



## Emerging Respiratory Virus Bulletin – January 8, 2020

Dear Colleagues -

### Update RE: Atypical pneumonia in central China

#### KEY MESSAGES:

1. The official tally of reported cases associated with the Wuhan cluster of atypical viral pneumonia is 59, a tally that has not changed in several days. Further epidemiological information (e.g. age distribution, epidemic curve) is still pending.
2. To date no deaths, no affected health care workers and no clear evidence for human-to-human transmission has been reported.
3. A viral etiology has still not been officially confirmed but major news outlets today cited unnamed sources as specifically implicating a novel coronavirus. See links below.
4. Level 1 travel advisories in Canada and the United States have been posted, recommending good practices and precautions, but not travel restrictions to the affected area. See links below.
5. Clinicians should obtain a history of travel in the two weeks prior to illness onset from all patients presenting with severe acute respiratory illness and should apply appropriate infection control precautions in their investigation and management.

#### AVAILABLE CASE DETAILS:

The current number of cases officially reported by the Wuhan Municipal Health and Welfare Committee is 59 – a number that has not changed since their last update on January 5, 2020. According to that report, earliest onset was December 12, 2019 and latest onset was December 29, 2019. Seven patients were considered in critical condition and more than 160 contacts were reportedly under surveillance. To date no deaths, no affected health care workers and no clear evidence for human-to-human transmission has been reported.

According to available information, clinical presentation has included fever, fatigue, dry cough (little sputum) and difficulty breathing with bilateral lung infiltrates on chest radiograph. Although influenza viruses (seasonal and avian), adenovirus and the SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) coronaviruses have been ruled out, the Chinese government has not publicly confirmed any specific etiology, referring only to “viral pneumonia of unknown cause”.

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This morning, however, the Wall Street Journal reported that a novel coronavirus has been implicated, citing unnamed sources familiar with the investigation. According to that media report, gene sequencing identified a novel coronavirus in one patient that was subsequently also found in others affected in the city of Wuhan. Today also, STAT News reported that the WHO had confirmed that Chinese authorities believe a novel coronavirus may be the cause. However, we await confirmation of these reports through official channels.

See:

STAT News: <https://www.statnews.com/2020/01/08/who-says-mysterious-illness-in-china-likely-being-caused-by-new-virus/>

CIDRAP: <http://www.cidrap.umn.edu/news-perspective/2020/01/virologists-weigh-novel-coronavirus-chinas-outbreak>

Promed: <https://promedmail.org/promed-post/?id=6877694>

#### **TRAVEL NOTICES:**

Both Canada and the United States have posted Level 1 travel advisories, recommending good practices and precautions but not travel restrictions to the affected area. Subject to change, please consult the sources below for details and regular updates:

See:

Government of Canada Travel Advice and Advisories:

[https://travel.gc.ca/travelling/advisories/pneumonia-china?\\_ga=2.26094](https://travel.gc.ca/travelling/advisories/pneumonia-china?_ga=2.26094)

US CDC Travel Notices: <https://wwwnc.cdc.gov/travel/notices/watch/pneumonia-china>

#### **BE VIGILANT:**

We will share further updates as they become available. In the meantime, and as always, clinicians should ask all patients presenting with severe acute respiratory illness about any travel in the two weeks prior to illness onset and should apply appropriate infection control precautions in their clinical investigation and management. Given this unfolding cluster of atypical pneumonia in Wuhan, patients presenting with severe respiratory illness should be specifically queried for that possibly related travel. Consult the local Medical Health Officer, Infection Control Practitioner and/or Medical Microbiologist for guidance in the investigation and management of patients with compatible symptoms and travel history, and as always, if you have any questions or concerns.