

## Emerging Respiratory Virus Bulletin – January 30, 2020

### Update: 2019-nCoV declared a Public Health Emergency of International Concern (PHEIC)

Dear Colleagues –

Below is an update on the 2019 novel coronavirus (2019-nCoV). Please share with others as you deem appropriate.

Please note that emerging respiratory pathogen response can be highly dynamic; guidance and advice are subject to change over the course of the epidemic and as new data become available.

#### HIGHLIGHTS:

1. Today, the World Health Organization re-convened its Emergency Committee, concluding that the 2019-nCoV epidemic constitutes a Public Health Emergency of International Concern (PHEIC).
2. In the approximately one month since it first emerged, 8247 confirmed cases of 2019-nCoV have been reported globally (as of this morning January 30, 2020). The vast majority (99%) of cases have been reported from mainland China, with 27% from Wuhan City and 59% from Hubei Province. All 171 deaths have been reported from mainland China, with 95% from Hubei Province.
3. Elsewhere, 96 confirmed cases have been reported from 18 other countries of Asia, Europe, North America and Oceania. This includes three confirmed cases from Canada, two from Ontario and one from British Columbia.
4. Sustained human-to-human transmission has been confirmed in China. Limited human-to-human spread has also been reported in other countries, including Germany, Japan, Taiwan, Vietnam and today as reported by the United States. The potential for asymptomatic cases has been noted by China, but is still under investigation.
5. The travel notice for Canada has been updated to Level 3, advising against non-essential travel to China, and avoidance of all travel to Hubei Province. For more information see: <https://travel.gc.ca/destinations/china> and [canada.ca/coronavirus](http://canada.ca/coronavirus)

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6. The risk to British Columbians remains low at this time. Containment of imported cases remains the goal of the public health response to prevent the novel coronavirus from becoming an established human pathogen.
7. Diagnostic testing for 2019-nCoV is available at the BCCDC Public Health Laboratory (PHL) for patients with compatible symptoms (e.g. fever, cough, or difficulty breathing) and history of travel to affected areas of China within the two weeks prior to illness onset, or other index of suspicion (e.g. contact with an ill person with such travel history). See the **updated laboratory guidance** (attached, dated Jan 30, 2020), also available alongside other guidance on the health care professionals' page of the [BCCDC website](#). Cases of 2019-nCoV infection are reportable to the local Medical Health Officer. Consult the local Medical Health Officer with questions/concerns or for guidance in the investigation and management of cases suspected of 2019-nCoV infection.

More detailed information is provided below.

#### SITUATION REPORT:

Tallies of confirmed 2019-nCoV cases and associated deaths globally are posted on the BCCDC website, updated once daily at ~10AM PST, including a **Map** showing the geographic distribution of confirmed cases (as per attached for today).

As of January 30, 2020, 8247 cases have been reported globally, of which 99% are from mainland China (n=8124), and from Hong Kong SAR (n=11), Macau SAR (n=7) and Taiwan (n=9). All regions of China have now reported cases with 2261/8247 (27%) from Wuhan City and 4903/8247 (59%) from Hubei Province.

Within Hubei Province, and in addition to Wuhan City, health authorities in China have emphasized that the epidemic in Huanggang (n=496) is especially serious but other cities have also been hard hit including Xiaogan (n=399), Jingmen (n=191) and with multiple other cities also recording more than 100 cases each. Outside Hubei, the provinces of Zhejiang (n=428), Guangdong (n=354), Henan (n=278), Hunan (n=277) and Anhui (n=200) have each reported 200 or more cases. All 171 deaths among confirmed cases globally (per case fatality of 2%) have been reported from mainland China, with 162 (95%) deaths reported from Hubei.

Elsewhere globally, 18 other countries have reported a total of 96 confirmed cases (no deaths), including:

- **Asia: 69 cases in 12 countries**
  - Cambodia (n=1), India (n=1), Japan (n=14), Malaysia (n=8), Nepal (n=1), Philippines (n=1), Singapore (n=13), South Korea (n=6), Sri Lanka (n=1), Thailand (n=14), United Arab Emirates (n=4) and Vietnam (n=5)

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- **Europe: 10 cases in 3 countries**
  - Finland (n=1), France (n=5), Germany (n=4)
- **North America: 8 cases in 2 countries**
  - Canada (n=3), United States (n=5)];
- **Oceania: 9 cases in 1 country**
  - Australia (n=9)

Outside of mainland China, most of the confirmed 2019-nCoV cases have been associated with travel to Wuhan City; however, limited human-to-human transmission and locally-acquired infections have been reported from Germany, Japan, Taiwan, and Vietnam. Today local transmission was also [reported from the United States](#), involving the spouse of the earlier confirmed case in Illinois who had traveled to Wuhan.

