



Clinical Features Of 2019-nCoV

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Clinical characteristics of 2019 novel coronavirus infection in China

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Methods: We extracted the data on 1,099 patients with laboratory-confirmed 2019-nCoV ARD from 552 hospitals in 31 provinces/provincial municipalities through January 29th, 2020

Results: The median age was 47.0 years, and 41.90% were females. Only 1.18% of patients had a direct contact with wildlife, whereas 31.30% had been to Wuhan and 71.80% had contacted with people from Wuhan

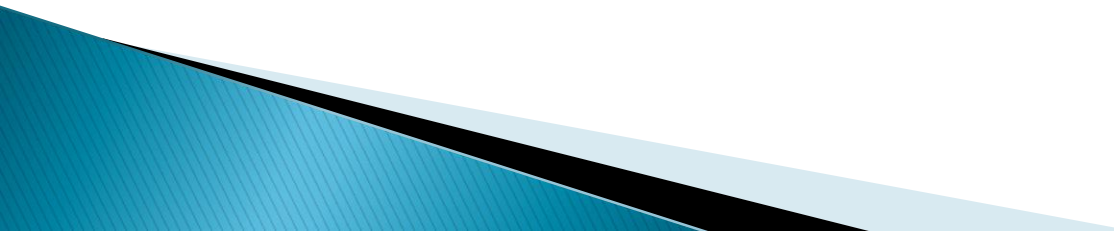
0.9% of patients were aged below 15 years

Fever (87.9%) and cough (67.7%) were the most common symptoms

Diarrhea is uncommon



➤ This study has shown that fever occurred in only 43.8% of patients with 2019-nCoV ARD on presentation but developed in 87.9% following hospitalization



The median incubation period was 3.0 days (range, 0 to 24.0 days)

On admission, ground-glass opacity was the typical radiological finding on chest computed tomography (50.00%)

Lymphopenia was observed in 82.1% of patients



**55 patients (5.00%) were admitted to intensive care unit and
15 (1.36%) succumbed.**

➤ The percentages of patients being admitted to the ICU, requiring invasive ventilation and death were 5.00%, 2.18% and 1.36%, respectively

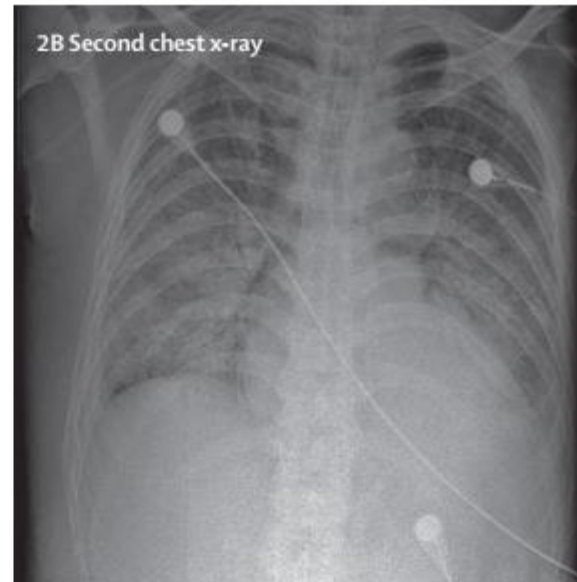
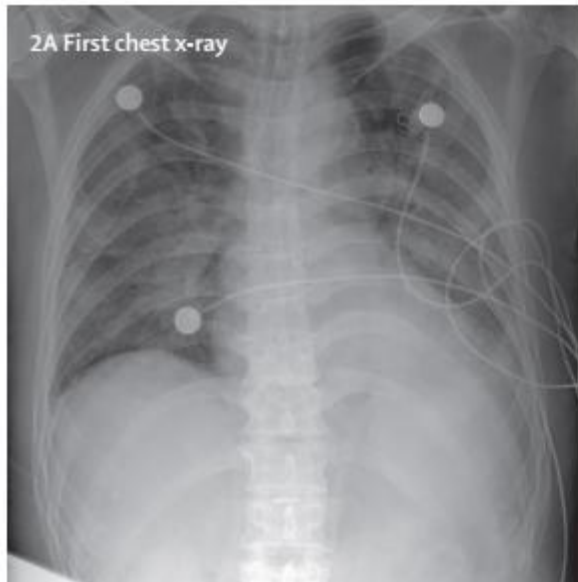
➤ Pneumonia was not mandatory for inclusion. 20.9% patients have isolated 2019-nCoV infection before or without the development of viral pneumonia.

