



Novel Virus hits the world

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The World Health Organization (WHO) was informed of a cluster of 44 cases of pneumonia of unknown cause detected in Wuhan City, China, on 31 December 2019[1]. Shortly into 2020, news of the strange disease in China hit the world.

Investigations linked all the initial 425 cases to a Seafood Wholesale Market in Wuhan. The clinical presentation resembled that of viral pneumonia, suspected to be a novel corona virus and WHO temporarily named it 2019-nCoV. On 7th January 2020, the authorities in China isolated the virus confirming it to be a new strain of corona virus previously not identified in humans[2]. The novelty of the virus meant major gaps in our knowledge of the origin, epidemiology, duration of human transmission, epidemiology, and clinical spectrum of disease all of which needed to be fulfilled as the disease established itself. WHO later gave the virus its official name as COVID-19.

Despite the knowledge gaps, scientists have been able to sequence the virus coming up with test kits for the virus by 13th January. From the cases in China, studies found fever, tiredness, cough and sore throat as the most common presenting symptoms of the disease. In severe cases, the cases presented with severe pneumonia and acute respiratory distress with older people and those with underlying medical conditions like high blood pressure, heart problems or diabetes, found to be at a higher risk.

As, the disease continued to spread through cities and to health workers, human to human transmission was noted. The mode of transmission being aerosol droplets expelled when an infected individual coughs or sneezes within close range to a susceptible person. The virus can also contaminate surfaces like door handles or railings, staying viable on metal, glass or plastic for several days[5].

To contain the disease, health authorities in China imposed travel restrictions, quarantines, and outdoor restrictions[3]. Several countries issued warnings against travel to China and airports



instituted body temperature checks, health declarations, and information signage in an attempt to identify carriers of the virus[2]. Despite these efforts, the disease rapidly spread to other countries in the world leading to its declaration as a public health emergency of international concern (PHEIC) on 30th January 2020 and a pandemic on 13th March 2020. As of 17th March 2020, over 140 countries were affected with a total of 179,112 cases and 7,426 deaths.

This is the 3rd Coronaviruses (CoV) to emerge in the past 2 decades, the other two being severe acute respiratory syndrome coronavirus (SARS- CoV) in 2003 and the Middle East respiratory syndrome coronavirus (MERS-CoV) in 2012[3].

To prevent further spread of the disease, emphasis has been put on interrupting human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread. This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

References

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