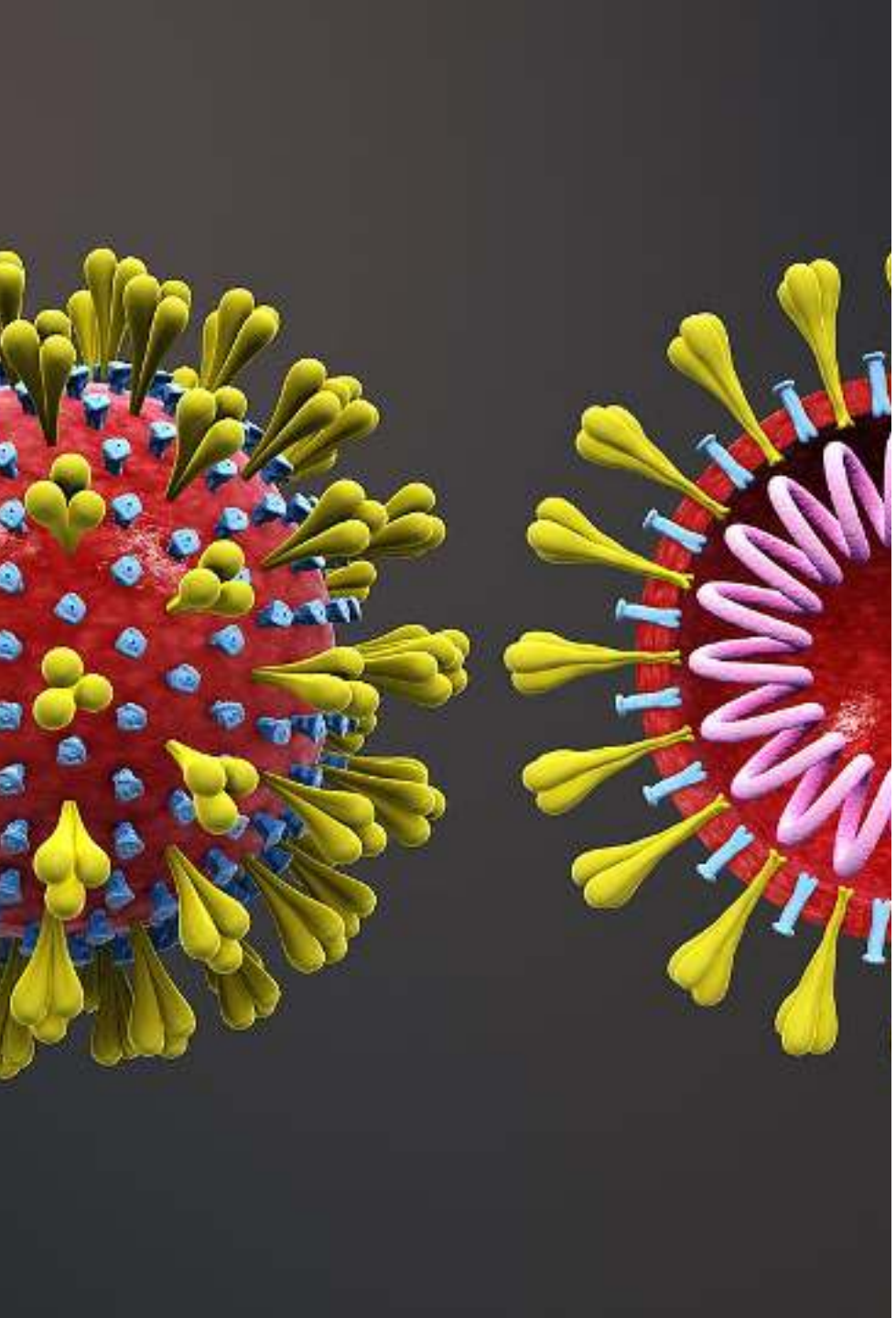
2019-nCoV (COVID19) Salgını Epidemiyolojisi ve Kliniği

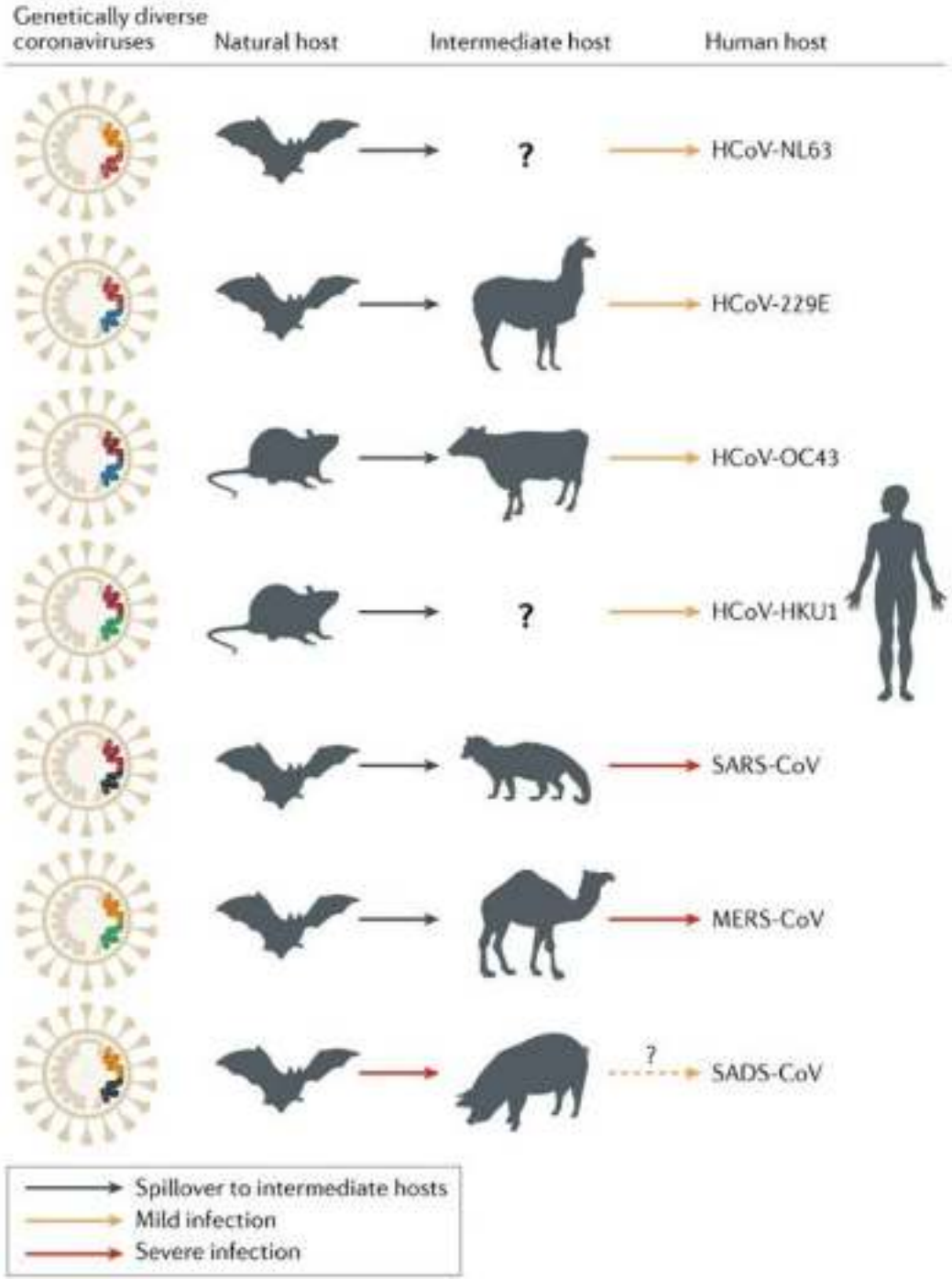
Neler öğrendik ?

Dr. Fatma Eser
SBÜ Ankara Dışkapı Yıldırım Beyazıt Eğitim ve Araştırma Hastanesi
Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Kliniği



Coronavirusler

- Büyük, zarflı, + polariteli, RNA virüsü
- 4 alt tip
- alfa, beta, delta, gama
- Alfa ve beta CoV ler insanlarda etken olabilmekte

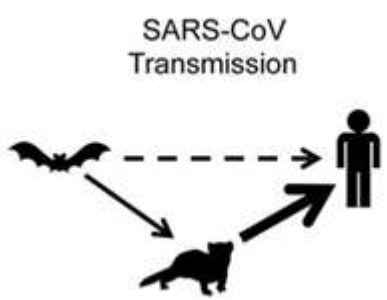


- HCoV 229E
- NL63
- OC43
- HKU1

- Erişkinlerdeki ÜSYE nın %10-30 etkeni

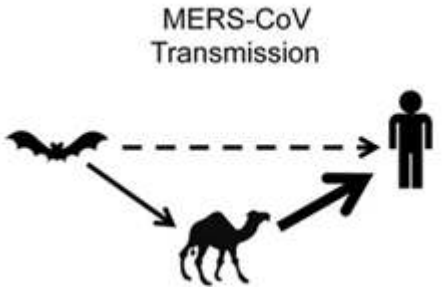
2003

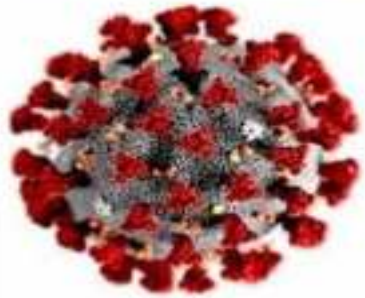
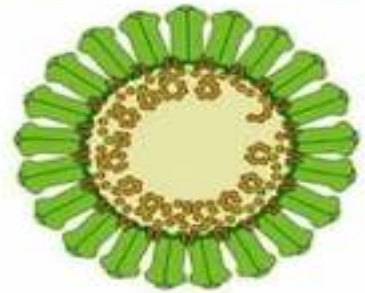
- HCoVs—severe acute respiratory syndrome coronavirus (SARS-CoV)



2012

- Middle East respiratory syndrome coronavirus (MERS-CoV)



Dec 31 2019-Feb 9 2020	2002 - 2003	April 2012 - Dec 2019
2019-nCoV	**SARS-CoV**	**MERS-CoV**
		
37,591	8,098	2,499
Confirmed Cases	Confirmed Cases	Confirmed Cases
814	774	861
Deaths	Deaths	Deaths
28	26	27
Countries Affected	Countries Affected	Countries Affected
2.16%	9.60%	34.4%
Case Fatality Rate	Case Fatality Rate	Case Fatality Rate

Sources
European Centre for Disease Prevention and Control
WHO, CDC and Johns Hopkins University

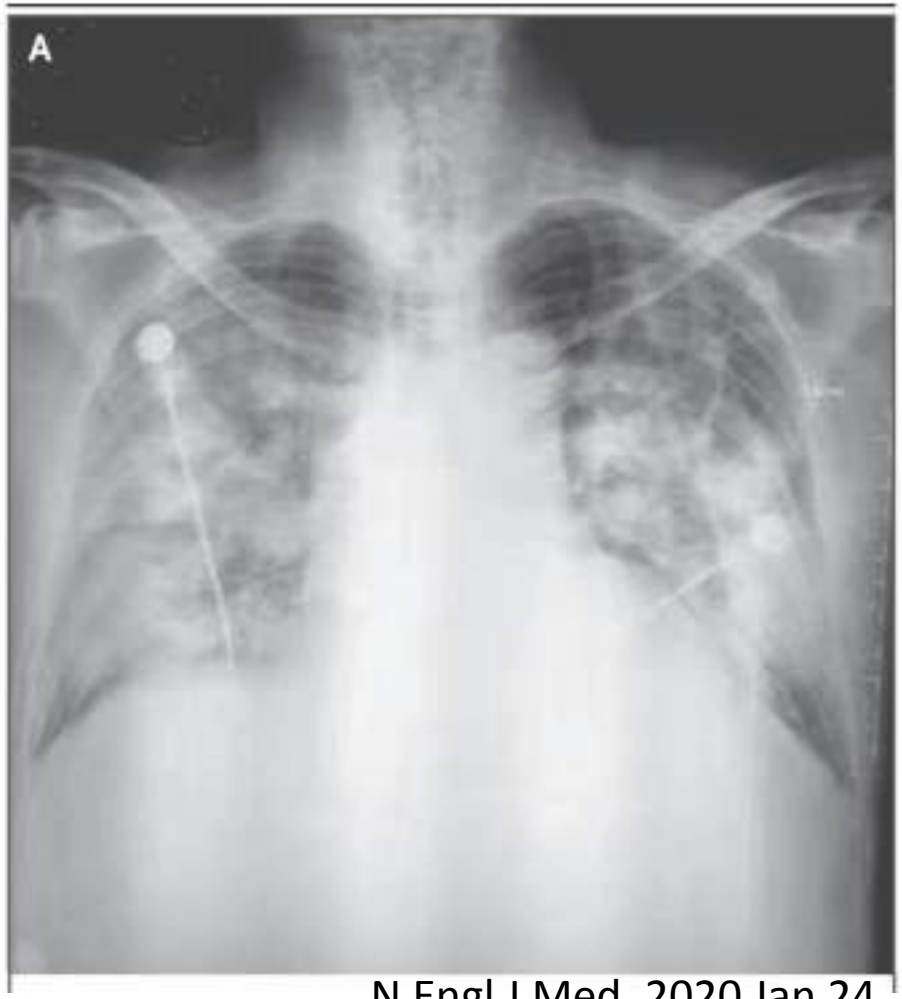
Designed By
Sagar Aryal

Microbe Notes

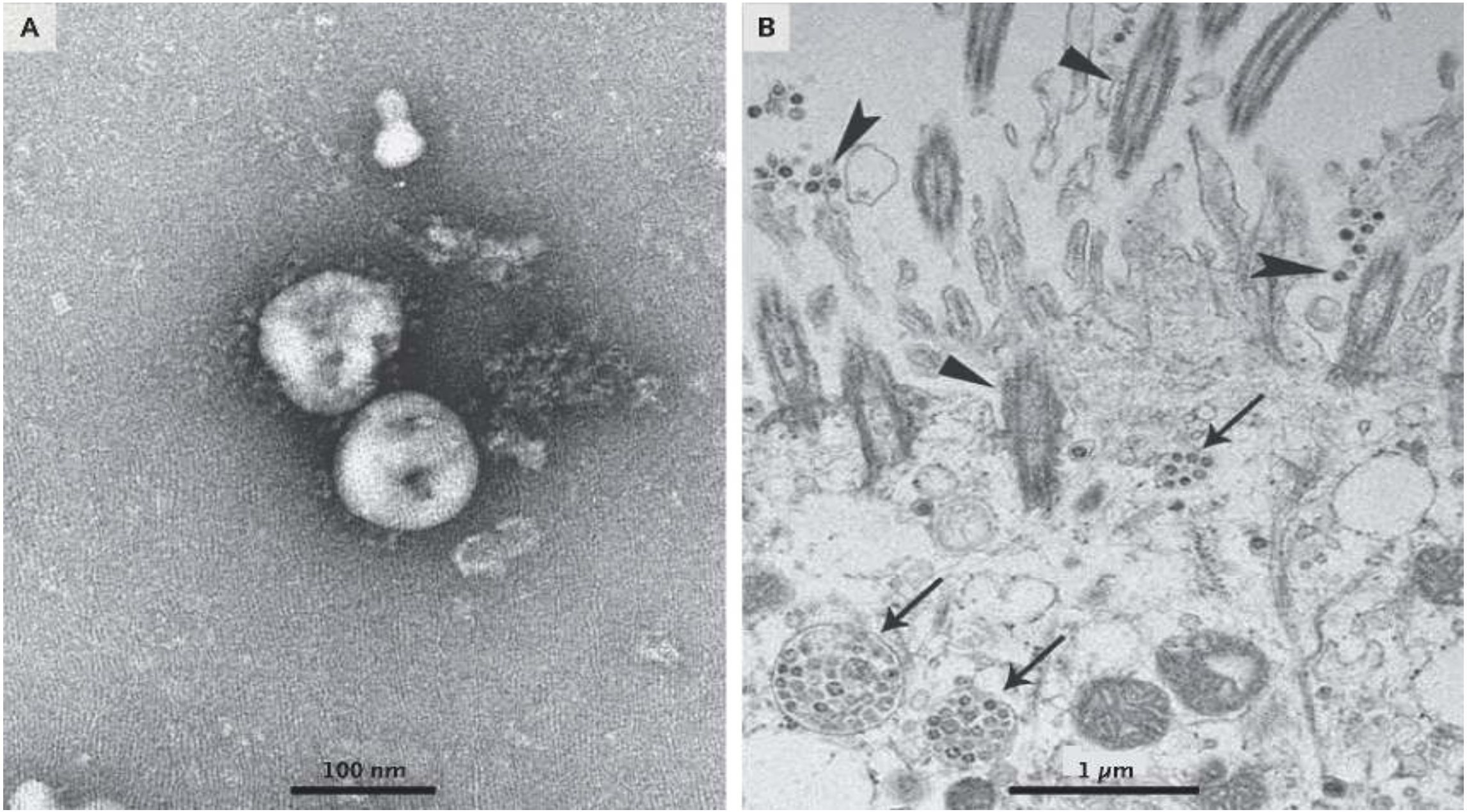
2019 novel coronavirus (2019-nCoV) (COVID19)

- 29 Aralık 2019
- Wuhan'daki bir hastaneye
- 4 pnömoni vakası yatışı
- Canlı kümes hayvanları, su ürünleri ve çeşitli vahşi hayvanlar satan Huanan Deniz Ürünleri Pazarında çalışma öyküsü!
- Yeni vakalar….
- Çin CDC'sini harekete geçiriyor

ateş
dispne
bilateral pnömonik infiltrasyonu



N Engl J Med. 2020 Jan 24.



