



Special Commission of Inquiry into the Ruby Princess

# EXHIBIT 100

Statement of Dr Christine Selvey dated 22 June 2020 (with annexures)

# **SPECIAL COMMISSION OF INQUIRY INTO THE RUBY PRINCESS**

**Statement of Christine Selvey, 22 June 2020**

## **A Introduction**

- 1 My full name is Christine Enid Selvey.
- 2 I have a Bachelor of Science (BSc) in Mathematics and a Bachelor of Medicine, Bachelor of Surgery (MB,BS) from Adelaide University, and a Masters in Science (Exercise Science) (MSc) from the University of Cape Town.
- 3 I am currently the Acting Director of the Communicable Diseases Branch of Health Protection NSW within NSW Health. I have been in this role since 6 September 2019.
- 4 Prior to my current role, I was
  - (1) a Medical Epidemiologist in the Communicable Diseases Branch at the NSW Ministry of Health from September 2013; and
  - (2) the Director of the Communicable Diseases Branch for Queensland Health from January 2007 to March 2013.

## **B Role as Director of Communicable Diseases Branch**

- 5 As the Acting Director of the Communicable Diseases Branch (**CDB**), I
  - (1) provide strategic direction and oversight of communicable disease surveillance, prevention and control for NSW;
  - (2) manage the CDB;
  - (3) coordinate public health action undertaken by public health units in each NSW local health district;

- (4) report to the Executive Director, Health Protection NSW (Dr Jeremy McNulty) who in turn reports to the Chief Health Officer; and
- (5) represent NSW on the Communicable Diseases Network Australia (CDNA).

### ***PHEOC and the Response to COVID-19***

- 6 As Acting Director of CDB, I oversaw work that started in early January on preparing for the potential for novel coronavirus-19 to spread to Australia. By 21 January, it had become clear that transmission within NSW was inevitable, and on this day I initiated the setting up of the Public Health Emergency Operations Centre (**PHEOC**) to manage the NSW Health response. I refer to paragraphs 22, 24, 25, 29 and 31 of the statement of Dr Jeremy McNulty dated 16 May 2020 as to the work of PHEOC.
- 7 For the first months of the PHEOC operations, my role was to advise on all aspects of the response to COVID-19, reporting to the Deputy Controller, Dr McNulty. Within a week after the PHEOC was stood up, I no longer had capacity to undertake any CDB work other than that related to COVID-19.

### ***CDNA***

- 8 CDNA had its first teleconference on the viral pneumonia outbreak in China on 10 January 2020. Teleconferences were held almost daily until late April, and then reduced to, and continue to be, four days a week. I attended each of these meetings except for one when I was required to attend the international airport on an urgent matter. On Tuesday 9 June, CDNA held its 100<sup>th</sup> teleconference on this matter.

### ***C Involvement in assembling the expert panels***

- 9 I had no involvement in assembling the expert panels to assess the risk posed by arriving cruise ships.

**D Involvement and oversight in the development of the NSW Health procedures**

10 From time to time, I was copied into emails about:

- (1) the draft Cruise Ship COVID-19 Assessment Procedure for Ports of First Entry into Australia, dated 19 February Procedure; and
- (2) the NSW Health Enhanced COVID-19 Procedures for the Cruise Line Industry, dated 9 March 2020.

I did not read those emails or, if I did read the emails, did not read the attachments to them.

11 I did not contribute to any of the discussions regarding those documents.

12 I did not do so because:

- (1) I was aware that the documents were being developed by Dr McAnulty and Dr Tobin;
- (2) I reported to Dr McAnulty, and Dr Tobin was the Chief Human Biosecurity Officer; and
- (3) I was heavily involved in other non-cruise ship related COVID-19 work.

13 I did not have any views on those procedures when they were being developed and implemented.

14 Since receipt of the Commission's letter requesting a statement from me dated 12 June, I have had no capacity to review the procedures which are (in any event) no longer applicable given the stoppage of cruise ships.

