

Reacting to COVID-19: MARCH 11, 2020

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On 31 December 2019, the World Health Organization (WHO) reported a cluster of pneumonia cases in Wuhan City, Hubei Province in China. The first case was detected on December 8th 2019 and the number of cases escalated rapidly. A novel coronavirus was identified by January 9th 2020. The International Committee on taxonomy of viruses virus named the virus as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on 11th February, 2020, being genetically related to but distinct from the coronavirus responsible for the SARS outbreak of 2003. [1] The genetic sequences from the first 9 patients were uploaded into the China National Microbiological Data Center and China National GeneBank. [2]

The associated disease linked to SARS-CoV-2 is COVID-19 (coronavirus disease 2019). On the 14th February 2020, the Novel Coronavirus pneumonia emergency response epidemiology team published data on the first 44,672 patients with confirmed COVID-19. Most were aged 30–79 years (86.6%) of whom 80.9% had mild disease. There were 1,023 deaths giving a case fatality rate of 2.3%. Mortality escalated over 49 years of age and was 14.8% for those over 80 years of age. Coexisting diabetes, hypertension and cancer also escalated mortality. Severe or critical disease occurred in 18.5%, all of whom would require respiratory support. Of note, children had mild disease. [3]

Efficient person to person spread has been confirmed. Each new patient infects 2.2 more people. [4] Asymptomatic carriers are infectious. [5] COVID-19 has now spread widely to many countries, mainly through travel, emphasising that the virus is quite resilient and spreads efficiently in communities both through symptomatic and asymptomatic carriers.

The responses to COVID-2019 have been dramatic and rapidly implemented. The most dramatic response has been in Italy, the entire country of 60 million people was quarantined by its government. Large medical conferences have been cancelled at short notice. For example, the Conference on retroviruses and opportunistic infections (CROI) in Boston, USA changed to on-line, with 2 days of warning. Today the WHO declared COVID-19 a global pandemic.

Many of WSPID members are working hard preparing for or managing COVID-19 on many levels. The global response in this age of rapid communication is impressive. Vaccines are in development and drug trials have started. Public awareness has never been higher and more people than ever are meticulously washing or disinfecting hands. Many questions are unanswered. Will COVID-19 affect our patients, ourselves, our families, our communities and our countries? Is it here to stay? Will the virus mutate? Even though children appear to have mild disease, what will happen to children and their families living with HIV or those with TB or failure to thrive?

WSPID and the community of paediatric infectious diseases doctors have an important role to play as communicators, medical practitioners, advisors and researchers. Let's apply our collective experience and wisdom in dealing with this new challenge.

References

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