N Engl J Med. 2020 Jan 24. doi: 10.1056/NEJMoa2001017.

NOVEL CORONAVIRUS (2019-nCoV)

World Health Organization

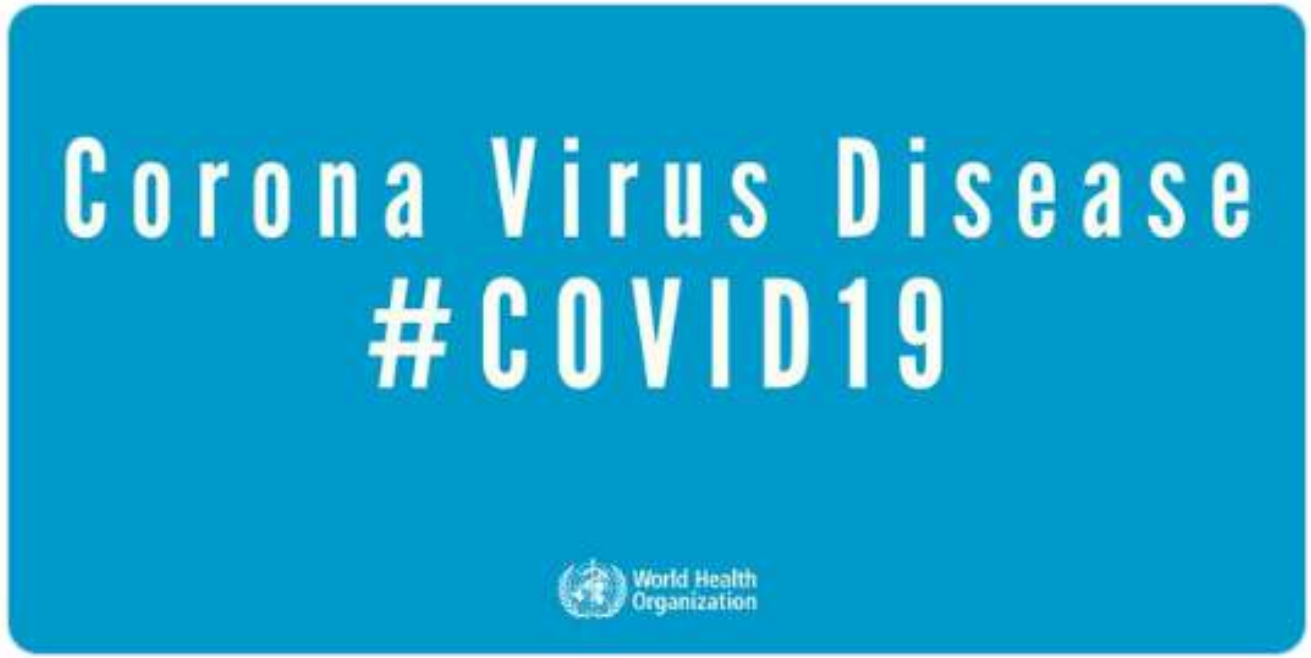
🚨 BREAKING 🚨

"We now have a name for the #2019nCoV disease:

COVID-19.

I'll spell it: C-O-V-I-D hyphen one nine – COVID-19"

-@DrTedros #COVID19




China:
544 cases,
17 deaths
BEIJING
WUHAN
SHANGHAI
S. Korea:
1 case
Japan:
1 case
HONGKONG
MACAU

SPREAD OF NOVEL CORONAVIRUS AS OF JANUARY 28,

Novel Coronavirus(2019-nCoV)
Situation Report – 22

World Health Organization

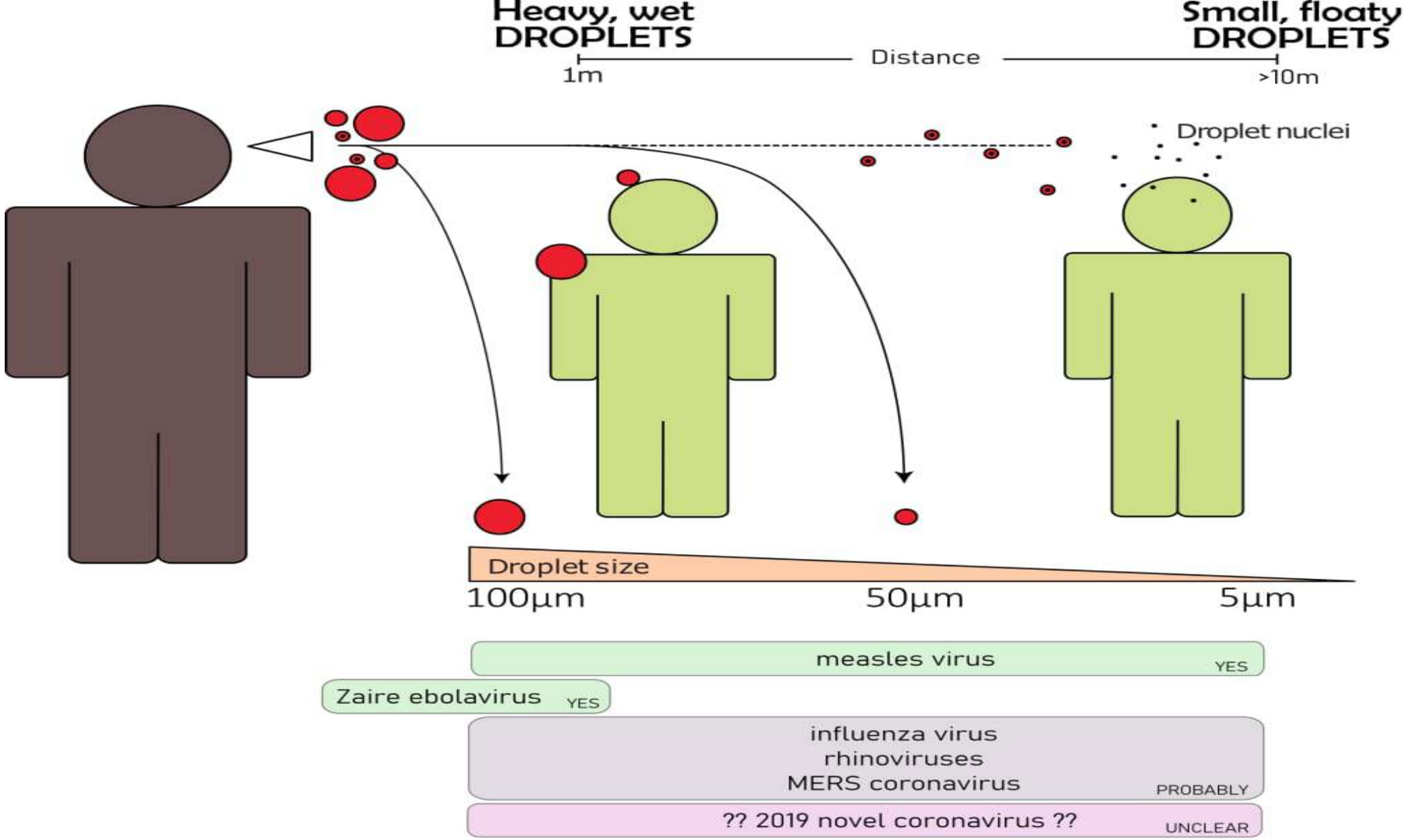
Data as reported by 11 February 2020*

TECHNICAL FOCUS: Zoonotic component of 2019-nCoV and human-animal interface

- Yarasa
- Rhinolophus yarasaları

- Bu alt türler Güney Çin, Asya, Orta Doğu, Afrika ve Avrupa'da yaygın olarak bulunur

- Halen kaynaktan insana bulaş ve salgın başlangıcı belirsiz
- Ara hayvan konağının olduğu muhtemel görünüyor



Ian M Mackay, PhD
ver9 09FEB2020
virologydownunder.com


Confirmed 2019-nCoV Cases Gl
WHO | World Health Organizatio
who.int
Global
Regions
العربية
中文
English
Français
Русский
Español
World Health Organization
Health Topics
Countries
Newsroom
Emergencies
About Us
Follow us:
Novel coronavirus (2019-nCoV) outbreak
Find out more →
01:11
5.02.2020

Güvenli değil | who.maps.arcgis.com/apps/opsdashboard/index.html#/c88e37cfc43b4ed3baf977d77e4a0667

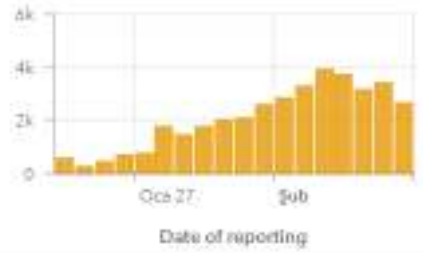
Novel coronavirus (2019-nCoV) situation as of 09 February 2020, 16:00 (CET)

37.499 confirmed cases

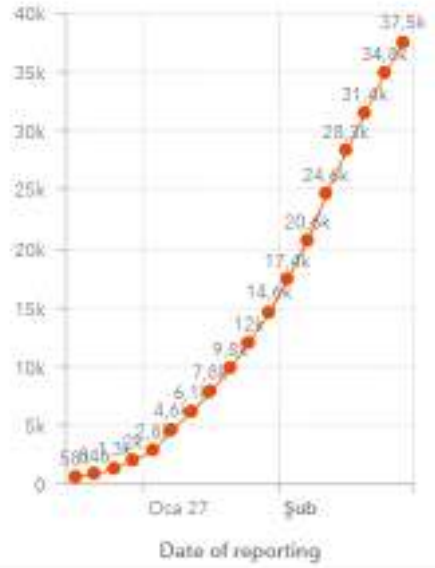
813 deaths

Cases from 25 countries

Cases by date of report

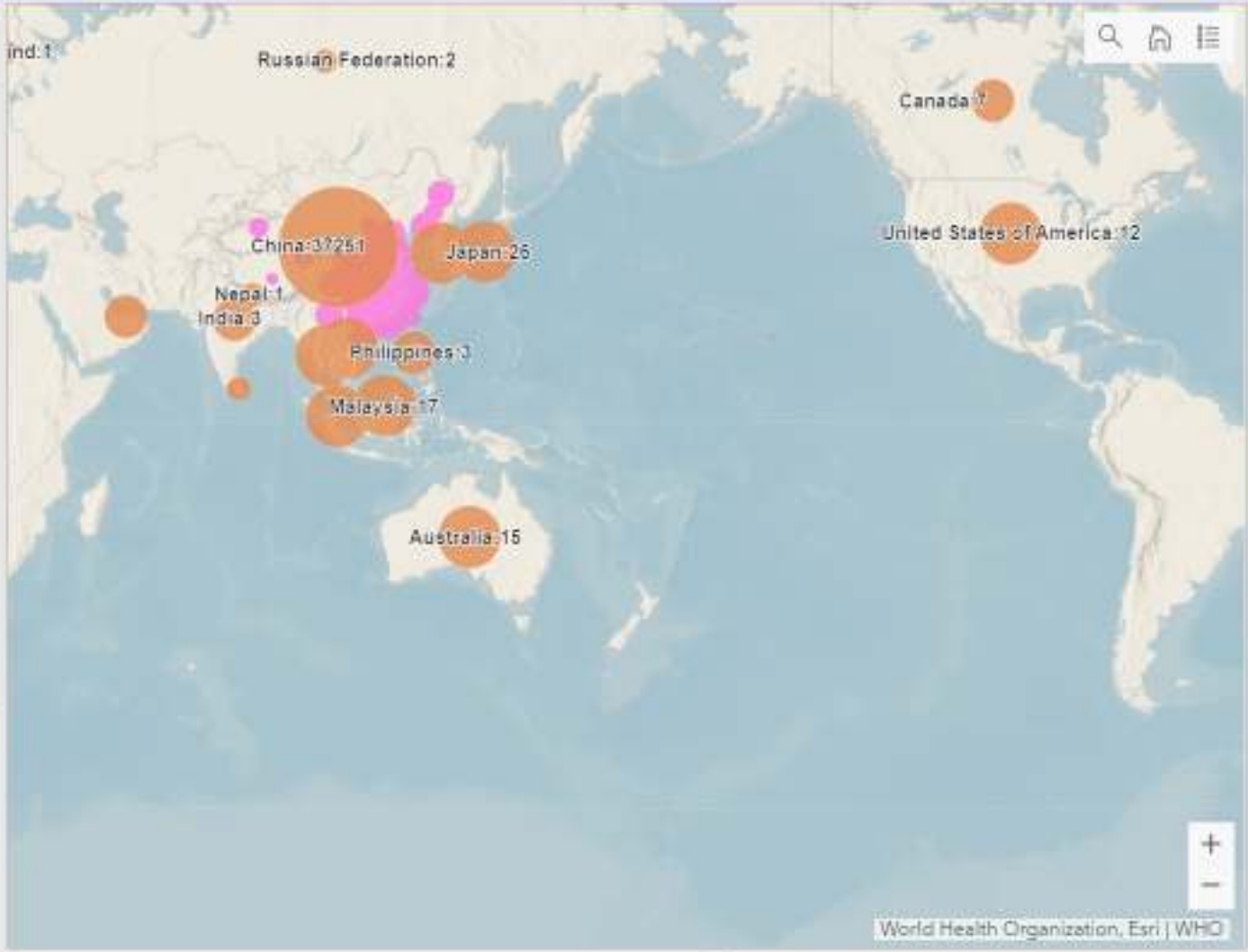


Cumulative confirmed cases



Countries with confirmed cases

- China: **37251** Cases
- Singapore: **43** Cases
- Thailand: **32** Cases
- Republic of Korea: **27** Cases
- Japan: **26** Cases
- Malaysia: **17** Cases
- Australia: **15** Cases
- Germany: **14** Cases
- Viet Nam: **14** Cases
- United States of America: **12** Cases
- France: **11** Cases
- Canada: **7** Cases
- United Arab Emirates: **7** Cases
- United Kingdom: **4** Cases
- India: **3** Cases
- Italy: **3** Cases
- Philippines: **3** Cases
- Russian Federation: **2** Cases



