

## Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China

### Situation Report – No. 5. January 31, 2020

#### Summary

This is an update to the Situation Report in relation to the outbreak of the novel coronavirus nCoV, published on 29 January 2020. An outbreak of novel coronavirus causing severe acute respiratory illness has been reported in Wuhan, China since December 21, 2019. The virus has not been previously identified so little is known about it, including its origin.

There is evidence of human-to-human transmission among cases mostly in Wuhan city, but also in Japan, Vietnam, Germany and the United States of America. The objectives of the public health response are to interrupt the transmission of the virus from one person to another in China, to prevent exportation of cases from China to other countries and territories, and to prevent further transmission from exported cases if they were to happen in other countries. CARPHA is working closely with international health partners to respond to this public health threat and provide timely advice and assistance to Member States and other regional partners and stakeholders.

On January 30, 2020 the WHO announced that this outbreak is a Public Health Emergency of International Concern, however, the risk of importation of 2019-novel coronavirus (2019-nCoV) to the Region continues to be deemed **LOW**.

#### Numbers at a glance

##### Globally

9778 confirmed cases

##### In China

9686 confirmed

12167 suspected

1370 severe

213 deaths

179 recovered

##### Rest of the World

20 countries

92 confirmed

8 recovered

##### WHO Risk Assessment

Globally      Very High

Caribbean    Low

#### 1. What we currently know

- **Type of virus** - The virus belongs in the same family of coronaviruses as Severe Acute Respiratory Syndrome (SARS), which killed nearly 800 people globally during a 2002/03 outbreak that also started in China ([CDC](#)).
- **Clinical picture** – Cases have presented with viral pneumonia of unknown etiology (VPUE), now known as novel coronavirus-infected pneumonia (NCIP). Initial investigations of cases in Wuhan revealed most patients had severe and nonproductive cough following illness onset, some had dyspnea, and almost all had normal or decreased leukocyte counts and radiographic evidence of pneumonia (The 2019-nCoV Outbreak Joint Field Epidemiology Investigation Team, 2020). See Surveillance case definitions under Item 3 below.
- **Known cases** - As of January 30, there were 9778 confirmed cases of patients with the new strain of coronavirus. Outside of China, twenty (20) more countries have confirmed at least one case among travelers exposed in China and/or person-to-person contact. On 30 January, CDC announced the first secondary case of person-to-person transmission in the USA since the first imported case was reported on 21 January 2020. Cases have now been reported in Italy, India and United Kingdom. See Table 1 below for more details prepared from various sources.
- **Transmission and source** - The outbreak in Wuhan, China was linked to Wuhan South China Seafood City (also called the South China Seafood Wholesales Market and the Hua Nan Seafood Market), where, in addition to

seafood, chickens, bats, cats, marmots, and other wild animals are sold, suggesting a possible zoonotic origin to the outbreak (CDC). As of 27 January 2020, there is evidence of human-to-human transmission among cases both in and outside of Wuhan City, China and internationally. At this time, not enough is known about the epidemiology of 2019-nCoV to define the full clinical features of the disease, the intensity of the human-to-human transmission, or the original source of the outbreak. WHO reported that at least seven of the confirmed cases outside of China were asymptomatic at the time of detection. ([https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200130-sitrep-10-ncov.pdf?sfvrsn=d0b2e480\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200130-sitrep-10-ncov.pdf?sfvrsn=d0b2e480_2))

**Table 1: Countries or Territories with reported confirmed cases of 2019-nCoV, 30 January 2020**

Region	Countries	Confirmed cases	Suspected cases	Deaths	Recovered
Asia	China*	9686	12167	213	179
	Thailand	14			5
	Japan	11			1
	Singapore	10			
	Malaysia	8			
	South Korea	6			
	United Arab Emirates	4			
	Vietnam	2			
	Cambodia	1			
	India	1			
	Nepal	1			
	Philippines	1			
	Sri Lanka	1			
Oceania	Australia	9			2
Europe	France	5			
	Germany	4			
	Italy	2			
	England	2			
	Finland	1			
North America	United States of America**	6			
	Canada	3			
	Total	9778	12167	213	187

\*Confirmed cases in China include Mainland China (9658), Hong Kong (12), Macau (7) and Taiwan (9)

\*\* Confirmed cases in the United States of America were reported in the states of California (2), Washington (1), Illinois (2) and Arizona (1)

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

<https://www.gov.uk/government/news/cmo-confirms-cases-of-coronavirus-in-england>

