



Ministero della Salute

Oggetto: *Task-force* coronavirus - Aggiornamento del 24 gennaio 2020

Si è riunita la *task-force*, presieduta dal Ministro, oggi integrata nella sua composizione anche da:

- rappresentanti del Dipartimento della Protezione civile.

Hanno altresì partecipato ai lavori rappresentanti degli Enti gestori degli aeroporti di Roma Fiumicino e di Milano Malpensa, che hanno manifestato la loro piena disponibilità a collaborare.

Tra **gli aggiornamenti** si segnala che:

- l'OMS non ha dichiarato lo stato di allerta internazionale ed ha emanato, il 23 u.s. il *situation report*, che si allega al presente;
- il Governo cinese ha adottato misure di prevenzione particolarmente incisive, anticipando di fatto tutte quelle che l'OMS potrebbe richiedere;
- il Segretario generale riferisce che, ad oggi, i casi di infezione notificati risultano essere 830 e i decessi 26, di cui nessuno in Italia. Il presunto contagio nell'area di Bari di cui nella giornata di ieri avevano parlato i *media*, si è rivelato infondato;
- i due USMAF di Roma Fiumicino e Malpensa confermano di aver attivato tutte le misure richieste, ivi comprese le informative agli operatori aeroportuali;
- il Dipartimento di Protezione civile riferisce di aver già attivato la propria organizzazione interna nell'ottica di un eventuale acuirsi dell'infezione e ha altresì manifestato la propria disponibilità a contribuire nella programmazione dell'organizzazione di tutte le azioni necessarie, ivi compresa la possibilità (laddove se ne verificasse la necessità) di estendere i controlli/monitoraggi a tutti i passeggeri provenienti dalla Cina sia con voli diretti sia con voli indiretti (c.d. triangolazione).

Le prossime azioni:

- attivazione del numero di pubblica utilità (1500) del Ministero della salute;
- aggiornamento delle informazioni da rendere al viaggiatore, da formulare in relazione alle evoluzioni del fenomeno.

Il Ministro, nel segnalare l'opportunità che la *task force* si riunisca ogni mattina (festivi compresi) alle 9.30 fino a diversa disposizione, chiede al Direttore generale della prevenzione sanitaria di convocare, già nella giornata di domani, una riunione con tutti i direttori generali della sanità della Regioni, al fine di fornire alle stesse indicazioni operative uniformi.

Ribadendo quanto già detto nelle precedenti riunioni, raccomanda la massima cautela nelle comunicazioni, segnalando l'importanza del ruolo dell'Ufficio stampa del Ministero.

Il Ministro, confermando il pensiero espresso in precedenza, chiede di approntare un modello organizzativo delle risorse umane e strumentali, idoneo a fronteggiare anche situazioni di grande criticità (*worst case*). In quest'ottica, chiede di valutare la possibilità di allestire nell'aeroporto di Roma Fiumicino un canale sanitario aggiuntivo rispetto a quello già attivo, nel quale, a causa dell'elevato numero dei voli, si verificano sovrapposizioni nei flussi di sbarco, e invita l'aeroporto di Malpensa a valutare l'opportunità di dotarsi (con ogni consentita urgenza) dello *scanner* termico da allestire e posizionare nel canale sanitario per velocizzare lo *screening*.

In ragione della delicatezza del momento, nonché dell'impossibilità, allo stato, di prevedere l'evolversi della situazione, il Ministro invita a mantenere un livello di attenzione alto.

TASK-FORCE CORONAVIRUS (CINA)

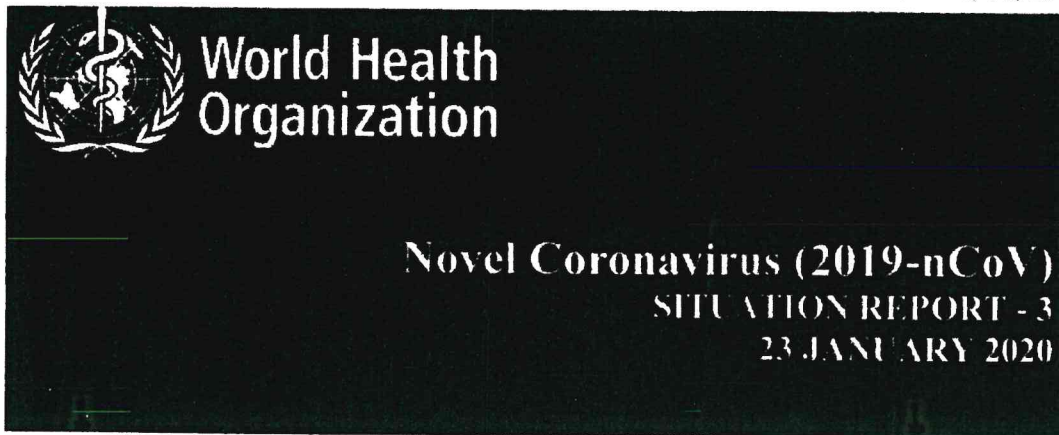
Riunione del 24 gennaio 2020 - Ore 09.30