World Health Organization

Cases by province

- Hubei: **27.100** cases
- Guangdong: **1.120** cases
- Zhejiang: **1.075** cases
- Henan: **1.033** cases
- Hunan: **838** cases
- Anhui: **779** cases
- Jiangxi: **740** cases
- Jiangsu: **468** cases
- Chongqing: **446** cases
- Shandong: **435** cases
- Sichuan: **386** cases
- Beijing: **326** cases

Data source: WHO, National Health Commission of the People's Republic of China

Map production: WHO Health Emergencies Programme

Novel Coronavirus (2019-nCoV) situation reports

Novel Coronavirus 2019

Situation reports

Media resources

Advice for public

Technical guidance

Travel advice

Situation report - 22
Novel Coronavirus (2019-nCoV)
11 February 2020

Situation report - 21
Novel Coronavirus (2019-nCoV)
10 February 2020

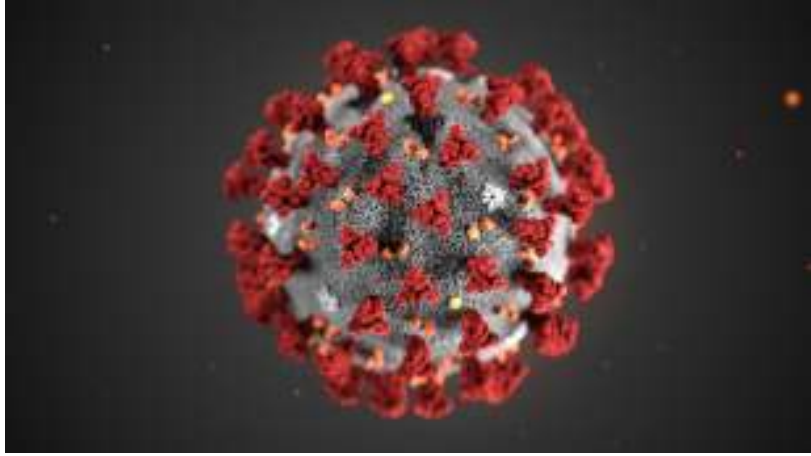
Situation report - 20
Novel Coronavirus (2019-nCoV)
9 February 2020

Situation report - 19
Novel Coronavirus (2019-nCoV)
8 February 2020

Situation report - 18
Novel Coronavirus (2019-nCoV)
7 February 2020

Situation report - 17
Novel Coronavirus (2019-nCoV)
6 February 2020

Situation report - 16 - Erratum



7 Ocak; nCoV resmi olarak salgının sebebi ilan edildi

10 Ocak; nCoV kaynaklı ilk ölüm

12 Ocak; Çin dışında ilk kanıtlı vaka (Tayland)

20 Ocak; Sağlık çalışanlarına bulaş gösterildi

21 Ocak; ABD de ilk vaka tespit edildi

23 Ocak; Wuhan kenti karantinaya alındı

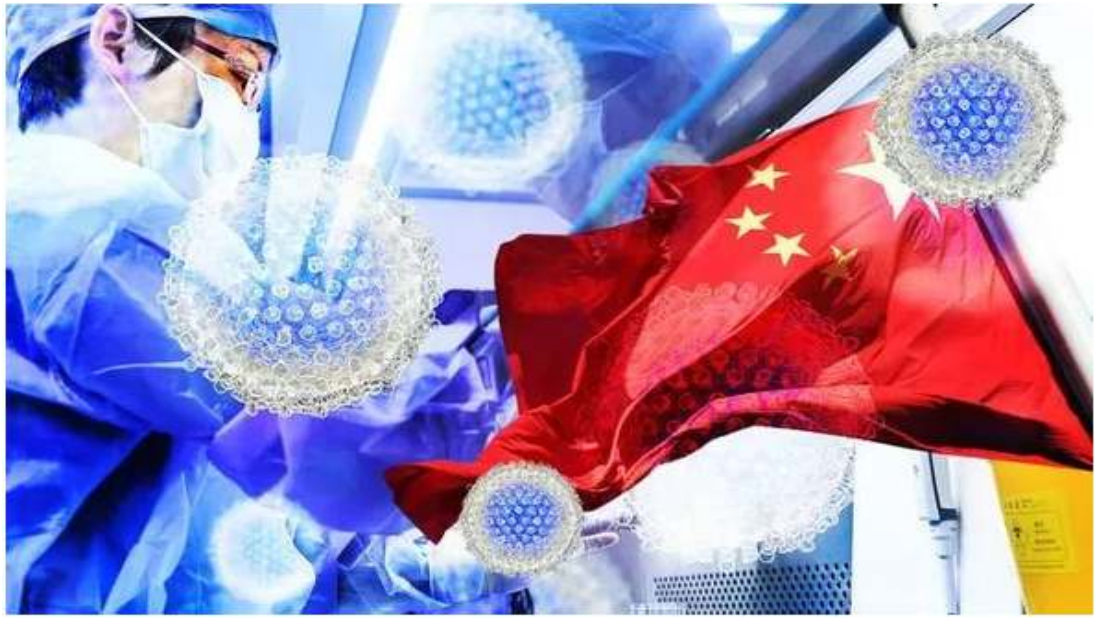
30 Ocak; WHO tarafından küresel acil durum ilan edildi

2 Şubat; Çin dışında nCoV kaynaklı ilk ölüm Filipinlerde görüldü

Salgın ile mücadele için ABD ve bazı ülkeler Wuhan’ dan gelen yolcuların taramasına başladı

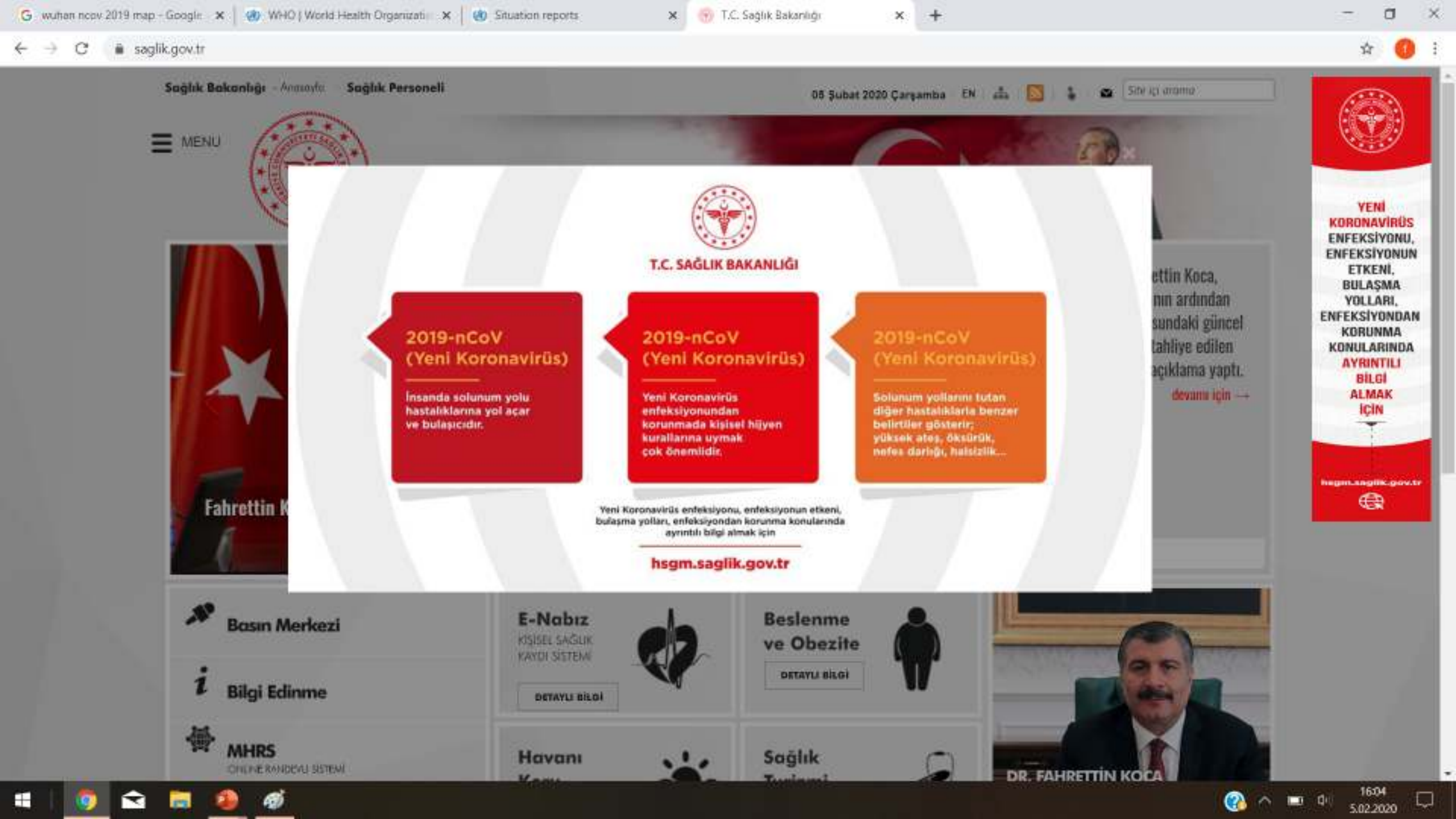

max 37.9 °C
FLIR
> 37.5
DEVANT

Coronavirus Infections—More Than Just the Common Cold



- Önceki coronavirus salgınları prototip alınarak ölçümleri geliştirildi
- Erken tanıma ve vakaların izolasyonu için tanısal modeller geliştirildi
- Remdesivir (RNA polimeraz inhibitörü),
- Lopinavir/ritonavir ve
- interferon beta 2019-nCoV a etkinliği değerlendirilmeye başlandı (hayvan modellerinde ve in vitro etkili)
- Aşı çalışmaları başlatıldı

JAMA. Published online January 23, 2020. doi:10.1001/jama.2020.0757


wuhan ncov 2019 map - Google
WHO | World Health Organizati
Situation reports
T.C. Sağlık Bakanlığı
saglik.gov.tr
Sağlık Bakanlığı - Anasayfa
Sağlık Personeli
05 Şubat 2020 Çarşamba
EN
Site içi arama
MENU
T.C. SAĞLIK BAKANLIĞI
2019-nCoV (Yeni Koronavirüs)
İnsanda solunum yolu hastalıklarına yol açar ve bulaşıcıdır.
2019-nCoV (Yeni Koronavirüs)
Yeni Koronavirüs enfeksiyonundan korunmada kişisel hijyen kurallarına uymak çok önemlidir.
2019-nCoV (Yeni Koronavirüs)
Solunum yollarını tutan diğer hastalıklarla benzer belirtiler gösterir: yüksek ateş, öksürük, nefes darlığı, halsizlik...
Yeni Koronavirüs enfeksiyonu, enfeksiyonun etkeni, bulaşma yolları, enfeksiyondan korunma konularında ayrıntılı bilgi almak için
hsgm.saglik.gov.tr
YENİ KORONAVİRÜS ENFEKSİYONU, ENFEKSİYONUN ETKENİ, BULAŞMA YOLLARI, ENFEKSİYONDAN KORUNMA KONULARINDA AYRINTILI BİLGİ ALMAK İÇİN
hsgm.saglik.gov.tr
Basın Merkezi
Bilgi Edinme
MHRS
ONLINE RANDEVU SİSTEMİ
E-Nabız
KİŞİSEL SAĞLIK KAYDI SİSTEMİ
DETAYLI BİLGİ
Beslenme ve Obezite
DETAYLI BİLGİ
Havanı
Sağlık
DR. FAHRETTİN KOCA
16:04
5.02.2020

T.C. SAĞLIK BAKANLIĞI
HALK SAĞLIĞI GENEL MÜDÜRLÜĞÜ
Bulaşıcı Hastalıklar Dairesi Başkanlığı

Yeni Koronavirüs (2019-nCoV)

Koronavirusler (CoV), soğuk algınlığından Orta Doğu Solunum Sendromu (MERS-CoV) ve Şiddetli Akut Solunum Sendromu (SARS-CoV) gibi daha ciddi hastalıklara kadar çeşitli hastalıklara neden olan büyük bir virüs ailesidir.

- 2019-nCoV Rehberi
- Formlar
- Sık Sorulan Sorular
- Afiş- Broşürler
- Sunumlar
- Bilim Kurulu

T.C. SAĞLIK BAKANLIĞI
HALK SAĞLIĞI
GENEL MÜDÜRLÜĞÜ

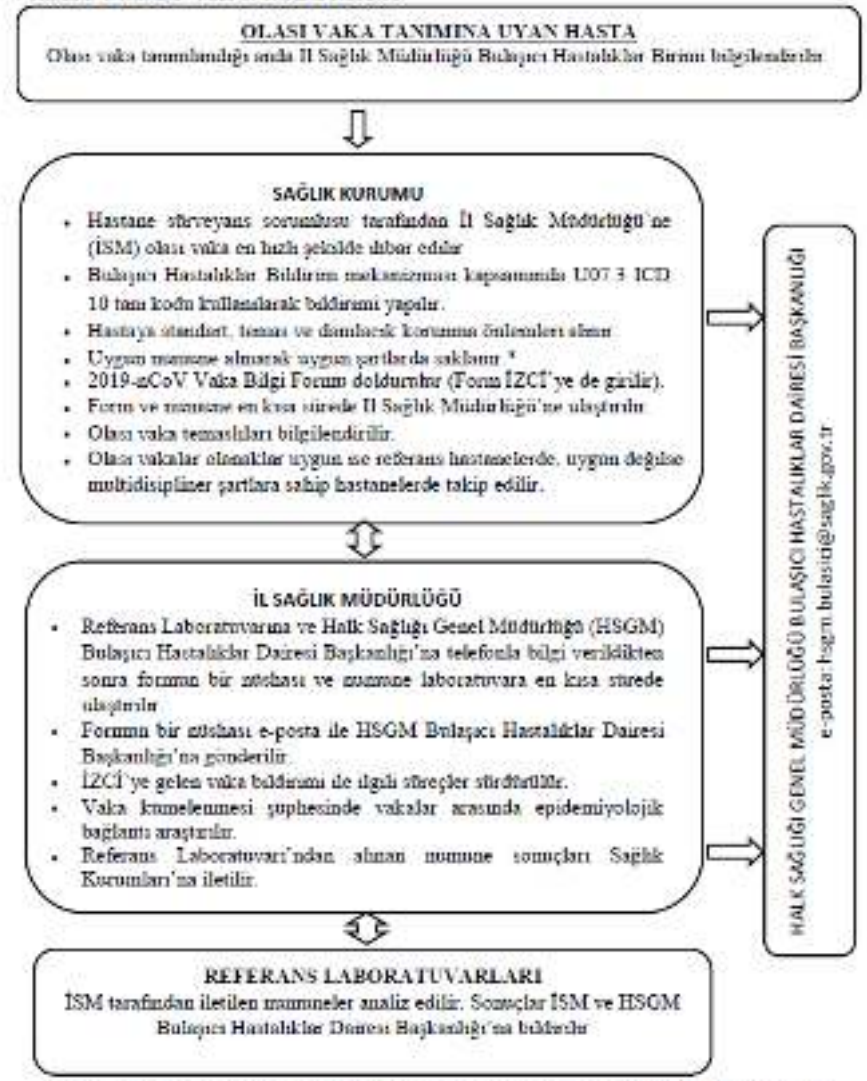
2019-nCoV HASTALIĞI

REHBERİ

(Bilim Kurulu Çalışması)

T.C. SAĞLIK BAKANLIĞI
30 OCAK 2020

VAKA TAKİP ALGORİTMASI



*Numune sırasının yolu standartlar olarak Viral Transport Besiyeri (VTM) ile alınabilir. Trakeal aspirat, bronkoalveolar lavaj, balgam alınacak ise steril, vida kapaklı ve sızdırmaz kaplara 2-3 ml alınmalıdır. Alındıktan hemen sonra buzdolabında (2-8 ^{0}C arası) muhafaza edilmeli ve en fazla 72 saat içerisinde laboratuvara ulaştırılmalıdır.

