

## nCoV: Pandemic unlikely but possible

June 6 2013

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(Medical Xpress)—The deadly new coronavirus known as nCoV that recently emerged in the Middle East has a small chance of becoming a pandemic, according to Siouxsie Wiles an infectious diseases specialist from The University of Auckland.

This coronavirus is similar to the one responsible for the 2003 outbreak of [Severe Acute Respiratory Syndrome](#) or SARS, and has been identified as the cause of an increasing number of illnesses and deaths in several countries.

A second case of the nCoV coronavirus in France was announced this week and confirmed as the result of patient-to-patient transmission within a French hospital.

"The [World Health Organisation](#) (WHO) has reported that since early 2012, there have been 34 confirmed cases of infection with nCoV, which causes severe acute pneumonia and [renal failure](#), said Dr Wiles. "With 18 deaths so far, the case fatality rate currently sits at over 50 percent, a frightening statistic."

The small number of cases to date, meant it was too early to say for sure whether this new coronavirus would develop into a [pandemic](#) like SARS did, she said.

"By the end of the SARS pandemic, it had resulted in 8,273 cases and 775 deaths, a case fatality rate of 10 per cent, "she said. "In contrast, the majority of nCoV cases have remained within Saudi Arabia and while

there have been cases exported to Jordan, Qatar, the [United Arab Emirates](#), the United Kingdom and France, the virus does not seem to have spread much beyond the index cases."

Dr Wiles said there have been a small number of cases of family members becoming infected. This confirmed that nCoV could transmit from person to person, but suggested that prolonged exposure was needed to become infected, at least for healthy people.

"One of the interesting features of this novel [coronavirus](#), is that the majority of infections have occurred within [health care facilities](#). The most recent cluster of cases within [Saudi Arabia](#) have occurred within a single facility and all patients had at least one other underlying disease," she said.

Furthermore, the Ministry of Social Affairs and Health in France has just informed the WHO of a confirmed case of nCoV in a patient who spent three days sharing a hospital room with France's first nCoV patient. These cases suggest that underlying diseases may also make people more vulnerable to infection with nCoV.

"So far, the evidence is suggesting that nCoV is unlikely to turn into a pandemic. But the thing about viruses is that you never know. What we do know is that nCoV is highly infectious to human airway epithelial cultures in the laboratory, and that the virus can hide itself from the human immune system," she said.

"Somehow this isn't currently translating into epidemic spread out in the real world, but we shouldn't be complacent. It is certainly not inconceivable that nCoV could mutate in some way to become more infectious to healthy people, the first step towards a SARS-like scenario."

Dr Wiles said there were still a lot not known about nCoV, such as where it came from and what its' natural reservoir was.

"In the case of [SARS](#), the virus was found in samples of wild animals sold as food in the local markets, many of which showed no clinical signs of infection. So far, there is limited information on any potential links between nCoV cases and exposure to animals, although nCoV is closely related to coronaviruses from bats."

"The emergence of nCoV is another warning of the threat we face from novel viruses," said Dr Wiles. "As many of these viruses cross over to humans from wild animals, these threats are going to increase as humans continue to encroach on the natural habitats of so many creatures. And our interconnected global world means any virus is less than 24 hours from anywhere else on earth."

Provided by University of Auckland

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