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CMAAO Update 10th February on Novel Coronavirus (2019-nCoV)

40,553 confirmed cases in 28 countries; 910 deaths

Serious cases: 6,484; **New cases:** 296; **Cases severity:** 82% mild, 15% severe, 3% critical, 2% deaths

6,484 Serious cases, Mortality in admitted cases 15% (expected 972 more)

Number of deaths likely to cross 2,000

Summary: PM Modi writes to Xi Jinping, offers assistance; Kissing scenes banned in China Movies

DGCA EXEMPTS AIR CREW FROM BREATH ANALYSER TESTS IN KERALA

Thousands of people stuck on a cruise ship in Hong Kong for 5 days have been allowed to disembark after tests for coronavirus came back negative.

The virus behaves like severe acute respiratory syndrome (SARS) with 2% case fatality (15% of admitted cases), time to death 14 days, time to pneumonia 9 days, 3-4 reproductive number R_0 , has its origin from bats, spreads through large droplets and predominantly from people having lower respiratory infections and hence, universal droplet precautions are the answer.

The World Health Organization (WHO) has urged countries not to impose travel and trade restrictions over the novel coronavirus, as this could increase "fear and stigma" within the international community. Some countries, including the UK, have advised their citizens to leave China altogether.

If it behaves like SARS, it will not be endemic. It most likely will be a hit and run, just like SARS. Also, if this virus follows the same path as SARS or Middle East respiratory syndrome (MERS), it won't mutate and will burn itself out in about 6 months.

The WHO has warned that "trolls and conspiracy theories" are compromising their response to the new coronavirus.

- On Russia's Channel One, the host linked the virus to US President Donald Trump, and claimed that US intelligence agencies or pharmaceutical companies are behind it.
- Another theory published in British and US tabloid media, linked the virus to a video of a Chinese woman eating bat soup. However, it has been found that the video was shot in 2016 and was in Palau, in the western Pacific Ocean, not China.
- A widely-discredited scientific study released last month has linked the new coronavirus to snakes.
- One claim advises people in the Philippines to keep the throat moist, avoid spicy food and load up on vitamin C. The information is reported to have come from the country's Department of Health but it does not match the advice on the DOH website or its official press releases on the outbreak.
- Another claim suggests avoiding cold or preserved food and drinks, such as ice cream and

milkshakes, for “at least 90 days”. A Facebook page - ForChange - accompanied the post with a video of a parasite being removed from a person’s lips. Altnews fact-checkers pointed out that the video is 3 months old and unrelated to the virus.

- As the United States reported its first case, several patent documents started circulating. At first glance, the documents appear to suggest that experts have been aware of the virus for years. A link to a 2015 patent filed by the Pirbright Institute in Surrey, England, was shared that discusses about developing a weakened version of coronavirus for potential use as a vaccine to prevent or treat respiratory diseases. Conspiracy theorist and YouTuber Jordan Sather used the fact that the Bill & Melinda Gates Foundation is a donor to both Pirbright and vaccine development and hinted that the current virus has somehow been manufactured to attract funding for the development of a vaccine. However, the Pirbright patent is not for the new coronavirus. On the contrary, it involves the avian infectious bronchitis virus, a member of the wider coronavirus family that infects poultry.
- Another claim suggests that the virus was part of China’s secret biological weapons program and may have leaked from the Wuhan Institute of Virology. Many accounts promoting the theory quote two Washington Times articles which quote a former Israeli military intelligence officer for the claim. However, there is no evidence for the claim in the two articles, and the Israeli source is quoted as saying that “so far there isn’t evidence or indication” to suggest there was a leak.
- Another claim links the virus to the suspension of a researcher at Canada’s National Microbiology Laboratory. Virologist Dr Xiangguo Qiu, her husband and some of her students from China were removed from the lab following a possible policy breach, reported Canada’s national broadcaster CBC last year. Police told CBC News that there was “no threat to public safety”.

Another report stated that Dr Qiu had visited the Wuhan National Biosafety Laboratory of the Chinese Academy of Sciences twice a year for 2 years.