OLASI VAKA TANIMINA UYAN HASTA

Havalimanında saptanırsa

- Bildirimi yapılan vaka Sağlık Denetleme Merkezi personeli tarafından değerlendirilir.
- Sağlık Denetleme Merkezi İl Sağlık Müdürlüğü ve 112 komuta merkezine bilgi verir.
- Sağlık Denetleme Merkezi vakayı değerlendirdikten sonra, olası vaka formu ile vakayı 112' ye teslim eder.
- Vaka, 112 vasıtasıyla olanaklar uygun ise referans hastanelere, uygun değilse multidisipliner şartlara sahip hastanelere transfer edilir.
- Hasta burada Vaka Takip Algoritmasına uygun yönetilir.
- Vakadan alınan numune sonucu İl Sağlık Müdürlüğü Bulaşıcı Hastalıklar Şubesi tarafından Sağlık Denetleme Merkezine bildirilir.

OLASI VAKA TANIMINA UYAN HASTA

Uçakta saptanırsa

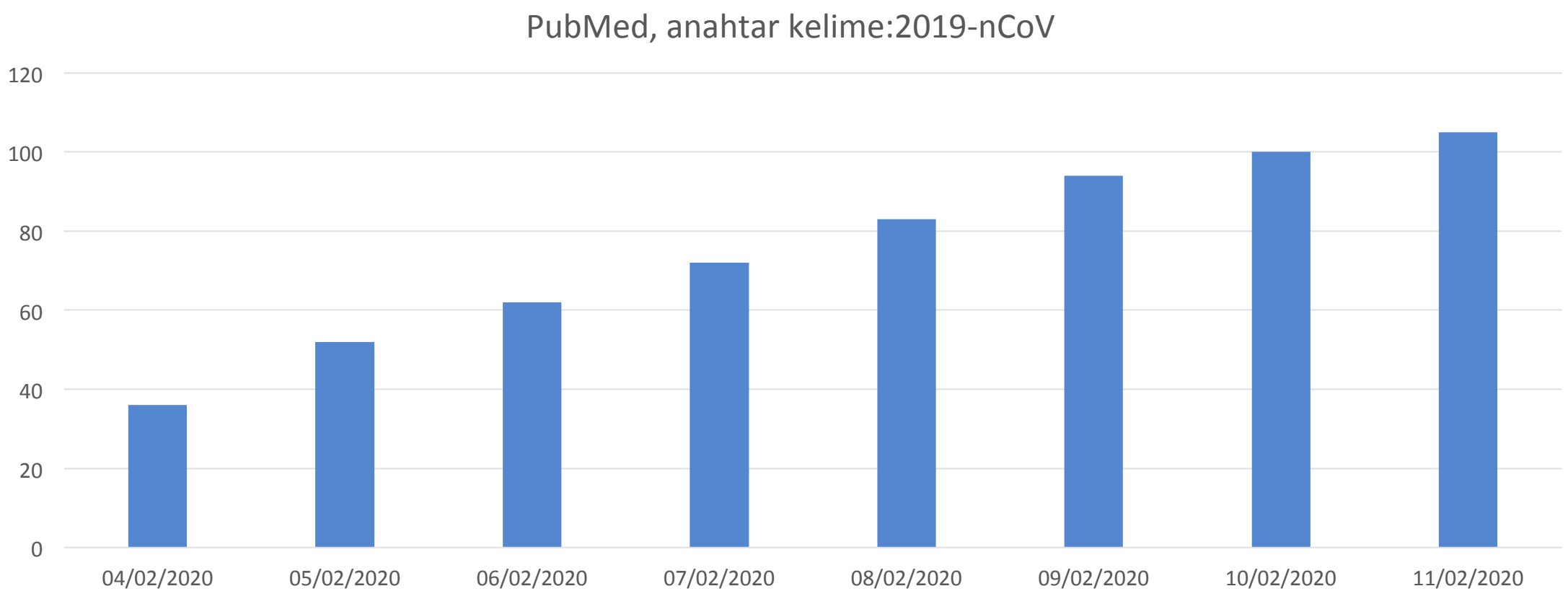
- Pilot tarafından vaka kuleye bildirilir.
- Kule tarafından olay havalimanı sağlık denetleme merkezine/havalimanı operasyon merkezine bildirilir.
- Tüm yolculara yolcu iletişim bilgi kartı doldurulur.
- İki ön, iki arka ve iki yan koltuk yolcu bilgisi alınır.
- Sağlık Denetleme Merkezi vakayı uçakta değerlendirir.
- Sağlık Denetleme Merkezi İl Sağlık Müdürlüğü ve 112 Komuta Merkezine bilgi verir.
- Sağlık Denetleme Merkezi vakayı değerlendirdikten sonra, olası vaka formu ile vakayı 112' ye teslim eder.
- Vaka, 112 vasıtasıyla olanaklar uygun ise referans hastanelere, uygun değilse multidisipliner şartlara sahip hastanelere transfer edilir.
- Hasta burada Olası Vaka Takip Algoritmasına uygun yönetilir.
- Vakadan alınan numune sonucu İl Sağlık Müdürlüğü Bulaşıcı Hastalıklar Şubesi tarafından Sağlık Denetleme Merkezine bildirilir.

1 Şubat; Çin’deki Türk vatandaşları tahliye edildi

3 Şubat; Ay sonuna kadar Çin’den gelen tüm uçuşlar durduruldu

Türkiye’den bildirilmiş vaka bulunmamakta

Salgın Yayını? Yayın salgını?



EDITORIAL

Medical Journals and the 2019-nCoV Outbreak

Eric J. Rubin, M.D., Ph.D., Lindsey R. Baden, M.D., Stephen Morrissey, Ph.D., and Edward W. Campion, M.D.

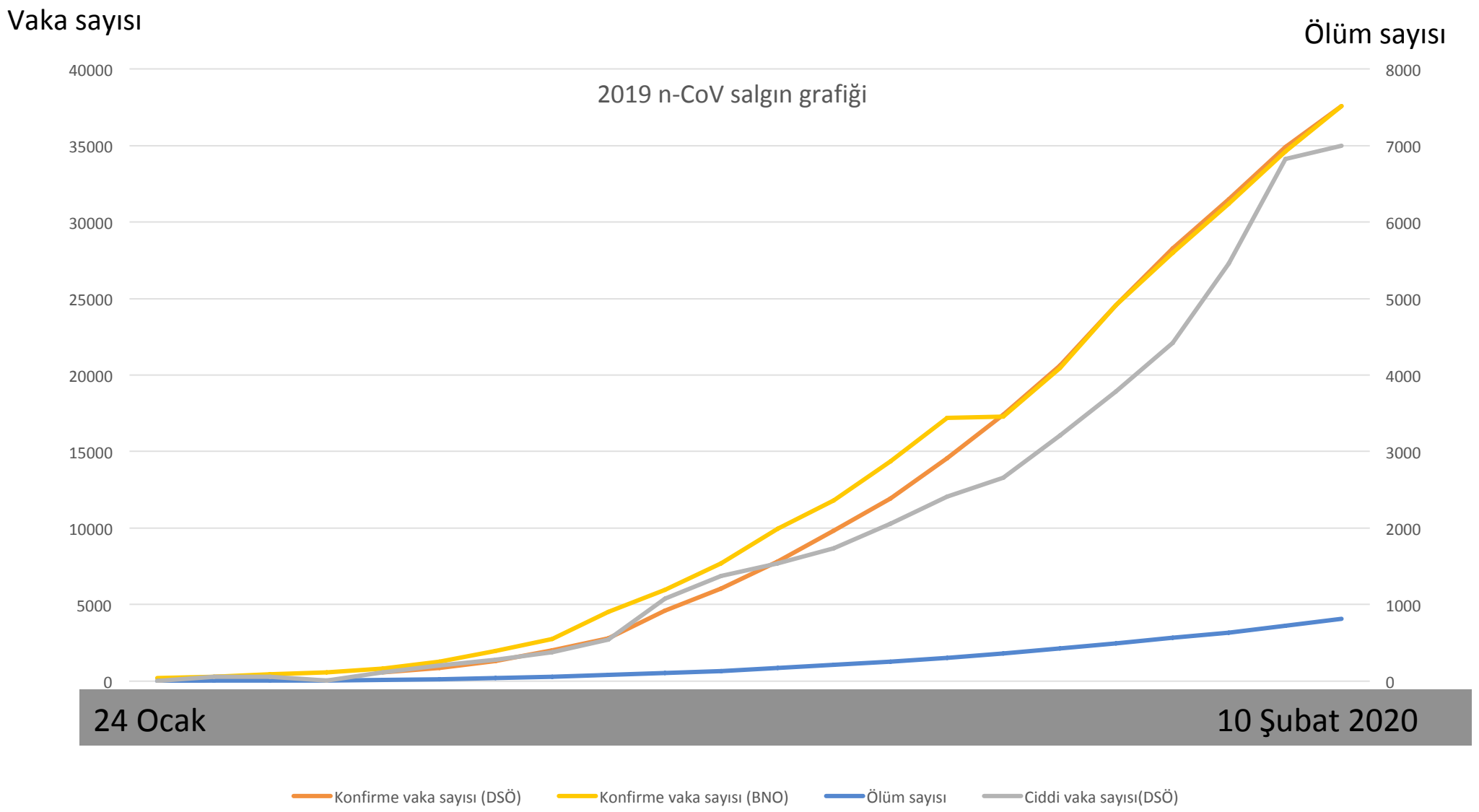
Article Metrics

January 27, 2020
DOI: 10.1056/NEJMe2001329

27 ocak

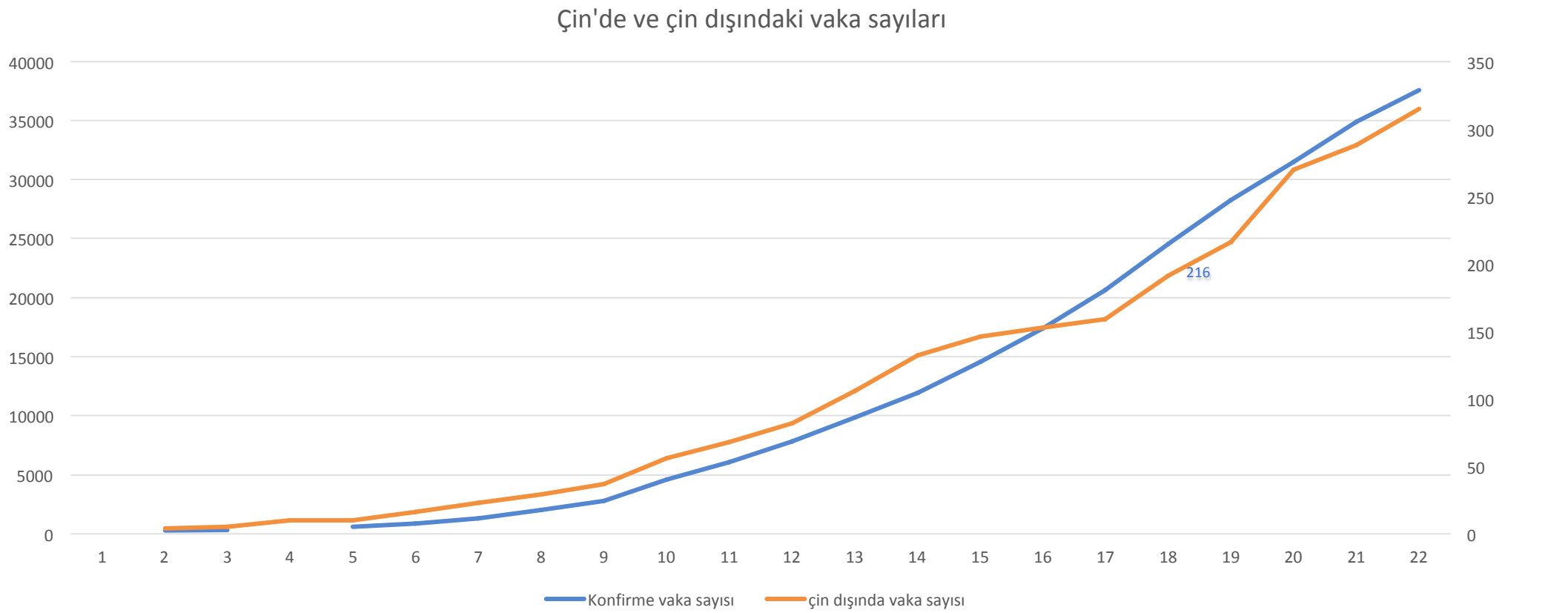
Salgın ile mücadelede halk sağlığı için faydalı olabilecek verileri bekliyoruz, mümkün olduğunca hızlı ve açık erişimli olarak yayınlayacağız.

www.NEJM.org/coronavirus


Vaka sayısı
Ölüm sayısı
2019 n-CoV salgın grafiği
40000
35000
30000
25000
20000
15000
10000
5000
0
8000
7000
6000
5000
4000
3000
2000
1000
0
24 Ocak
10 Şubat 2020
Konfirme vaka sayısı (DSÖ)
Konfirme vaka sayısı (BNO)
Ölüm sayısı
Ciddi vaka sayısı(DSÖ)

Çin vakaları

Çin dışı vakalar



İLK 41 HASTA

Articles

www.thelancet.com Published online January 24, 2020 https://doi.org/10.1016/S0140-6736(20)30183-5

Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China

Chaolin Huang, Yeming Wang*, Xingwang Li*, Lili Ren*, Jianping Zhao*, Yi Hu*, Li Zhang, Guohui Fan, Jiuyang Xu, Xiaoying Gu, Zhenshun Cheng, Ting Yu, Jiaan Xia, Yuan Wei, Wenjuan Wu, Xuelei Xie, Wen Yin, Hui Li, Min Liu, Yan Xiao, Hong Gao, Li Guo, Jungang Xie, Guangfa Wang, Rongmeng Jiang, Zhancheng Gao, Qi Jin, Jianwei Wang†, Bin Cao†*