Ministero della salute - Lungotevere Ripa, n. 1

NOME E COGNOME	AMMINISTRAZIONE/ENTE	RECAPITI/INDIRIZZO E-MAIL	FIRMA
CARINE GUARINO	MINISTERO SALUTE DIRETTORE SANITA' PUBBLICA		
REKATO MASSIMI	AI FA		
UGO BIANCHI	SEA SpA		
DONIS PISONI	SEA SpA		
AUSILIA PUCINNO	FINOPI		
FRACASSO EGIDIO	ISPETTORATO GENERALE SANITA'		
DI ROSA GIUSEPPE	ISPETTORATO GENERALE DI SANITA'		
REZZA GIOVANNI	DHI - ISS		

NOME E COGNOME	AMMINISTRAZIONE/ENTE	RECAPITI/INDIRIZZO E-MAIL	FIRMA
DANIELE MIPATRYNI	AGENAS		
IVAN BASSATO	AEROPORTI DI ROMA		
UGO DE CAROLIS	AEROPORTI DI ROMA		
MARCO SBRENNI	AEROPORTI DI ROMA		
MAURO DIONISIO	MIN SAL AGPRE		
BARBRA BUCCI	MIN. SALUTE USUAF LPSDA		
FEDERICO FEDERIGHI	DIPARTIMENTO PROTEZIONE CIVILE		
Agostino Nino	D.P.C.		
EDMONDO TERZOLI	FSP. MINSIRO		

NOME E COGNOME	AMMINISTRAZIONE/ENTE	RECAPITI/INDIRIZZO E-MAIL	FIRMA
Silvio Bussafeno	I.S.S.	p	



Data as reported by: 23 January 2020¹

SUMMARY

Situation update:

- A total of 581 confirmed cases have been reported for novel coronavirus (2019-nCoV) globally;
- Of the 581 cases reported, 571 cases were reported from China;
- Cases have been reported in Thailand, Japan, Hong Kong Special Administrative Region, Taipei Municipality, China, Macau Special Administrative Region, United States of America and the Republic of Korea; All had travel history to Wuhan;
- Of the 571 confirmed cases in China, 375 cases were confirmed from Hubei Province;
- Of the 571 cases, 95 cases are severely ill²;
- Seventeen deaths have been reported (all from Hubei Province);

On 23 January, 2020, the number of reported confirmed cases of 2019-nCoV has by 267 cases since the last situation report published on 22 January 2020. As of 23 January, China reported cases in 25 provinces (autonomous regions and municipalities). Twenty five percent of confirmed cases reported by China have been classified by Chinese health authorities as seriously ill (from Wubei Province: 16% severely ill, 5% critically ill, and 4% having died).

Currently, cases infected in China have been exported to the US, Thailand, Japan and Republic of Korea. It is expected that more cases will be exported to other countries, and that further transmission may occur.

The initial source of 2019-nCoV still remains unknown. However, it is clear the growing outbreak is no longer due to ongoing exposures at the Huanan seafood market in Wuhan; as in the last one week, less than 15% of new cases reported having visited Huanan market. There is now more evidence that 2019-nCoV spreads from human- to- human and also across generations of cases. Moreover, family clusters involving persons with no reported travel to Wuhan have been

¹ The situation report includes information reported to WHO Geneva by 10 AM CET

² Severe illness: According to any of the following criteria:

