,285	4,230	6,506	131
Chile	94,858	997	4,220	53
Canada	89,741	6,996	885	78
Mexico	84,627	9,415	3,227	371
Saudi Arabia	83,384	480	1,618	22
Pakistan	69,496	1,483	3,039	88
Belgium	58,186	9,453	125	10
Qatar	55,262	36	2,355	0
Bangladesh	47,153	650	2,545	40
Netherlands	46,257	5,951	131	20
Belarus	41,658	229	894	5
Ecuador	38,571	3,334	0	0
Sweden	37,113	4,395	637	45
Singapore	34,366	23	506	0
United Arab Emirates	33,896	262	726	2
Portugal	32,203	1,396	257	13
South Africa	30,967	643	1,727	32
Switzerland	30,762	1,656	17	0
Colombia	26,688	853	1,322	31
Indonesia	26,473	1,613	700	40
Kuwait	26,192	205	1,008	11
Ireland	24,929	1,651	53	6
Ukraine	23,672	708	468	12
Poland	23,571	1,061	416	10
Egypt	23,449	913	1,367	34
Romania	19,133	1,253	151	13
Philippines	18,086	957	1,452	15
Israel	17,012	284	203	3
Dominican Republic	16,908	498	377	10
Japan	16,851	891	47	5
Austria	16,638	668	44	0
Afghanistan	15,094	250	651	2
Argentina	14,702	510	0	0
Panama	12,531	326	400	6
Denmark	11,633	571	40	3
Republic of Korea	11,468	270	27	1
Serbia	11,381	242	27	0
Kazakhstan	10,858	38	476	1
Bahrain	10,793	17	344	2
Oman	10,423	42	603	1
Nigeria	9,855	273	553	12
Armenia	9,282	131	355	4
Algeria	9,267	646	133	8
Czechia	9,230	319	34	0
Bolivia (Plurinational State of)	8,731	300	344	7
Norway	8,411	236	0	0
Republic of Moldova	8,098	294	202	5



Morocco	7,780	204	66	2
Ghana	7,768	35	152	1
Malaysia	7,762	115	30	0
Finland	6,826	316	50	2
Iraq	6,179	195	306	10
Cameroon	5,659	185	223	8
Azerbaijan	5,246	61	257	3
Honduras	4,886	199	134	3
Sudan	4,800	262	279	29
Guatemala	4,607	90	259	10
Luxembourg	4,016	110	4	0
Hungary	3,867	524	26	7
Tajikistan	3,807	47	121	0
Puerto Rico	3,718	133	71	1
Guinea	3,706	23	50	1
Uzbekistan	3,554	14	41	0
Senegal	3,535	42	106	1
Djibouti	3,194	22	280	2
Thailand	3,081	57	4	0
Democratic Republic of the Congo	2,965	68	133	0
Greece	2,915	175	6	0
Côte d'Ivoire	2,799	33	49	1
Gabon	2,613	15	0	0
Bulgaria	2,513	140	14	1
Bosnia and Herzegovina	2,493	152	9	0
El Salvador	2,395	44	117	2
Croatia	2,246	103	1	0
North Macedonia	2,164	131	34	5
Cuba	2,025	83	20	1
Somalia	1,916	73	88	1
Kenya	1,888	63	143	1
Estonia	1,865	67	6	0
Iceland	1,806	10	1	0
Kyrgyzstan	1,748	16	26	0
Mayotte	1,743	21	44	0
Maldives	1,672	5	39	0
Lithuania	1,670	70	8	2
Sri Lanka	1,630	10	64	0
Haiti	1,584	35	141	0
Nepal	1,572	8	171	2
Slovakia	1,521	28	1	0
Slovenia	1,473	108	0	0
Venezuela (Bolivarian Republic of)	1,370	14	43	3
Guinea-Bissau	1,256	8	0	0
Mali	1,250	76	24	3
Lebanon	1,191	26	19	0
New Zealand	1,154	22	0	0
Albania	1,136	33	14	0
Tunisia	1,076	48	5	0
Latvia	1,065	24	1	0
Kosovo	1,064	30	16	0