A tweet claimed, without any evidence, that Dr Qiu and her husband were a “spy team”, had sent “pathogens to the Wuhan facility”, and that her husband “specialized in coronavirus research”. None of the three claims in the tweet are found in

the two CBC reports and the terms “coronavirus” and “spy” do not appear even once in either of them.

- Several versions of a “whistleblower” video, allegedly taken by a “doctor” or a “nurse” in Hubei province, have gained million views on various social media platforms and have found mention in numerous online reports. The most popular version was uploaded to YouTube by a Korean user, and included English and Korean subtitles. The video; however, has been taken down.

According to the English subtitles, the woman is a nurse in a Wuhan hospital. She does not claim to be either a nurse or a doctor in the video; however. The woman does not identify herself, and is wearing protective suit in an unknown location. The suit and mask do not match the ones worn by medical staff in Hubei.

On account of the lockdown enforced by the authorities, it is difficult to verify videos from the province. The woman; however, makes several unsubstantiated claims about the virus, making it unlikely for her to be a nurse or a paramedic.

She also claims that the virus has a “second mutation”, which can likely infect up to 14 people. The WHO has; however, made preliminary estimates that the number of infections an individual carrying the virus can cause is 1.4 to 2.5.

CASE DEFINITION

- Fever (subjective or confirmed)
OR signs/symptoms of lower respiratory illness (cough or shortness of breath)
PLUS, any person (including healthcare workers) who has had close contact with a laboratory-confirmed novel coronavirus patient within 14 days of symptom onset.
Contact refers to: Being within nearly 6 feet (2 meters) or within the room or care area of a 2019-nCoV case for a prolonged time while not wearing recommended personal protective equipment (gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact may include caring for, living with, visiting or sharing a healthcare waiting area or room with a 2019-nCoV case OR having direct contact with infectious secretions of a 2019-nCoV case (such as being coughed on) while not wearing recommended personal protective equipment.

- Fever and signs/symptoms of lower respiratory illness (cough or shortness of breath) PLUS history of travel from Hubei Province, China within 14 days of symptom onset
- Fever and signs/symptoms of lower respiratory illness (cough or shortness of breath) requiring hospitalization PLUS history of travel from mainland China within 14 days of symptom onset.

Continue asking patients with suspected flu or diarrhea if they, or someone they have been in contact with, recently returned from coronavirus-affected area. [In US, in a confirmed case, 2019-nCoV RNA has been identified in a stool specimen collected on day 7 of the patient's illness.]

TAKE HOME MESSAGES

Delhi Help line number, e-mail, website: +91-11-23978046, ncov2019@gmail.com, <https://mohfw.gov.in/node/4904>

Virus: Single-strand, positive-sense RNA genome ranging from 26 to 32 kilobases in length.

Type: Beta coronavirus

Family: Corona virus family. 'Corona' means crown or the halo around the sun. Heart is considered a crown and hence the arteries that supply oxygen to the heart are also called coronary arteries. When seen under an electron microscope, the virus appears round in shape with spikes poking out from its periphery.

Virus is killed by sunlight, temperature, humidity. It can survive on stainless steel surface for 36 hours. Sunlight can diminish the virus' ability to grow in half, so the half-life will be 2.5 minutes and in the dark, it is about 13-20 m. The virus can potentially remain intact at 4° or 10° for a longer time. At 30°; however, there is inactivation. The virus cannot also tolerate high humidity. SARS stopped around May and June in 2003 probably due to more sunlight and more humidity.

The virus may not reach, Indonesia, Africa and other parts of Southern Hemisphere due to high temperature.

High-income countries: Low population density, higher level of environment control and hygiene - Low mortality.

Europe – possibility of higher transmission but environmental care is higher.

The virus can remain alive on any surface for 3-12 hours.

Types of transmission: Droplet or direct (Corona); Contact from surface (Corona), aerosol or nuclei (TB, Corona ??)

Link to ACE: 2019-nCoV might be able to bind to the angiotensin-converting enzyme 2 receptor in humans.

Origin: Wuhan, China; December 2019.

