BLUF:

- From mid-DEC to 30 JAN, 8,124 cases of infection with a novel coronavirus (2019-nCoV), including 171 deaths (case fatality proportion 2.1%) have been reported in mainland China. Additionally, 112 cases have been reported in 21 countries and regions outside of mainland China, including 15 countries/regions in USINDOPACOM, three in USEUCOM, two in USNORTHCOM, and one in USCENTCOM.

- On 30 JAN, the first local transmission of 2019-nCoV in the U.S. was confirmed in IL, in the spouse of the first travel-associated case in the state. In total, six confirmed cases have been reported in four U.S. states: AZ (1), CA (2), IL (2), and WA (1). Local transmission of nCoV-2019 outside of mainland China has also been reported in Germany, Japan, Taiwan, and Vietnam.

- On 30 JAN, the WHO International Health Regulations Emergency Committee (EC) regarding 2019-nCoV concluded that the outbreak now constitutes a Public Health Emergency of International Concern (PHEIC).

- The declaration of a PHEIC is likely to result in FDA’s approval of an Emergency Use Authorization (EUA) for a rRT-PCR assay developed by CDC for the detection of 2019-nCoV. Once the EUA is approved, CDC plans to make the assay available for clinical diagnostic testing purposes to domestic and international partners, including military treatment facility laboratories.

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2019-nCoV Surveillance Summary #2

30 JAN 2020

CASE REPORT: As of 30 JAN, 8,124 (+7,294) confirmed cases of infection with a novel coronavirus (2019-nCoV), including 171 (+146) deaths (case fatality proportion 2.1%), have been reported in mainland China since mid-DEC 2019. Cases have been reported from all provinces (including municipalities and autonomous regions) of mainland China, with the majority of cases (59%) reported from Hubei Province, where Wuhan City, the suspected epicenter of the outbreak, is located. Approximately 88,000 (+78,000) close contacts of confirmed cases have been identified in China, of which >82,000 (+73,600) remain under medical observation. As of 30 JAN, sixteen (+1) cases have been reported in healthcare workers (HCWs) (all in China). Eighteen percent of all confirmed cases in China have been classified as severe.

As of 30 JAN, at least 111 (+94) cases of 2019-nCoV have been reported in 21 (+12) countries and regions outside of mainland China, including 15 (+7) countries/regions in USINDOPACOM, three in USEUCOM, two (+1) in USNORTHCOM, and one in USCENTCOM (see table). As of 30 JAN, six (+1) confirmed cases of 2019-nCoV infection have been reported in four (+2) U.S. states: AZ (1), CA (2), IL (2 (+1)), and WA (1).

While the majority of cases reported outside mainland China are travel-associated, local transmission has been reported in Germany, Japan, Taiwan, Vietnam, and the U.S. On 30 JAN, the first local transmission of 2019-nCoV was reported in the U.S. The case occurred in Chicago, IL, in the spouse of the first travel-associated case reported in the state. The second case had not traveled to China. On 28 JAN, ECDC reported the first confirmed locally acquired case in Germany as well as in Europe. The case was a 33-year-old male who had not traveled to China, but had contact with a pre-symptomatic colleague visiting from Shanghai who developed symptoms and was confirmed as a case upon returning to China. Three additional individuals from the same company, all of whom had exposure to the pre-symptomatic case from Shanghai, were subsequently confirmed as cases.

On 30 JAN, the WHO International Health Regulations Emergency Committee (EC) regarding 2019-nCoV concluded that the outbreak now constitutes a Public Health Emergency of International Concern (PHEIC). This marks the third time the EC has convened to discuss this outbreak since late JAN.

EPIDEMIOLOGY: According to WHO’s latest reporting, the incubation period for 2019-nCoV (time from infection to development of symptoms) ranges from 2-10 days, and cases are infectious during this period. Estimates of the $R_0$ (basic reproduction number) of 2019-nCoV range from WHO’s estimate of 1.4 to 2.5 to a much higher estimation of 3.3 to 5.37 in a recent academic study. For comparison, the $R_0$ of SARS-CoV ranges from 2-5. $R_0$ represents the expected number of people an infected individual could spread a virus to in a fully susceptible population. WHO reports that “virus amplification” has occurred in one healthcare facility, with one confirmed case reportedly infecting at least 14 HCWs in Hubei Province.

