2019-nCoV – update 14th February 2020

Date: Friday 14th February 2020
Sources: Several, see list below

World Health Organization names the new coronavirus disease: COVID-19
The CO stands for COrona, the VI for virus and the D for disease.

The VIRUS has been named: SARS-CoV-2 by the international committee for taxonomy of viruses (1)

WHO Coronavirus disease (COVID-19) technical guidance: Laboratory testing for 2019-nCoV in humans (2)
The guidance includes:
1. The current version of the “WHO interim guidance for laboratory testing for 2019 novel coronavirus (2019-nCoV) in humans”.
2. Molecular testing of 2019-nCoV.
3. WHO appointed 2019-nCoV referral laboratories and procedures.
4. Diagnostic knowledge gaps.

Coronavirus: China reports 254 deaths in a day as cases surge after including clinically diagnosed patients (3) 13th February 2020.
Previously infections were diagnosed only by test kits, of which there has been a shortage. The number of reported cases in the 13th February was 14,886 after the new case definition was introduced but only 1600 new cases, the rest was cumulated cases over the past weeks, which fitted the new case definition. The previous peak was the 5th-6th February with 4,370 reported cases.

An update by the WHO Scientific and Technical Advisory Group for Infectious Hazards (STAG-IH), sumamrizing what we know and the strategy for the enxt few weeks. The WHO aim is ”elimination of COVID-19 in human populations as the final goal”.

WHO has published key considerations for repatriation and quarantine of travellers in relation to COVID-19. More information can be found here (6).

ECDC Situation update for the EU/EEA and the UK (7), 13th February 2020

Epidemiological and clinical features of the 2019 novel coronavirus outbreak in China (8)
The study estimated the population attack rates in different prefectures in Hubei province to be 0.75 per 100,000 to 15.81 per 100,000 and the The $R_0$ was estimated to be 3.77 (95% CI 3.51-4.05). The median incubation period was 3.0 days (range 0 to 24.0 days).
Fever occurred in only 43.8% of patients on initial presentation and developed in 87.9% following hospitalization. Significantly more severe cases were diagnosed by symptoms plus reverse-transcriptase polymerase-chain-reaction without abnormal radiological findings than non-severe cases (23.87% vs. 5.20%, P less than 0.001).

WHO meeting on Feb 11 and 12 in Geneva. This was supported by the Melinda & Bill Gates foundation. Research needs were described.

Sources


In the literature


EITaF Comment

The numbers in China continue to be puzzling. After the change of case definition the numbers increased because of cases cumulated over the past weeks were included, however, one wonders if mild cases are registered at all. It seems that the numbers in China are probably higher than reported. This is important because a higher number of infected including mild cases will reduce the mortality. The number of infected outside of China is as of today (12th Feb) 524 with 3 fatal outcomes, a mortality rate of 0.6%. Overall the daily numbers of new cases in China have been decreasing since the 6th of February. The number of international cases are also increasing very slowly if the numbers from the cruise ship in Yokohama are disregarded.

Thus overall it looks like the stringent Chinese travel restrictions and quarantine measures start to work and that international cases are rapidly identified, contacts traced and isolated.

The population attack rate in Wuhan province as reported (reference 8; Yang Y et al) of up to 15 per 100,000 seems very low given that population attack rates in 2009 influenza pandemic was around 5%

The WHO goal of “elimination of COVID-19 in human populations” will probably need to be revised as the international spread is still limited and mortality probably low and close to the pandemic influenza. This is important, as some countries are implementing strict screening and quarantine procedures, whilst other countries do not.

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