24 Ocak 2020

- **2 Ocak 2020 ye kadar olan vakalar**
- **41 vaka**
- **Jin Yintan Hastanesi**

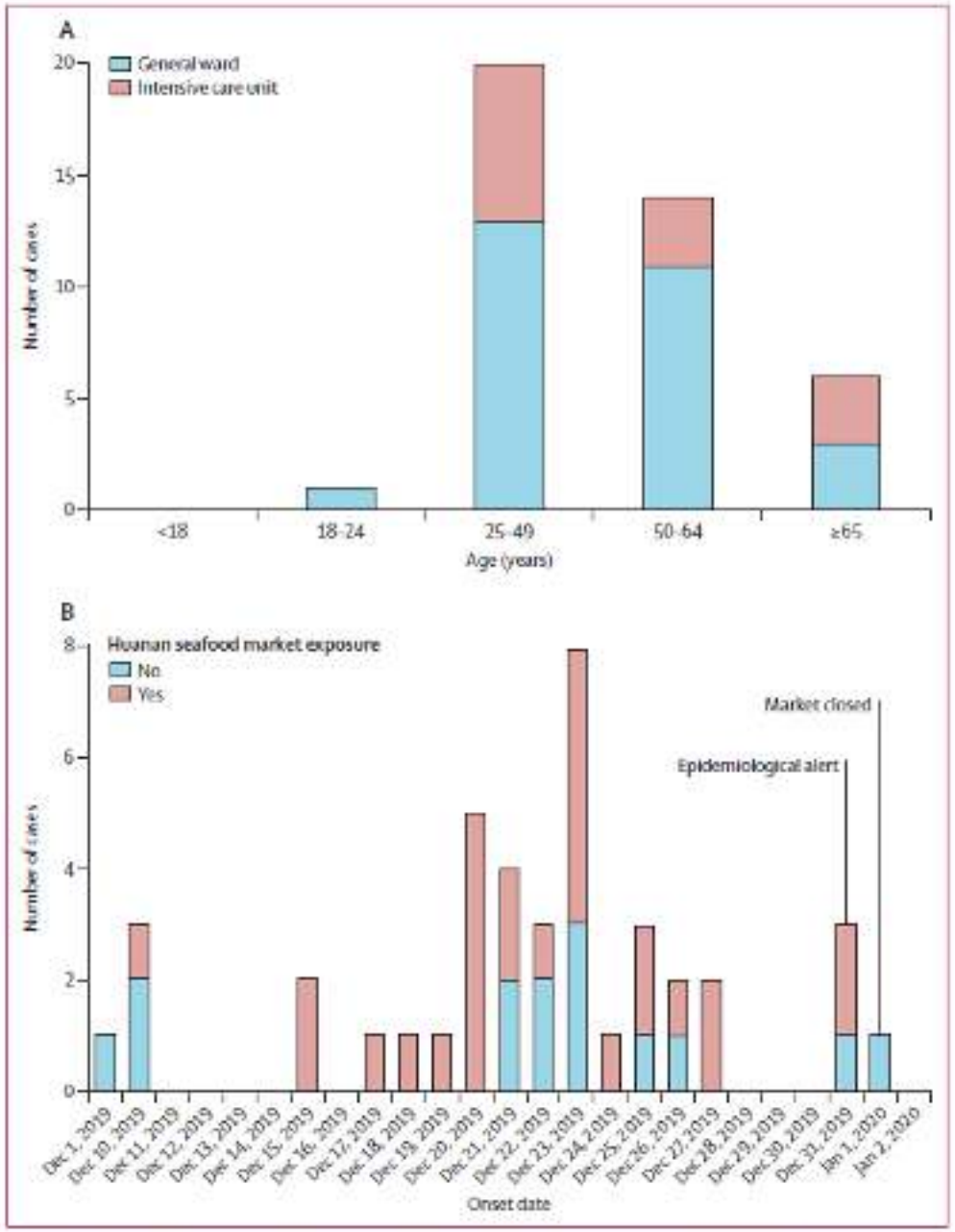


Figure 1: Date of illness onset and age distribution of patients with laboratory-confirmed 2019-nCoV infection

(A) Number of hospital admissions by age group. (B) Distribution of symptom onset date for laboratory-confirmed cases. The Wuhan local health authority issued an epidemiological alert on Dec 30, 2019, and closed the Huanan seafood market 2 days later.

İLK 41 HASTA

Ortalama yaş 49
%73 erkek

%32 hasta YBÜ ihtiyacı
%32 komorbidite
%66 deniz ürünleri pazarında bulunma öyküsü

En sık semptomlar

- Ateş %98
- Öksürük %76
- Myalji, halsizlik %44

Lökopeni %25,
Lenfopeni %26
AST yüksekliği %37

Mekanik ventilasyon (Non invaziv +invaziv) ihtiyacı %34

Ölüm %15

	All patients (n=41)	ICU care (n=13)	No ICU care (n=28)	p value
Duration from illness onset to first admission	7·0 (4·0–8·0)	7·0 (4·0–8·0)	7·0 (4·0–8·5)	0·87
Complications				
Acute respiratory distress syndrome	12 (29%)	11 (85%)	1 (4%)	<0·0001
RNAaemia	6 (15%)	2 (15%)	4 (14%)	0·93
Cycle threshold of RNAaemia	35·1 (34·7–35·1)	35·1 (35·1–35·1)	34·8 (34·1–35·4)	0·35
Acute cardiac injury*	5 (12%)	4 (31%)	1 (4%)	0·017
Acute kidney injury	3 (7%)	3 (23%)	0	0·027
Secondary infection	4 (10%)	4 (31%)	0	0·0014
Shock	3 (7%)	3 (23%)	0	0·027
Treatment				
Antiviral therapy	38 (93%)	12 (92%)	26 (93%)	0·46
Antibiotic therapy	41 (100%)	13 (100%)	28 (100%)	NA
Use of corticosteroid	9 (22%)	6 (46%)	3 (11%)	0·013
Continuous renal replacement therapy	3 (7%)	3 (23%)	0	0·027
Oxygen support	..	..	..	<0·0001
Nasal cannula	27 (66%)	1 (8%)	26 (93%)	..
Non-invasive ventilation or high-flow nasal cannula	10 (24%)	8 (62%)	2 (7%)	..
Invasive mechanical ventilation	2 (5%)	2 (15%)	0	..
Invasive mechanical ventilation and ECMO	2 (5%)	2 (15%)	0	..
Prognosis	..	..	..	0·014
Hospitalisation	7 (17%)	1 (8%)	6 (21%)	..
Discharge	28 (68%)	7 (54%)	21 (75%)	..
Death	6 (15%)	5 (38%)	1 (4%)	..

Data are median (IQR) or n (%). p values are comparing ICU care and no ICU care. 2019-nCoV=2019 novel coronavirus. ICU=intensive care unit. NA=not applicable. ECMO=extracorporeal membrane oxygenation. *Defined as blood levels of hypersensitive troponin I above the 99th percentile upper reference limit (>28 pg/mL) or new abnormalities shown on electrocardiography and echocardiography.

Table 3: **Treatments and outcomes of patients infected with 2019-nCoV**

İLK 41 HASTA

2019-nCoV ‘un pandemik potansiyeli nedeni ile enfektivite, bulaşma özellikleri, patojenitesi ve konak adaptasyonu dikkatli bir surveyans ile belirlenmelidir.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia

Qun Li, M.Med., Xuhua Guan, Ph.D., Peng Wu, Ph.D., Xiaoye Wang, M.P.H., Lei Zhou, M.Med., Yeqing Tong, Ph.D., Ruiqi Ren, M.Med., Kathy S.M. Leung, Ph.D., Eric H.Y. Lau, Ph.D., Jessica Y. Wong, Ph.D., Xuesen Xing, Ph.D., Nijuan Xiang, M.Med., Yang Wu, M.Sc., Chao Li, M.P.H., Qi Chen, M.Sc., Dan Li, M.P.H., Tian Liu, B.Med., Jing Zhao, M.Sc., Man Li, M.Sc., Wenxiao Tu, M.Med., Chuding Chen, M.Sc., Lianmei Jin, M.Med., Rui Yang, M.Med., Qi Wang, M.P.H., Suhua Zhou, M.Med., Rui Wang, M.D., Hui Liu, M.Med., Yingbo Luo, M.Sc., Yuan Liu, M.Med., Ge Shao, B.Med., Huan Li, M.P.H., Zhongfa Tao, M.P.H., Yang Yang, M.Med., Zhiqiang Deng, M.Med., Boxi Liu, M.P.H., Zhitao Ma, M.Med., Yanping Zhang, M.Med., Guoqing Shi, M.P.H., Tommy T.Y. Lam, Ph.D., Joseph T.K. Wu, Ph.D., George F. Gao, D.Phil., Benjamin J. Cowling, Ph.D., Bo Yang, M.Sc., Gabriel M. Leung, M.D., and Zijian Feng, M.Med.

ABSTRACT

29 Ocak 2020

- **22 ocak 2020 ye kadar olan vakalar**
- **425 vaka**
- **Chinese CDC verileri**

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia

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Joseph T.K. Wu, Ph.D., George F. Gao, D.Phil., Benjamin J. Cowling, Ph.D.,
Bo Yang, M.Sc., Gabriel M. Leung, M.D., and Zijian Feng, M.Med.

- Tahmini epidemiyolojik analiz 10 Aralık- 4 Ocak arası vakalar
- Zoonotik hastalıklar ve SARS için kullanılan modellemeler

ABSTRACT

Table 1. Characteristics of Patients with Novel Coronavirus–Infected Pneumonia in Wuhan as of January 22, 2020.*

Characteristic	Before January 1 (N=47)	January 1 –January 11 (N=248)	January 12 –January 22 (N=130)
Median age (range) — yr	56 (26–8		61 (15–89)
Age group — no./total no. (%)			
<15 yr	0/47		0/130
15–44 yr	12/47 (26)	39/248 (16)	33/130 (25)
45–64 yr	24/47 (51)	106/248 (43)	49/130 (38)
≥65 yr	11/47 (23)	103/248 (42)	48/130 (37)
Male sex — no./total no. (%)	31/47 (66)	147/248 (59)	62/130 (48)
Exposure history — no./total no. (%)			
Wet market exposure	30/47 (64)	32/196 (16)	5/81 (6)
Huanan Seafood Wholesale Market	26/47 (55)	19/196 (10)	5/81 (6)
Other wet market but not Huanan Seafood Wholesale Market	4/47 (9)	13/196 (7)	0/81
Contact with another person with respiratory symptoms	14/47 (30)	30/196 (15)	21/83 (25)
No exposure to either market or person with respiratory symptoms	12/27 (26)	141/196 (72)	59/81 (73)
Health care worker — no./total no. (%)	0/47	7/248 (3)	8/122 (7)

Median yaş: 59 (15 -89)

%56 erkek

- Epidemi büyüme hızı günde 0.1 (95% CI, 0.050 to 0.16)
- Duplikasyon süresi 7.4 gün (95% CI, 4.2 to 14)
- İnkübasyon 5.2 gün
- R_0 2.2 (% 95 CI, 1.4-3.9)

SARS R_0:3

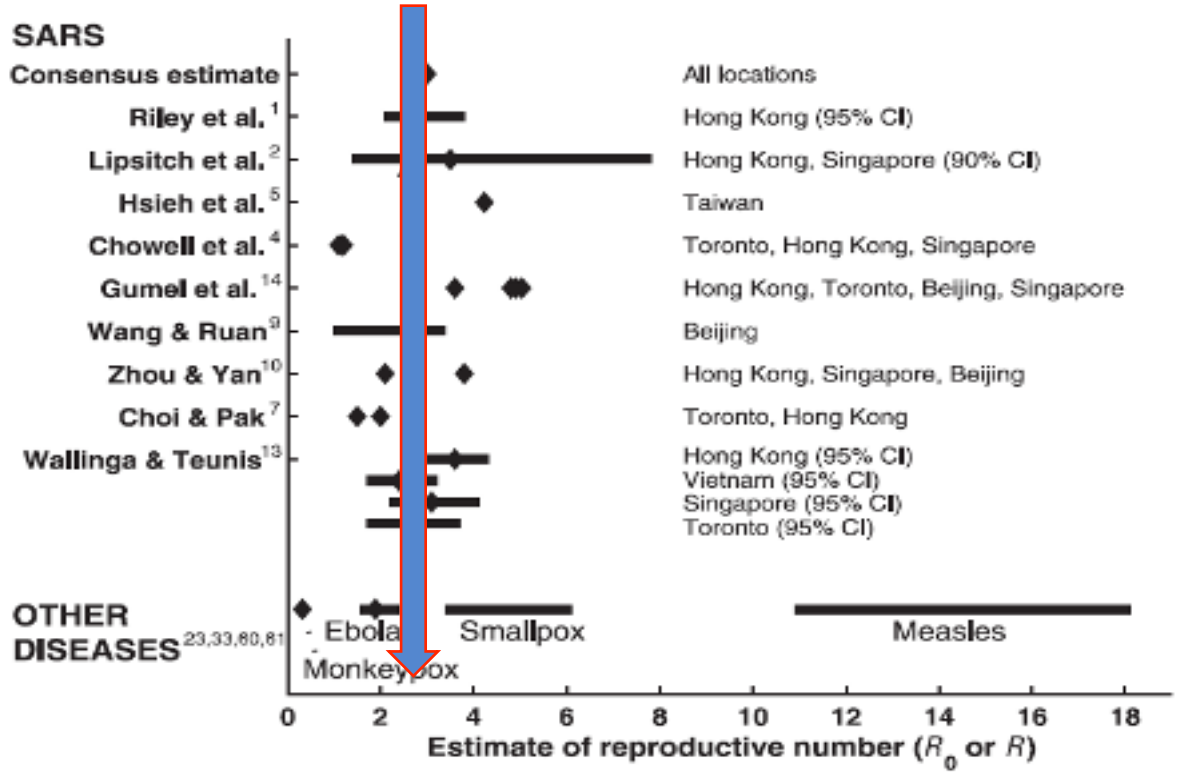

FIGURE 1. R_0 estimates from various studies for SARS and other diseases.[1–14,23,33,60,61] "Consensus estimate" refers to the SARS R_0 estimate (approximately 3) arrived at in this article by critically comparing independent SARS studies. For Lipsitch et al,[1] the triangle denotes their best deterministic estimate, whereas the diamond denotes the mean of their Bayesian estimate. The interval for Wang and Ruan[9] indicates a range of possible values depending on assumptions made about the generation time (T).

Epidemiology 2005; 16: 791-801

Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study

Nanshan Chen, Min Zhou*, Xuan Dong*, Jieming Qu*, Fengyun Gong, Yang Han, Yang Qiu, Jingli Wang, Ying Liu, Yuan Wei, Jia'an Xia, Ting Yu, Xinxin Zhang, Li Zhang*

Summary

Background In December, 2019, a pneumonia associated with the 2019 novel coronavirus (2019-nCoV) emerged in Wuhan, China. We aimed to further clarify the epidemiological and clinical characteristics of 2019-nCoV pneumonia.

Methods In this retrospective, single-centre study, we included all confirmed cases of 2019-nCoV in Wuhan Jinyintan Hospital from Jan 1 to Jan 20, 2020. Cases were confirmed by real-time RT-PCR and were analysed for epidemiological, demographic, clinical, and radiological features and laboratory data. Outcomes were followed up until Jan 25, 2020.

Findings Of the 99 patients with 2019-nCoV pneumonia, 49 (49%) had a history of exposure to the Huanan seafood market. The average age of the patients was 55·5 years (SD 13·1), including 67 men and 32 women. 2019-nCoV was detected in all patients by real-time RT-PCR. 50 (51%) patients had chronic diseases. Patients had clinical manifestations of fever (82 [83%] patients), cough (81 [82%] patients), shortness of breath (31 [31%] patients), muscle ache (11 [11%] patients), confusion (nine [9%] patients), headache (eight [8%] patients), sore throat (five [5%] patients), rhinorrhoea (four [4%] patients), chest pain (two [2%] patients), diarrhoea (two [2%] patients), and nausea and vomiting (one [1%] patient). According to imaging examination, 74 (75%) patients showed bilateral pneumonia, 14 (14%) patients showed multiple mottling and ground-glass opacity, and one (1%) patient had pneumothorax. 17 (17%) patients developed acute respiratory distress syndrome and, among them, 11 (11%) patients worsened in a short period of time and died of multiple organ failure.

