

# Hubei Provincial Health and Health Committee's report on pneumonia of new coronavirus infection

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From January 24, 2020 , from 04:00 to 24:00, 180 new cases of pneumonia with new coronavirus infection were added in Hubei Province (77 new cases in Wuhan, 4 new cases in Shiyan City, 13 new cases in Jingmen City, and 13 new cases in Xiaogan City). 4 cases were added, 52 cases were added in Huanggang City, 2 cases were added in Jingzhou City, 8 cases were added in Xiantao City, 5 cases were found for the first time in Suizhou City, 11 cases were found in Enshi City for the first time, 1 case was found in Ezhou City for the first time, and Tianmen City was found for the first time. 3 cases). There were 15 new deaths in the province, all in Wuhan. One case was cured and discharged from Wuhan.

As of 24:00 on January 24, 2020, Hubei Province has reported 729 cases of pneumonia with new type of coronavirus infection (including 572 cases in Wuhan City, 5 cases in Shiyan City, 1 case in Yichang City, 1 case in Ezhou City, 21 cases in Jingmen City, There were 26 cases in Xiaogan City, 10 cases in Jingzhou City, 64 cases in Huanggang City, 5 cases in Suizhou City, 11 cases in Enshi Prefecture, 10 cases in Xiantao City, and 3 cases in Tianmen City. Among them, 32 patients have been discharged and 39 have died (including 38 in Wuhan) Case, 1 case in Yichang City). At present, 658 patients are still being treated in the hospital, of which 100 are critically ill and 57 are critically ill. They are all under isolation treatment at designated medical institutions. A total of 5,682 close contacts have been tracked, 971 have been released from medical observation, and 4711 are still receiving medical observation.

Chen Moumou, 70 years old, was admitted to the hospital for "cough and fever for 4 days" on January 19, 2020. At the time of admission, the patient had high fever, cough, sputum, chest tightness, shortness of breath, and chest CT examination showed multiple lung infections. Diagnosis For lung infection, anti-viral, anti-infective, cough and phlegm treatments are given after admission, but the treatment effect is not good and breathing difficulties gradually increase. The patient developed shortness of breath and tachycardia at 13:00 on January 23, and the blood oxygen saturation and heart rate decreased progressively at 19:15. Clinical death was announced at 20:55 on January 23.

Cheng Moumou, female, 76 years old, was admitted to the Third Hospital of the City for treatment on January 5, 2020 due to "limited right shoulder pain activity for 4 hours". He has a history of hypertension and diabetes for many years. Upon admission, the right shoulder was swollen and painful, and his mobility was limited. X-rays revealed a comminuted fracture of the proximal right humerus. He was diagnosed with a comminuted fracture of the proximal right humerus, hypertension and diabetes. On January 9th, symptomatic treatment was performed after rehydration of the proximal humerus fracture to prevent fluid infection and blood transfusion. On January 18, persistent fever occurred. Chest CT showed multiple infections of both lungs, coma, shortness of breath, and progressive decrease in heart rate. Clinical death was declared due to respiratory failure at 18:09 on January 24.

Deng Moumou, male, 72 years old, was admitted to Wuhan University Zhongnan Hospital on January 18, 2020 because of "cough with fever for 1 week". He had a history of chronic bronchitis. At the time of admission, the patient had high fever, cough and sputum, chest tightness, shortness of breath, and an acute illness. Outpatient chest CT showed bilateral lung infection and was diagnosed with viral pneumonia. After admission, she was treated with continuous high-flow oxygen inhalation, anti-infection, acid suppression and stomach protection. The patient gradually fell into a drowsiness and coma. At 18:30 on January 23, her h

heart rate and blood pressure suddenly dropped, and her heart rate and breathing decreased to 0: Blood pressure could not be measured and clinical death was declared.