➤ However, based on a larger sample size and cases recruited throughout China, we found a markedly lower case fatality rate (1.4%) as compared with that reportedly recently [1,12]. The fatality rate was lower (0.88%) when incorporating additional pilot data from Guangdong province (N=603) where effective prevention has been undertaken (unpublished data). Our findings were consistent with the national official statistics, reporting the mortality of 2.01% in China out of 28,018 cases as of February 6th, 2020

Case 1



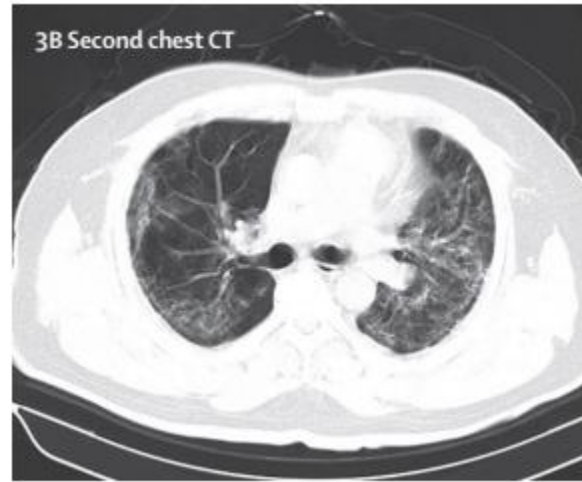
Case 2

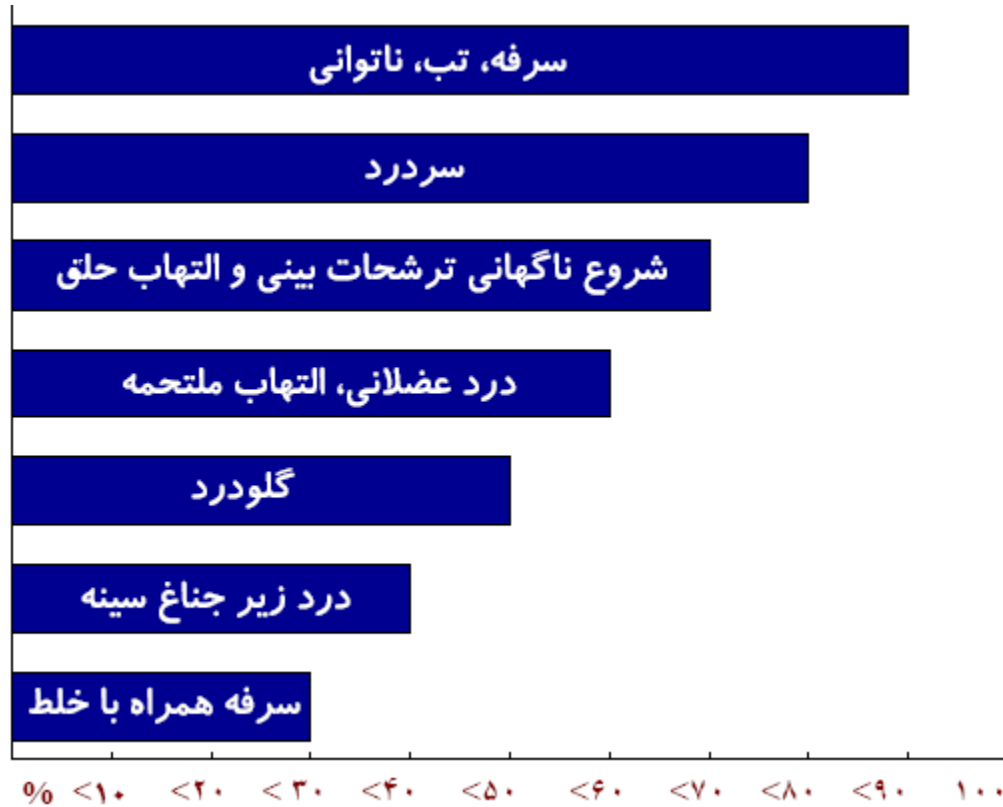


Case 3

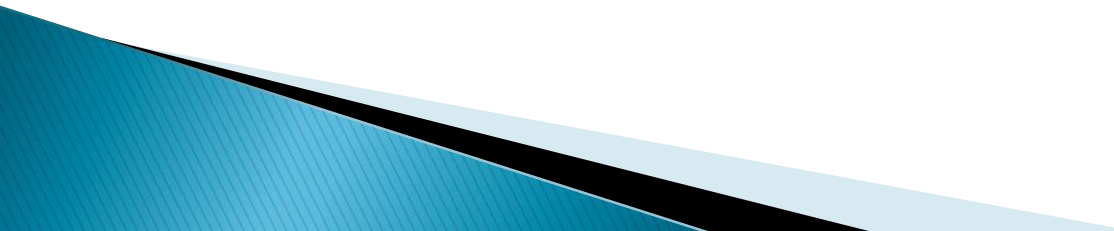


Case 3

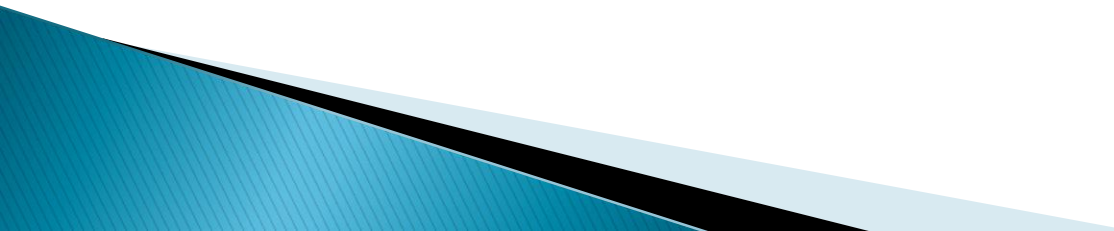




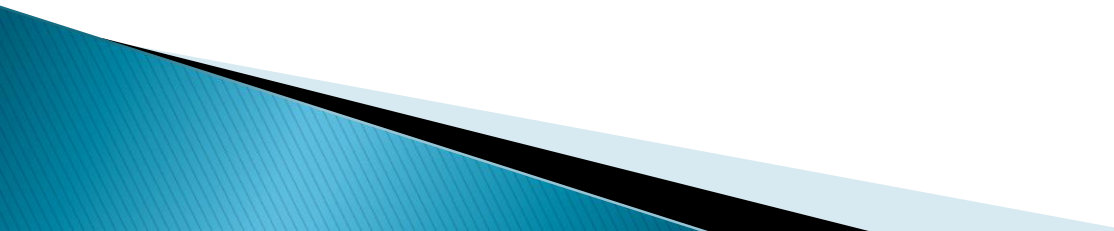
