

卫生应急办公室

Home	Home	Latest Information	Policy Documents
Work dynamics	About Us	Picture Collection	Thematic Column

dynamic

Epidemic situation of new coronavirus infection on January 23, 2020

Published: 2020-01-23Source : Health Emergency Office

As of 24:00 on January 22, our committee had received a total of 571 confirmed cases of pneumonia of new coronavirus infection in 25 provinces (autonomous regions, municipalities) in China, including 95 severe cases and 17 deaths (all from Hubei Province). A total of 393 suspected cases were reported in 13 provinces (autonomous regions and municipalities).

At 00:00 on the 22nd, 24 provinces (autonomous regions and municipalities) reported 131 new confirmed cases and 8 new deaths, including 5 males and 3 females. 13 provinces (autonomous regions and municipalities) reported 257 new suspected cases. A total of 25 provinces (autonomous regions and municipalities) reported the epidemic.

Confirmed cases reported overseas: 1 case in Hong Kong, China, 1 case in Macau, 1 case in Taiwan, China; 1 case in the United States, 1 case in Japan, 3 cases in Thailand, and 1 case in South Korea.

At present, 5897 close contacts have been traced, 969 people have been released from medical observation, and 4928 people are still receiving medical observation.

Introduction of 17 deaths

1. Zeng XX, male, 61 years old, has a history of liver cirrhosis and myxoma. Fever started on December 20, 2019, with cough and weakness. She was hospitalized in the Department of Respiratory Medicine of Wuhan Puren Hospital on the 27th, transferred to the ICU on the 28th, was endowed with mechanical intubation on the 30th, and transferred to the ICU of Jinyintan Hospital on the 31st; Shock coma when entering. On January 1, ECMO support, anti-infection, anti-shock, and corrective acid symptomatic supportive treatment. At 20:47 on January 9, the heart rate of the patient suddenly became zero, and the ECMO blood flow rate decreased rapidly to 0.2 liters / minute. Rescue immediately. By 23:13, the heart rate was still 0, and clinical death was announced.

2. Xiong XX, male, 69 years old, was admitted to Wuhan Red Cross Hospital for 2 days due to fever and cough for 4 days, and exacerbated with dyspnea. On January 3, 2020, a tracheal intubation was connected to a ventilator to assist breathing. Myocardium The enzyme profile persists. Transferred to Jinyintan Hospital on January 4. Admission diagnosis was acute respiratory distress syndrome, respiratory failure, severe pneumonia, unconsciousness, pleural effusion, and aortic atherosclerosis. A CT scan of the patient's chest revealed large ground-glass opacities in both lungs. ECG: ST segment changes. After admission, he was treated with intensive care, ventilator-assisted breathing, prone ventilation, and symptomatic and supportive treatments such as CRRT, anti-infection, and liver protection. His condition did not improve. Septic shock, microcirculation failure, coagulation dysfunction, and internal environment disorders Sexual aggravation. At 00:15 on January 15, the patient's heart rate dropped to 0, and norepinephrine, epinephrine, pituitary, and dopamine were continuously pumped into the anti-shock therapy. The patient failed to recover spontaneous breathing and heartbeat until 0:45 The electrocardiogram at the bedside showed total cardiac arrest, and clinical death was declared.

3. Wang XX, male, 89 years old, has a history of hypertension, cerebral infarction, and cerebral softening. Due to urinary incontinence, she was referred to the Department of Urology, Tongji Hospital on January 5, 2020, and was transferred to the emergency department on January 8 due to drowsiness and

unconsciousness. The examination revealed lung infection (viral pneumonia) and acute respiratory failure. On January 8th, a physical examination revealed that the patient had 77mmHg and showed hypoxia. Lung CT showed double lung patch shadow, bilateral pleural effusion, and pleural adhesion. Blood routine showed a progressive increase in white blood cell count and a low lymphocyte count. On January 9th, he was transferred to the outpatient clinic for emergency treatment and was given symptomatic supportive treatment. On January 13, the ventilator was assisted with positive pressure ventilation. Drowsiness occurred on January 14th. With ventilator-assisted ventilation, blood oxygen saturation fluctuated between 50% and 85%. Entered the Infectious Diseases Ward on January 15. Before transfer at 10:30 on January 18, Bp140 / 78mmHg, SPO2 85% under non-invasive ventilator-assisted ventilation. During the transfer, the patient suffered a respiratory arrest, continued rescue for 2 hours, and the treatment was invalid. The clinical death was announced at 13:37 on January 18, 2020.

4. Patient Chen X, male, 89 years old, had previous hypertension, diabetes, coronary heart disease, frequent ventricular premature beats, and coronary stent implantation. The patient developed symptoms on January 13, 2020. There was no obvious inducement of asthma 4 hours before the consultation, and he felt dyspnea and no fever. On January 18, she went to the emergency department of Wuhan Union Medical College for treatment due to severe breathing difficulties. The patient was old and had a positive pathogenic examination of Chlamydia pneumoniae, no A and B flow, a new coronavirus positive, and CT of the lung: typical changes in viral pneumonia. At 23:39 on January 19, 2020, his condition deteriorated, and the rescue died.

