

Situation

On 31 December 2019, WHO was informed of a [cluster of cases of pneumonia of unknown cause](#) detected in Wuhan City, Hubei Province, China. On [12 January 2020](#) it was announced that a novel coronavirus (WN-CoV) had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak.

Initially 59 cases were reported, but following testing, the case count was reduced from 59 suspected to 41 confirmed cases, with illness onset dates between 8 December 2019 and 2 January 2020.

Many, but not all, of the cases identified in Wuhan had been to or worked in a seafood and live animal market in the city (Huanan South China Seafood Market). This market was closed on 1 January 2020 and sanitised. As of 14 January 2020, no additional cases had been detected in Wuhan since 3 January 2020.

The [Wuhan Municipal Health Commission](#) reported that the 41 cases tended to be male and middle-aged or older adults, although this may simply represent the characteristics of the exposed population (e.g. market workers). Data are preliminary and more detailed investigations are ongoing.

On 14 January 2020, [authorities in Thailand reported](#) that a traveller from Wuhan had been identified as unwell on arrival on 8 January and hospitalised the same day, and that the novel coronavirus had been detected in samples from this patient. It was reported that this patient had been to fresh food markets in Wuhan, but not the market associated with the cases reported by Chinese authorities. As of 15 January, no secondary cases have been reported by Thailand.

On 16 January 2020, [authorities in Japan reported](#) that the novel coronavirus had been detected in samples from a patient with pneumonia. The patient had been in Wuhan and arrived in Japan on 6 January 2020. Date of fever onset was 3 January 2020. He was hospitalised on 10 January and discharged on 15 January, having recovered from his illness. Japan reported that he had not visited the Huanan South China Seafood Market, but had potential close contact with unspecified pneumonia patients in China.

On 16 January 2020, the [Wuhan Municipal Health Commission](#) reported a further death among the severe cases hospitalised in the city.

As of 17 January 2020, no countries other than China, Thailand and Japan have identified confirmed cases, although some patients with acute respiratory infections and histories of recent arrival from Wuhan are being assessed in other countries in the region, including Hong Kong and Singapore.

Current situation (as of 17/01/2020):

- China: 41 laboratory confirmed cases
 - 22 currently inpatients
 - 12 recovered and discharged
 - 5 currently with severe disease
 - 2 deaths
- Thailand: 1 laboratory confirmed case – stable and isolated in hospital
- Japan: 1 laboratory confirmed case – recovered and discharged

Further information on current epidemiology will be updated on the [PHE WN-CoV background information page](#).

As of 16 January 2020, WN-CoV infection is classified as an airborne [high consequence infectious disease](#) (HCID) in the UK.

This is an evolving situation and further updates will be provided.

Background

Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Several known coronaviruses are circulating in animals that have not yet infected humans.

Nomenclature: HPS and PHE are currently using the name Wuhan novel coronavirus (WN-CoV), in the absence of internationally accepted names for the virus and the disease/syndrome it causes. Other sources may use alternative temporary names for the virus, such as 2019 novel coronavirus (2019-nCoV). PHE will keep the terms used under review and may update guidance later, to reflect any announcement of an internationally agreed name.

Transmission:

- Information about WN-CoV is limited currently, but it is reasonable to assume that WN-CoV may have a zoonotic (animal-to-human) source, given that many cases were associated with a market containing a range of dead and live animals.
- Although WHO has reported that there is [no clear evidence of human-to-human transmission](#) of WN-CoV to date, HPS and PHE notes that the possibility of human-to-human transmission cannot be excluded and precautions to prevent human-to-human transmission are appropriate for both suspected and confirmed cases.
- We do not know the routes of transmission of WN-CoV; however, other coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. In addition to respiratory secretions, other coronaviruses have been detected in blood, faeces and urine. Under certain circumstances, airborne transmission of other coronaviruses is thought to have occurred via unprotected exposure to aerosols of respiratory secretions and sometimes faecal material.