1st case informed to the world by Dr Li Wenliang who died on February 6.

Lockdown: 50 million people.

Spread: 28 countries and territories

New cases: On February 9, 31 provincial-level regions on the Chinese mainland as well as the Xinjiang Production and Construction Corps reported 3,062 cases (2618 in Hubei province).

Suspected cases on 9th: 4,008 new cases (2,272 in Hubei province).

Serious new cases on 9th: 296 new serious cases (258 in Hubei province).

Deaths on 9th Feb: 97 deaths (91 in Hubei province, 2 in Anhui province, 1 in Heilongjiang province, 1 in Jiangxi province, 1 in Hainan province and 1 in Gansu province).

Discharged on 9th: 632 cured (356 in Hubei province).

Freed from medical observation on 9th: 29,307.

Total cured: 3,281.

Suspected cases: 23,589.

Quarantine: 26,359 patients.

Serious: 6,484.

Close contacts: 3,99,487.

Medical observation: 1,87,518.

Confirmed cases: National Health Commission 40,171.

Deaths: 908.

Feb 9 – 64 confirmed infections had been reported in the Hong Kong and Macao special administrative regions and Taiwan province: 36 in Hong Kong (1 death), 10 in Macao (1 had been cured and discharged from hospital) and 18 in Taiwan (1 had been cured and discharged from hospital).

Three deadly human respiratory coronaviruses: SARS-CoV; MERS-CoV and 2019-nCoV: The virus is 75-80% identical to the SARS-CoV.

January 30, 2020 – Emergency: It is a Public Health Emergency of International Concern (It is mandatory to report to WHO human and animal cases).

Prior 5 PHEICs

April 26, 2009 Swine flu: Shift toward mortality among persons less than 65 years of age; August 10, 2010 - WHO announced that the H1N1 influenza virus has moved into the post-pandemic period. However, localized outbreaks of various magnitudes are likely to continue.

May 2014 Polio: Resurgence of wild polio after its near-eradication; Global eradication was deemed to be at risk with small numbers of cases in Afghanistan, Pakistan and Nigeria; In October, 2019, continuing cases of wild polio in Pakistan and Afghanistan, in addition to new vaccine-derived cases in Africa and Asia; The status was reviewed and remains a PHEIC. It was extended on December 11, 2019.

August, 2014 Ebola: It was the first PHEIC in a resource-poor setting.

February 1, 2016 Zika: Link with microcephaly and Guillain-Barré syndrome; This was the first time a PHEIC was declared for a mosquito-borne disease; This declaration was lifted on November 18, 2016.

2018-20 Kivu Ebola: A review of the PHEIC had been planned at the fifth meeting of the EC on October 10, 2019 and as of October 18, 2019, it continues to be a PHEIC.

Kerala: State public health emergency. Three primary cases have been reported in North, South and Central Kerala (Kasaragod district in North Kerala, Thrissur in central Kerala and Alappuzha in South Kerala). Four Karnataka districts bordering Kerala – Kodagu, Mangaluru, Chamaraajanagar and Mysuru - have been put on high alert.

Median age: 59 years (2-74 years).

Male-to-female ratio: 56% male.

Link to Huanan Seafood wholesale market: 55% with onset before January 1, 2020 and 8.6% of the subsequent cases. The Chinese government has banned wildlife trade until the epidemic passes.

Mean incubation period: 5.2 days (95% confidence interval [CI], 4.1-7.0), with the 95th percentile of the distribution at 12.5 days.

Epidemic doubling time: In its early stages, every 7.4 days, with a mean serial interval of 7.5 days (95% CI, 5.3-19).

Contagiousness or basic reproductive number: 2.2 (95% CI, 1.4-3.9). The reproduction number, referred to as R_0 or "r naught" is the number of additional

people that an infected person can infect. An outbreak with a reproductive number of below 1 will gradually disappear. The R_0 for the common flu is 1.3 and for SARS it was 2.0.

Comorbid conditions: 71%, deaths in comorbid cases. SARS affected people in their 30 or 50 years and MERS affected people with comorbidity. The China data indicate that it's those with the comorbidity that are most at risk, like seasonal influenza.

