

EDITOR'S NOTE

Coronavirus

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As I'm sure our readers are aware, a novel coronavirus identified in China with onset late in 2019, has since been diagnosed among travelers from the central China city of Wuhan to several countries including the U.S. This infection has now been designated as COVID -19 (Coronavirus Disease -2019). I suspect many of our readers have been on the front lines of this outbreak in various respects but primarily to assist in preparations of our facilities for possible identification, isolation and management of cases. Information is accruing rapidly but there are still many aspects of this infection that are not known: how to estimate accurate lethality or morbidity; getting detailed information on how it spreads; evaluating the success of control measures. We are in the 'Learning Phase' about COVID-19. For me this is somewhat a *déjà vu* time as I was in China in 2003 at the time of the notification of SARS.

At the time of this writing there have been > 60,000 cases identified in China, although I suspect this is an underestimate since there are likely many cases not identified due to mild symptoms or even possible subclinical cases. Of interest as the cases count increases in China the mortality rate has remained stable at about 2% (but also a likely overestimate since the denominator is unclear). Transmission is more efficient than with other recent novel Coronaviruses (SARS and MERS); and although the primary transmission seems to be from symptomatic patients there appears to be a likelihood of transmission from asymptomatic patients.

Aggressive, unprecedented travel restrictions and quarantine have been implemented by many countries including the US with hopes to reduce entry of the virus into the country. This includes blocking foreign nationals from entering the United States if they visited China in the 14 days prior to their arrival to the United States. Restrictions also apply to US citizens who have been in China's Hubei province, the epicenter of the coronavirus outbreak, in the two weeks prior to their return to the United States. Upon their return, those citizens will be subject to a mandatory quarantine of up to 14 days. At the time of this writing 15 cases so far have been identified in US-all in patients who were in Wuhan or in close contact with infected persons who acquired the infection in China.

Although the 14-day incubation period for most of those who were quarantined will be over by the time of this publication, we still need to be vigilant about travel history. It is still too early to make predictions about the outcome of this infection. This illustrates the need to always be alert for possible outbreaks. An infection occurring anywhere in the world is only a plane ride away from any city in any country.