

OUTBREAK ALERT

NOVEL CORONAVIRUS



The World Health Organisation (WHO) was informed about a cluster of pneumonia cases of unknown aetiology in Wuhan City, Hubei Province, China on 31 December 2019. On the 7th of January 2020, a novel coronavirus (2019-nCoV) was identified as the causative virus by the Chinese authorities.

As of Tuesday 21 January 2020, more than 200 cases and at least 3 deaths have been reported worldwide, including two cases in Thailand, and one each in Japan, Taiwan, South Korea and the United States of America. All 4 cases had reported travelling to Wuhan in the 14 days preceding onset of illness. Limited epidemiologic data including age, sex, co-morbid conditions and disease characteristics are currently available, but the situation is constantly evolving. To date, person-to-person transmission has neither been disproved nor confirmed.

Common signs and symptoms reported include fever, cough, shortness of breath and other respiratory complaints. Severe infections have been reported and these have resulted in severe acute respiratory syndrome, renal failure and even death.

Case definition for suspected infection with 2019-nCoV

According to the WHO, individuals who fulfill the following criteria should be investigated for infection with 2019-nCoV:

- I. Severe acute respiratory infection (SARI), with history of fever and cough requiring admission to hospital, and no other aetiology that fully explains the clinical presentation (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised); **AND** any of the following:
 - a history of travel to, or a person who lived in, Wuhan, Hubei Province China in the 14 days prior to symptom onset; **OR**
 - disease occurring in a healthcare worker who has been exposed to an environment where patients with SARIs are being cared for, without regard to place of residence or history of travel; **OR**
 - respiratory symptoms which progress to an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another aetiology has been identified that fully explains the clinical presentation.

- II. Acute respiratory illness of any degree of severity with any one of the following exposures within 14 days before onset of illness:
 - close physical contact with a confirmed case of 2019-nCoV infection, while the patient was symptomatic; **OR**
 - a healthcare facility in a country where hospital-associated 2019-nCoV infections have been reported; **OR**
 - visiting or working in a live animal market in Wuhan, China; **OR**



- direct contact with animals (if animal source is identified) in countries where the 2019-nCoV is known to be circulating in animal populations, or where human infections have occurred as a result of presumed zoonotic transmission.

Case management

Treatment of suspected or confirmed cases of 2019-nCoV infection is supportive as no specific anti-coronavirus treatment is available. Infection prevention and control measures should include both droplet and contact precautions in addition to standard practices. Airborne precautions should be applied when performing an aerosol-generating procedure.

Diagnostic testing

To date, only nucleic acid amplification tests (NAATs, “PCR”) have been used to diagnose 2019-nCoV infection. Respiratory material (e.g. nasopharyngeal swab, sputum, endotracheal aspirate or bronchial alveolar lavage) is the preferred specimen type. Although serological testing is not currently available, most reference laboratories request an additional serum sample for future testing.

In South Africa, respiratory disease caused by a novel respiratory pathogen such as 2019-CoV is a Class 1 notifiable medical condition, and should be reported immediately to the relevant district or provincial communicable disease coordinators once a case meeting the case definition above, is identified.

References

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