[https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200130-sitrep-10-ncov.pdf?sfvrsn=d0b2e480\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200130-sitrep-10-ncov.pdf?sfvrsn=d0b2e480_2)

## 2. Global Actions to date

- **WHO/IHR-EC** - On January 30, 2020 the WHO announced that this outbreak is a Public Health Emergency of International Concern, based on the outcomes of the Emergency Committee under the International Health Regulations (IHR) (2005) re-convened by WHO on 30 January and have declined to declare the current situation a Public Health Emergency of International Concern (PHEIC). The Committee will meet again in the coming week to re-assess the situation. An update will be provided once the outcomes are known. The World Health Organization (WHO) sent directives to hospitals around the world on infection, prevention and control. <https://www.who.int/ith/2020-27-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/>
- **China** - Chinese authorities have imposed travel bans in Hubei Province and flights, trains, buses and ferries connecting Wuhan to other cities in Hubei have been suspended, according to a report in People's Daily. Hubei authorities also have suspended operations at local travel agencies and ordered all schools to postpone the start of spring semester classes, according to the newspaper. Chinese authorities have also reported that all unnecessary or non-essential large-scale public gatherings will not be approved during the Spring Festival, which starts on 25 January in China (WHO, 2020).
- **Globally** - Airport authorities in the United States as well as most Asian nations, including Japan, Thailand, Singapore and South Korea, have stepped up temperature screening of passengers from Wuhan – See *WHO Guidance on entry and exit screening* <https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/>.
- **USA** – On January 27, 2020, US CDC updated the travel alert to Level 3 (“Avoid Nonessential Travel”) to China as the outbreak continues to grow. The US CDC is working with the Department of Homeland Security to funnel all travelers from Wuhan, China to the five airports, to facilitate entry health screening (CDC). On arrival to the United States, travelers from Wuhan may undergo health screening, including having their temperature taken and filling out a symptom questionnaire. Travelers with symptoms (fever, cough, or difficulty breathing) will have an additional health assessment. <https://wwwnc.cdc.gov/travel/destinations/traveler/none/china#travel-notices>

## 3. Regional:

Since there are still no direct flights to the Caribbean from China, the risk of the disease entering the region remains low, as travellers would have been screened multiple time before entering the region. However, with increasing numbers of travellers between the region and affected areas, this situation could change if sustained transmission of the disease occurs outside of China. Several CMS have already implemented various measures in response to the outbreak overseas.

**Antigua and Barbuda (31<sup>st</sup> January 2020):** “St John’s, January 31... The Government of Antigua and Barbuda has decided to close its borders, effective immediately, to travellers from the People’s Republic of China. The decision has been taken in light of the declaration by the World Health Organization (WHO) that the fast-spreading coronavirus, which has infected more than 8,200 people across the world, is a global health emergency”

<https://abstvradio.com/government-closes-border-to-travelers-from-china/>

**Trinidad and Tobago (30<sup>th</sup> January 2020):** Trinidad and Tobago have banned all travelers from China to prevent Corona Virus for a fourteen (14) day period. The Minister of Health, Terrance Deyalsingh indicates that persons who are presently living in China or visiting China, regardless of their nationality, will not be allowed to enter Trinidad and Tobago for fourteen (14) days after leaving China as the virus has an incubation of fourteen (14) days. [Press Release, Ministry of Health, Trinidad and Tobago](#)

**Cayman Islands (January 30<sup>th</sup>, 2020):** Shortly before the World Health Organization declared coronavirus as a global emergency on Thursday, Cayman’s Public Health Department announced that surveillance is being stepped up at local borders, and **visitors coming to the Caribbean from coronavirus-affected countries would undergo “entrance screening”**. [Press Release Cayman’s Public Health Department](#)

**Jamaica (29th January 2020):** The Ministry of Health and Wellness in Jamaica is in the process of issuing a travel advisory for persons wishing to come to Jamaica from China and those planning to leave the island to visit. Dr. Christopher Tufton, Minister of Health has asked persons to defer their travels to China. Additionally, further measures are being put in place for those with relatives in China:

- For persons in transit to Jamaica, quarantine protocols will be put in place where persons (suspected of having the virus) will either be quarantined in a health facility or at home, depending on the risk assessment that is done.
- For families who are concerned about their relatives and friends in China who are there for work or study, conversations with the Ministry of Foreign Affairs indicate that plans have been put in place to facilitate their needs. The Ministry of Foreign Affairs will speak more broadly to those plans.