**E Involvement in the proposal put to Port Authority of NSW**

- 15 During 15 February, Peta Pippas (who was working in the PHEOC) told me that she had taken over a task from Katie Barker (who was also working in the PHEOC), which was to contact the Port Authority of NSW (**PANSW**) to seek assistance in developing a process to collect swabs from cruise ships before berthing. Ms Pippas indicated that she had spoken to the PANSW and they had asked that someone more senior pursue the request. Ms Pippas prepared a detailed email for me to send and, after making some minor editorial changes to it, I sent the email to Emma Fensom, the Chief Operating Officer of PANSW.
- 16 While I was generally aware that there was an issue with collecting swabs from cruise ships, it was not an issue to which I paid particular attention. As I stated above, I was heavily involved in other non-cruise ship related COVID-19 work at this time.
- 17 On 17 February I had a phone discussion with Ms Fensom. On that phone call, Ms Fensom explained that a pilot cutter boat meets each cruise ship about three nautical miles off shore where the pilot boards the ship. The cutter boat then escorts the cruise ship in through the heads and to the terminal either at Circular Quay or White Bay. Therefore, should there be a requirement for PANSW to deliver swabs to Rose Bay, another boat would be required. This additional boat could pick up the swabs from the pilot cutter boat just inside the heads. However this was logistically difficult and resource intensive as PANSW would need to engage two or three extra staff to do this and the need for staff to do this would only be known the night before (typically cruise ships arrive at their dock at 6am). Ms Fensom expressed concern that the unions may object to this process. Ms Fensom suggested that I consider alternative methods to collect the swabs from a cruise ship and that I contact the Water Police and Australian Border Force.
- 18 At 8.07pm on 17 February I emailed Ms Fensom to acknowledge the information she had given me, and to indicate that Dr Tobin was now her contact in NSW Health. This had followed a discussion with Dr Tobin, where

we agreed that he should take over management of this issue, consistent with his role as Chief Human Biosecurity Officer and his involvement in developing the cruise ship procedures.

19 After that, I was copied on emails between Dr Tobin and Ms Fensom, but had no further interaction with the PANSW or any other agency about a procedure for retrieval of swabs from a cruise ship.

20 A copy of the email chain containing the emails referred to above appears at **Annexure CES-1.**

**F NSW Health's interaction with other (including Commonwealth) agencies in relation to the steps taken by NSW Health following the confirmation of COVID-19 cases on board the Ruby Princess voyage that arrived in Sydney of 19 March 2020**

21 I refer to Dr McAnulty's second statement dated 15 June 2020, and Part C of the report attached to it (**Public Health Response Report**). I set out below additional details of matters I was involved with, and other contacts that I had which are not referred to in the Public Health Response Report.

22 At approximately 10.30am on 20 March I phoned the Director of Public Health in Tasmania, Dr Mark Veitch to tell him about the Tasmanian resident whose swab collected on the Ruby Princess had tested positive. At 10.40am I sent details of this passenger to Dr Veitch. At 12.20pm that day, on Dr Veitch's request, I sent the list of passengers with a Tasmanian address to Dr Veitch. Dr Veitch had called me prior to this to inform me that an 80 year old passenger from the Ruby Princess cruise had been admitted to Burnie Hospital, but that the results of a swab for COVID-19 were not yet available.

23 Later on the morning of 20 March 2020 I had a phone conversation with Ms Rhonda Owen, Assistant Secretary, Health Emergency Management Branch, Australian Department of Health, to alert her that two passengers and a crew member from the Ruby Princess cruise had tested positive for COVID-19 and

that it was necessary that the passenger manifest be provided to other states/territories. I indicated that many of the passengers were overseas residents and many may have already departed Australia. I emailed the passenger manifest to the National Incident Room at 12.02pm that day.

- 24 CDNA had a teleconference that commenced at 12pm on 20 March 2020, and I informed CDNA, which includes public health officials from every Australian state/territory, of the outbreak on the ship which had had around 2,660 passengers and 1,000 crew on board. I indicated that NSW was currently following up with passengers to re-emphasise the 14 day quarantine requirement, and that a list of passengers by jurisdiction would be sent to the relevant jurisdictional member by the National Incident Room.
- 25 At 3.25pm on 20 March I forwarded the passenger list to all jurisdictional members of the Australian Health Protection Principal Committee and to the CDNA to ensure that all states/territories had been told about passengers who lived in their jurisdiction. I indicated that NSW had texted and emailed all passengers on the list, and had also been calling them.