Hong, male, 79 years old, was transferred to the City Jinyintan Hospital on January 17, 2020 due to "intermittent fever, cough, and panting for 6 days". He has a history of diabetes and hypertension for many years. On admission, the patient was short of breath, chronically ill, and was diagnosed with severe pneumonia, respiratory failure, type 2 diabetes, and hypertension (very high risk). After admission, she received anti-inflammatory, anti-infection, non-invasive ventilator-assisted ventilation and other treatments. Respiratory failure gradually worsened and coma appeared. Clinical death was declared due to multiple organ failure at 2:50 on January 24.

Le Moumou, male, 55 years old, was transferred to the City Jinyintan Hospital on January 19, 2020 due to "intermittent fever and cough for 11 days". On admission, the patient had shortness of breath, accelerated heart rate, and chest CT with viral pneumonia. He was diagnosed with viral pneumonia and respiratory failure. After admission, she received anti-infection, anti-inflammatory, non-invasive ventilator-assisted ventilation and other treatments. Respiratory failure gradually worsened and coma appeared. Clinical death was declared due to multiple organ failure at 10:15 on January 24.

Li Moumou, 87 years old, was admitted to the Department of Infectious Diseases of Xiehe Hospital for "intermittent diarrhea and fever for 7 days" on January 19, 2020. He had a history of diabetes for many years. At the time of admission, the patient had low fever, chest tightness, shortness of breath, and chest CT examination. He was diagnosed with multiple lung interstitial pneumonia. He was diagnosed with fever, viral pneumonia, diabetes, and abnormal liver function. After admission, he was treated with respiratory tract isolation, high-flow oxygen, anti-virus, anti-infection, and liver protection. At 8:40 on January 23, he had diffi

culty breathing, and his blood oxygen saturation decreased progressively. At 18:32 on January 23, his cardiac arrest was not detected, his blood pressure could not be measured, and clinical death was declared.

Liu Moumou, female, 66 years old, was admitted to Tongji Hospital for treatment on January 19, 2020 due to "fever, chest tightness for more than 10 days, aggravation for 3 days". He has a history of hypertension for many years, chest tightness, shortness of breath, and poor mentality when admitted to the hospital. Chest CT considers infectious lesions in the lungs. The admission diagnosis is fever pending. After admission, he received antiviral, anti-infective, and anti-inflammatory treatments. At 12:31 on January 21, blood pressure dropped to undetectable, and clinical death was declared.

Liu Moumou, male, 58 years old, was transferred to Jinyintan Hospital of the city on January 18, 2020 due to "intermittent fever with cough for 15 days, chest tightness, and gasping for 1 day". He has a history of hypertension for many years. On admission, the patient had chest tightness, shortness of breath, accelerated heart rate, positive coronavirus nucleic acid test, and was diagnosed with viral pneumonia, respiratory failure, hypertension, and coronary heart disease. After admission, he was treated with high-flow oxygen inhalation, anti-infection, and anti-inflammatory. On January 19, myocardial ischemia complicated with coma and shock. On January 24, he died of multiple organ failure at 2:54.

Liu Moumou, male, 66 years old. On January 11, 2020, due to fever, he developed cough and was hospitalized in Puren Hospital. He was treated with ventilator-assisted breathing for respiratory failure. On January 20, he was transferred to Jinyintan Hospital of the city to continue rescue treatment. On admission, he received high-flow oxygen, and received anti-infection, sputum reduction, and oxygen therapy support treatment after admission. He had difficulty breathing at 2:30 on January 21, and his limbs were cold. He was transferred to the ICU at 4:00 on the same day. No, bilateral pupils are dilated, auscultation has no heart sounds, heart rate is 0, and blood pressure cannot be measured. Active rescue treatment

t such as tracheal intubation, ventilator ventilation, continuous chest compressions, anti-shock, etc., clinical death was announced due to respiratory cycle failure at 4:30 on January 21.