[Press Release Ministry of Health and Wellness in Jamaica](#)

**St Kitts and Nevis (27 January 2020):** The health risk from this new coronavirus (2019-nCoV) to the people of the Federation and the wider Caribbean is still deemed to be low. However, we must take proactive preparedness precautions. The Federal Ministry of Health wishes to inform the public that there will be increased surveillance of all incoming travelers at our ports of entry (POEs), particularly involving all international flights and the following three (3) regional hubs – Antigua, St. Maarten and Puerto Rico. The Office of the Chief Medical Officer (CMO) has stressed that The National Pandemic Influenza/Virus Preparedness Plan is being updated, and that the public will be updated on this new coronavirus infection as often as may be required. [Press Release Federal Ministry of Health, St Kitts and Nevis](#)

**The Bahamas (22<sup>nd</sup> January 2020):** **The Ministry of Health will continue to monitor the occurrence of this novel virus with ongoing updates to the public.** “Based on currently available information, however, WHO does not recommend any restriction of travel or trade.” Meanwhile, the Ministry of Health will continue to utilize the established interim guidelines published by the WHO on how countries can prepare for this virus. The Ministry will continue to build on its existing national plans which implemented to address viruses, such as, SARS and Influenza H1N1... Our aim as always, is to limit the effect on the population and prevent social disruption as much as possible. [Press Release Ministry of Health Bahamas](#).

## CARPHA’s Response

CARPHA is working closely with its international health partners, CMS and Caribbean coordinating partners and mechanisms to respond to the threat and to prepare CMS to prevent further transmission from exported case if they were to happen in countries. Key actions by CARPHA to date:

- Activation of its Incident Management Team (IMT) and coordination of Regional response.
- Convened virtual technical updates with Chief Medical Officers and other officials from CMS.
- Issued regular Situation Reports (SITREPS) to CMS, and these have been shared with Caribbean Disaster Emergency Management Agency (CDEMA), CARICOM, Organization of Eastern Caribbean States (OECS),



Caribbean Tourism Organization (CTO), Caribbean Hotel and Tourism Association (CHTA) and other regional stakeholders.

- Issued Press releases and shared with CMS, CDEMA, CARICOM, CTO, CHTA and other stakeholders
- Developed Travellers’ guidelines which have been shared with CMS, Regional Coordinating Mechanism for Health Security (RCM-HS), CTO, CHTA, CDEMA and CARICOM.
- Met with Professor Fergusson, Imperial College of London, Public Health England and Public Health England, Dutch and French Health Authorities to discuss preparedness and response.
- Coordination with CDEMA to convene a joint briefing of National Disaster Coordinators on 28 January 2020.
- Convened a virtual meeting with the Regional Health Communications Network, 28 January 2020.
- Convened the Regional Coordinating Mechanism for Health Security, 29 January, consisting of Member States, regional and international agencies (including CDEMA, CARICOM, OECS, PAHO, CDC, PHE, PHAC, RIVM, ARS), with agreement on regional response.
- Circulated WHO technical documents to Member States
- Developed the following technical documents
  - Regional Coronavirus Protocol
  - Travellers Guidelines
  - Algorithm for Management of a suspected case
  - Guidelines for Ports of entry
  - Guidelines for conveyances and algorithm for assessment of cases
  - CARPHA’s Risk Assessment for 2019-novel coronavirus (DRAFT)
- Procuring the appropriate primers to conduct molecular diagnostic tests for CoV at CARPHA
- Activated the APIS Security Cluster tracking of passengers from China through IMPACS
- Enhanced communications with regional communications networks and partners.

#### 4. Enhanced Surveillance

WHO has released an interim guidance ([https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))) to provide orientation regarding which people should be investigated and tested for 2019-nCoV. With respect to this interim guidance, it is important to avoid overburdening respiratory disease surveillance systems and targeting laboratory testing. Case definitions to guide surveillance are presented in Table 2.

**Table 2: Updated Case Definitions for surveillance include confirmed, probable and suspected cases (WHO, 2020).**

Type of Cases	Definition
<b>Confirmed cases</b>	A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.
<b>Probable cases</b>	A suspect case for whom testing for 2019nCoV is inconclusive or for whom testing was positive on a pan-coronavirus assay.

