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

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 in Suizhou City for the first time, 11 cases were found in Enshi City for the first time, 1 cases were 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 City). 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.

Mr Chen, male, 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.

Ms Cheng, 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.

Mr Deng, 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 heart rate and blood pressure suddenly dropped, and her heart rate and breathing decreased to 0 at 18:50. Blood pressure could not be measured and clinical death was declared.

Mr 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.

Mr Le, 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.

Mr Li, 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 difficulty 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.

Ms Liu, 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.

Mr Liu, 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.

Mr Liu, 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 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.

Mr Song, 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 ℃, the breathing sounds of both lungs were thick, and multiple biochemical examination indexes 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.

Mr Wu, 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 treated 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.

Mr Yang, male, 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.

Ms Zhang, 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. At 23:07 on January 23, clinical death was declared due to respiratory failure.

Ms Zhou, 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, and non-invasive ventilator-assisted ventilation. Respiratory failure gradually worsened. On January 23, he was intubated with ventilator-assisted ventilation. On January 23, 18:24 due to respiratory circulation Death due to exhaustion.

**湖北省卫生健康委员会关于新型冠状病毒感染的肺炎情况通报**

2020年1月24日0时-24时，湖北省新增新型冠状病毒感染的肺炎病例180例（武汉市新增77例、十堰市新增4例、荆门市新增13例、孝感市新增4例、黄冈市新增52例、荆州市新增2例、仙桃市新增8例，随州市首次发现5例、恩施州首次发现11例、鄂州市首次发现1例、天门市首次发现3例）。全省新增死亡15例,全为武汉市病例。武汉市治愈出院1例。

截至2020年1月24日24时，湖北省累计报告新型冠状病毒感染的肺炎病例729例（其中武汉市572例、十堰市5例、宜昌市1例、鄂州市1例、荆门市21例、孝感市26例、荆州市10例、黄冈市64例、随州市5例、恩施州11 例、仙桃市10例、天门市3例），已治愈出院32例，死亡39例(其中武汉市38例,宜昌市1例)。目前仍在院治疗658例，其中重症100例、危重症57例，均在定点医疗机构接受隔离治疗。累计追踪密切接触者5682人，已解除医学观察971人，尚在接受医学观察4711人。

陈某某，男，70岁，2020年1月19日因“咳嗽、发热4天”入院治疗，入院时患者高热、咳嗽咳痰、胸闷气促，胸部CT检查提示双肺多发感染病灶，诊断为肺部感染，入院后予以抗病毒、抗感染、止咳化痰等治疗，但治疗效果不佳，呼吸困难逐渐加重。1月23日13：00患者出现呼吸急促、心动过速，19:15患者血氧饱和度、心率进行性下降，1月23日20：55宣告临床死亡。

程某某，女，76岁，2020年1月5日因“右肩疼痛活动受限4小时”送至市第三医院住院治疗。既往有多年高血压、糖尿病史。入院时右肩肿胀疼痛，活动受限，X线提示右肱骨近端粉碎性骨折，诊断为右肱骨近端粉碎性骨折，高血压、糖尿病。1月9日行右肱骨近端骨折手术后予补液，预防感染，输血等对症治疗。1月18日出现持续发热，胸部CT提示双肺多发感染灶，逐渐出现昏迷，呼吸急促，心率进行性下降，1月24日18：09分因呼吸衰竭宣告临床死亡。

邓某某，男，72岁，2020年1月18日因“咳嗽伴发热1周”入住武汉大学中南医院。既往有慢性支气管炎病史，入院时患者高热、咳嗽咳痰、胸闷气促，急性病面容。门诊胸部CT提示双肺感染，诊断为病毒性肺炎。入院后予以持续高流量吸氧、抗感染、抑酸护胃等治疗，患者逐渐陷入嗜睡、昏迷状态，1月23 日18:30突然出现心率血压下降，18:50心率、呼吸降至0，血压测不出，宣告临床死亡。

洪某，男，79岁，2020年1月17日因“间断发热、咳嗽、喘气6天”转入市金银潭医院。既往有多年糖尿病、高血压病史。入院时患者呼吸急促、慢性重病容，诊断为重症肺炎、呼吸衰竭、2型糖尿病、高血压病（极高危）。入院后予以抗炎、抗感染、无创呼吸机辅助通气等治疗，呼吸衰竭逐渐加重并出现昏迷，1月24日2:50分因多器官功能衰竭宣告临床死亡。

乐某某，男，55岁，2020年1月19日因“间断发热、咳嗽11天”转入市金银潭医院。入院时患者呼吸急促、心率加速、胸部CT考虑病毒性肺炎，诊断为病毒性肺炎、呼吸衰竭。入院后予以抗感染、抗炎、无创呼吸机辅助通气等治疗，呼吸衰竭逐渐加重并出现昏迷，1月24日10:15分因多器官功能衰竭宣告临床死亡。