**G Dr Selvey's knowledge and understanding of:**

- i. **Whether and by what means, passengers were informed that they were not permitted to onward travel following the categorisation of all passengers as "close contacts", beyond the fact sheet linked to the email and SMS sent to passengers described above; and**
- 26 Passengers were informed by NSW Health that they were not permitted to onward travel because they were close contacts by the factsheet linked to an email sent at 11.47am 20 March referred to in paragraph 6(a) of the Commission's letter. That email linked to a factsheet which was, at that time the email was sent, dated 15 March.
- 27 The factsheet was updated on 21 March, and was available by the same link. While a passenger would have seen the factsheet dated 15 March if they

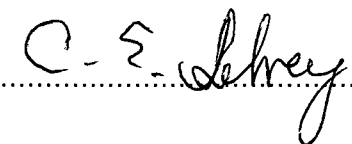
clicked on the link in the email on the day it was sent, if they clicked on the link on or after the evening of 21 March, they would have seen the factsheet dated 21 March. The email appears at **Annexure 3** to the Public Health Response Report, the factsheet dated 15 March appears at **Annexure 22** to the Public Health Response Report, and the updated factsheet dated 21 March appears at **Annexure 23** to the Public Health Response Report.

- 28 Passengers were also informed by a letter from NSW Health sent to them via Carnival, dated 21 March, which contained a link to the factsheet updated on 21 March. A copy of the letter appears at **Annexure 16** to the Public Health Response Report.

ii. **the detail of any communication with other agencies (including Commonwealth agencies) in relation to this issue, including any requests for assistance made by NSW Health, and any assistance proffered by other agencies.**

- 29 NSW Health communicated to the National Incident Room on 22 March at 11.09am seeking the assistance of Australian Border Force. A copy of that email appears at **Annexure 17** to the Public Health Response Report.
- 30 NSW Health sought the assistance of Australian Border Force on 22 March at 1.33pm. A copy of that email appears at **Annexure 18** to the Public Health Response Report.
- 31 NSW Health advised Dr Brendan Murphy of the requests to the National Incident Room and Australian Border Force by email dated 22 March at 4.34pm. A copy of that email appears at **Annexure 20** to the Public Health Response Report.
- 32 By email dated 22 March at 8.11pm PHEOC was advised by Australian Border Force that they were putting all Ruby Princess passengers on alert so airlines

will get a “do not board” for these people if they try and fly. A copy of that email appears at **Annexure 21** to the Public Health Response Report.

Signed:  .....

Name: Christine Selvey

Date: 22 June 2020

## Annexure 4. Annexure CES-1

## RE: Processes for retrieving respiratory specimens from cruise ships

From: Sean Tobin <[REDACTED]@health.nsw.gov.au>  
 To: Emma Fensom <[REDACTED]@portauthoritynsw.com.au>  
 Cc: Jeremy McAnulty <[REDACTED]@health.nsw.gov.au>; Brad Milner <[REDACTED]@portauthoritynsw.com.au>; Edward Martin <[REDACTED]@portauthoritynsw.com.au>; Christine Selvey <[REDACTED]@health.nsw.gov.au>; Kelly Mico <[REDACTED]@portauthoritynsw.com.au>  
 Date: Tue, 18 Feb 2020 14:20:42 +1100  
 Attachments: Information for marine pilots\_06Feb2020.pdf (218.56 kB)

Hi Emma

Some responses below.

