BLUF:

- From mid-DEC to 6 FEB, 28,085 confirmed cases of infection with a novel coronavirus (2019-nCoV), including 565 deaths (case fatality proportion 2.0%) have been reported in mainland China. Additionally, 259 confirmed cases have been reported in 27 countries and regions outside of mainland China, including 15 countries/regions in USINDOPACOM, nine in USEUCOM, two in USNORTHCOM, and one in USCENTCOM.

- Twelve confirmed cases have been reported in six U.S. states: AZ (1), CA (6), IL (2), MA (1), WA (1), and WI (1). In addition to mainland China, local transmission has been reported in France, Germany, Japan, Malaysia, the Republic of Korea, Singapore, Spain, Taiwan, Thailand, the United Kingdom, the U.S., and Vietnam.

- On 5 FEB, CDC began shipping 2019-nCoV Real-Time RT-PCR diagnostic test kits to 115 qualified state/local public health and DoD laboratories. The U.S. Food and Drug Administration issued an Emergency Use Authorization (EUA) on 4 FEB, enabling emergency use of the test kit in the U.S.

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CASE REPORT: As of 6 FEB, 28,085 (+19,961) confirmed cases of infection with a novel coronavirus (2019-nCoV), including 565 (+394) deaths (case fatality proportion 2.0%), 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 (70%) reported from Hubei Province, where Wuhan City, the suspected epicenter of the outbreak, is located. Approximately 282,813 (+194,813) close contacts of confirmed cases have been identified in China, of which 186,354 (+104,354) remain under medical observation. As of 6 FEB, 17 (+1) cases have been reported in healthcare workers (HCWs) in China (16) and France (1). Thirteen percent of all confirmed cases in China have been classified as severe.

As of 6 FEB, at least 259 (+148) cases of 2019-nCoV have been reported in 27 (+6) countries and regions outside of mainland China, including 15 countries/regions in USINDOPACOM, nine (+6) in USEUCOM, two in USNORTHCOM, and one in USCENTCOM (see table). As of 5 FEB, CDC has identified 293 Patients Under Investigation (PUIs) in 36 U.S. states, of which 12 have tested positive, 206 have tested negative, and 76 are pending. The 12 (+6) confirmed cases of 2019-nCoV infection have been reported in six (+2) U.S. states: AZ (1), CA (6 (+4)), IL (2), MA (1), WA (1) and WI (1).

While the majority of cases reported outside mainland China are travel-associated, local transmission has been reported in France, Germany, Japan, Malaysia, the Republic of Korea, Singapore, Spain, Taiwan, Thailand, the United Kingdom, the U.S., and Vietnam. On 2 FEB, the second instance of local transmission of 2019-nCoV in the U.S. was reported in a husband and wife from San Benito, CA. 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 colleague visiting from Shanghai who tested positive for 2019-nCoV upon returning to China. As of 6 FEB, Bavarian authorities have reported seven (+4) additional cases among employees at the same company, all of whom had exposure to the case from Shanghai. Additionally, on 31 JAN, authorities reported one confirmed case in the child of a previously reported German case, representing the first instance of third-generation transmission outside of mainland China. On 4 FEB, scientists from the Robert Koch Institute requested a correction of a 30 JAN New England Journal of Medicine article that claimed the Shanghai case was asymptomatic at the time she transmitted 2019-nCoV to her German colleagues, stating that when health officials were able to speak directly to the case, she reported experiencing symptoms at the time that transmission occurred.

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).

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.

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BACKGROUND (cont'd): 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).

TRANSMISSION: According to WHO's latest estimates, the incubation period for 2019-nCoV (time from infection to development of symptoms) ranges from 2-10 days. Chinese authorities have estimated an upper limit of 14 days. China CDC's latest estimate of the R0 (basic reproduction number) ranges from 2.0-3.0. For comparison, the R0 of SARS-CoV ranges from 2.0-5.0. R0 represents the expected number of people an infected individual could spread a virus to in a fully susceptible population.

The source of 2019-nCoV is still unknown, but is most likely an animal reservoir. Coronaviruses are common in many different species of animals; the reservoir for the other two CoVs known to cause severe respiratory disease in humans (Middle East respiratory syndrome CoV and SARS-CoV) is bats. This outbreak was originally suspected to be linked to animal exposures in a wet market in Jianghan District, Wuhan City, with a majority of the initial cluster of cases 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. The South China Seafood Market has been closed for environmental cleaning and disinfection since 1 JAN.

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 cities, affecting approximately 61 million people. CDC is continuing to implement enhanced entry screening, and has expanded screening to include 20 international airports in the U.S. As of 4 FEB, CDC maintains its Warning – Level 3, Avoid Nonessential Travel notice for 2019-nCoV in China (this does not include Hong Kong, Macau, or Taiwan). On 2 FEB, the U.S. Department of State upgraded its travel advisory for all of China to Level 4: Do Not Travel. On 31 JAN, following WHO’s declaration of a PHEIC, the U.S. Secretary of DHHS declared 2019-nCoV a Public Health Emergency in the U.S. Starting 2 FEB, the following travel restrictions in effect: flights with travelers who have been to mainland China within the last 14 days will arrive at a select number of designated ports for entry (11 international airports); any U.S. citizen who has been in Hubei Province within the previous 14 days will be subject to up to 14 days of mandatory quarantine; and any U.S. citizen returning to the U.S. who has been in the rest of mainland China within the previous 14 days will undergo proactive health screening and self-quarantine. Additionally, the President signed a Presidential Proclamation on 31 JAN suspending the entry into the U.S. of foreign nationals, other than the immediate family of U.S. citizens and permanent residents, who have traveled in China within the last 14 days.

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. On 4 FEB, the U.S. FDA issued an Emergency Use Authorization (EUA) for patients who meet the CDC criteria for 2019-nCoV testing, enabling emergency use of the test kit in the U.S.. 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).

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