李某某，男，87岁，2020年1月19日因“间断腹泻、发热7日”至协和医院感染科住院治疗。既往有糖尿病史多年，入院时患者低热、胸闷气促、胸部CT检查考虑双肺多发间质性肺炎，诊断为发热待查、病毒性肺炎、糖尿病、肝功能异常。入院后予以呼吸道隔离、高流量吸氧、抗病毒、抗感染、护肝等治疗。于1月23日8:40出现呼吸不畅，血氧饱和度进行性下降，1月23日18:32分呼吸心跳骤停，血压测不出，宣告临床死亡。

刘某某，女，66岁，2020年1月19日因“发热、胸闷10余天，加重3天”至同济医院住院治疗。既往有高血压病史多年，入院时胸闷气促、精神差，胸部CT考虑双肺感染性病变，入院诊断为发热待查。入院后予以抗病毒、抗感染、抗炎等治疗。1月21日12:31分出现血压下降至测不出，宣告临床死亡。

刘某某，男，58岁，2020年1月18日因“间断发热伴咳嗽15天，胸闷、喘气1天”转入市金银潭医院。既往有多年高血压病史。入院时患者胸闷气促、心率加速，外院冠状病毒核酸检测阳性，诊断为病毒性肺炎、呼吸衰竭、高血压、冠心病。入院后予以高流量吸氧、抗感染、抗炎等治疗，1月19日并发心肌缺血，逐渐出现昏迷、休克，1月24日2:54分因多器官功能衰竭宣告死亡。

刘某某，男，66 岁，2020年1月11日因发热，咳嗽发病于普仁医院住院治疗，因呼吸衰竭行呼吸机辅助呼吸治疗。1月20日转入市金银潭医院继续抢救治疗。入院时高流量吸氧，入院后给予抗感染、化痰及氧疗支持治疗，于1月21日2：30出现呼吸困难，四肢厥冷，于当日4：00转入ICU，无意识，呼之不应，双侧瞳孔散大，听诊无心音，心率为0，血压测不出。行气管插管、呼吸机通气、持续胸外按压、抗休克等积极抢救治疗，1月21日4：30因呼吸循环衰竭宣告临床死亡。

骆某某，男，78岁，2020年1月23日因“发热、咳嗽10天”转入市金银潭医院住院治疗，既往有多年冠心病史。入院时患者呼吸急促，精神差，诊断为病毒性肺炎、呼吸衰竭、冠心病，入院后予以抗病毒、抗感染、吸氧等治疗，呼吸衰竭逐渐加重，1月24日9:20出现心跳骤停，予强心对症治疗及胸外心脏按压，抢救无效，1月24日10:00宣告临床死亡。

宋某某，男，65岁，2020年1月16日因“畏寒咳嗽四天”入院。既往有糖尿病、冠心病史多年。入院体温 38.4℃，双肺呼吸音粗，入院多项生化检查指标异常，胸部CT显示双肺多处感染性病变。初步诊断为慢性支气管炎急性发作、2型糖尿病、冠心病等。入院后予以抗感染、抗病毒、稳定血糖等对症支持治疗。复查肺部CT提示感染较前扩大，血氧饱和度直线下降。于1月23日00:46死亡，死亡诊断为新型冠状病毒型肺炎，重症肺炎及呼吸衰竭。

吴某某，男，67岁，2020年1月15日因“头昏、发热5天”至市第四医院住院治疗。既往有多年慢性支气管炎病史，入院时患者高热、心率快、呼吸困难，急性病面容。胸部CT检查考虑两肺感染。诊断为重症社区获得性肺炎、呼吸衰竭。入院后予以抗病毒、抗感染、无创呼吸机辅助通气等治疗。1月18日改为气管插管辅助通气，患者氧饱和仍难以维持正常。于1月24日3：01因重度呼吸衰竭宣告临床死亡。

杨某某，男，58岁，2020年1月1 日因“咳嗽咳痰9天，发热5天”转入市金银潭医院。入院时患者高热、胸部CT提示双肺炎性病变。诊断为重症肺炎、病毒性肺炎、呼吸衰竭。入院后予以抗炎、抗感染、高流量吸氧等治疗。1月16日予气管插管辅助通气及ECMO治疗，并发脓毒血症，感染性休克。1月23日17:01患者因呼吸循环衰竭死亡。

张某某，女，67岁， 2020年1月12日因“发热1周”至东西湖人民医院住院治疗。既往有多年糖尿病、高血压病史，入院时患者精神差、胸闷气短，胸部CT检查提示两肺感染性病变，诊断为病毒性肺炎。入院后予以吸氧、抗病毒、抗感染、有创呼吸机辅助通气等治疗，呼吸困难逐渐加重。1月23日 21:07因呼吸衰竭宣告临床死亡。

周某某，女，82岁，2020年1月17日因“间断发热、胸痛，胸闷，乏力，气短7天”转入市金银潭医院住院治疗。外院新型冠状病毒核酸阳性，既往有高血压病史。入院时患者胸闷乏力、呼吸急促。诊断为重症肺炎、病毒性肺炎、呼吸衰竭、低蛋白血症、低血钾。入院后予以抗病毒、抗感染、护肝、无创呼吸机辅助通气等治疗，呼吸衰竭逐渐加重，1月23日予气管插管接呼吸机辅助通气治疗，1月23日18:24因呼吸循环衰竭死亡。