V. Li XX, male, 66 years old, previously had COPD, hypertension, type 2 diabetes, chronic renal insufficiency, ascending aortic artificial aorta replacement in 2007, abdominal aortic stent placement in 2017, Cholecystectomy, multiple organ damage. The patient was admitted to Wuhan Iron and Steel General Hospital on January 16, 2020 for 6 days due to intermittent cough, headache, fatigue and fever. Chest CT on January 16 showed bilateral pneumonia, fibrosis of the left upper lung, and nodules of the left upper lung. Dyspnea occurred on January 17 and

blood gas analysis revealed type 1 respiratory failure. Symptoms such as oxygen inhalation, anti-infection, anti-virus, and sputum treatment were given. At 10:10 on January 20, the patient suddenly reduced the finger pulse oxygen to 40%. He had been given non-invasive ventilator-assisted ventilation. The patient was again informed of severe respiratory failure, and asked again whether to undergo tracheal intubation. . At 10:35 on January 20, the condition deteriorated and the rescue died.

6. Wang XX, male, 75 years old, was admitted to Wuhan Fifth Hospital at 17:19 on January 11, 2020 due to fever with cough, sputum for 5 days, and vomiting for 2 days. Previous history of hypertension and hip arthroplasty. The admission temperature was 38.2 ° C, accompanied by fatigue, anorexia, cough, nasal congestion, dizziness, and headache. There was no obvious chills, chills, and sore muscles and joints. A CT of the chest revealed an interstitial lung infection.

After being admitted to the hospital, she was in critical condition and was given oxygen, anti-infection, anti-virus, phlegm, fever, and fluid rehydration as appropriate. The patient's condition worsened progressively, and she was transferred to the ICU on January 15 for mechanical ventilation. He was pronounced dead at 11:25 on January 20.

7. Yin XX, female, 48 years old, had previous diabetes and cerebral infarction. On December 10, 2019, there was no cause of fever (38 ° C), sore body and fatigue, and cough and sputum gradually appeared. Anti-infective treatment in primary hospitals did not improve for 2 weeks. On December 27th, chest tightness and shortness of breath occurred. After the activity, it was obvious. Tongji Hospital was given non-invasive ventilation and conventional anti-infective treatment. The condition still worsened. On December 31st, she was transferred to Jinyintan Hospital and given symptomatic treatments such as high-flow oxygen inhalation of nasal catheter. Hypoxia condition has not improved significantly, and the condition is still worsening. On January 14, 2020, chest CT showed diffuse mechanized changes in both lungs, some with traction bronchiectasis, especially in the lower lungs. At 11:50 on January 20th, tracheal intubation was performed, and analgesia and sedation were given. The terminal oxygen saturation and blood pressure

continued to decline, and then the heart rate decreased. Eventually, the rescue failed.

8. Liu XX, male, 82 years old, was admitted to Wuhan Fifth Hospital at 15:41 on January 14, 2020 due to chills and soreness in the whole body for 5 days. She was given ECG monitoring, non-invasive ventilator assisted breathing, anti-infection, anti-virus and symptomatic treatment. On January 19, he had unclear speech, and his left limb was weak. Considering a stroke, the disease progressed, and respiratory failure continued to worsen. At 00:30 on January 21, the patient's sudden heart rate decreased progressively, the heart sounds were not heard, the aortic pulse disappeared, and he was rescued immediately. The family members still refused mechanical ventilation of the intubation and continued rescue. The heart rate remained unrecovered. The clinic was announced at 1:18 death.

Nine, Luo XX, male, 66 years old, no inducement cough on December 22, 2019, mainly dry cough, no fever; December 31, chest tightness, shortness of breath, obvious after the activity, went to the central hospital for treatment; 2020 He was transferred to Jinyintan Hospital on May 2nd, and his imaging findings showed diffuse lung lesions with "white lung-like" changes. After admission, symptomatic treatment such as nasal high-flow oxygen was given. Refractory hypoxemia is difficult to correct. At 10:00 on January 12, the tracheal intubation ventilator assisted breathing, sedation, body temperature of 36.7 ° C, respiratory distress, and continued active antibacterial treatment. On the day, the oxygenation of the patient did not improve significantly. The inspiratory oxygen concentration of the ventilator had been reduced to about 50%, and the partial pressure of arterial oxygen was 80mmHg. The patient had a long course of disease, extremely poor immune function, and there was a risk of septic shock. At 9:50 on January 21, the rescue failed.