0-15 years age: Just like SARS, it mostly does not affect children 15 years of age or less.

Daily deaths: 73 deaths on 5th (15% rise), 66 on 4th, 64 on 3rd Feb.

Anticipation: One lac already infected.

Secondary cases: Thailand, Taiwan, Germany, Vietnam, Japan, France and the United States.

Deaths outside China: Philippines on February 2 (44-year-old Chinese man) and second death in Hong Kong (39 M, local) on February 4; both had comorbid conditions; both acquired infection from Wuhan.

ICU need: 20% needed ICU care; 15% of them died.

Fever: In all (no fever, no corona).

Cough: 75% cases.

Weakness or muscle ache: 50%.

Shortness of breath: 50%.

TLC: low.

Liver transaminase levels: raised.

Case fatality: 2% (Dr John Nicholls, University of Hong Kong) China is only reporting those who come for test, there are stricter guidelines for a case to be considered positive; actual mortality may be 0.8-1%, like outside China.

Case fatality in admitted cases: 15%.

Time to death: 14 days.

Time to pneumonia: 9 days.

Origin: Bats.

Mode of spread: Large droplets and predominately from people having lower respiratory infections.

Answer: Universal droplet precautions.

Incubation period: Up to 2 weeks, according to WHO, with mean being 5.5 days.

Transmission: Predominantly a large droplet and contact and less frequently by means of aerosols and fomites.

Once it was disclosed that SARS also spread through the fecal-oral route, there was reduced emphasis on the masks and greater emphasis on disinfection and washing hands. Hong Kong has far more cleanliness as compared to China and they are very aware of social hygiene. And other countries will be more aware of the social hygiene (than China). So in those countries, you may see less outbreaks and spread (Dr John Nicholls).

Healthcare workers: In Hong Kong, with SARS, there was a lot of infection of healthcare workers since they were close to patients and did invasive procedures. But now, there is not much evidence of healthcare workers getting sick or dying (unless China is not reporting it). This may suggest that it is not being spread by close aerosol contact but more likely by the fecal-oral route or with droplets. So, it may not be as contagious within hospitals. Makeshift hospitals will help.

Lab precautions: BSL-2 or -3.

Human-to-human contact period: Requires contact of 10 minutes within 6 feet.

Travel preferable seat: Choosing a window seat and staying there lowers the risk.

Travel advisory: Level 1 in all countries (Exercise normal safety precautions), Level 2 in all affected countries and states including Kerala (Exercise a high degree of caution), Level 3 in all countries with secondary cases (Reconsider your need to travel) and Level 4 in China (Do not travel). Hong Kong has imposed 14 days quarantine on people arriving from China. The Karnataka government has ordered that anybody arriving from the 23 coronavirus-affected countries must stay in isolation at home for 28 days. The home isolation requirement is regardless of the virus symptoms.

To date, 72 countries have implemented travel restrictions.

Indian Government: Foreigners who went to China on or after January 15 will not be allowed to enter India. All visas issued to Chinese nationals before February 5 have been suspended. These visa restrictions will not apply to aircrew, who may be Chinese nationals or belonging to other foreign nationalities coming from China via air, land or seaport, including Indo-Nepal, Indo-Bhutan, Indo-Bangladesh or Indo-Myanmar land borders.

IndiGo and Air India have suspended all flights between the two countries. SpiceJet continues to fly on Delhi-Hong Kong route.

High viral load: Detection of 2019-nCoV RNA in specimens from the upper respiratory tract with low Ct values on day 4 and day 7 of illness suggests high viral loads and potential for transmissibility. (*NEJM*)

Risk to other Asian countries, including India: Currently, people at risk are healthcare workers caring for 2019-nCoV patients and other close contacts of 2019-nCoV patients. For the general public, unlikely to be exposed to this virus, the immediate health risk from 2019-nCoV is considered low currently.

It is less likely to have serious illness in other countries. As patients with breathlessness are unlikely to board and patients with mild illness or asymptomatic illness are less likely to transmit infections.

