

or even die, whereas most young people and children have only mild diseases (non-pneumonia or mild pneumonia) or are asymptomatic<sup>9,81,82</sup>. Notably, the risk of disease was not higher for pregnant women. However, evidence of transplacental transmission of SARS-CoV-2 from an infected mother to a neonate was reported, although it was an isolated case<sup>83,84</sup>. On infection, the most common symptoms are fever, fatigue and dry cough<sup>13,60,80,81</sup>. Less common symptoms include sputum production, headache, haemoptysis, diarrhoea, anorexia, sore throat, chest pain, chills and nausea and vomiting in studies of patients in China<sup>13,60,80,81</sup>. Self-reported olfactory and taste disorders were also reported by patients in Italy<sup>85</sup>. Most people showed signs of diseases after an incubation period of 1–14 days (most commonly around 5 days), and dyspnoea and pneumonia developed within a median time of 8 days from illness onset<sup>9</sup>.

In a report of 72,314 cases in China, 81% of the cases were classified as mild, 14% were severe cases that required ventilation in an intensive care unit (ICU) and a 5% were critical (that is, the patients had respiratory failure, septic shock and/or multiple organ dysfunction or failure)<sup>9,86</sup>. On admission, ground-glass opacity was the most common radiologic finding on chest computed tomography (CT)<sup>13,60,80,81</sup>. Most patients also developed marked lymphopenia, similar to what had been seen in patients with SARS and MERS, and non-survivors developed more severe lymphopenia over time<sup>13,60,80,81</sup>. Compared with non-ICU patients had higher levels