2019-nCoV, Wuhan outbreak – 136 new cases

Date: Monday 20th January 2020
Sources: Several, see sources listed under test.

Update of case numbers
136 new cases were added over the last few days reported by the Wuhan authorities early Monday morning (20th January) cited by ProMED (1), including 100 mild cases, 33 severe cases, and 3 critical cases (including 1 death). Currently, 170 cases are still being treated in the hospital, of which 126 cases are mild, 35 cases are severe, and 9 cases are critically ill (1).

Spread in China
One case is reported from Shenzhen, Guangdong and cases in Beijing (1). The Chinese authorities Sunday 19th January maintained that “National disease control centre says new virus ‘is not Sars’, dismisses claims there has been a cover-up in the reporting of cases outside Wuhan” (2).

Spread outside of China
A case were reported this morning from South Korea. According to the Korea Centers for Disease Control and Prevention (KCDC), a Chinese woman suffered fever, respiratory problems and other symptoms after arriving at Incheon International Airport and tested positive for the virus. She traveled to the Chinese city of Wuhan in Hubei Province last week (3).

Estimated number of cases
An modelling of the number of cases from Natsuko Imai et al. MRC Centre for Global Infectious Disease Analysis, J-IDEA, Imperial College London, UK , based on passenger numbers travelling out of Wuhan airport estimate between 996 and 2298 cases (4).

Airport screening of travellers from Wuhan
Several airports in the USA, several countries in South East Asia have implemented screening of body temperature on arrival for passengers from Wuhan. However, the situation is rapidly evolving and travellers are advised to check the airport they are travelling to for which measures have been implemented (4).

WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China (5).
The WHO issue travel guidelines the 10th of January. The WHO does not recommend any specific health measures for travellers. It is generally considered that entry screening offers little benefit.
Transmission potential and modes of transmission remain unclear. Therefore, it would be prudent to reduce the general risk of acute respiratory infections while travelling in or from affected areas (currently Wuhan City) by:
➢ avoiding close contact with people suffering from acute respiratory infections;
➢ frequent hand-washing, especially after direct contact with ill people or their environment;
➢ avoiding close contact with live or dead farm or wild animals;

Travellers with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).

Health practitioners and public health authorities should provide to travellers information to reduce the general risk of acute respiratory infections, via travel health clinics, travel agencies, conveyance operators and at points of entry.

Diagnostic procedures
WHO recommendations for diagnostic procedures (6) and ECDC recommendations have now been published (7). The recommendations discuss who should be tested, specimen collection and shipment and molecular laboratory tests. Reference material including 2019-nCoV nucleic acid have been made available through EVAg EU project (8). EU networks of specialised laboratory have been alerted and are available to provide diagnostic support if needed.

Sources


7. Laboratory testing of suspect cases of 2019 nCoV using RT-PCR. ECDC, Stockholm. 


EITaF Comment

With 136 news cases added by the Chinese authorities and spread inside China to Shenzhen and Beijing and outside China to South Korea, the situation is still unfolding. It is clear that human to human transmission must take place, but how infective the new virus is, is not known at present.

The infection is not trivial. Of the 136 cases reported over the past three days, 33 are classified as severe, 3 as critical (including 1 death) (1). Corona virus, CoVs, are a big family and many CoVs cause upper respiratory tract infections. The concern with the new 2019-nCoV is that it causes pneumonia like the SARS and MERS CoVs. Viral pneumonias are usually double sided and may therefore rapidly cause respiratory failure.

The WHO has so far not recommended any travel restrictions.

It is important that health care workers in both primary care and hospitals are aware of the outbreak. Any patients with fever and pneumonia should be asked about their travel history to China and a risk assessment performed in the Emergency Reception area to decide whether the patient need isolation. Health care staff need to take appropriate infection prevention measures against an airborne infection.

It is also important that travellers to China are informed about the outbreak, and if falling ill with pneumonia within 2 weeks after visiting China and especially Wuhan, that they report to a health care facility and inform about their travel to China.

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