Zoonotic but unlikely to spread through seafood: This new coronavirus is closely related to bat coronaviruses. Bats seem to be the likely primary reservoir for the virus. While SARS-CoV was transmitted to humans from exotic animals in wet markets, MERS-CoV transmitted from camels. The ancestral hosts were probably bats; however.

The virus has been traced to snakes in China. Snakes often hunt for bats. According to reports, snakes were sold in the local seafood market in Wuhan, thus raising the likelihood that the 2019-nCoV might have moved from the host species, i.e., bats, to snakes and then to humans. It is still not understood as to how the virus could adapt to both the cold-blooded and warm-blooded hosts.

Infectiousness to humans: This new virus seems to thrive better in primary human airway epithelial cells as compared to standard tissue-culture cells, unlike SARS-CoV or MERS-CoV. The 2019-nCoV will likely behave more like the SARS-CoV.

SARS-CoV and MERS-CoV affect the intrapulmonary epithelial cells more than the upper airway cells. Transmission thus occurs primarily from patients with recognized illness and not from patients with mild, nonspecific signs. However, *NEJM* has reported a case of 2019-nCoV infection acquired outside of Asia wherein transmission seems to have taken place during the incubation period in the index patient but the same has been challenged now.

2019-nCoV seems to employ the same cellular receptor as SARS-CoV (human angiotensin-converting enzyme 2 [hACE2]). Transmission is expected to occur only after signs of lower respiratory tract disease develop.

SARS is high (unintelligible) kind of inducer: This means that when it infects the lower part of the lung,

the body develops a very severe reaction against it and leads to lots of inflammation and scarring. In SARS, after the first 10-15 days, it wasn't the virus killing the patients; it was the body's reaction. Is this virus in the MERS or SARS kind picture or is this the other type of virus which is a milder coronavirus like the NL63 or the 229E? It may be the mild (unintelligible) kind of inducer. [Dr John Nicholls, University of Hong Kong]

No sore throat: This new virus attacks the lungs as well, and not just the throat. Patients so far have not presented with a sore throat, because the 2019-nCoV attacks the intraepithelial cells of lung tissue.

Asymptomatic transmission: A report of a small cluster of five cases indicated transmission from asymptomatic individuals during the incubation period; all patients in this cluster had mild illness. Another person got infected while using gown, but the eyes were not covered. *NEJM* reported a transmission from asymptomatic case but the same has been challenged.

Mass Quarantine May Spark Irrational Fear, Anxiety, Stigma.

Evacuation: US, Japan, India have evacuated their citizens trapped in China's affected areas. All 645 evacuees from Wuhan tested negative for the deadly infection in India. Close to 80 Indian students are still stuck in Wuhan. Seventy of the 80 chose to stay behind at the time of the evacuation operation. Ten had expressed willingness to return to India but could not board as they failed the screening process at the airport.

Bangladesh scrapped plans to bring back its 171 nationals stuck in China as the crew members refused to fly. State-run Biman Airlines' Boeing 777-300 ER aircraft on February 1 brought back 312 Bangladesh nationals.

Legal implications in India: Section 270 in The Indian Penal Code – 270. Malignant act likely to spread infection of disease dangerous to life.—Whoever malignantly does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which may extend to 2 years, or with fine, or with both.

Asymptomatic: Unlike SARS, patients were symptomatic at about day 5. Some of the cases may be asymptomatic until about day 7. The first 5 days are probably asymptomatic.

Case fatality of coronavirus: 2%.

Case fatality of MERS: 34% (2012, killed 858 people out of the 2,494 infected).

Case fatality of SARS: 10% (Nov. 2002 - Jul. 2003, originated from Beijing, spread to 29 countries, with 8,096 people infected and 774 deaths).

Case fatality of Ebola: 50%.

Case fatality of Smallpox: 30-40%.

Case fatality of Measles: 10-15% developing countries.

Case fatality of Polio: 2-5% children and 15-30% adults.

Case fatality of Diphtheria: 5-10%.