Type of Cases	Definition
<b>Suspected cases</b>	1) Patients with severe acute respiratory infection (SARI) with no other etiology that fully explains the clinical presentation AND at least one of the following: <ul style="list-style-type: none"> <li>• a history of travel to or a person who lived in Wuhan, Hubei Province China in the 14 days prior to symptom onset or,</li> <li>• is a health care worker in an environment where SARI patients of unknown etiology are being cared for.</li> </ul>
	2) Patient with any acute respiratory illness AND at least one of the following: <ul style="list-style-type: none"> <li>• close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or</li> <li>• visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCoV infections have been reported</li> </ul>

### 5. Laboratory Update

- WHO has posted two protocols for the detection of the nCoV (Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases Interim guidance, 17 January 2020) [https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-\(2019-ncov\)-in-suspected-human-cases](https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-(2019-ncov)-in-suspected-human-cases) ). Both protocols are in the process of validation. These guidelines contain all the information about specimen collection and shipment, biosafety and biosecurity. Member states are recommended to follow the guidelines and ask the CARPHA Medical Microbiology Laboratory (CMML) for advice.
- Other international public health agencies, like CDC, China CDC, European CDC are working on the design and eventual distribution of diagnostic kits to other countries. In any case, it is expected that a consensus test will potentially be available at least some weeks from now.
- CARPHA Medical Microbiology Laboratory (CMML) in Trinidad is working with PAHO on the development of local laboratory capacity. This is not an immediate process and is likely to take a few weeks, since it requires special reagents and an internal validation procedure. CMML will follow the international recommendation of sending well screened and characterized samples to one of the WHO Collaborative Centers in the region (either CDC or PHAC).

### 6. Clinical Management

WHO has developed interim protocols for the clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. CARPHA recommends that CMS follow the WHO guidelines for consistency. Once more information becomes available on the nature of the disease, tailored guidelines will be developed by CARPHA to assist CMS.

Current Guidelines available from the WHO website include the following:

- **Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected.** This document is intended for clinicians taking care of hospitalized adult and pediatric patients with severe acute respiratory infection (SARI) when a nCoV infection is suspected. It is not meant to replace clinical judgment or specialist consultation but rather to strengthen clinical management of these patients and provide to up-to-date guidance. Best practices for SARI including

infection prevention and control and optimized supportive care for severely ill patients are essential.

Document Link [https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517\\_2](https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517_2)

- **National capacities review tool for a novel coronavirus.** The main aim of the national capacities review tool is to better understand existing capacities in the area of detection and response to a novel coronavirus (nCoV) that is zoonotic and causes respiratory disease. The tool was developed with other coronaviruses, such as SARS-CoV and MERS-CoV, in mind and in consultation with member states. This information will help national authorities to i) identify main gaps ii) perform risk assessments and iii) plan for additional investigations, response and control actions. <https://www.who.int/internal-publications-detail/national-capacities-review-tool-for-a-novelcoronavirus>

## 7. Recommendations for CARPHA Member States (CMS)

- a) Review national public health emergency preparedness and response plans to ensure these can address respiratory diseases including novel coronaviruses
- b) CMS are advised to review their public health emergency contingency plans, to ensure these can be used for potential nCoV events, and that these are available at each designated ports of entry (PoE).
- c) CMS are to develop local communications material and are encouraged to use CARPHA's documents or WHO website as a guide depending on availability.
- d) CARPHA encourages CMS to follow the WHO guidelines as listed in Box 1, BUT entrance screening (temperature screening) at ports of entry should only be implemented only when the necessary staff, support structures and systems are in place.
- e) Member States are recommended to capture information on travel history using the Passenger Arrival Card or surveys, for all new arrivals. Arrivals that have recently traveled to China, especially to the Wuhan area, should be questioned for symptoms and advised to be vigilant for onset of those symptoms and to seek immediate medical attention at a public health facility. Passengers should be advised to seek medical care as soon as symptoms arise (See Item 3. Surveillance).
- f) The CMML is working with international partners to procure the appropriate primers to conduct molecular diagnostic tests. An update will be provided as to when countries can initiate sample submission to CARPHA for confirmatory testing.
- g) Inform CARPHA immediately, if a suspected case is identified in-country.

CARPHA would like to draw member States attention to the Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV. <https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/>

## 8. Communications

CARPHA will continue to monitor the situation and provide regular updates via email, on their website and social media. Teleconferences will be scheduled as necessary. The latest media release is available from CARPHA's website <http://carpha.org/Portals/0/articles/CARPHA%20MediaReleaseCoronavirus.pdf>

Various infographics, including some that address myths about the new virus has been produced by WHO and are available on their website <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>.

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