Best regards

Sean

**Dr Sean Tobin**

Medical Epidemiologist

Communicable Diseases Branch | **Health Protection NSW**

LMB 961, NORTH SYDNEY NSW 2059

[REDACTED]@health.nsw.gov.au  
[www.health.nsw.gov.au](http://www.health.nsw.gov.au) [www.health.nsw.gov.au/infectious](http://www.health.nsw.gov.au/infectious)



From: Emma Fensom [mailto:[REDACTED]@portauthoritynsw.com.au]  
 Sent: Tuesday, 18 February 2020 12:26 PM  
 To: Sean Tobin <[REDACTED]@health.nsw.gov.au>  
 Cc: Jeremy McAnulty <[REDACTED]@health.nsw.gov.au>; Brad Milner <[REDACTED]@portauthoritynsw.com.au>; Edward Martin <[REDACTED]@portauthoritynsw.com.au>; Christine Selvey <[REDACTED]@health.nsw.gov.au>; Kelly Mico <[REDACTED]@portauthoritynsw.com.au>  
 Subject: RE: Processes for retrieving respiratory specimens from cruise ships

Hi Sean,

In addition to matters discussed with Christine below, could NSW Health also assist the Port Authority with the following:

1. If there is an illness on board, and the matter has been escalated to NSW Health or Department of Agriculture, and it is considered high or low risk in relation to Covid-19 what guidance can you provide in relation to the type of PPE our Marine pilots should wear? In this scenario once the

Emma Fensom [Signature]  
 DSC Churchill [Signature]  
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marine pilot has berthed the ship presumably a bio-security officer would come on board. In such circumstances what PPE would the biosecurity officer be wearing? Would our marine pilot be wearing the same level of protection?

In this scenario, Biosecurity Officers and the Health Team would usually be using a surgical mask and gloves. If the Health Team members need to formally assess people identified with illness who may need testing for COVID-19, then they would also have on a disposable gown and eye protection. This activity would usually be done in a separate screening room.

I think the advice sent out for marine pilots (attached) provides similar PPE advice.

2. Is there someone in NSW Health who would be the appropriate person to attend a medical and risk preventative Q&A session with a group of marine pilots about Covid-19? The purpose of this is to provide appropriate information to our marine pilots about risk associated with Covid-19 (this is the same request in the email below).

I could probably attend a session by phone but it will be difficult to attend in person in Sydney. It would be even more difficult to attend other sites but you could approach the Public Health Units in Newcastle and Wollongong.

3. Apparently QLD Health have a video on how to wear PPE appropriately. Does NSW Health have similar materials that you could share?

There are a variety of PPE resources but they tend to be focussed on healthcare workers as they attend patients, rather than this scenario. You might like to have a look at

<http://www.cec.health.nsw.gov.au/patient-safety-programs/infection-prevention-and-control/healthcare-associated-infections/resources>.

4. If there is a suspected case of Covid-19 on board a vessel will:

a. NSW health risk assess the case by phone with the vessel's master in the first instance; and  
Yes, we are doing risk assessments for all cruise ships coming into NSW ports. The MARS reporting system still applies, and covers other vessels.

b. Depending on the risk will NSW health be able to use its contractors to winch a medical professional on and off the vessel to confirm whether or not there is in fact a case of Covid-19?

Possibly, although we would probably just be picking up specimens collected by the Ship Doctor and arrange urgent testing. There is no portable testing kit for COVID-19 (as there is for Flu).

c. If a case of Covid-19 is confirmed on board a vessel could NSW Health consider whether they could provide a health professional, winched on to the vessel by NSW Health Contractors, to shadow the Marine Pilot to provide health risk management advice while the Marine Pilot pilots the ship to berth?

It's very unlikely that we would have a result before the ship berthed. Our advice to the Ship would be to ensure that anyone with symptoms or otherwise suspected to be a case was in room isolation and wearing a mask.

If there was a very strong suspicion of COVID-19 on the ship ahead of time, which there has not been to date, we would discuss with you and the pilot and the Ship about protective measures. In this setting, if the Pilot was wearing appropriate PPE, as suggested, it would be very unlikely that they would be considered a close contact at risk of infection.