Mr. Luo, 78 years old, was transferred to Jinyintan Hospital for treatment on January 23, 2020 because of "fever and cough for 10 days". He has a history of coronary heart disease for many years. Upon admission, the patient had shortness of breath and poor spirit. He was diagnosed with viral pneumonia, respiratory failure, and coronary heart disease. After admission, he was treated with antiviral, anti-infection, and oxygen inhalation. The respiratory failure gradually worsened, and his heartbeat appeared at 9:20 on January 24. Stop, give symptomatic treatment of Qiangxin and chest heart compression, rescue is invalid, clinical death was announced at 10:00 on January 24.

Song Moumou, male, 65 years old, was admitted to the hospital on January 16, 2020 due to "chills and cough for four days". He has a history of diabetes and coronary heart disease for many years. The admission temperature was 38.4 °C, the lungs had thick breathing sounds, and multiple biochemical examination indicators were abnormal. Chest CT showed multiple infectious lesions in both lungs. The initial diagnosis was acute exacerbation of chronic bronchitis, type 2 diabetes, and coronary heart disease. After admission, symptomatic supportive treatments such as anti-infection, anti-virus, and stable blood glucose were given. A re-examination of the lung CT revealed that the infection had enlarged and blood oxygen saturation plummeted. He died at 00:46 on January 23. The diagnosis of death was new coronavirus pneumonia, severe pneumonia, and respiratory failure.

Wu Moumou, male, 67 years old, was admitted to the Fourth Hospital of the city for treatment on January 15, 2020 due to "dizziness and fever for 5 days". He has a history of chronic bronchitis for many years. At the time of admission, the patient had high fever, a fast heart rate, dyspnea, and an acute illness. A chest CT examination considers both lung infections. He was diagnosed with severe community-acquired pneumonia and respiratory failure. After admission, he was t

reated with anti-virus, anti-infection, and non-invasive ventilator-assisted ventilation. On January 18, the patient was switched to tracheal intubation to assist ventilation, and the patient's oxygen saturation was still difficult to maintain normal. Clinical death was announced at 3:01 on January 24 due to severe respiratory failure.

Yang Moumou, 58 years old, was transferred to Jinyintan Hospital of the city on January 1, 2020 because of "cough and sputum for 9 days and fever for 5 days". On admission, the patient had a high fever and a chest CT scan suggesting inflammatory lesions in both lungs. He was diagnosed with severe pneumonia, viral pneumonia, and respiratory failure. After admission, he received anti-inflammatory, anti-infection, and high-flow oxygen inhalation treatments. On January 16th, tracheal intubation assisted ventilation and ECMO treatment were given, followed by sepsis and septic shock. At 17:01 on January 23, the patient died of respiratory failure.

Zhang Moumou, female, 67 years old, was admitted to Dongxihu People's Hospital for treatment for "one week of fever" on January 12, 2020. He has a history of diabetes and hypertension for many years. He was admitted to the hospital with poor spirit, shortness of breath and chest shortness. A CT scan of the chest revealed infectious lesions in both lungs and was diagnosed with viral pneumonia. He was treated with oxygen inhalation, anti-virus, anti-infection, and invasive ventilator-assisted ventilation after admission. The dyspnea gradually increased. Clinical death was announced at 21:07 on January 23 due to respiratory failure.

Zhou Moumou, female, 82 years old, was transferred to Jinyintan Hospital for treatment on January 17, 2020 due to "intermittent fever, chest pain, chest tightness, fatigue, shortness of breath for 7 days". The new hospital coronavirus is positive for nucleic acid and has a history of hypertension. On admission, the patient had chest tightness, weakness, and shortness of breath. The diagnosis was severe pneumonia, viral pneumonia, respiratory failure, hypoalbuminemia, and hypokalemia. After admission, he received antiviral, anti-infection, liver protection

n, and non-invasive ventilator-assisted ventilation. Respiratory failure gradually worsened. On January 23, he was intubated with ventilator-assisted ventilation. Death due to exhaustion.

## **annex:**

Statistics of confirmed cases of pneumonia of new coronavirus infection in the province (./P020200125192463250497.docx)