Interpretation The 2019-nCoV infection was of clustering onset, is more likely to affect older males with comorbidities, and can result in severe and even fatal respiratory diseases such as acute respiratory distress syndrome. In general, characteristics of patients who died were in line with the MuLBSTA score, an early warning model for predicting mortality in viral pneumonia. Further investigation is needed to explore the applicability of the MuLBSTA score in predicting the risk of mortality in 2019-nCoV infection.

Funding National Key R&D Program of China.

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S0140-6736(20)30211-7

*Contributed equally.

Tuberculosis and Respiratory Department (Prof N Chen MD, X Dong PhD, Y Wei MD, J Xia MD, T Yu MD, Prof L Zhang MD), Infection Disease Department (F Gong MD, J Wang MD), Science and Education Department (Y Han PhD), and The Office of Drug Clinical Trial Institution (Y Liu MD), Wuhan Jinyintan Hospital, Wuhan, China; Department of Respiratory and Critical Care Medicine, Ruijin Hospital (Prof M Zhou MD, Prof J Qu MD), Institute of Respiratory Diseases (Prof M Zhou, Prof J Qu), Research Laboratory of Clinical Virology, Ruijin Hospital and Ruijin Hospital North (Prof X Zhang MD), and Clinical Research Center, Ruijin Hospital North (Prof X Zhang), Shanghai Jiaotong University School of Medicine, Shanghai, China; State Key Laboratory of Virology, Wuhan Institute of Virology, Center for Biosafety Mega-Science, Chinese

29 Ocak 2020

- 20 Ocak a kadar olan vakalar alınmış
- Jin Yintan Hastanesi
- 99 hasta

	Patients (n=99)
Age, years	
Mean (SD)	55·5 (13·1)
Range	21–82
≤39	10 (10%)
40–49	22 (22%)
50–59	30 (30%)
60–69	22 (22%)
≥70	15 (15%)
Sex	
Female	32 (32%)
Male	67 (68%)
Occupation	
Agricultural worker	2 (2%)
Self-employed	63 (64%)
Employee	15 (15%)
Retired	19 (19%)
Exposure to Huanan seafood market*	49 (49%)
Long-term exposure history	47 (47%)
Short-term exposure history	2 (2%)
Chronic medical illness	50 (51%)
Cardiovascular and cerebrovascular diseases	40 (40%)
Digestive system disease	11 (11%)
Endocrine system disease†	13 (13%)
Malignant tumour	1 (1%)
Nervous system disease	1 (1%)
Respiratory system disease	1 (1%)
Admission to intensive care unit	23 (23%)
Clinical outcome	
Remained in hospital	57 (58%)
Discharged	31 (31%)
Died	11 (11%)

Data are n (%) unless specified otherwise. 2019-nCoV=2019 novel coronavirus. *Long-term exposure is having worked at or lived in or around Huanan seafood market, whereas short-term exposure is having been to Huanan seafood market occasionally. †12 were diabetic.

Table 1: **Demographics, baseline characteristics, and clinical outcomes of 99 patients admitted to Wuhan Jinyintan Hospital (Jan 1–20, 2020) with 2019-nCoV pneumonia**

Ortalama yaş 55
Erkek %68

Huanan deniz marketi ile temas %49

Kronik hastalık öyküsü %51

Yoğun bakıma yatış %23

Ölüm %11

	Patients (n=99)
Signs and symptoms at admission	
Fever	82 (83%)
Cough	81 (82%)
Shortness of breath	31 (31%)
Muscle ache	11 (11%)
Confusion	9 (9%)
Headache	8 (8%)
Sore throat	5 (5%)
Rhinorrhoea	4 (4%)
Chest pain	2 (2%)
Diarrhoea	2 (2%)
Nausea and vomiting	1 (1%)
More than one sign or symptom	89 (90%)
Fever, cough, and shortness of breath	15 (15%)
Comorbid conditions	
Any	33 (33%)
ARDS	17 (17%)
Acute renal injury	3 (3%)
Acute respiratory injury	8 (8%)
Septic shock	4 (4%)
Ventilator-associated pneumonia	1 (1%)
Chest x-ray and CT findings	
Unilateral pneumonia	25 (25%)
Bilateral pneumonia	74 (75%)
Multiple mottling and ground-glass opacity	14 (14%)
Treatment	
Oxygen therapy	75 (76%)
Mechanical ventilation	
Non-invasive (ie, face mask)	13 (13%)
Invasive	4 (4%)
CRRT	9 (9%)
ECMO	3 (3%)
Antibiotic treatment	70 (71%)
Antifungal treatment	15 (15%)
Antiviral treatment	75 (76%)
Glucocorticoids	19 (19%)
Intravenous immunoglobulin therapy	27 (27%)

2019-nCoV=2019 novel coronavirus. ARDS=acute respiratory distress syndrome. ECMO=extracorporeal membrane oxygenation. CRRT=continuous renal replacement therapy.

Table 2: **Clinical characteristics and treatment of patients with 2019-nCoV pneumonia**

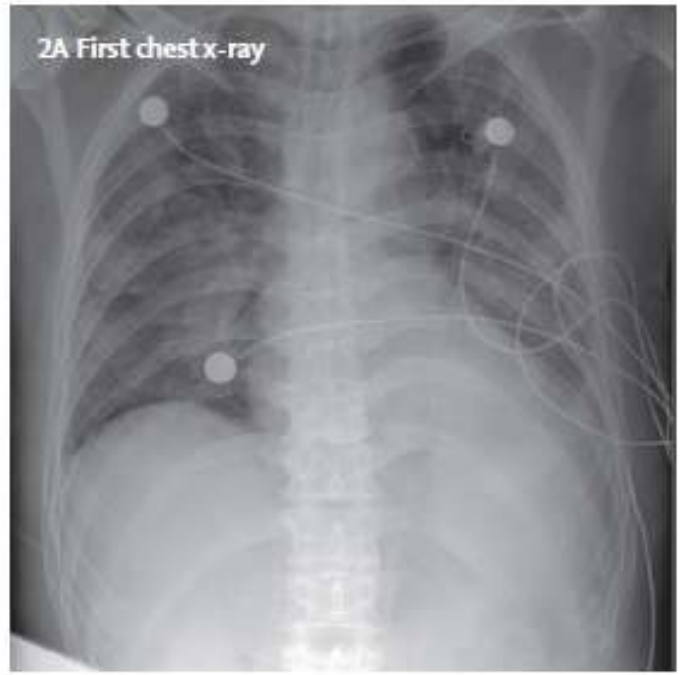
Ateş %83
Öksürük %82
Nefes darlığı %31

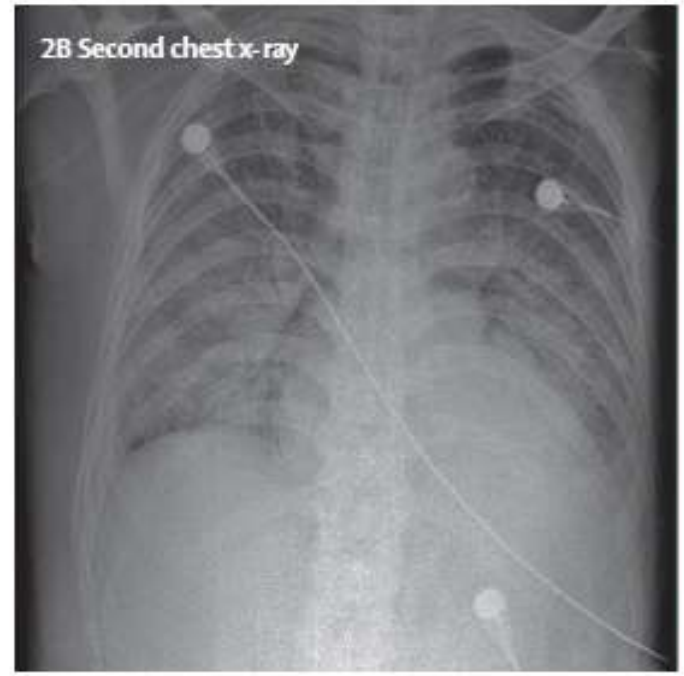
ARDS %17

Bilateral infiltrasyon %75

O^2 desteği ihtiyacı %76

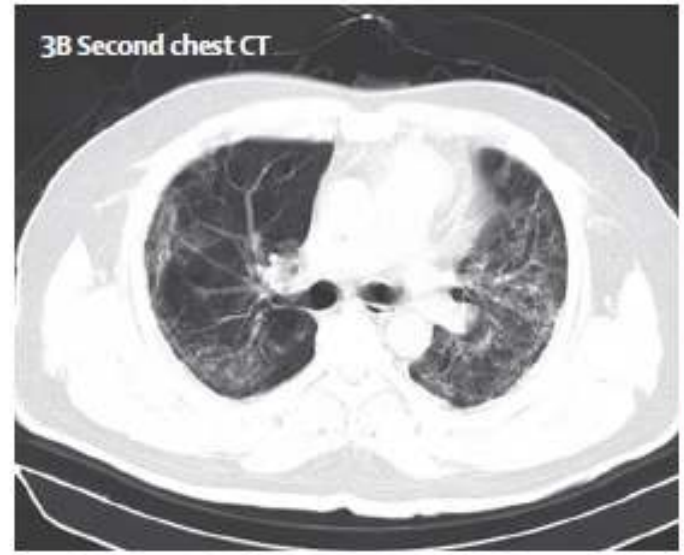
Case 2


2A First chest x-ray


2B Second chest x-ray

Case 3


3A First chest CT


3B Second chest CT

The NEW ENGLAND JOURNAL of MEDICINE

BRIEF REPORT

First Case of 2019 Novel Coronavirus in the United States

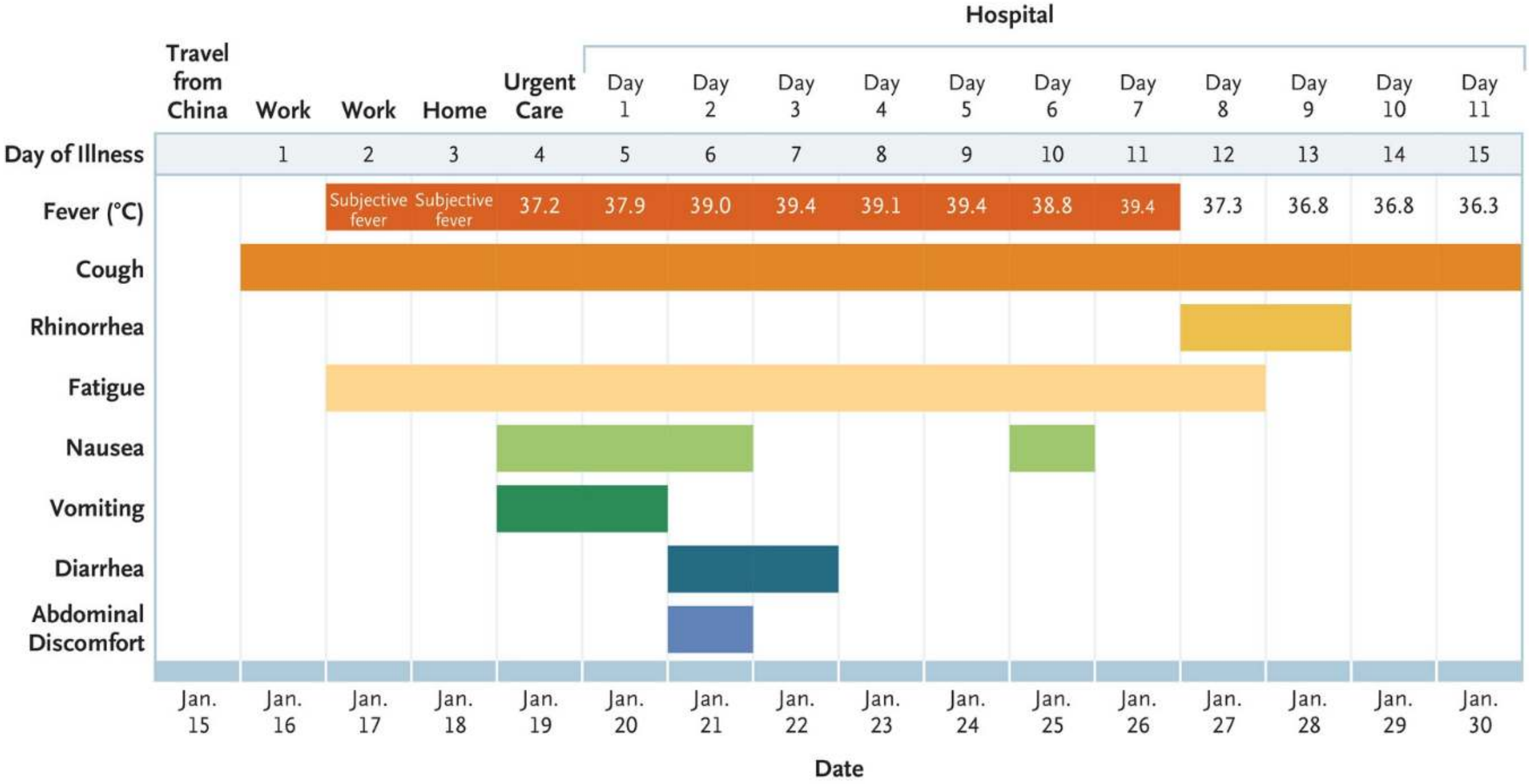
Michelle L. Holshue, M.P.H., Chas DeBolt, M.P.H., Scott Lindquist, M.D., Kathy H. Lofy, M.D., John Wiesman, Dr.P.H., Hollianne Bruce, M.P.H., Christopher Spitters, M.D., Keith Ericson, P.A.-C., Sara Wilkerson, M.N., Ahmet Tural, M.D., George Diaz, M.D., Amanda Cohn, M.D., LeAnne Fox, M.D., Anita Patel, Pharm.D., Susan I. Gerber, M.D., Lindsay Kim, M.D., Suxiang Tong, Ph.D., Xiaoyan Lu, M.S., Steve Lindstrom, Ph.D., Mark A. Pallansch, Ph.D., William C. Weldon, Ph.D., Holly M. Biggs, M.D., Timothy M. Uyeki, M.D., and Satish K. Pillai, M.D., for the Washington State 2019-nCoV Case Investigation Team*

SUMMARY

An outbreak of novel coronavirus (2019-nCoV) that began in Wuhan, China, has spread rapidly, with cases now confirmed in multiple countries. We report the first case of 2019-nCoV infection confirmed in the United States and describe the identification, diagnosis, clinical course, and management of the case, including the patient's initial mild symptoms at presentation with progression to pneumonia on day 9 of illness. This case highlights the importance of close coordination between clinicians and public health authorities at the local, state, and federal levels, as well as the need for rapid dissemination of clinical information related to the care of patients with this emerging infection.

