

Research Article





# Novel coronavirus-2019-associated acute respiratory syndrome: China and global outbreaks

#### **Editorial**

Coronavirus were found in the mid-1960s that can infect both humans and animals (birds and mammals), whereas seven coronaviruses are known to infect humans, such as Betacoronavirus HCoV-OC43 and HCoV-HKU1 and Alphacoronavirus HCoV-229E. These coronaviruses primarily target on epithelial cells in the respiratory and gastrointestinal tracts through various routes of transmission, such as respiratory droplets, airborne, fecal-oral or fomites. These coronaviruses cause common colds as well as severe lower respiratory tract infections in the youngest and oldest age groups.1 Novel coronavirus-2019 (2019-nCoV) was first identified from a patient with pneumonia, related to the cluster of acute respiratory illness cases from Wuhan, China with close relation to SARS-CoV and genetically clusters within the genus Betacoronavirus, subgenus Sarbecovirus.<sup>2</sup> With bases on the epidemiological characteristics of respiratory infections caused by SARS-CoV and MERS-CoV, its incubation period of 2 to 7days and up to 14days is possible. Approximately 20% of the laboratory-confirmed cases are seriously or critically ill and at least 4 confirmed cases have died.<sup>3</sup>

On December 31, 2019, the Wuhan Municipal Health Commission in Wuhan City, Hubei province, China reported a cluster of 27 pneumonia cases of unknown etiology, including 7 severe cases, with a common reported connection with Wuhan's Huanan Seafood Wholesale Market (a wholesale fish and live animal market selling different animal species).4 These cases presented with several infectious respiratory disease, such as fever, dyspnea, and bilateral pulmonary infiltrates on chest roentgenograms. Chinese authorities placed all cases under isolation, initiated contact tracing activities and hygiene and environmental sanitation activities at this market, which was closed to the public on January 1, 2020. At that time, no significant human-to-human transmission and no cases among healthcare workers were reported by the Chinese authorities. Between December 31, 2019 and January 20, 2020, 295 2019-nCoV-laboratoryconfirmed cases, including 4 deaths, have been reported.<sup>5</sup> Of the 295 laboratory-confirmed cases, 291 cases were reported by China (270 cases in Wuhan City, 5 cases in Beijing, 14 cases in Guangdong, and 2 cases in Shanghai).<sup>5</sup> Fifteen healthcare workers in Wuhan were the reported cases during that period.<sup>6</sup> During that period, Wuhan City reported that 169 cases were hospitalized, of which 35 cases were seriously and 9 cases were critically ill.7 In Guangdong, China, 2 of the 14 reported cases had not travelled to Wuhan, China, but had a history of contact with laboratory-confirmed cases, 8 whereas the other four laboratory-confirmed cases were outside-China-travel-related.9-11 Of the four reported deaths (January 9-19, 2020), all were in China with the ages ranked between 61 to 89years.<sup>7, 9, 12, 13</sup> For the majority of the reported cases, the history of exposure to the Wuhan's Huanan Seafood Wholesale Market or other live markets is unknown.<sup>11</sup>

In conclusion, with bases on the genetic similarities between 2019-nCoV and SARS-CoV, the limited epidemiological data available from China and the case detection through entry screening outside of China, we hypothesize that new cases will be detected among travelers from Wuhan, China. Without implementation of proper infection prevention and control measures at the point of care for individuals under investigation, there will be a likelihood of disease outbreaks, particularly via traveler transmission, transmission on aircrafts, and healthcare-related transmission in the destination

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countries. Nevertheless, in the global experiences, systematic implementation of infection prevention and control measures were effective in controlling both SARS-CoV and MERS-CoV.

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#### **Conflicts of interest**

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