to 8 days after infection, and a few naive ferrets with only indirect contact were positive for viral RNA, suggest- ing airborne transmission". In addition, transmission of the virus through the ocular surface and prolonged presence of SARS-CoV-2 viral RNA in faecal samples were also documented'*"". Coronaviruses can persist on inanimate surfaces for days, which could also be the case for SARS-CoV-2 and could pose a prolonged risk of infection". These findings explain the rapid geographic spread of COVID-19, and public health interventions to reduce transmission will provide benefit to mitigate the epidemic, as has proved successful in China and several other countries, such as South Korea*?!°4!°, Diagnosis Early diagnosis is crucial for controlling the spread of COVID-19. Molecular detection of SARS-CoV-2 nucleic acid is the gold standard. Many viral nucleic acid detec- tion kits targeting ORF1b (including RdRp), N, E or S genes are commercially available""'°~"'. The detection time ranges from several minutes to hours depending on the technology'*""'!-!"", The molecular detection can be affected by many factors. Although SARS-CoV-2 has been detected from a variety of respiratory sources, including throat swabs, posterior oropharyngeal saliva, nasopharyngeal swabs, sputum and bronchial fluid, the viral load is higher in lower respiratory tract sam- ples'?'*!-"°, In addition, viral nucleic acid was also found in samples from the intestinal tract or blood even when respiratory samples were negative"'. Lastly, viral load may already drop from its peak level on disease onset". Accordingly, false negatives can be common when oral swabs and used, and so multiple detection methods should be adopted to confirm a COVID-19 diagnosis""'"'*. Other detection methods were there- fore used to overcome this problem. Chest CT was used to quickly identify a patient when the capacity of molecular detection was overloaded in Wuhan. Patients