SYNOPSIS

03/03/2020

Review of “Clinical characteristics of coronavirus disease 2019 in China”


One-Minute Summary

- This study describes the epidemiologic and clinical characteristics of 1,099 cases of laboratory-confirmed coronavirus disease 2019 (COVID-19) from 552 hospitals in 30 provinces, autonomous regions or municipalities in China up to January 29, 2020.
- Female: 41.9%; Median age: 47 years (interquartile range [IQR]: 35–58), with 0.9% (9/1,099) patients <15 years
- Most common symptoms: fever (88.7% overall; 43.8% at initial presentation) and cough (67.8%)
- Median incubation period (based on 291 patients): Four days (IQR: 2–7)
- Median length of hospital stay: 12 days (IQR: 10–14)
- Clinical outcomes:
  - Death - 1.4%
  - Discharged - 5.0%
  - Remains hospitalized - 93.6%
  - Recovered - 0.8%
- The most common complications were pneumonia (91.1%), acute respiratory distress syndrome (3.4%) and septic shock (1.1%).
- ICU admission was required in 5.0% of patients.
- Patients with severe disease were older (median: 52 years, IQR: 40–65) vs. non-severe (median: 45 years, IQR: 34–57) and had more coexisting conditions (38.7%) vs. non-severe (21.0%).
- For all patients, the cumulative risk of the composite end point (i.e., admission to intensive care unit, mechanical ventilation or death) was 3.6%; for severe disease cases, the cumulative risk of the composite end point was 20.6%.

Additional Information

- Authors defined severe disease at admission using the American Thoracic Society guidelines for community-acquired pneumonia.
- Patient exposures:
  - Contact with person from Wuhan - 72.3%
  - Resident of Wuhan - 43.9%
  - Travel to Wuhan - 31.3%
  - Health care worker - 3.5%
- Wildlife contact - 1.9%
- No link to Wuhan (no travel to Wuhan or contact with Wuhan residents) - 25.9%
- Upon admission, **83.2% of patients had lymphocytopenia**, followed by thrombocytopenia (36.2%) and leukopenia (33.7%).
- The authors present an **epidemiological and clinical comparison** of COVID-19, SARS-CoV, MERS-CoV and seasonal influenza (see Table S3).

**PHO Reviewer’s Comments**

- None.

**Citation**


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