The source of 2019-nCoV is still unknown, but is most likely an animal reservoir. WHO reported on 12 JAN that evidence strongly suggests the outbreak is associated with exposures in a wet market in Jianghan District, Wuhan City, with a number of the initial cluster of cases reportedly occurring in stallholders and visitors of the Huanan South China Seafood Wholesale Market. The market sold aquatic animals as well as birds, bats, marmots, snakes, and other wildlife. Coronaviruses are common in many different species of animals, including camels and bats. The South China Seafood Market has been closed for environmental cleaning and disinfection since 1 JAN.

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BACKGROUND: On 31 DEC, Wuhan City health authorities reported a cluster of 27 viral pneumonia cases (7 severe) of unknown etiology, with clinical signs and symptoms including fever, difficulty breathing, and bilateral lung infiltrates. All of the cases tested negative for respiratory pathogens including Middle East respiratory syndrome coronavirus (MERS-CoV), Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), and avian/seasonal influenza. On 7 JAN, Chinese health officials reported the isolation of a novel coronavirus (subsequently labelled “2019-nCoV”) from a sample collected from one of the hospitalized cases. Chinese health authorities subsequently made the full genetic sequence available through publicly accessible databases/platforms including GenBank and GISAID, enabling multiple countries to develop PCR assays for the detection of 2019-nCoV. As of 27 JAN, assays and sequencing protocols have been released by China, Hong Kong, Germany, Japan, Thailand, and the U.S. Preliminary analysis of 2019-nCoV found it to be 73% similar to Severe Acute Respiratory Syndrome coronavirus (SARS-CoV).

TRAVEL ADVISORIES: On 23 JAN, Chinese officials closed off all transport out of and within Wuhan, including cancelling all outgoing flights and trains and suspending buses, subways, and ferries that move within the city. As of 30 JAN, Chinese authorities have imposed travel restrictions across 17 (+7) cities, affecting approximately 61 (+41) million people. CDC is continuing to implement enhanced entry screening, and has expanded screening to include 20 (+15) international airports in the U.S.; screening at all 20 airports are scheduled to be fully operational by 31 JAN. As of 27 JAN, CDC maintains its Warning – Level 3, Avoid Nonessential Travel notice for 2019-nCoV in China. On 23 JAN, the U.S. Department of State issued a Level 2: Exercise Increased Caution travel advisory for 2019-nCoV in China, and a Level 4: Do Not Travel advisory specifically for Hubei Province.

MEDICAL COUNTERMEASURES & DIAGNOSTICS: On 24 JAN, CDC posted the protocol and primer-probe sequences for a 2019-nCoV real-time RT-PCR panel. Per disclaimers in the primers and probes PDF, the procedures and/or reagents are for purposes of respiratory virus surveillance and research use, and are intended for public health surveillance and evaluation. An assay to detect 2019-nCoV has been added to the CDC's Clinical Laboratory Improvement Amendments (CLIA) certificate and is being used by the CDC for clinical diagnostic testing. WHO's declaration of a PHEIC is likely to result in a DHHS Secretary Emergency Declaration and enable CDC to submit this assay to the FDA for approval of an Emergency Use Authorization (EUA). Once the EUA is granted, CDC will make the assay available for clinical diagnostic testing purposes to domestic and international partners, including military and medical treatment facilities, through CDC’s International Reagent Resource (IRR). Currently, all clinical diagnostic testing must take place at the CDC.

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2019 Novel Coronavirus (2019-nCoV) Outbreak Data as of 30 JAN 2020

Legend

Number of Confirmed Cases in Mainland China
- 1-13
- 14-63
- 64-273
- 274-1161
- 1162-4903

Countries Reporting Confirmed Cases

Countries Reporting Local Transmission

Sources: WHO, CDC, NHRC, JHU