Thank you in advance for considering our questions. Your information will be really helpful for our

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response should there be a suspected or confirmed case of Covid-19 on board a vessel that requires pilotage

Kind regards,

Emma

**Emma Fensom** | Chief Operating Officer (Acting)

**Port Authority of New South Wales**

100 Wharf Road | Newcastle NSW 2300 Australia

T: [REDACTED] | M: [REDACTED]

[www.portauthoritiesnsw.com.au](http://www.portauthoritiesnsw.com.au)

**From:** Emma Fensom <[REDACTED]@portauthoritiesnsw.com.au>  
**Sent:** Monday, 17 February 2020 8:16 PM  
**To:** Christine Selvey <[REDACTED]@health.nsw.gov.au>  
**Cc:** Sean Tobin <[REDACTED]@health.nsw.gov.au>; Jeremy McAnulty <[REDACTED]@health.nsw.gov.au>; Brad Milner <[REDACTED]@portauthoritiesnsw.com.au>; Edward Martin <[REDACTED]@portauthoritiesnsw.com.au>  
**Subject:** Re: Processes for retrieving respiratory specimens from cruise ships

Thank you Christine and all understood. No problem about the call from Katie.

We appreciate your assistance with guidance to pilots and I would like to discuss this with Sean tomorrow if possible.

Regards,

Emma

Sent from my iPhone

On 17 Feb 2020, at 8:07 pm, Christine Selvey <[REDACTED]@health.nsw.gov.au> wrote:

Hi Emma

Thanks very much for the discussion today; it was useful to hear the perspective of the Port Authority,

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and in particular to understand the role of the pilot cutter boat after the pilot boards the incoming vessel.

I have passed this information onto Dr Sean Tobin, as I mentioned today might happen.

Sean is now your contact with NSW Health.

Sean is also aware of your request for an education session on COVID-19 and PPE for pilots in each of Newcastle, Port Kembla and Sydney and will action this.

I apologise for the call today that you got from Katie – I hadn't yet managed to communicate our discussion with the team, and Katie and Peta were not aware the I'd spoken to you today.

Kind regards

Christine

From: Emma Fensom [mailto: [REDACTED]@portauthoritynsw.com.au]

Sent: Monday, 17 February 2020 5:37 PM

To: Christine Selvey < [REDACTED]@health.nsw.gov.au>

Cc: Edward Martin < [REDACTED]@portauthoritynsw.com.au>; Brad Milner

< [REDACTED]@portauthoritynsw.com.au>; Peta Pippas (Ministry of Health)

< [REDACTED]@health.nsw.gov.au>; MOH-PHEOLogistics < [REDACTED]

< [REDACTED]@health.nsw.gov.au>; Sean Tobin < [REDACTED]@health.nsw.gov.au>; Jeremy

McAnulty < [REDACTED]@health.nsw.gov.au>

Subject: RE: Processes for retrieving respiratory specimens from cruise ships

Hi Christine,

Further to our discussion this afternoon I thought it is important to note that the proposed testing regime being considered by NSW Health may also have implications for cruise ships in Qld and NT.

Regards,

Emma

**Emma Fensom** | Chief Operating Officer (Acting)

**Port Authority of New South Wales**

100 Wharf Road | Newcastle NSW 2300 Australia

T: [REDACTED] M: [REDACTED]

[www.portauthoritynsw.com.au](http://www.portauthoritynsw.com.au)

From: Christine Selvey < [REDACTED]@health.nsw.gov.au>

Sent: Sunday, 16 February 2020 2:08 PM

To: Emma Fensom < [REDACTED]@portauthoritynsw.com.au>

Cc: Edward Martin < [REDACTED]@portauthoritynsw.com.au>; Brad Milner

< [REDACTED]@portauthoritynsw.com.au>; Peta Pippas (Ministry of Health)

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<[REDACTED]@health.nsw.gov.au>; MOH-PHEOLogistics <[REDACTED]  
[REDACTED]@health.nsw.gov.au>; Sean Tobin <[REDACTED]@health.nsw.gov.au>; Jeremy  
McAnulty <[REDACTED]@health.nsw.gov.au>  
Subject: Re: Processes for retrieving respiratory specimens from cruise ships

Many thanks Emma.

