

Coronavirus disease 2019; epidemiology and recommendations

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mghelichi2000@yahoo.com**Received:** 14 March 2020**Accepted:** 21 March 2020**ePublished:** 22 March 2020**Core tip**

The possibility of COVID-19 should be considered primarily in patients with fever and/or respiratory tract symptoms who have had recent close contact with a confirmed or suspected case of COVID-19.

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In December 2019, a novel coronavirus, designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was identified as the cause of a pandemic of acute respiratory distress in Wuhan, China. In February 2020, the World Health Organization (WHO) named the disease COVID-19, which stands for coronavirus disease 2019 (1). Since the first reports of COVID-19, infection has spread to include more than 80 000 cases in China and increasing cases worldwide, prompting the WHO to declare a public health emergency in January 2020 and characterize it as a pandemic in March 2020 (2).

The possibility of COVID-19 should be considered primarily in patients with fever and/or respiratory tract symptoms who have had recent close contact with a confirmed or suspected case of COVID-19, who reside in or have recently (within the prior 14 days) traveled to areas where community transmission has been reported (e.g., China, South Korea, Italia and Japan) or who have had potential exposure from specific settings where COVID-19 cases have been reported (3). Clinicians should also be aware of the possibility of COVID-19 when dealing with patients with severe respiratory illness when no other etiology can be identified (4).

Upon suspicion of COVID-19, infection control measures should be implemented and health authorities to be informed. In health care settings in the United States, the Centers for Disease Control and Prevention

(CDC) recommends a single-occupancy room for patients and gowns, gloves, eye protection, and a respirator for health care personnel. In addition to testing for other respiratory pathogens, a nasopharyngeal swab specimen should be screened for COVID-19. Other samples (such as stool and urine) can also be prepared (5).

Management consists of supportive care. Home management may be possible for patients with mild disease who can be properly isolated in the outpatient setting (6-8). In order to reduce the risk of transmission in the community, individuals should be advised to wash hands diligently, practice respiratory hygiene (e.g., cover their cough), and avoid crowds and close contact with ill individuals, if possible. Facemasks are not routinely recommended for asymptomatic individuals to prevent exposure in the community. Social distancing is advised, particularly in locations that have community transmission (9, 10).

Authors' contribution

Authors contributed equally to the manuscript.

Conflicts of interest

The authors report no conflict of interests.

Ethical considerations

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