



Map of counties with confirmed 2019-nCoV cases as of Jan. 26 2020

SITUATION UPDATE

International Medical Corps is closely monitoring an outbreak of respiratory illness caused by a new coronavirus, known as 2019-nCoV, that was first detected in Wuhan City, Hubei Province, China, and that continues to spread. Chinese health officials have reported hundreds of infections with 2019-nCoV in China, including outside of Hubei Province. This pathogen is from the same family of viruses that includes the common cold, MERS (Middle East Respiratory Syndrome) and SARS (Severe Acute Respiratory Syndrome).

A number of countries, including the United States, have been actively screening incoming travelers from Wuhan. Human infections with 2019-nCoV have been confirmed in other countries, including the United States. 2019-nCoV was first detected in the United States in a traveler returning from Wuhan on January 21. There are now five suspected cases in four states (AZ, CA, IL, WA) as of January 26.

Early on, many of the patients in the outbreak in Wuhan reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets. Though investigations are ongoing, it seems clear that person-to-person spread of 2019-nCoV is occurring. However, it's not yet clear how easily 2019-nCoV spreads from person-to-person.

Advisories:

- Preliminary information suggests that older adults and people with underlying health conditions may be at increased risk for severe disease from this virus.
- On January 23, the CDC [updated its travel health notice for Wuhan City to a Level 3](#), recommending that travelers avoid all nonessential travel to the city. The CDC also issued a [Level 1: Practice Usual Precautions for the rest of China](#).
- On January 23, [Chinese officials implemented a travel lockdown](#), temporarily closing transport inside and outside of Wuhan, including flights, buses, subways and trains. It is estimated that the quarantined cities represent a total population of 20 million.
- [Public health entry screenings](#) have been implemented at San Francisco (SFO), New York (JFK), Los Angeles (LAX), Atlanta (ATL) and Chicago (ORD) airports.

FAST FACTS

- As of January 27, the Johns Hopkins University virus-tracking dashboard reports a total of 2,886 suspected/confirmed cases and 81 deaths due to the novel coronavirus (2019-nCoV) that has been reported in China, Hong Kong, Thailand, Macau, Japan, Republic of Korea, France, Singapore, Malaysia, Taiwan, Vietnam, Cambodia, Canada, Nepal, Australia and the United States of America.
- 2,825 of the reported cases are from the People's Republic of China.
- Of the 29 exported cases, 26 had a travel history from Wuhan City, China.

- Healthcare providers are [advised](#) to obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness, and immediately notify both [infection control](#) personnel at their healthcare facility and their [local](#) or state health department in the event of a patient under investigation (PUI) for 2019-nCoV.
- CDC [recommends](#) that healthcare personnel entering a room with a PUI should use standard precautions, contact precautions, airborne precautions and eye protection (e.g., goggles or a face shield).
 - Employers and workers should consult [interim CDC guidance](#) specific to 2019-nCoV.

Social Media Tracking:

Below is a summary of social media hashtags being used to share information on the event.

- [#NCOVCONFIRM](#) for confirmed cases
- [#NCOVEPI](#) for epidemiological information
- [#NCOVINTEL](#) for intelligence
- [#NCOVPREP](#) for preparedness information
- [#NCOVGEN](#) for general information about the virus

The CDC is working with the WHO, and closely monitoring this rapidly evolving situation. Please reference the CDC's [2019-nCoV Situation Summary](#) for updated information and guidance as it becomes available.

Given the current situation, the capacity to prepare and respond to this event varies substantially from country to country and within affected regions. WHO has notified its system of Emergency Medical Teams (including International Medical Corps' Emergency Medical Team Type 1) to ascertain their state of readiness and availability should the outbreak continue to widen. These rapid response teams would be used to strengthen screening, disease tracking, treatment and isolation capacities in selected locations, such as healthcare facilities, airports or critical industries. Organizations are applying what they learned during the SARS epidemic of 2003, when medical facilities were overwhelmed, many health providers became ill and many vital industries were affected (e.g., transportation supply chains, aviation).

INTERNATIONAL MEDICAL CORPS RESPONDS

International Medical Corps is tracking the situation closely, leveraging the expertise of staff who responded to SARS in China and in Asia during the last SARS epidemic. International Medical Corps has reached out to authorities in Asia and in the United States and Canada to offer technical assistance. The organization is quickly addressing logistical issues associated with the lessons learned from the outbreak of 2003, while preparing for new challenges associated with the 2020 outbreak.

In response to the current epidemic, International Medical Corps is adapting its Mission Ready Packages (including both staff and supplies) to address evolving demands associated with this outbreak, and is reviewing its emergency roster of more than 500 persons. International Medical Corps also is communicating with staff, critical response partners and donors with skills or capacity in infectious disease management. This readiness effort includes actions to acquire additional personnel protective equipment (PPE), rapid diagnostics, infection control items, specialized medical equipment and additional portable clinical structures required for outbreak situations.

International Medical Corps is mobilizing resources to be ready to respond to the medical needs of affected populations when requested by WHO, or to operate independently when the need arises.