

Editorial

NOVEL CORONAVIRUS (NCOV-2019): A GLOBAL HEALTH EMERGENCY

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Globally, public health institutes are on high alert after the recent declaration of an epidemic of Novel coronavirus in China, by the World health organization. nCoV-2019 has been labeled as a **public health emergency of international concern (PHEIC)** by WHO.¹ In mid-December 2019, several cases of pneumonia-like disease had been reported in the central Chinese city of Wuhan. Chinese health authorities conducted immediate investigations of those clustered cases to identify the causative agent of that disease and to halt its spread. Later, Chinese scientists isolated Novel Coronavirus from the identified patients in early January 2020.² Till 12th February 2020, more than 45,000 cases infected with nCoV-2019 have been reported. The death toll to the date is 1115.³ Novel coronavirus was first identified in China but later it was introduced outside China by infected travelers. The first international case outside China was reported in Thailand. Since then, nCoV-2019 has been reported in 28 other countries around the world.⁴

Coronavirus is a large family of viruses, known for causing potentially deadly diseases in mammals and birds. The name “coronavirus” originated from the Latin word ‘corona’ meaning crown or halo, which in turn reflects the characteristic appearance of the virus particle.⁵ The earliest coronaviruses were discovered in the 1960s, from nasal cavities of human patients, who presented with common cold. Later those viruses were named as human coronavirus 229E and human Coronavirus OC43.⁶ Since then, the other members of this virus family identified include SARS (2003), HCoV NL63 (2004), MERS-CoV (2012).^{7,8}

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Later, in the same decade the discovery of this Novel coronavirus has attracted by far the most attention. On 11th February 2020, the World Health Organization has announced an official name “COVID-19” for the disease caused by nCoV-2019.⁹

Coronavirus causes significant percentage of all common colds in humans and is transmitted in a similar fashion from person-to-person via respiratory droplets.¹⁰ The most common presentation is fever, cough and shortness of breath. The spectrum of disease ranged from mild or no symptoms to either severe respiratory illness and death. Case-fatality rate for 2019-nCoV is estimated to be 2.3%. The attack rate and transmissibility of virus is relatively high.¹¹

No specific antiviral treatment has yet recommended by WHO for 2019-nCoV. However, isolation and symptomatic care are indicated for an infected person. For those presenting with severe illness, treatment modalities should include intensive care and monitoring.¹²

No specific vaccine is currently available for 2019-nCoV. The best strategy for prevention and control, as recommended by CDC, is to avoid exposure to this virus. The infection control measures include administrative rules, engineering controls, correct work practices, appropriate usage of personal protective equipment. Prompt patient detection, effective triage, isolation of potentially infectious patients and two weeks quarantine of the contacts are essential steps too, to prevent unnecessary exposure.¹³ The cautious approach must also include other general measures like frequent washing of hands with water and soap, avoid touching nose, mouth, and eyes with unwashed hands, avoid close contact with the sick person, and cough etiquette.¹⁴ WHO also emphasizes upon screening precautions for ongoing travelers.¹⁵

The outbreak of 2019-nCoV and the evidence of its likely person-to-person transmission highlights the importance of vigilant and rapid investigation of cases and high-risk contacts. To contract this deadly disease incidence, prevalence, and mortality figures, strategies for mass-awareness should be formulated to help people understand the nature of the disease and the relative preventive measures. This will also help to reduce the associated panic created in the general public. The aim of those awareness programs should also include encouraging people to report to their healthcare providers immediately if they develop signs/symptoms of respiratory illness within 14 days of their travel from China or had close contact with someone who had recently traveled from China.

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