Ethiopia	1,063	8	95	0
Zambia	1,057	7	0	0
Equatorial Guinea	1,043	12	0	0
Costa Rica	1,022	10	22	0
South Sudan	994	10	0	0
Paraguay	964	11	47	0
Niger	956	64	1	0
Cyprus	943	17	2	0
Nicaragua	885	35	0	0
Central African Republic	874	1	0	0
Burkina Faso	853	53	6	0
Sierra Leone	852	46	23	1
Uruguay	816	22	5	0
Georgia	783	12	26	0
Andorra	764	51	0	0
Chad	759	65	0	0
Madagascar	758	6	60	1
undefined	741	13	0	0
Jordan	734	9	4	0
San Marino	687	42	0	0
occupied Palestinian territory, including east	626	5	1	0
Malta	616	7	0	0
Congo	587	19	0	0
Jamaica	575	9	6	0
United Republic of Tanzania	509	21	0	0
Mauritania	483	21	60	1
Réunion	471	1	1	0
Uganda	446	0	36	0
French Guiana	436	1	0	0
Togo	428	13	0	0
Cabo Verde	421	4	16	0
Rwanda	359	1	4	1
Isle of Man	336	24	0	0
Mauritius	335	10	0	0
Viet Nam	328	0	1	0
Montenegro	324	9	0	0
Yemen	314	78	27	12
Jersey	308	29	0	0
Sao Tome and Principe	295	10	0	0
Eswatini	283	2	4	0
Liberia	280	27	7	0
Malawi	279	4	6	0
Guernsey	252	13	0	0
Mozambique	244	2	10	0
Benin	232	3	14	0
Myanmar	224	6	0	0
Martinique	200	14	3	0
Faroe Islands	187	0	0	0
Mongolia	179	0	0	0
Zimbabwe	174	4	25	0
Guam	166	5	1	0

Guadeloupe	162	14	0	0
Gibraltar	161	0	3	0
Guyana	150	11	0	0
Brunei Darussalam	141	2	0	0
Cayman Islands	141	1	1	0
Bermuda	140	9	0	0
Libya	130	5	12	0
Cambodia	125	0	0	0
Syrian Arab Republic	122	4	0	0
Trinidad and Tobago	116	8	0	0
Aruba	101	3	0	0
Bahamas	101	11	0	0
Monaco	98	1	0	0
Barbados	92	7	0	0
Angola	84	4	3	0
Liechtenstein	83	1	0	0
Sint Maarten	78	15	0	0
United States Virgin Islands	69	6	0	0
French Polynesia	60	0	0	0
Comoros	43	2	0	0
Bhutan	43	0	10	0
Burundi	42	1	0	0
Saint Martin	41	3	1	0
Eritrea	39	0	0	0
Botswana	35	1	0	0
Antigua and Barbuda	25	3	0	0
Gambia	25	1	0	0
Saint Vincent and the Grenadines	25	0	0	0
Timor-Leste	24	0	0	0
Grenada	23	0	0	0
Namibia	23	0	0	0
Northern Mariana Islands (Commonwealth of the)	22	2	0	0
Curacao	20	1	0	0
Lao People's Democratic Republic	19	0	0	0
New Caledonia	19	0	0	0
Belize	18	2	0	0
Fiji	18	0	0	0
Saint Lucia	18	0	0	0
Dominica	16	0	0	0
Saint Kitts and Nevis	15	0	0	0
Falkland Islands (Malvinas)	13	0	0	0
Greenland	13	0	0	0
Holy See	12	0	0	0
Turks and Caicos Islands	12	1	0	0
Suriname	12	1	0	0
Montserrat	11	1	0	0
Seychelles	11	0	0	0
British Virgin Islands	8	1	0	0
Papua New Guinea	8	0	0	0
Bonaire, Sint Eustatius and Saba	7	0	0	0
Saint Barthélemy	6	0	0	0