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| 195 Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records  <https://www.sciencedirect.com/science/article/pii/S0140673620303603>  This study evaluated the clinical characteristics of COVID-19 in pregnancy and the intrauterine vertical transmission potential of COVID-19 infection.  This small group of cases did not find no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 pneumonia in late pregnancy. |
| 197 [HTML][HTML] The reproductive number of COVID-19 is higher compared to SARS coronavirus <https://academic.oup.com/jtm/advance-article/doi/10.1093/jtm/taaa021/5735319>  This study reviewed the basic reproduction number (R0) of the COVID-19 virus. R0 is an indication of the transmissibility of a virus, representing the average number of new infections generated by an infectious person in a totally naïve population. For R0 > 1, the number infected is likely to increase, and for R0 < 1, transmission is likely to die out. The basic reproduction number is a central concept in infectious disease epidemiology, indicating the risk of an infectious agent with respect to epidemic spread. |
| Extra **Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia** <https://www.nejm.org/doi/10.1056/NEJMoa2001316>  This study found that human-to-human transmission has occurred among close contacts since the middle of December 2019. Considerable efforts to reduce transmission will be required to control outbreaks if similar dynamics apply elsewhere. Measures to prevent or reduce transmission should be implemented in populations at risk. |
| 199 Not useful  Time course of lung changes on chest CT during recovery from 2019 novel coronavirus (COVID-19) pneumonia <https://pubs.rsna.org/doi/abs/10.1148/radiol.2020200370>  Chest CT is used to assess the severity of lung involvement in COVID-19 pneumonia. |
| 214 The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak <https://www.sciencedirect.com/science/article/pii/S0896841120300469>  Based on the large number of infected people that were exposed to the wet animal market in Wuhan City, China, it is suggested that this is likely the zoonotic origin of COVID-19. Person-to-person transmission of COVID-19 infection led to the isolation of patients that were subsequently administered a variety of treatments. Extensive measures to reduce person-to-person transmission of COVID-19 have been implemented to control the current outbreak. Special attention and efforts to protect or reduce transmission should be applied in susceptible populations including children, health care providers, and elderly people. In this review, we highlights the symptoms, epidemiology, transmission, pathogenesis, phylogenetic analysis and future directions to control the spread of this fatal disease.  In a small study conducted on women in their third trimester who were confirmed to be infected with the coronavirus, there was no evidence that there is transmission from mother to child. However, all pregnant mothers underwent cesarean sections, so it remains unclear whether transmission can occur during vaginal birth. This is important because pregnant mothers are relatively more susceptible to infection by respiratory pathogens and severe pneumonia ([https://www.thelancet.com](https://www.thelancet.com/), DOI:<https://doi.org/10.1016/S0140-6736(20)30360-3>). |
| 215 [PDF][PDF] Household transmission investigation protocol for coronavirus disease 2019 (COVID-19)‚ <https://apps.who.int/iris/bitstream/handle/10665/331464/WHO-2019-nCoV-HHtransmission-2020.3-eng.pdf>  NOT Useful |
| 225 Real-time estimation of the risk of death from novel coronavirus (COVID-19) infection: Inference using exported cases https://www.mdpi.com/2077-0383/9/2/523/htm  The study statistically estimated the basic reproduction number—the average number of secondary cases generated by a single primary case in a naïve population. The authors modeled epidemic growth either from a single index case with illness onset on 8 December 2019 (Scenario 1), or using the growth rate fitted along with the other parameters (Scenario 2) based on data from 20 exported cases reported by 24 January 2020. The cumulative incidence in China by 24 January was estimated at 6924 cases (95% confidence interval [CI]: 4885, 9211) and 19,289 cases (95% CI: 10,901, 30,158), respectively. Based on these results, the authors argued that the current COVID-19 epidemic has a substantial potential for causing a pandemic. The proposed approach provides insights in early risk assessment using publicly available data. |
| 242 Is COVID-19 receiving ADE from other coronaviruses? https://www.sciencedirect.com/science/article/pii/S1286457920300344  NOT Useful |
| 259 The global macroeconomic impacts of COVID-19: Seven scenarios https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3547729  NOT Useful |
| 264 Clinical characteristics of 24 asymptomatic infections with COVID-19 screened among close contacts in Nanjing China  <https://link.springer.com/article/10.1007/s11427-020-1661-4>  This study was aimed to present the clinical characteristics of 24 cases with asymptomatic infection screened from close contacts and to show the transmission potential of asymptomatic COVID-19 virus carriers. Epidemiological investigations were conducted among all close contacts of COVID-19 patients (or suspected patients) in Nanjing, Jiangsu Province, China, from Jan 28 to Feb 9, 2020, both in clinic and in community. Asymptomatic carriers were laboratory-confirmed positive for the COVID-19 virus by testing the nucleic acid of the pharyngeal swab samples. Their clinical records, laboratory assessments, and chest CT scans were reviewed. As a result, none of the 24 asymptomatic cases presented any obvious symptoms while nucleic acid screening. Five cases (20.8%) developed symptoms (fever, cough, fatigue, etc.) during hospitalization. Twelve (50.0%) cases showed typical CT images of ground-glass chest and 5 (20.8%) presented stripe shadowing in the lungs. The remaining 7 (29.2%) cases showed normal CT image and had no symptoms during hospitalization. These 7 cases were younger (median age: 14.0 years; *P*=0.012) than the rest. None of the 24 cases developed severe COVID-19 pneumonia or died. The median communicable period, defined as the interval from the first day of positive nucleic acid tests to the first day of continuous negative tests, was 9.5 days (up to 21 days among the 24 asymptomatic cases). Through epidemiological investigation, we observed a typical asymptomatic transmission to the cohabiting family members, which even caused severe COVID-19 pneumonia. Overall, the asymptomatic carriers identified from close contacts were prone to be mildly ill during hospitalization. However, the communicable period could be up to three weeks and the communicated patients could develop severe illness. These results highlighted the importance of close contact tracing and longitudinally surveillance via virus nucleic acid tests. Further isolation recommendation and continuous nucleic acid tests may also be recommended to the patients discharged. |
| 270 Response to COVID-19 in Taiwan  https://jamanetwork.com/journals/jama/article-abstract/2762689  NOT Useful |