1 Şubat 2020

21 Ocak'ta tespit edilmişti


Hospital
Travel from China
Work
Work
Home
Urgent Care
Day 1
Day 2
Day 3
Day 4
Day 5
Day 6
Day 7
Day 8
Day 9
Day 10
Day 11
Day of Illness
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
Fever (°C)
Subjective fever
Subjective fever
37.2
37.9
39.0
39.4
39.1
39.4
38.8
39.4
37.3
36.8
36.8
36.3
Cough
Rhinorrhea
Fatigue
Nausea
Vomiting
Diarrhea
Abdominal Discomfort
Jan. 15
Jan. 16
Jan. 17
Jan. 18
Jan. 19
Jan. 20
Jan. 21
Jan. 22
Jan. 23
Jan. 24
Jan. 25
Jan. 26
Jan. 27
Jan. 28
Jan. 29
Jan. 30
Date

CORRESPONDENCE

Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

January 30, 2020
DOI: 10.1056/NEJMc2001468

CORRESPONDENCE

Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

6 Citing Articles

January 30, 2020
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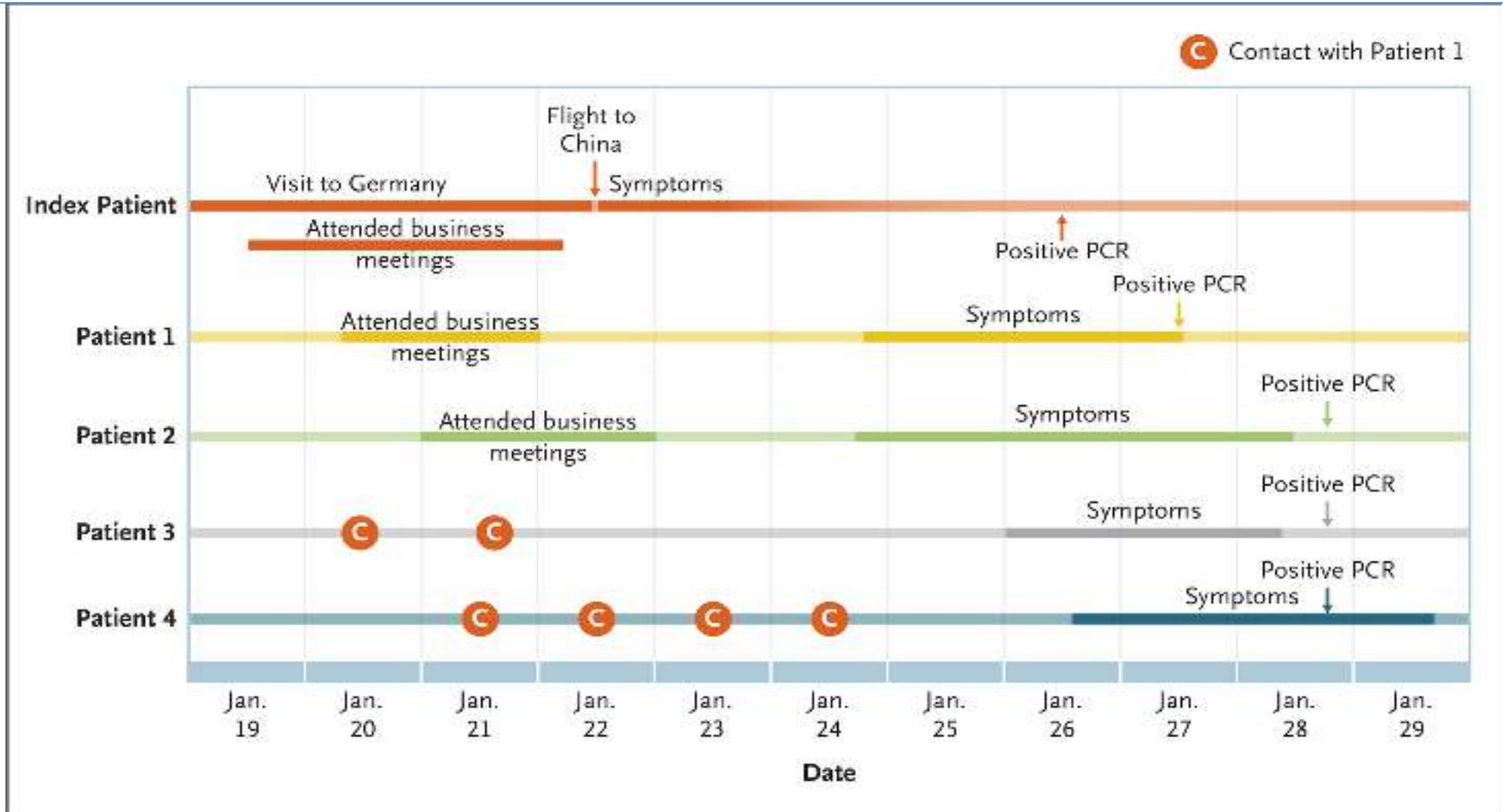


Research

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China

Dawei Wang, MD; Bo Hu, MD; Chang Hu, MD; Fangfang Zhu, MD; Xing Liu, MD; Jing Zhang, MD; Binbin Wang, MD; Hui Xiang, MD; Zhenshun Cheng, MD; Yong Xiong, MD; Yan Zhao, MD; Yirong Li, MD; Xinghuan Wang, MD; Zhiyong Peng, MD

7 Şubat 2020

- **1-28 Ocak arası vakalar alınmış**
- **Zhongnan Hastanesi, Wuhan Üniversitesi**
- **138 hasta**

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China

- Median yaş 56 [22-92], %54.3 erkek
- Hastane ilişkili bulaş; Sağlık personeli %29, hospitalize hasta %12.3
- En sık semptomlar; ateş %98.6, halsizlik %69.6, kuru öksürük %59.4
- Lenfopeni %70.3, uzamış protrombin zamanı %58, yüksek laktat düzeyi %39.9

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China

- %89.9 hastaya oseltamivir
- %64.4 moksifloksasin, %24.6 seftriakson, %18.1 azitromisin
- %44.9 steroid tedavisi
- %26.1 YBÜ yatışı

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China

3 şubat itibari ile

- 47 (%34.1) hasta taburcu edildi
- **6 (%4.3)** hasta kaybedildi.
- Diğer hastalar halen yatarak takip ediliyor

- Taburcu edilen 47 hastanın median hastanede kalış süresi 10 gün

Median;

- ilk semptom……dispne 5 gün
- İlk semptom……..hastane yatışı 7 gün
- İlk semptom……..ARDS 8 gün

Table 4. Complications and Treatments of Patients Infected With 2019-nCoV

	No. (%)			
	Total (N = 138)	ICU (n = 36)	Non-ICU (n = 102)	*P* Value[a]
Complications				
Shock	12 (8.7)	11 (30.6)	1 (1.0)	<.001
Acute cardiac injury	10 (7.2)	8 (22.2)	2 (2.0)	<.001
Arrhythmia	23 (16.7)	16 (44.4)	7 (6.9)	<.001
ARDS	27 (19.6)	22 (61.1)	5 (4.9)	<.001
AKI	5 (3.6)	3 (8.3)	2 (2.0)	.11
Treatment				
Antiviral therapy	124 (89.9)	34 (94.4)	90 (88.2)	.36
Glucocorticoid therapy	62 (44.9)	26 (72.2)	36 (35.3)	<.001
CKRT	2 (1.45)	2 (5.56)	0	>.99
Oxygen inhalation	106 (76.81)	4 (11.11)	102 (100)	<.001
NIV	15 (10.9)	15 (41.7)	0	<.001
IMV	17 (12.32)	17 (47.22)	0	<.001
ECMO	4 (2.9)	4 (11.1)	0	.004

Abbreviations: AKI, acute kidney injury; ARDS, acute respiratory distress syndrome; CKRT, continuous kidney replacement therapy; ECMO, extracorporeal membrane oxygenation; ICU, intensive care unit; IMV, invasive mechanical ventilation; NIV, noninvasive ventilation; 2019-nCoV, 2019 novel coronavirus.

[a] *P* values indicate differences between ICU and non-ICU patients. *P* < .05 was considered statistically significant.

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China

Table 1. Baseline Characteristics of Patients Infected With 2019-nCoV

	No. (%)			
	Total (N = 138)	ICU (n = 36)	Non-ICU (n = 102)	*P* Value[a]
Age, median (IQR), y	56 (42-68)	66 (57-78)	51 (37-62)	<.001
Sex				
Female	63 (45.7)	14 (38.9)	51 (37-62)	.34
Male	75 (54.3)	22 (61.1)	53 (52.0)	
Huanan Seafood Wholesale Market exposure	12 (8.7)	5 (13.9)	7 (6.9)	.30
Infected				
Hospitalized patients	17 (12.3)	9 (25.0)	8 (7.8)	.02
Medical staff	40 (29)	1 (2.8)	39 (38.2)	<.001
Comorbidities	64 (46.4)	26 (72.2)	38 (37.3)	<.001

Sonuç

138 hasta

%41 inin hastane bulaşı

Mortalite %4.3

1099 hasta, 552 hastane, 31 şehir

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

1099 hasta, 552 hastane, 31 şehir

- Median yaş: 47
- %59.1 erkek
- %1.18 vahşi yaşam ile temas
- %31.30 Wuhan'da bulunma öyküsü
- %71.80 Wuhan'dan biri ile temas öyküsü
- Median inkübasyon 3 gün (0-24 gün)

1099 hasta, 552 hastane, 31 şehir

- Ateş %87.9, öksürük %67.7
- %82.3 hospitalize edilmiş
- %76.4 akciğer tutulumu
- %46 bilateral tutulum
- Semptom……pnömoni 4 (2-7) gün

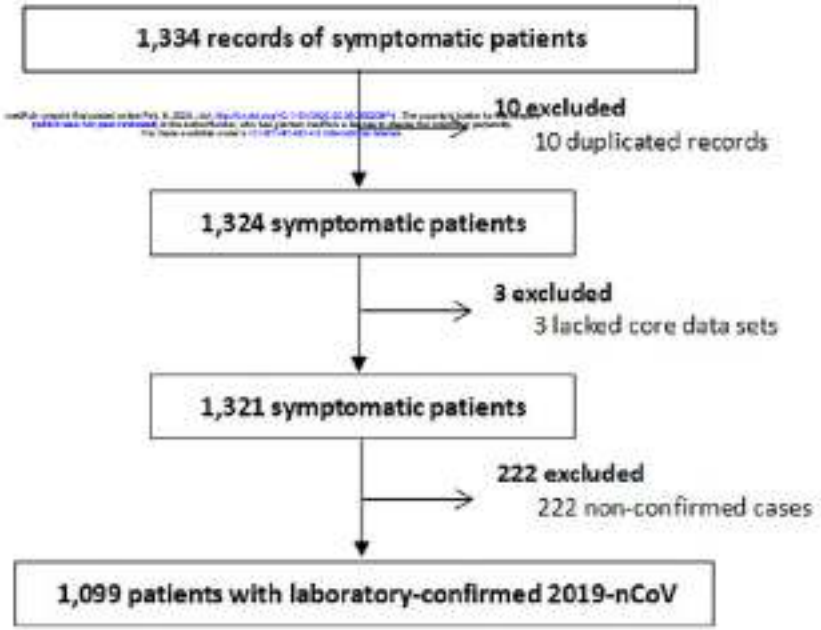
1099 hasta, 552 hastane, 31 şehir

- %84.1 lenfopeni
- %36.2 trombositopeni

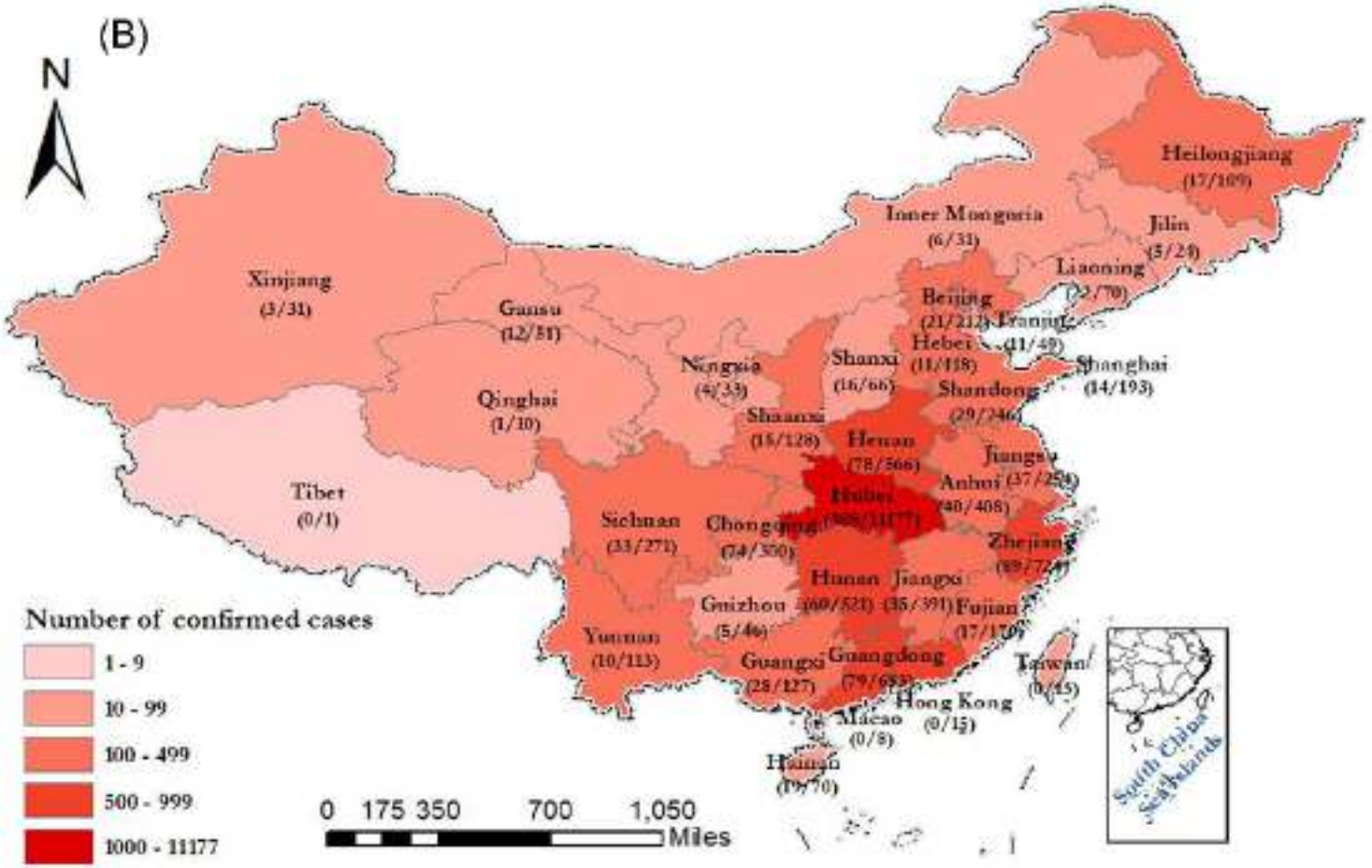
- %3.4 ARDS
- %38 oksijen desteği
- %5.1 NIV
- %2.2 IMV
- **%5.0 YBÜ**

Ölüm
%1.4

(A)


1,334 records of symptomatic patients
10 excluded
10 duplicated records
1,324 symptomatic patients
3 excluded
3 lacked core data sets
1,321 symptomatic patients
222 excluded
222 non-confirmed cases
1,099 patients with laboratory-confirmed 2019-nCoV

(B)


N
Heilongjiang (17/109)
Inner Mongoria (6/31)
Jilin (5/24)
Liaoning (2/70)
Xinjiang (3/31)
Gansu (12/51)
Beijing (21/212)
Tianjin (11/49)
Hebei (11/118)
Ningxia (6/33)
Shanxi (16/66)
Shanghai (14/193)
Qinghai (1/10)
Shandong (29/246)
Shaanxi (15/128)
Henan (78/566)
Jiangsu (37/254)
Tibet (0/1)
Anhui (40/408)
Hubei (1068/11177)
Sichuan (33/271)
Chongqing (74/350)
Zhejiang (89/724)
Hunan (69/521)
Jiangxi (35/391)
Fujian (17/170)
Guizhou (5/46)
Yunnan (10/113)
Guangxi (28/127)
Guangdong (79/635)
Taiwan (0/15)
Hong Kong (0/15)
Macao (0/8)
Hainan (19/70)
South China Sea Islands
Number of confirmed cases
1 - 9
10 - 99
100 - 499
500 - 999
1000 - 11177
0 175 350 700 1,050
Miles

Novel Coronavirus(2019-nCoV)
Situation Report – 22

World Health Organization

Data as reported by 11 February 2020*

HIGHLIGHTS

- No new count… past 24 hours.