Case 1

- ▶ On January 19, 2020, a 35-year-old man presented to an urgent care clinic in Snohomish County, Washington, with a 4-day history of cough and subjective fever.
 - ▶ He disclosed that he had returned to Washington State on January 15 after traveling to visit family in Wuhan, China
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Case 1

- ▶ The physical examination revealed a body temperature of 37.2°C,
 - ▶ blood pressure of 134/87 mm Hg,
 - ▶ pulse of 110 beats per minute,
 - ▶ respiratory rate of 16 breaths per minute, and oxygen saturation of 96% while the patient was breathing ambient air
 - ▶ Chest X-ray was normal
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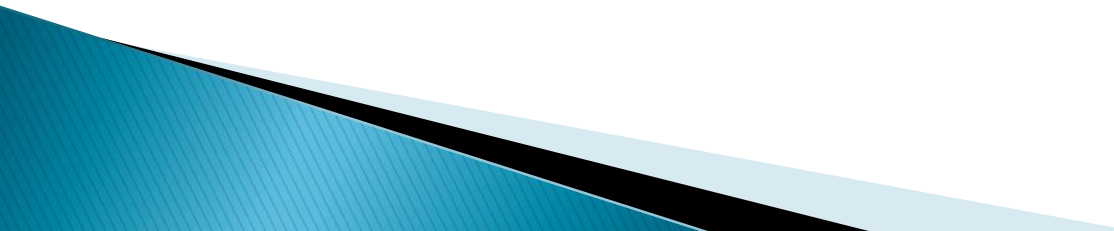
Case 1