X. Zhang XX, male, 81 years old, was admitted to Wuhan First Hospital on January 18, 2020 due to fever for 3 days. Admission to the chest CT showed infectious lesions in both lungs. Considering viral pneumonia, the patient's renal function and pulmonary infection continued to worsen. On the morning of January 22, 2020, consciousness gradually appeared, and the respiratory heart rate and

blood pressure continued to decline. He refused rescue measures such as chest compressions and tracheotomy. The patient stopped breathing at 10:56 on January 22 and declared clinical death.

Eleven, Zhang XX, female, 82 years old, has a history of Parkinson's disease for 5 years, orally takes Medopa. Onset on January 3, 2020, he was diagnosed with "viral pneumonia and respiratory failure" on January 6 at the Integrated Traditional Chinese and Western Medicine Hospital of Hubei Province due to "fever, cough, chest tightness and fatigue". He was transferred to Wuhan Jinyintan Hospital on January 20, and his condition was progressively worsened. On January 22, he was treated with tracheal intubation ventilator to support treatment, and his respiratory failure did not improve. On January 22, 2020, he was declared invalid by rescue at 18:00. .

Twelve, week XX, male, 65 years old, January 11, 2020 due to shortness of breath accompanied by fatigue for 3 days, increased 3 days into Wuhan First Hospital. At the time of admission, the patient had difficulty breathing, chest tightness, shortness of breath, and acute illness. He was diagnosed with severe pneumonia, acute respiratory failure, and liver damage. At 19:00 on January 21, a decrease in heart rate and blood pressure, disappearance of light reflection by both pupils, and immediate treatment of tracheal intubation, artificial chest compressions, cardiac strengthening and other treatments. At 19:54, the autonomic rhythm was not restored, and clinical death was declared.

Thirteen, Hu XX, female, 80 years old, became ill on January 11, 2020. He was admitted to China Resources Wuhan Iron & Steel General Hospital on January 18, 2020 due to fever, cough, wheezing, and dyspnea. He was transferred to Wuhan Jinyintan Hospital on January 20, 2020 because of a new coronavirus positive. He has a history of hypertension for more than 20 years, a history of diabetes for more than 20 years, and a history of Parkinson's disease. After admission, she was in critical condition, intensive care, anti-infection, ventilator-assisted breathing, and symptomatic supportive treatment. However, the patient's condition did not improve, persistent hypoxemia, unconsciousness, mechanical ventilator-assisted breathing, invalidated after rescue at 16:00 on January 22, 2020,

and clinical death was declared.

14. Lei XX, male, 53 years old. He had been treated in a community hospital for fever in early January, but it was not effective after a few days of treatment, and fever, cough, and chest tightness worsened. On January 13, 2020, he went to the emergency department of Tongji Hospital. CT showed bilateral lung infection and respiratory failure. He was critically ill on January 18 and was treated with non-invasive ventilator support. On January 20, 2020, he was transferred to Wuhan Jinyintan Hospital for isolation and treatment. . He was admitted to hospital with anti-infection and anti-shock, ventilator-assisted respiratory support treatment, and the patient's condition did not improve. Respiratory failure continued to worsen. At 4 o'clock on January 21, the rescue was invalid, and clinical death was declared.

XV. Wang XX, male, 86 years old, was admitted to Xinhua Hospital on January 9, 2020 due to fatigue for one week. No fever, diabetic hypertension, and colon cancer 4 years after surgery. After admission, CT of the lungs showed multiple ground glass shadows in both lungs, obvious hypoxia, difficulty in eating, rapid breathing, and lethargy. The family refused to be intubated and only inhaled oxygen through the nose. At 17:50 on January 21, 2020, the heartbeat stopped breathing and declared clinical death.

16. Yuan XX, female, 70 years old. On January 13, 2020, the city's No. 1 Hospital was owing to the continued high fever. At the time of admission, he had blurred consciousness, acute illness, weakened heart sounds, and thick breathing sounds in both lungs. Imaging results showed severe pulmonary infection. Consider severe pneumonia with severe respiratory failure. That is, symptomatic treatment such as active anti-infection and oxygen inhalation is given, but respiratory failure is difficult to correct. The patient was pronounced dead on January 21, 2020 due to respiratory failure.

17. Zhan XX, male, 84 years old. The patient was admitted to the Fifth Hospital of the City for 3 days due to fever, cough and wheezing at 17: 4 on January 9, 2020. Previous history of chronic bronchitis, unstable angina pectoris, coronary stenting, hypertension, gastrointestinal bleeding, renal insufficiency, hyperlipidemia, hyperuricemia, lacunar cerebral infarction. Due to the

exacerbation of the disease and persistent high fever, the patient was transferred to the ICU on January 18th for anti-infection and symptomatic supportive treatment. At 10:16 on January 22, the patient stopped breathing, his heart rate gradually slowed down, and clinical death was announced at 10:52.

share to

Copyright of the National Health Committee of the People's Republic of China. ICP record number: Beijing ICP 11020874
Technical Support: Statistical Information Center of National Health Commission