Kind regards

Christine

On 16 Feb 2020, at 11:37 am, Emma Fensom <[REDACTED]@portauthoritynsw.com.au> wrote:

Good Morning Christine,

Thank you for setting out more detail in relation to the proposal.

We understand the urgency of this matter and accordingly consideration of this matter will be prioritised tomorrow and we will respond as soon as possible tomorrow.

Kind regards,

Emma

Sent from my iPhone

On 15 Feb 2020, at 10:08 pm, Christine Selvey <[REDACTED]@health.nsw.gov.au> wrote:

Dear Emma

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Thank you for your advice today to my team regarding rapid transfer of specimens from cruise ships.

#### Background:

NSW Health is assessing passengers and crew who arrive from international ports into NSW for the risk of novel coronavirus (COVID-19). Cruise companies routinely check patients for respiratory illness and the ships doctors typically take nose/throat swabs for influenza testing in passengers or crew who have been unwell with flu like symptoms. Ships doctors are currently unable to test for novel coronavirus.

To help identify possible cases of coronavirus in passengers or crew on cruise ships we need to test any these swabs from cruise ships where there has been a respiratory illness outbreak and where other factors indicate that there is a risk that there may be COVID-19 on board the ships. In this situation, passengers and crew will not be able to disembark until testing of samples has been completed. Depending on the results, appropriate action will be taken to support passengers and crew.

We request NSW Port Authority's urgent assistance to collect samples taken by the cruise ship doctor from the ship (e.g. by the Pilot boat) and deliver the samples back to a convenient location for rapid transfer to our laboratory (current suggestion Rosebay), where the samples can be picked up by a public health officer and transported to our laboratory for testing prior to the cruise ship berthing.

The goal is to receive the samples as early as possible to allow the ship to disembark passengers as early as possible after the samples have been tested. At this time we are only looking at this procedure for Sydney. We would ideally like to commence this procedure as soon as possible. Note that not all cruise ships will be indicated for this (only those with respiratory illnesses on board and other higher risk factors).

#### Proposal

Our draft proposal is:

1. NSW Health advises Port Authority by the night before that pilot boat specimen collection is required.
  - o This would only apply for cruise ships that have reported an outbreak of respiratory illness +/- another risk factor for COVID-19. In this event the ship doctor will have collected specimens and packaged appropriately.
2. Pilot boat meets Cruise ship at Sydney Harbour heads approximately 4 nautical miles/ 30 mins prior to Cruise ship berthing.
3. Port Authority marine pilot transfers to cruise ship. Package containing specimens will be transferred to pilot boat.
4. Pilot boat will drive to Rosebay Wharf (exact location at Rosebay to be determined by Port Authority) and will be met a courier/health officer for rapid transport to SEALS at Randwick.
5. SEALS will be report results to NSW Health screening team. Passengers will not be allowed to disembark until the Chief Health Biosecurity officer has provided

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clearance.

We understand there are number of hurdles or questions you have before this can be commenced:

- Advice on chain of custody of specimens- we will advise ASAP, however we do not intend to require onerous procedures for port authority staff
- Advice on mishap or lose of specimens in harbour – if this occurs, please notify us and we will undertake re-testing as the port.
- Risk assessment for handling specimen storage container - There is no risk to your staff with handling specimen container. The ship doctor will have packaged specimens appropriately. We do not require your staff to undertake any additional precautions for handling items.
- Approval to remove items from ship prior to customs clearance at berthing port. NSW Health is currently seeking Commonwealth advice regarding removal of items pre customs clearance at border.

Once we have received confirmation of Port Authorities assistance, we will need to rapidly work out exact logistics contact numbers, escalation pathways. I appreciate your advice on the best contact to arrange this.

Kind regards

Christine Selvey

**Dr Christine Selvey**

Acting Director | Communicable Diseases Branch, Health Protection NSW  
NSW Health, LMB 961, NORTH SYDNEY NSW 2059  
100 Christie St, ST LEONARDS NSW 2065  
Tel [REDACTED] | Fax [REDACTED] | [REDACTED]@health.nsw.gov.au

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