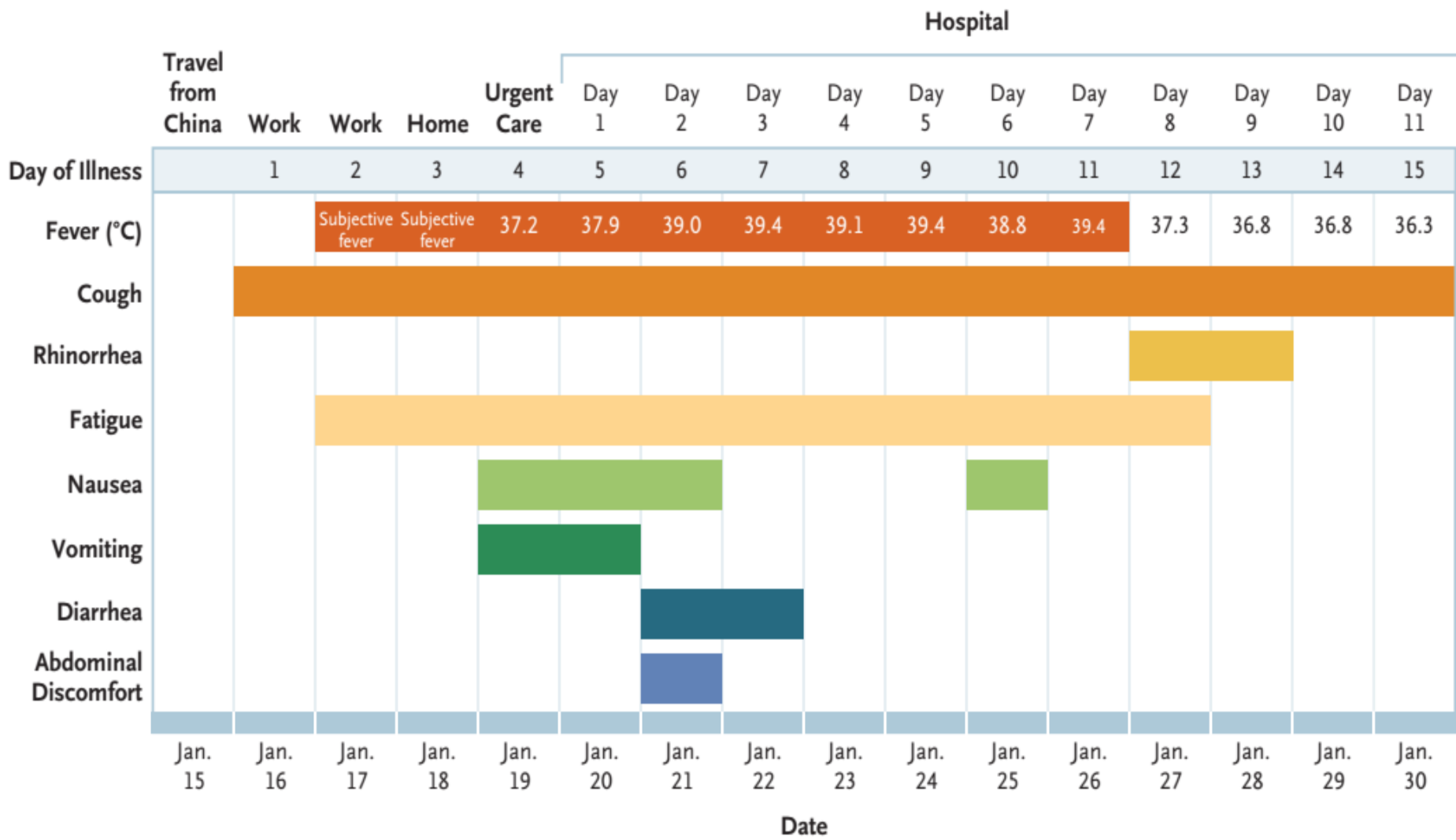
- ▶ NAAT was negative for all pathogen tested.
 - ▶ On January 20, 2020, the CDC confirmed that the patient's nasopharyngeal and oropharyngeal swabs tested positive for 2019-nCoV by real-time reverse-transcriptase-polymerase-chain-reaction (rRT-PCR) assay
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Case 1

- ▶ On hospital day 6 (illness day 10), a fourth chest radiograph showed basilar streaky opacities in both lungs, a finding consistent with atypical pneumonia , and rales were noted in both lungs on auscultation.
- ▶ Treatment with intravenous *remdesivir* (a novel nucleotide analogue prodrug in development) was initiated on the evening of day 7, and no adverse events were observed in association with the infusion