Case fatality of Whooping cough: 4% infants < 1year, 1% children <4 years.

Case fatality of Swine flu: <0.1-4%.

Case fatality of seasonal flu: 0.01%.

Case fatality of current virus in Wuhan: 4.9%.

Case fatality of current virus in Hubei province: 3.1%.

Case fatality of current virus in Nationwide: 2.1%.

Case fatality of current virus in other provinces: 0.16%.

Number of flu deaths every year: 2,90,000-6,50,000 (795 to 1,781 deaths per day).

Lab tests: There are two ways to detect a virus: through the genetic material DNA or RNA and to detect the protein of the virus. The rapid tests look at the protein. It takes 8-12 weeks to make commercial antibodies. Currently, for the diagnostics tests, PCR is being used which gives a turnaround in 1-2 hours.

Treatment: No proven antiviral treatment.

With SARS, in 6 months the virus was gone and it never came back. Pharmaceutical companies may not spend millions to develop a vaccine for something, which may never come back.

Evidence of *E. coli*: Secondary infection is most likely the cause of deaths in the Philippines and Hong Kong.

SARS experience: A combination of lopinavir and ritonavir showed promise in lab.

MERS experience: Combination of lopinavir, ritonavir and recombinant interferon beta-1b has been tried.

Recreation of virus: Scientists in Australia have reportedly developed a lab-grown version of coronavirus.

Chloroquine had potent antiviral activity against the SARS-CoV, has been shown to have similar activity against HCoV-229E in cultured cells and against HCoV-OC43 both in cultured cells and in a mouse model.

Thai experience: Oseltamivir along with lopinavir and ritonavir, both HIV drugs.

Experimental drug: From Gilead Sciences Inc., called remdesivir (started on 6th Feb as a trial).

Russia and China drug: Arbidol, an antiviral drug used in Russia and China for treating influenza, could be combined with Darunavir, the anti-HIV drug, for treating patients with the coronavirus. (The coronavirus shares some similarity to HIV virus also).

PVP-I mouthwashes and gargles are known to reduce viral load in the oral cavity and the oropharynx. PVP-I has high potency for viricidal activity against hepatitis A and influenza, MERS and SARS.

DCGI approval: The Drug Controller General of India has approved the "restricted use" of a combination of drugs (lopinavir and ritonavir) used widely for controlling HIV infection in public health emergency for treating those affected by novel coronavirus.

Steroids: In SARS, people were put on long-term steroids ending with immunosuppression and late complications and death. The current protocol is short-term treatment.

UNIVERSAL RESPIRATORY DROPLETS PRECAUTIONS

Self-quarantining: 2 weeks.

Adherence: Strict.

Soap and water: Wash your hands often and for at least 20 seconds.

Alcohol-based hand sanitizer: If soap and water is not available.

Avoid touching: Your eyes, nose and mouth with unwashed hands.

Avoid close contact: (3-6 feet) with people who are sick with cough or breathlessness.

Stay home: When you are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Clean and disinfect frequently touched objects and surfaces.

Surgical Masks: For patients.

N95 Masks: For healthcare providers and close contacts.

The world is facing a chronic shortage of gowns, masks, gloves and other protective equipment in the fight against coronavirus.

