



CONSULTATIVE SIGNAL ASSESSMENT
PRIMARY RISK ASSESSMENT
EVIDENCE BASED RISK ASSESSMENT
PUBLIC HEALTH EVENT ASSESSMENT

NOVEL CORONAVIRUS, WUHAN, CHINA

Date of the signal	Date of the RRA	Signal provider	Experts consultation	Method
31/12/2019	24/01/2020	ECDC	Permanent experts: Dr Valeska Laisnez (AZG), Dr Romain Mahieu (COCOM-GGC), Dr Paul Pardon (FOD), Dr Carole Schirvel (AViQ), Dr Sophie Quoilin (Sciensano). Specific experts : Prof. Katrien Lagrou (KUL), Prof. Marc Van Ranst (KUL), Dr Michèle Gérard (St Pierre), Dr Nathalie Bossuyt (Sciensano)	E-mail consultation
Date of update	Closing date			

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Signal

On 31 December 2019, the Wuhan Municipal Health Commission in Wuhan City, Hubei province, China reported a cluster of pneumonia cases with a common reported link to market selling different animal species. On 9 January 2020, China CDC reported that a novel coronavirus (2019-nCoV) was detected as the causative agent with a genomic sequence showing a relation to the SARS-CoV clade. As of 20 January 2020, a total of 205 laboratory-confirmed cases infected with 2019-nCoV have been reported, 198 from Wuhan, 3 from elsewhere in China and 4 travel-associated to Thailand (2), South Korea (1) and Japan (1).

Description

Cause known?

The source of the new virus clade is still unknown. The source is probably still active: at least two markets involved, few cases having no history of contact with the implicated market. Human-to-human transmission cannot be excluded.

Unexpected/unusual

Unusual but expected.

Severity

Among the 205 laboratory-confirmed cases, 9 cases developed a severe disease and 3 with chronic and severe underlying conditions died.

Dissemination : Low

Low for the moment because most cases are epidemiologically linked to a specific food market in Wuhan, which was cleaned and closed to the public on 1 January 2020. Few others have been visiting another market or were in contact with people showing respiratory symptoms.
No cases reported in healthcare workers, no evidence of nosocomial transmission so far.

Risk characterisation

Limited number of cases and no evidence of sustained person to person transmission.
No direct flight between Belgium and Wuhan.
But even low, the circulation of the virus in the community cannot be excluded since missing information on the disease spectrum, risk factors for severity, source, mode of transmission, ...
The risk is actually related to importation by travellers visiting Wuhan which is low for Belgium since there is no extensive traffic of people from Wuhan.

Public health impact

Public health impact in Belgium : Low

The risk of travel related in Belgium is low but has to be taken into account also because the Chinese New Year will occur the 25th January and Chinese residents in Belgium may return to participate to the event.
Adherence to appropriate infection prevention and control practices in healthcare settings and the evidence of limited person-to-person transmissibility, make the likelihood of secondary cases very low.

Preparedness

Disease already with mandatory notification under 'unusual threat'.
Belgium has a procedure for case management for 2019-nCoV (available on the website of Sciensano, Epidemiology of infectious diseases).
The NRC has developed the diagnostic capacity for the 2019-nCoV.
Belgium has a reference hospital and transport system for highly contagious respiratory patients.
Diplobel published a warning on the website for travellers.
A summary of the epidemiological situation and risk for Belgium together with a link to the procedure is available here: <https://epidemiologie.wiv-isp.be/ID/Pages/2019-nCoV.aspx>.

Actions

- Sciensano adds the link to the procedure on the webpage of the NRC with an update with explicit mention of the 2019-nCoV.
- Health authorities add the link to the procedure on their respective webpage.
- Sciensano and federated entities include the topic in the next Flash (beginning of February).
- RMG informs the health care workers about the procedure which covers the mandatory notification and the diagnostic capacity.
- No entry screening has to be done.
- With the ongoing highly active seasonal influenza epidemic in China, the probability to have travellers returning from China with respiratory illness and/or



pneumonia not related to the event is high. Other respiratory pathogens as aetiological agent should be ruled out first.

- Continuous epidemiological monitoring in order to modify this recommendation in case of change in the risk.
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See <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

Risk description and proposed measures. Not a decision!!!