- An advanced t… an international mission and to determ… team will want to learn more about: fi… health response China put in place to try to contain the virus. The group of international experts, with a range of specializations, will work with Chinese counterparts on increasing understanding of the outbreak to guide global response efforts. Since being no… the WHO Country Office in China, supp… offices, has worked to support China… the response. A small mission was s… ector-General visited in January.

ÇİN
42708 vaka
1017 ölüm

ÇİN dışı
395 vaka
1 ölüm

- Following WHO best practices for naming of new human infectious diseases, which were developed in consultation and collaboration with the World Organisation for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO), WHO has named the disease COVID-19, short for "coronavirus disease 2019."

SITUATION IN NUMBERS
total and new cases in last 24 hours

Globally
43 103 confirmed (2560 new)

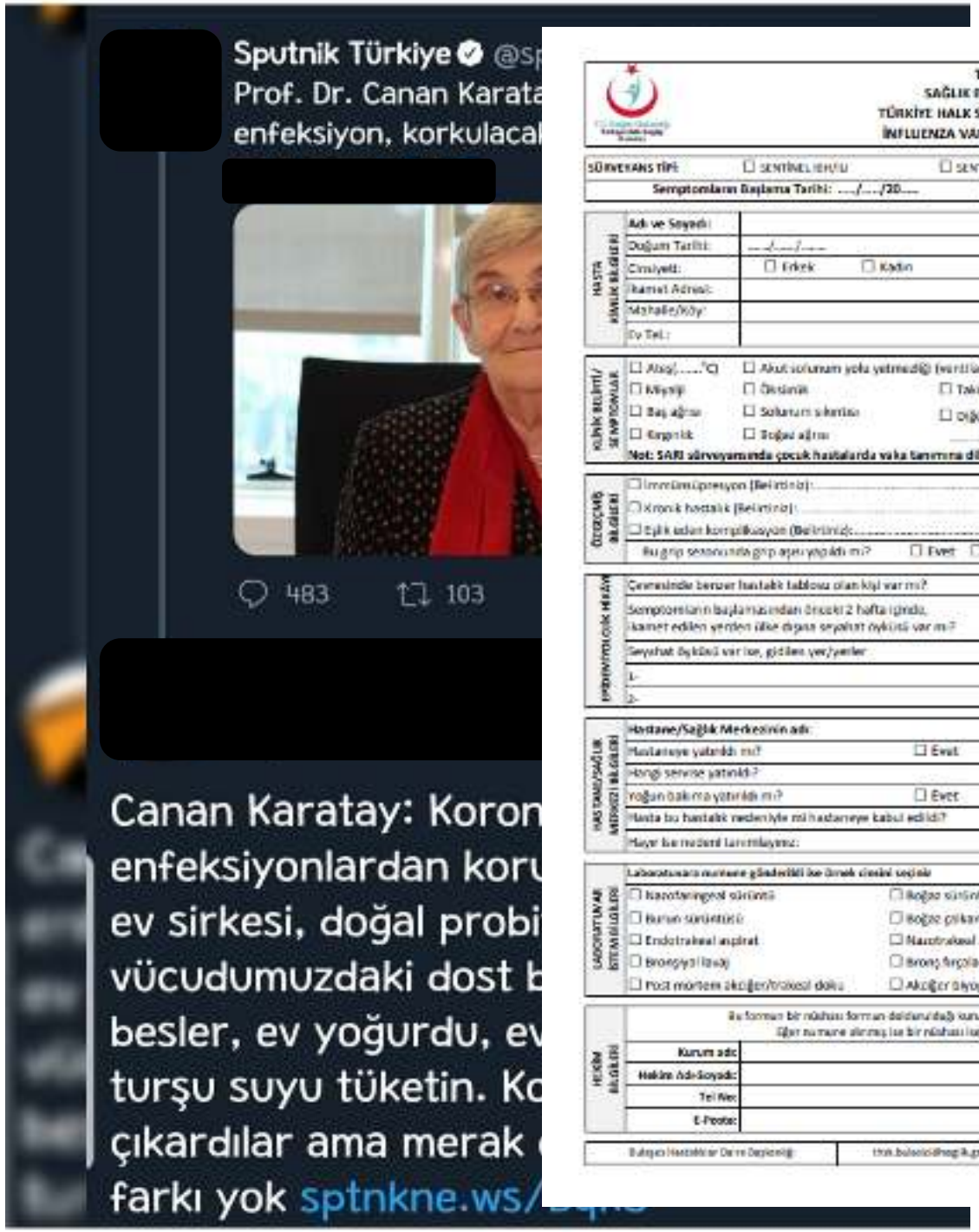
China
42 708 confirmed (2484 new)
7333 severe (849 new)
1017 deaths (108 new)

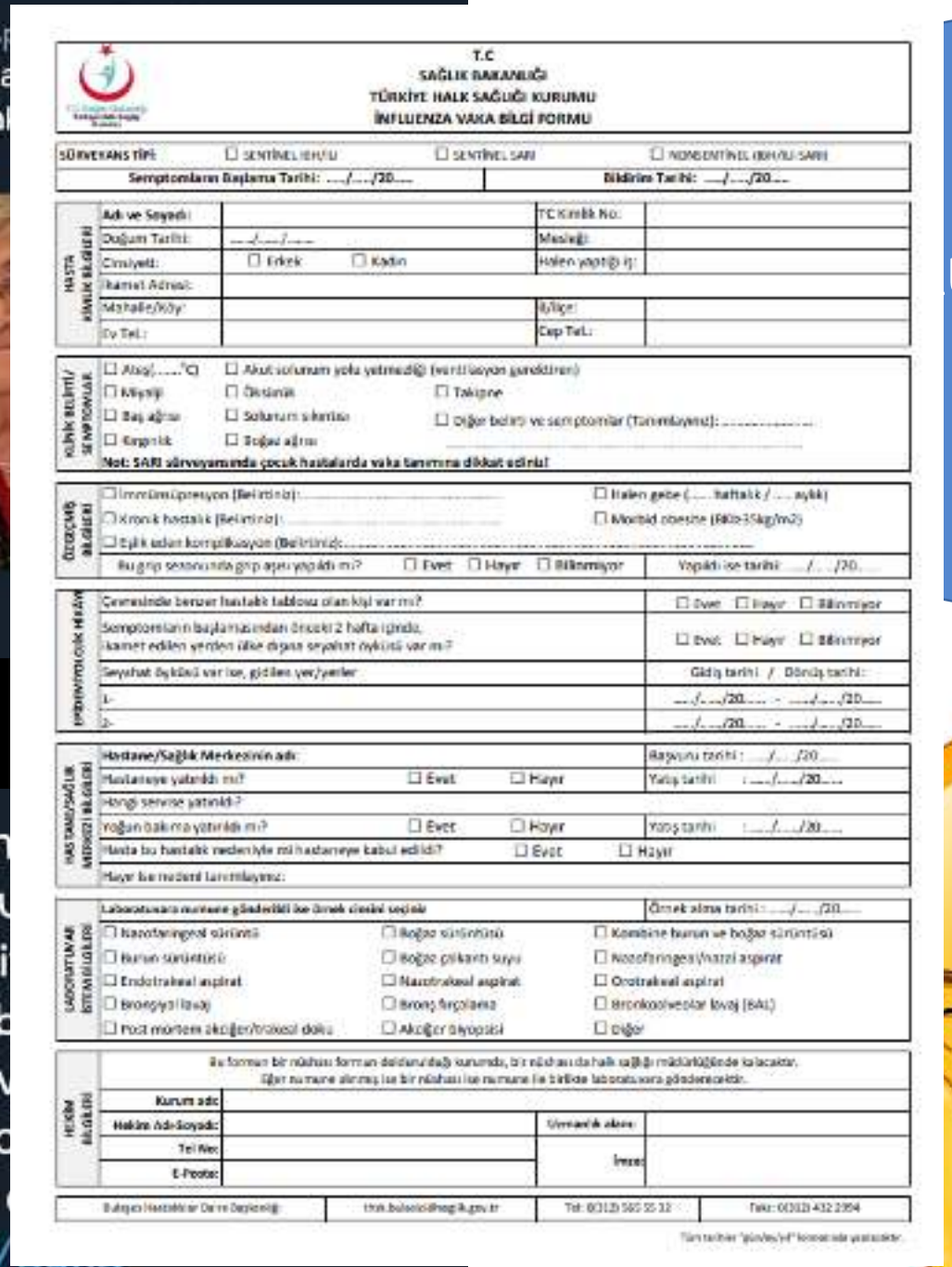
Outside of China
395 confirmed (76 new)
24 countries
1 death

WHO RISK ASSESSMENT

China	Very High
Regional Level	High
Global Level	High


TURKCELL
%79 13:26
ldata.maps.arcgis.com
Coronavirus COVI... M...
Total Confirmed
45.204
Total Deaths
1.116
Total Recovered
5.030
Totals
Trend
Map
TURKCELL
%79 13:26
ldata.maps.arcgis.com
Coronavirus COVI... M...
60k
40k
20k
0
Oca 20
Oca 27
Şub
Şub 10
Mainland China
Other Locations
Total Recovered
Son güncelleme: birkaç saniye önce
Confirmed per Country/Region
44,685 Mainland China
175 Others
50 Hong Kong
47 Singapore
33 Thailand
28 South Korea
28 Japan
Totals
Trend
Map





T.C
SAĞLIK BAKANLIĞI
TÜRKİYE HALK SAĞLIĞI KURUMU
İNFLUENZA VAKA BİLGİ FORMU

SÜRVEYANS TİPİ: ☐ SENTİNEL (EH/U) ☐ SENTİNEL SARI ☐ NONSENTİNEL (EH/U-SARI)

Semptomların Başlama Tarihi: ..../..../20.... | Bildirim Tarihi: ..../..../20....

HASTA KİMLİK BİLGİLERİ

Adı ve Soyadı:		TC Kimlik No:	
Doğum Tarihi:	__/__/____	Mesleği:	
Cinsiyeti:	☐ Erkek ☐ Kadın	Halen yaptığı iş:	
İkamet Adresi:			
Mahalle/Köy:		İlçe:	
Ev Tel.:		Cep Tel.:	

KLİNİK BELİRTİ/SEMPTOMLAR

☐ Ateş(.....°C) ☐ Akut solunum yolu yetmezliği (ventilasyon gerektiren)
☐ Miyalji ☐ Öksürük ☐ Taşipne
☐ Baş ağrısı ☐ Solunum sıkıntısı ☐ Diğer belirti ve semptomlar (Tanımlayınız): .....
☐ Kırgınlık ☐ Boğaz ağrısı
Not: SARI sürveyansında çocuk hastalarda vaka tanımına dikkat edilir!

ÖZGEÇMİŞ BİLGİLERİ

☐ İmmünsüpresyon (Belirtiniz): ..... ☐ Haftada gebe (..... haftalık / ..... aylık)
☐ Kronik hastalık (Belirtiniz): ..... ☐ Morbid obezite (Kilo>35kg/m2)
☐ Eşlik eden komplikasyon (Belirtiniz): .....

Bu grip sezonunda grip aşısı yaptırdı mı?	☐ Evet	☐ Hayır	☐ Bilinmiyor	Yaptırdı ise tarihi: ..../..../20....

EPİDEMİYOLOJİK BİLGİLER

Çevresinde benzer hastalık tablosu olan kişi var mı?	☐ Evet ☐ Hayır ☐ Bilinmiyor
Semptomların başlamasından önceki 2 hafta içinde, ikamet edilen yerden ülke dışına seyahat öyküsü var mı?	☐ Evet ☐ Hayır ☐ Bilinmiyor
Seyahat öyküsü var ise, gidilen yer/yerler:	Gidiş tarihi / Dönüş tarihi:
1-	__/__/20.... - __/__/20....
2-	__/__/20.... - __/__/20....

HASTANE/SAĞLIK KURUMU BİLGİLERİ

Hastane/Sağlık Merkezinin adı:			Başvuru tarihi: ..../..../20....
Hastaneye yatırıldı mı?	☐ Evet	☐ Hayır	Yatış tarihi: ..../..../20....
Hangi servise yatırıldı?			
Yoğun bakıma yatırıldı mı?	☐ Evet	☐ Hayır	Yatış tarihi: ..../..../20....
Hasta bu hastalık nedeniyle mi hastaneye kabul edildi?	☐ Evet	☐ Hayır	
Hayır ise nedeni tanımlayınız:			

LABORATUVAR SİSTEMİ BİLGİLERİ

Laboratuvara numune gönderildi ise örnek cinsini seçiniz — Örnek alma tarihi: ..../..../20....

☐ Nazofaringeal sürüntü	☐ Boğaz sürüntüsü	☐ Kombine burun ve boğaz sürüntüsü
☐ Burun sürüntüsü	☐ Boğaz çıkartı suyu	☐ Nazofaringeal/nazal aspirat
☐ Endotrakeal aspirat	☐ Nazotrakeal aspirat	☐ Orotrakeal aspirat
☐ Bronşiyal lavaj	☐ Bronş fırçalama	☐ Bronkoalveoler lavaj (BAL)
☐ Post mortem akciğer/trakeal doku	☐ Akciğer biyopsisi	☐ Diğer

HEKİM BİLGİLERİ

Bu formun bir nüshası formun doldurulduğu kurumda, bir nüshası da halk sağlığı müdürlüğünde kalacaktır.
Diğer numune alınmış ise bir nüshası ise numune ile birlikte laboratuvara gönderecektir.

Kurum adı:			
Hekim Adı-Soyadı:		Unvanlık alanı:	
Tel No:		İmza:	
E-Posta:			

Bulaşıcı Hastalıklar Daire Başkanlığı | tmk.bulasici@saglik.gov.tr | Tel: (0312) 565 33 32 | Faks: (0312) 432 2354

Tüm tarihler "gün/ay/yıl" formatında yazılacaktır.

ulacak bir şey yok

Tedavi

Antiviral tedavi

- IFN- alfa
- Lopinavir/ritonavir
- Lopinavir ve/veya ritonavir coronavirus e karşı in vitro aktif

- Oseltamivir
- Nükleozid analogları (fabiravir ve ribavirin) ciddi influenza da tek başına oseltamivir tedavisine göre daha etkin bulunmuş

Remdesivir

- 2019-nCoV için potansiyel en iyi ilaç
- Hayvan çalışmalarında (MERS- CoV için) virüs yükünü etkin şekilde azalttığı, akciğer doku hasarını iyileştirdiği ve IFN-β + Lopinavir/ Ritonavir kombinasyonundan daha etkin olduğu gösterilmiş.

Nat Commun. 2020 ; 11:222.

- Ebola için Faz III aşamasında
- 2019-nCoV…..


Teşekkür ederim...