TEN COMMON MYTHS

1. People receiving packages from China are not at risk of contracting the new coronavirus as the virus does not survive long on objects, such as letters or packages.
2. There is no evidence that animals/pets such as dogs or cats can get infected with the new coronavirus. However, it is always in your best interests to wash your hands with soap and water after contact with petsto prevent transmission of common bacteria such as *E. coli* and *Salmonella*.
3. Pneumococcal vaccine and *Haemophilus influenzae* type B (Hib) vaccine, provide no protection against the new coronavirus.
4. Regularly rinsing the nose with saline does not protect people from infection with the new coronavirus or respiratory infections although it can hasten recovery from the common cold.
5. There is no evidence that using mouthwash protects you from infection with the new coronavirus although some brands of mouthwash can eliminate certain microbes for a few minutes in the saliva in your mouth.
6. Garlic may have some antimicrobial properties; however, there is no evidence that eating garlic protects people from the new coronavirus.
7. Sesame oil does not kill the new coronavirus. Chemical disinfectants that can kill the 2019-nCoV on surfaces are bleach/chlorine-based disinfectants, either solvents, 75% ethanol, peracetic acid and chloroform. However, they have little to no impact on the virus if you put them on the skin or under your nose. It is dangerous to put these chemicals on your skin.
8. People of all ages can be infected by the new coronavirus (2019-nCoV). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) have increased odds of becoming severely ill with the virus. People of all ages are advised to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.
9. Antibiotics do not work against viruses. Hence, antibiotics should not be used to prevent or treat the new coronavirus unless you suspect bacterial co-infection.
10. To date, there is no specific medicine recommended to prevent or treat the new coronavirus (2019-nCoV).

ROLE OF CMAAO AND OTHER MEDICAL ASSOCIATIONS

- All countries should be prepared for containment, including active surveillance, early detection, isolation and case management, tracking contacts and prevention of spread of the virus and to share full data with WHO.
- It is a legal requirement that all countries share information with WHO under the IHR.
- If 2019-nCoV is detected in an animal (information about the species, tests and epidemiological data), it must be reported to the World Organization for Animal Health (OIE) as an emerging disease.
- All countries should emphasize on reducing human infection, prevention of secondary transmission and international spread.

PMO SUGGESTIONS SENT

7th Jan: CMAAO Alert – WHO to monitor China's mysterious pneumonia of unknown virus outbreak.

8th Jan: CMAAO warns Asian citizens traveling to China over mystery pneumonia outbreak.

10th Jan: I wrote an editorial – Corona virus strain causing pneumonia in Wuhan, China, It's a new strain of coronavirus in the China pneumonia.

13th Jan: China virus outbreak linked to seafood market.

15th Jan: First case of China pneumonia virus found outside China in Thailand.

17th Jan: WHO issues warning after 'mysterious' Chinese coronavirus spreads to Japan.

17th Jan: India at threat of Coronavirus. CMAAO urges travel advisory on coronavirus: <http://www.drugtodayonline.com/medical-news/nation/10379-cmaao-urges-travel-advisory-on-coronavirus.html>

18th Jan: Indian government issues travel advisory as China's mysterious 'Coronavirus' spread in other countries.

18th Jan: WHO issues warning after mysterious Chinese Coronavirus spreads to Japan (<http://blogs.kkaggarwal.com/tag/who/>).

18th-20th Jan: Three countries meet, also discussed Coronavirus.

22nd Jan: Still not being declared to be a notifiable disease; N95 to be included in the list of essential drugs and price-capped; Oseltamivir should also be price-capped; flights should have masks available for all passengers; not declaring flu-like symptoms while

boarding or landing should be a punishable offence (23rd Jan: India issues advisory to airports).

24th Jan: Inter Ministerial Committee needs to be formed on Coronavirus (PMO took a meeting on 24th evening).

25th Jan: Indian government should pay for Indians affected with the virus in China.

26th Jan: Need of National Droplet Infection Control Program; Policy to ban export of face masks; policy to evacuate Indians and people of neighboring countries from China's affected areas; Time to collaborate on Nosode therapy (Exports of masks banned on 31st January by Indian Government).

Action: Feb 1st: Ibrahim Mohamed Solih thanked India for the evacuation of seven Maldivian nationals from the coronavirus-hit Chinese city of Wuhan. India evacuated 647 people.

(On 30th Jan, India banned gloves, PEP and masks but on 8th lifted the ban on surgical masks/disposable masks and all gloves except NBR gloves. All other personal protection equipment, including N95 and equipment accompanying masks and gloves, shall remain banned.)

27th Jan: History of anti-fever drugs at airports should be taken.

28th Jan: Do research on Nosodes.

29th Jan: Closure of live markets all over the world, India should take lead.

30th Jan: Paid flu leave, surgical mask at public places, N95 for healthcare providers.

31st Jan: Respiratory hygiene advisory to schools, Pan-India task force to be made.