The incubation period for 2019-nCoV acute respiratory disease remains under investigation. In an online publication yesterday in the [New England Journal of Medicine](#) a father-son cluster in Vietnam was reported. An incubation period of 3 days or less was suggested for the son who had not traveled to Wuhan City but became ill after sharing a hotel room for three days with his parents who did travel to Wuhan. It is unclear whether such close contact may have contributed to a shorter incubation period. SARS-CoV demonstrated a prolonged incubation period (median 4-5 days; range 2-10 days) compared to other human coronavirus infections (average 2 days; typical range 12 hours to 5 days). The incubation period for MERS-CoV is approximately 5 days (range 2-14 days). For the 2019-nCoV, allowing for uncertainty and recall error, an assumed incubation period (and elicited exposure period) of up to 14 days is recommended at this time but may be revised as more information becomes available.

Concerns regarding asymptomatic cases have been raised by experts in China. The [WHO's situation report on 29 January 2020](#) cites 68 confirmed cases outside of China of which three were asymptomatic. Asymptomatic infection of a child, with radiographic evidence of pneumonia, was identified within a cluster of five infections in a family in Shenzhen ([reported in the Lancet](#) on January 24, 2020). The contribution of asymptomatic cases to onward transmission remains under investigation, although symptomatic cases likely play a greater role.

All three confirmed cases in Canada to date had personal history of travel to Wuhan City and experienced relatively mild illness. The first two confirmed cases were reported from Ontario, involving a husband and wife. The husband in his fifties experienced dry cough and muscle aches while traveling to Canada, later developing fever and other symptoms a day after his return; he tested 2019-nCoV positive on January 25. His wife developed mild respiratory illness thereafter and was reported as a confirmed case on January 27. On January 28, 2020, British

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Columbia reported the third case of 2019-nCoV in Canada, involving a man in his forties, currently in stable condition and self-isolated at home.

## RISK ASSESSMENT AND RESPONSE

Sustained human-to-human transmission has been confirmed in China. Limited human-to-human spread has also been reported in other countries. The potential for asymptomatic transmission requires further investigation.

The goal of the public health response remains containment to prevent the 2019-nCoV from becoming an established human pathogen. Exceptional (unprecedented) population-level efforts toward that goal have been enacted across China, such as inter-city travel bans, closure of schools, sight-seeing locations and public venues, cancellation of Spring Festival celebrations and extension of Lunar New Year holidays to reduce transmission opportunities. Multiple international airlines have also suspended flights to and from select cities in China.

The World Health Organization re-convened its Emergency Committee today and has now determined that the 2019-nCoV outbreak constitutes a Public Health Emergency of International Concern (PHEIC). A brief summary of the rationale and implications of that PHEIC decision are available at the posted [WHO announcement](#).

The risk to British Columbians remains low at this time. The public health response in BC is informed by the global containment goal.

## RECOMMENDATIONS FOR BRITISH COLUMBIA

Travelers should consult the travel notice for Canada which has been updated to Level 3, advising against non-essential travel to China, and avoidance of all travel to Hubei Province. For more information see: <https://travel.gc.ca/destinations/china> and [canada.ca/coronavirus](https://canada.ca/coronavirus).

Diagnostic testing for 2019-nCoV is available at the BCCDC Public Health Laboratory (PHL) for patients with compatible symptoms (e.g. fever, cough, or difficulty breathing) and history of travel to affected areas of China within two weeks prior to illness onset or other index of suspicion (e.g. contact with an ill person with such travel history). Cases of 2019-nCoV infection are reportable to the local Medical Health Officer. Consult the local Medical Health Officer with questions/concerns or for guidance in the investigation and management of suspect cases.

Check the [BCCDC website](#) and/or the [Public Health Agency of Canada](#) for periodic updates to surveillance case definitions for reporting, laboratory guidance, infection control and public health measures, and other technical materials for health care professionals.

Daily situation reports and technical guidance (public health and infection control measures) are also now available on the WHO website at [www.who.int/emergencies/diseases/novel-coronavirus-2019/](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/).

**ADDITIONAL RESOURCES:**

US CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

ECDC: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>