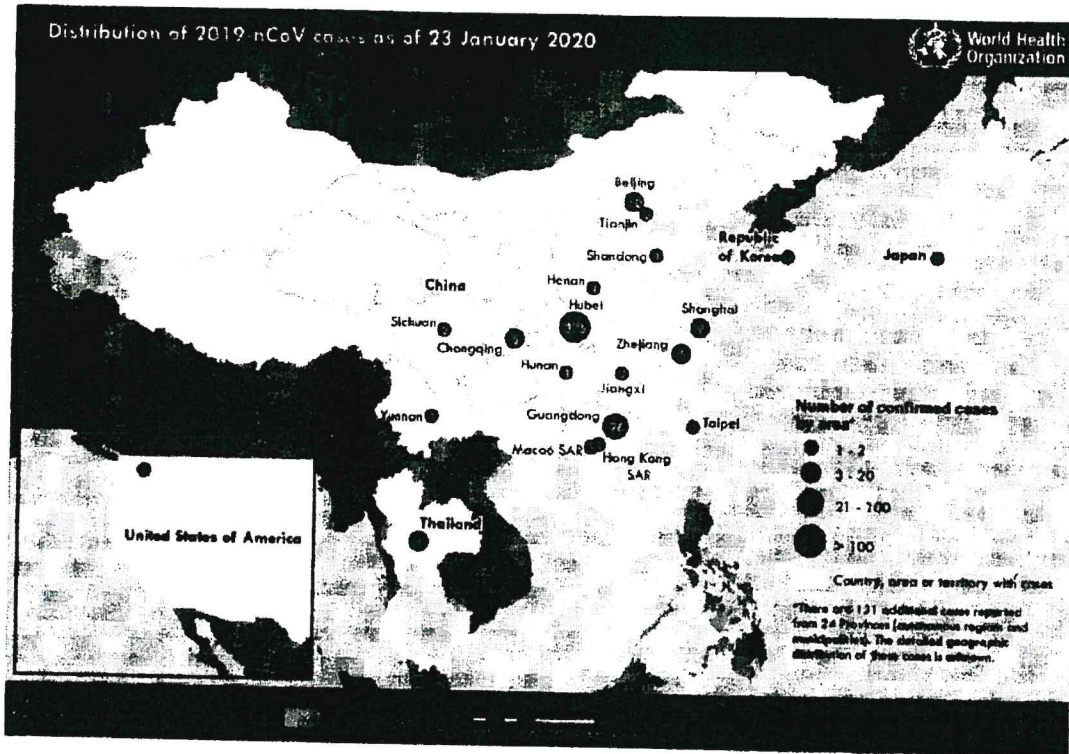
(1) dyspnea; (2) respiratory rate more than 30 bpm; (3) hypoxemia; (4) chest X-ray with multi-lobar infiltrates or pulmonary infiltration progressed more than 50% within 24 - 48 hours.

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reported from Guangdong Province. There have been very few reports of hospital outbreaks or infections of health care workers, which is a prominent feature of MERS and SARS.

WHO assesses the risk of this event to be very high in China, high at the regional level and moderate at the global level.

Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV, 23 January 2020



I. SURVEILLANCE

Reported incidence of confirmed 2019-nCoV cases

Table 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV, 23 January 2020

WHO Regional Office	Country/Territory/Area	Confirmed Cases
WHO WPRO Region	China	Total
		571*
		Hubei Province
		375
		Unspecified ³
		131
		Guangdong Province
		26
		Beijing Municipality
		10
		Shanghai Municipality
		9
		Chongqing Municipality
		5
		Zhejiang Province
		5
		Jiangxi Province
	2	
	Sichuan Province	
	2	
	Tianjin Municipality	
	2	
	Henan Province	
	1	
	Hunan Province	
	1	
	Shandong Province	
	1	
	Yunnan Province	
	1	
	Taipei Municipality	
	1	
	Hong Kong Special Administrative Region	
	1	
	Macau Special Administrative Region	
	1	
	Japan	
	1	
	Republic of Korea	
	1	
WHO SEARO Region	Thailand	
	4	
WHO AMRO Region	United States of America	
	1	
Total Confirmed cases	Total	
	581	

³ These unspecified cases are reported from 24 Provinces (autonomous regions and municipalities). The distribution of these cases as per Provinces is not known.

II. PREPAREDNESS AND RESPONSE:

WHO:

- WHO has been in regular and direct contact with Chinese as well as Japanese, Korean and Thai authorities since the reporting of these cases. The three countries have shared information with WHO under the International Health Regulations. WHO is also informing other countries about the situation and providing support as requested;
- On 2 January, the incident management system was activated across the three levels of WHO (country office, regional office and headquarters);
- Developed the surveillance case definitions for human infection with 2019-nCoV and is updating it as per the new information becomes available;
- Developed interim guidance for laboratory diagnosis, clinical management, infection prevention and control in health care settings, home care for mild patients, risk communication and community engagement;
- Prepared disease commodity package for supplies necessary in identification and management of confirmed patients;
- Provided recommendations to reduce risk of transmission from animals to humans;
- Updated the travel advice for international travel in health in relation to the outbreak of pneumonia caused by a new coronavirus in China;
- Utilizing global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling;
- Activation of R&D blueprint to accelerate diagnostics, vaccines, and therapeutics;
- WHO is working with our networks of researchers and other experts to coordinate global work on surveillance, epidemiology, modelling, diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit onward transmission. WHO has issued interim guidance for countries, updated to take into account the current situation.

III. COUNTRY RESPONSE:

China:

- National authorities are conducting active case finding in all provinces;
- Search expanded for additional cases within and outside of Wuhan City;
- Active / retroactive case finding in medical institutions in Wuhan City;
- The Huanan Seafood Wholesale Market in Wuhan city was closed on 1 January 2020 for environmental sanitation and disinfection. Market inspection in expansion to other markets;
- Public education on disease prevention and environmental hygiene further strengthened in public places across the city, farmers' markets in particular.