1st Feb: Disaster Budget is the need of the hour.

3rd Feb: 100 crore budget for Coronavirus; Private labs to be recognized; one dedicated coronavirus National help line; MTNL BSNL to have a line of advisory in their bills; isolation wards to be single rooms or two beds separated with 6 feet distance; national insurance to cover cost of treatment; Sea ports to have same precautions; price caps for masks and gloves; National Droplet Control Program; clarification that import of goods is not risky; and suspend AI flights to China and Hong Kong.

(Feb 4 - Air India suspended flight services to Hong Kong from Friday until March 28. Earlier, Air India had cancelled its flight to Shanghai from January 31 to February 14; and 5th Feb - The Ministry of Defence is setting up 10 new laboratories across the country, primarily to conduct research on viruses).

4th Feb: Kerala travel advisory needed (The Union Ministry of Health and Family Welfare issued a fresh travel advisory on Monday urging people to refrain from visiting China).

5th Feb: PM should talk about Coronavirus in Man Ki Baat or a special address.

6th Feb: Time to have makeshift bed policy to tackle deaths in Kota, Muzaffarpur and Coronavirus cases

[Uttarakhand to set up two dedicated hospitals to tackle coronavirus: <https://www.hindustantimes.com/india-news/uttarakhand-to-set-up-two-dedicated-hospitals-to-tackle-coronavirus/story-NYxBOw6XHTbugznTWa3CXK.html>]

7th Feb: IPC 269 should be applicable to coronavirus.

8th Feb: Teleconsultation should be allowed for flu and coronavirus consultation.

Confirmed Cases and Deaths by Country and Territory

Country	Cases	Deaths	Region
China	40,171	908	Asia
Japan	96	0	Asia
Singapore	43	0	Asia
Hong Kong	36	1	Asia
Thailand	32	0	Asia
South Korea	27	0	Asia
Taiwan	18	0	Asia
Malaysia	17	0	Asia
Australia	15	0	Australia/Oceania
Vietnam	14	0	Asia
Germany	14	0	Europe
United States	12	0	North America
France	11	0	Europe
Macao	10	0	Asia
Canada	7	0	North America
United Arab Emirates	7	0	Asia
United Kingdom	4	0	Europe
Philippines	3	1	Asia
Italy	3	0	Europe
India	3	0	Asia
Russia	2	0	Europe
Spain	2	0	Europe
Cambodia	1	0	Asia
Nepal	1	0	Asia
Finland	1	0	Europe
Sweden	1	0	Europe
Sri Lanka	1	0	Asia
Belgium	1	0	Europe

Total Deaths of Novel Coronavirus (2019-nCoV)			
Date	Total Deaths	Change in Total	Change in Total (%)
Feb 9	910	97	12
Feb 8	813	89	12
Feb 7	724	86	13
Feb 6	638	73	13
Feb 5	565	73	15
Feb 4	492	66	15
Feb 3	426	64	18
Feb 2	362	58	19
Feb 1	304	45	17
Jan 31	259	46	22
Jan 30	213	43	25
Jan 29	170	38	29
Jan 28	132	26	25
Jan 27	106	26	33
Jan 26	80	24	43
Jan 25	56	15	37
Jan 24	41	16	64
Jan 23	25	8	47

Daily Deaths of Novel Coronavirus (2019-nCoV)			
Date	Daily Deaths	Change in Daily	Change in Daily (%)
Feb 9	97	8	9
Feb 8	89	3	3
Feb 7	86	13	18
Feb 6	73	0	0
Feb 5	73	7	11
Feb 4	66	2	3
Feb 3	64	6	10
Feb 2	58	13	29
Feb 1	45	-1	-2
Jan 31	46	3	7
Jan 30	43	5	13
Jan 29	38	12	46
Jan 28	26	0	0
Jan 27	26	2	8
Jan 26	24	9	60
Jan 25	15	-1	-6
Jan 24	16	8	100
Jan 23	8	0	0

(Source: <https://www.worldometers.info/coronavirus/coronavirus-death-toll/>)