



Emerging Respiratory Virus Bulletin – January 3, 2020

Dear Colleagues -

Update RE: Undiagnosed, atypical pneumonia in central China

We wish to provide you with an update on the cluster of still undiagnosed, atypical pneumonia in Wuhan – the largest city (19 million people) of Hubei province in central China.

In a briefing note issued January 3, 2020, the Wuhan Municipal Health Committee has reported a total of 44 patients associated with this cluster of “viral pneumonia of unknown cause”. This tally represents a notable increase from the initial tally of 27 cases reported on December 31, 2019 (see our original e-notification on December 31, below).

Of the 44 associated cases to date, 11 are considered in critical condition. All are reportedly receiving treatment in isolation at Wuhan medical institutions. Although approximately 120 close contacts have been placed under surveillance, there have been no reports of human-to-human transmission or affected health care workers. The World Health Organization is actively monitoring the situation.

When first reported by the Wuhan health authority on December 31, most of the patients were linked to the city’s Huanan Seafood Wholesale Market which apparently includes not only the sale of live seafood but also other live animals (e.g. birds, snakes and rabbits). As of January 1, 2020, the market has been closed.

Media sources have noted similarities of this outbreak to the initial unfolding of the 2003 outbreak of SARS (Severe Acute Respiratory Syndrome, caused by the SARS coronavirus). Laboratory investigations are underway to identify the specific cause of the Wuhan cases. In today’s report, Wuhan officials have apparently specifically ruled out influenza, avian influenza, and adenovirus. However, the diagnosis remains unknown, fanning concerns about a possible coronavirus or other novel respiratory pathogen etiology.

At this time Canada is not recommending special advice to travellers and the risk to Canadians remains low. However, we would like to again reinforce routine measures to mitigate the spread of infectious diseases more generally. Clinicians should actively query for a history of

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travel in the two weeks prior to illness onset from all patients presenting with severe acute respiratory illness and apply appropriate infection control precautions in their clinical investigation and management. The local Medical Health Officer, Infection Control Practitioner and/or Medical Microbiologist should be consulted for further guidance or with any related questions.

We will continue to update you as additional information becomes available.

In the meantime, some recent media reports are provided at the links below:

- 1) <https://www.scmp.com/news/china/society/article/3044535/wuhan-pneumonia-dramatic-rise-cases-44-11-serious>
- 2) <https://www.scmp.com/news/china/politics/article/3044207/china-shuts-seafood-market-linked-mystery-viral-pneumonia>