Thailand:

- The Department of Disease Control has been implementing its surveillance protocol by fever screening of travellers from all direct flights from Wuhan to the Suvarnabhumi, Don Mueang, Chiang Mai, Phuket and Krabi airports, with the screening protocol starting at Krabi Airport started on 17 January 2020;
- From 3 to 21 January 2020, among 123 flights, 19,480 passengers and aircrew members were screened for respiratory symptoms and febrile illness;
- As of 22 January 2020, the Department of Disease Control, Ministry of Public Health, Thailand has scaled up the Emergency Operations Center to Level 3 to closely monitor the ongoing situation both at the national and international levels;
- Risk communication guidance has been shared with the public and a hotline has been established by the Department of Disease Control for people returning from the affected area in China with related symptoms.

Japan:

- From 6 January, the Ministry requested local health governments to be aware of the respiratory illnesses in Wuhan by using the existing surveillance system for serious infectious illness with unknown etiology;
- Quarantine and screening measures have been enhanced for travelers from Wuhan at the point of entries since 7 January;
- National Institute of Infectious Disease (NIID) established an in-house PCR assay for nCoV on 16 January;
- The Japanese Government scaled up a whole-of-government coordination mechanism on the 16 January;
- As of 21 January, National Institute of Infectious Disease (NIID) announced it will conduct active epidemiological investigations for confirmed cases and close contacts;
- The Ministry of Health has strengthened surveillance for undiagnosed severe acute respiratory illnesses since the report of undiagnosed pneumonia in Wuhan;
- Revision of the risk assessment by NIID is being conducted, including case definition of close contacts;
- The public risk communication has been enhanced;
- A hotline has been established among the different ministries in the government;
- The MHLW is working closely with WHO and other related Member States to foster mutual investigations and information sharing.

Republic of Korea:

- Contact tracing and other epidemiological investigation are underway;
- The government has scaled up the national alert level from Blue (Level 1) to Yellow (Level 2 out of 4-level national crisis management system);
- The health authority strengthened surveillance for pneumonia cases in health facilities nationwide since 3 January 2020;
- Quarantine and screening measures have been enhanced for travelers from Wuhan at the point of entries (PoE) since 3 January 2020;
- Public risk communication has been enhanced.

United States of America:

- On 7 January 2020, the US CDC established a 2019-nCoV Incident Management Structure. On 21 January 2020, US CDC activated its Emergency Response System to better provide ongoing support to the 2019-nCoV response. On 21 January 2020, US CDC again updated its interim travel health notice for persons traveling to Wuhan city, China. The travel notice was raised from Level 1; Practice Usual Precautions, to a Level 2: Practice Enhanced Precautions advising travellers that preliminary information suggests that older adults with underlying health conditions may be at increased risk for severe disease.
- CDC began entry screening of passengers on direct and connecting flights from Wuhan China to the 3 main ports of entry in the United States on 17 January 2020 and will expand the screening to Atlanta and Chicago in the coming days.
- CDC issued an updated interim Health Alert Notice (HAN) Advisory to inform state and local health departments and health care providers about this outbreak on 17 January 2020.
- A CDC team has deployed a team to support the ongoing investigation in the state of Washington in response to the first reported case of 2019-nCoV in the United States, including potentially tracing close contacts to determine if anyone else has become ill.
- CDC has developed a rRT-PCR test that can diagnose 2019-nCoV.

IV. Statistical Modelling

WHO is working with a number of mathematical model groups to better understand the epidemiology and transmission dynamics of this event.

- Phylogenetic analysis suggests based on 23 full genome sequences submitted to GISAID, that the sequences exhibit little genetic variation, which is indicative of a recent origin of the sampled and sequenced viruses. The sequenced genomes show no evidence of additional introductions of the virus from a non-human animal reservoir, although the numbers of sequences are limited at present. (Andrew Rambaut, University of Edinburgh, UK)
- Updated estimated number of cases in Wuhan based on baseline assumptions and alternative scenarios: a total of 4000 cases of 2019-nCoV in Wuhan City (uncertainty range: 1,000 – 9,700) had onset of symptoms by 18th January 2020 (Imai et al, <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/news--wuhan-coronavirus/>)
- The median size of the Wuhan outbreak is estimated to be 4, 050 infections (95% CI: 1.700-7, 950) by using an estimate of 10 days from exposure to detection and an effective population of 20 million people in Wuhan catchment as of January 20 (Matteo Chinazzi et al https://www.mobs-lab.org/uploads/6/7/8/7/6787877/wuhan_novel_coronavirus_jan21.pdf)