Case 1

- ▶ On hospital day 8 (illness day 12), the patient's clinical condition improved.
 - ▶ Supplemental oxygen was discontinued, and his oxygen saturation values improved to 94 to 96% while he was breathing ambient air.
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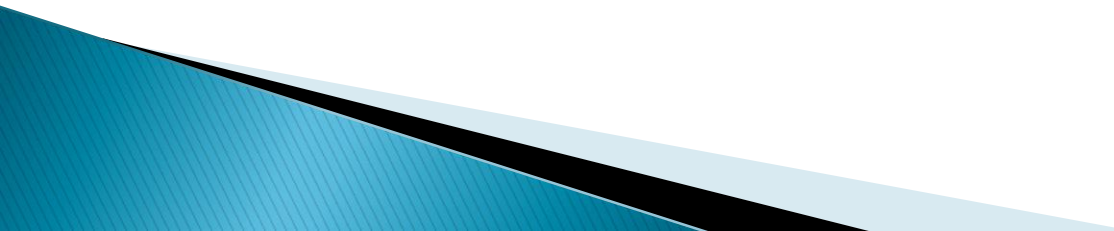
Case 2

- ▶ A 33-year-old otherwise healthy German businessman (Patient 1) became ill with a sore throat, chills, and myalgias on January 24, 2020. The following day, a fever of 39.1°C (102.4°F) developed, along with a productive cough. By the evening of the next day, he started feeling better and went back to work on January 27

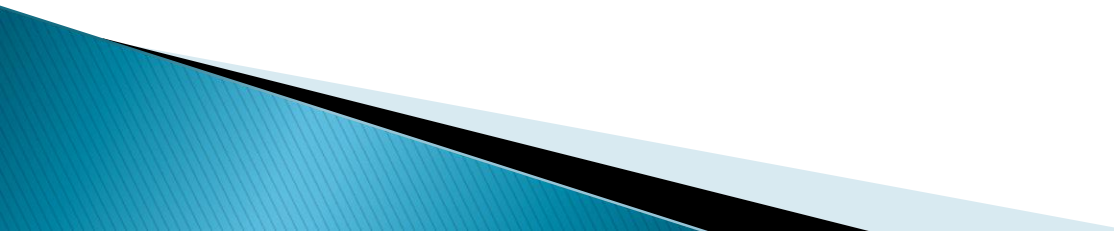
Case 2

- ▶ Before the onset of symptoms, he had attended meetings with a Chinese business partner at his company near Munich on January 20 and 21.
- ▶ The business partner, a Shanghai resident, had visited Germany between Jan. 19 and 22. During her stay, she had been well with no signs or symptoms of infection but had become ill on her flight back to China, where she tested positive for 2019-nCoV on January 26

Case 2

- ▶ On January 27, she informed the company about her illness. Contact tracing was started, and the above-mentioned colleague was sent to the Division of Infectious Diseases and Tropical Medicine in Munich for further assessment
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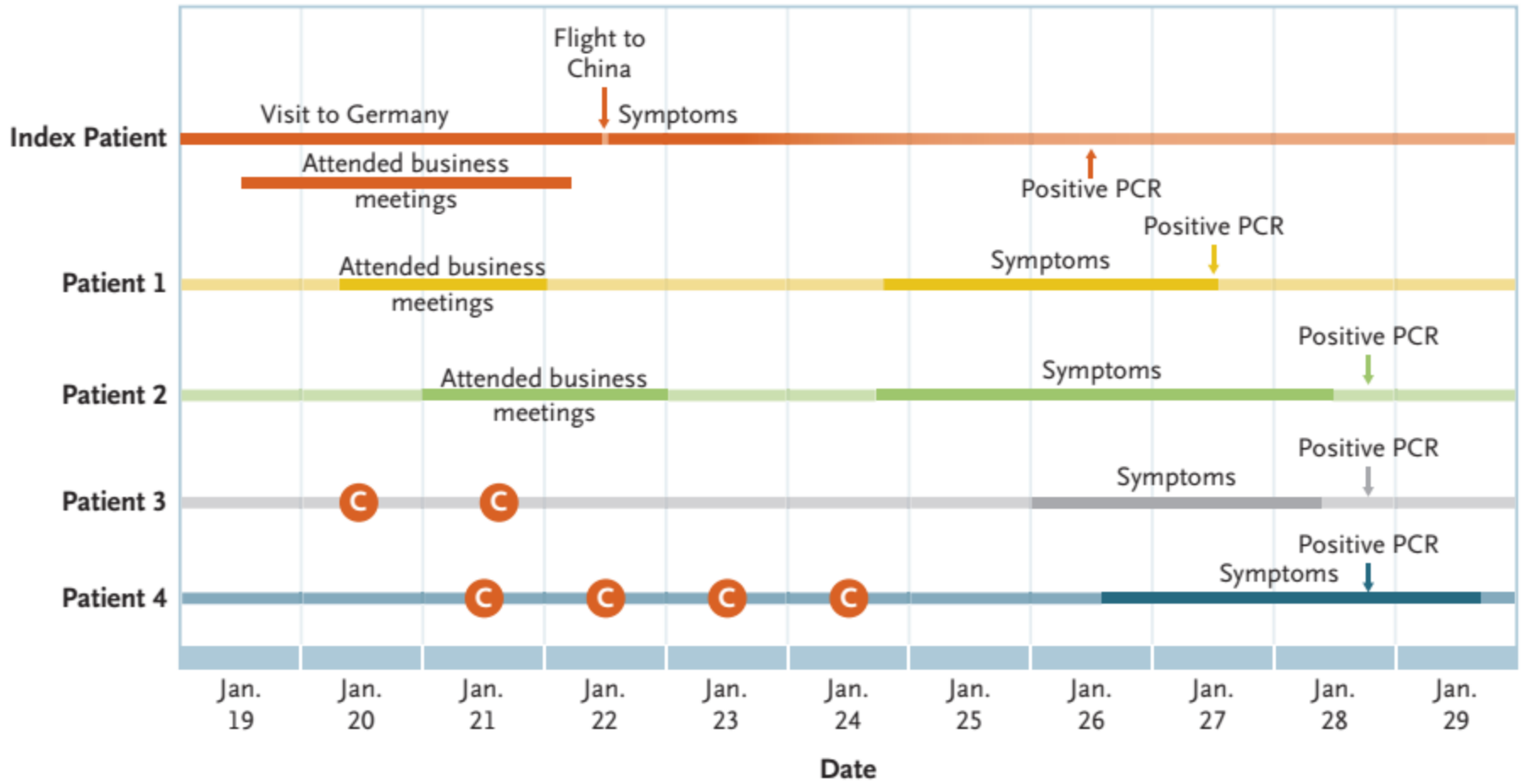
Case 2

- ▶ At presentation, he was afebrile and well. He reported no previous or chronic illnesses and had no history of foreign travel within 14 days before the onset of symptoms.
 - ▶ Two nasopharyngeal swabs and one sputum sample were obtained and were found to be positive for 2019-nCoV on quantitative reverse-transcriptase-polymerase-chain-reaction
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Case 2

- ▶ On January 28, three additional employees at the company tested positive for 2019-nCoV (Patients 2 through 4 in Fig. 1). Of these patients, only Patient 2 had contact with the index patient; the other two patients had contact only with Patient 1.

C Contact with Patient 1



تعريف موارد بیماری برای نظام مراقبت

مورد مشکوک (مورد مشکوک موردی است که باید نمونه گیری شده و بررسی های بیشتری در مورد آن انجام پذیرد)
فرد مبتلا به پنومونی (بیماری شدید تنفسی تب دار) SARI که به دلیل تب، سرفه و تنگی نفس نیازمند بستری در بیمارستان می باشد، و یک عامل بیماریزای دیگری برای توجیه علائم بیماری وی متصور نیست.
که حداقل یکی از مشخصات ذیل را دارا باشد:

الف- سابقه سفر به کشور چین، در عرض ۱۴ روز قبل از شروع علائم بیماری
ب- علی رغم درمان های مناسب برای پنومونی، پاسخ بالینی نامناسب بوده و به
شکل غیر معمول و غیر قابل انتظاری وضعیت بالینی بیمار حادثتر و وخیم تر شود
(بدون توجه به سابقه سفر و ملیت بیمار و با تایید فوکال پوینت دانشگاه).

بیمار دارای علائم تنفسی (با هر شدتی که باشد)، که در عرض ۱۴ روز قبل از
شروع علائم بالینی یکی از انواع تماس های ذیل را داشته باشد:

الف- تماس نزدیک (Close Physical Contact) با مورد قطعی و علامتدار
بیماری ۲۰۱۹-nCoV

ب- مراقبت مستقیم از بیمار مبتلا به SARI ناشی از ۲۰۱۹-nCoV /
محتمل /
(قطعی)

تبصره : پزشکان در مورد تظاهرات غیر تنفسی و غیر معمول بیماری در افراد با
نقص ایمنی باید هوشیار باشند

از توجه شما سپاسگزارم