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<http://www.nhc.gov.cn/xcs/yqtb/202001/5d19a4f6d3154b9fae328918ed2e3c8a.shtml>

Epidemic situation of new coronavirus infection on January 23

[](http://www.nhc.gov.cn/xcs/yqtb/202001/5d19a4f6d3154b9fae328918ed2e3c8a.shtml)[](javascript:window.print())

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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 in Hong Kong, China, 1 in Macau, 1 in Taiwan, China; 1 in the United States, 1 in Japan, 3 in Thailand, and 1 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 at the 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. 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 were performed. 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 be intubated and refused to be intubated . 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. The patient's family 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, she 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.

1月23日新型冠状病毒感染的肺炎疫情情况

[](http://www.nhc.gov.cn/xcs/yqtb/202001/5d19a4f6d3154b9fae328918ed2e3c8a.shtml)[](javascript:window.print())

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截至1月22日24时，我委收到国内25个省（区、市）累计报告新型冠状病毒感染的肺炎确诊病例571例，其中重症95例，死亡17例（均来自湖北省）。13个省（区、市）累计报告疑似病例393例。  
　　22日0-24时，24省（区、市）报告新增确诊病例131例，新增死亡患者8例，其中，男性5例，女性3例。13省（区、市）报告新增疑似病例257例。全国共有25个省（区、市）报告疫情。  
　　境外通报确诊病例：中国香港1例，中国澳门1例，中国台湾1例；美国1例，日本1例，泰国3例，韩国1例。  
　　目前追踪到密切接触者5897人，已解除医学观察969人，尚有4928人正在接受医学观察。

**17例死亡病例病情介绍**

　　一、曾XX，男，61岁，既往有肝硬化、粘液瘤等病史。2019年12月20日左右开始发热，咳嗽、无力；27日在武汉市普仁医院呼吸科住院治疗，28日转入ICU，30日予气管插管机械通气，31日转金银潭医院ICU；转入时休克昏迷状态。1月1日ECMO支持、抗感染、抗休克、纠正酸中毒等对症支持治疗。1月9日20时47分患者心率突然为0，ECMO血流速快速降至0.2升/分。立即抢救，至23时13分，心率仍为0，宣布临床死亡。  
　　二、熊XX，男，69岁，因发热、咳嗽4天，加重伴呼吸困难2天就诊于武汉市红十字会医院，2020年1月3日经口气管插管接呼吸机辅助呼吸，心肌酶谱持续异常。1月4日转入金银潭医院。入院诊断为急性呼吸窘迫综合征、呼吸衰竭、重症肺炎、昏迷待查、胸腔积液、主动脉粥样硬化。患者胸部CT示：双肺大片磨玻璃样影。心电图示：ST段改变。入院后予重症监护、呼吸机辅助呼吸、俯卧位通气治疗，予CRRT、抗感染、护肝等对症及支持治疗，病情无好转，脓毒性休克、微循环衰竭、凝血功能障碍及内环境紊乱进行性加重。1月15日00:15患者心率下降为0，持续去甲肾上腺素、肾上腺素、垂体后叶素、多巴胺等静脉泵入抗休克治疗，患者始终未能恢复自主呼吸及心跳，至0时45分床边心电图示全心停搏，宣告临床死亡。  
　　三、王XX，男，89岁，既往有高血压、脑梗塞、脑软化病史。因尿失禁于2020年1月5日就诊于同济医院泌尿外科，1月8日因嗜睡、神志不清转入急诊科就诊。检查提示肺部感染（病毒性肺炎）、急性呼吸衰竭。1月8日体检发现患者77mmHg，有缺氧表现。肺部CT呈双肺斑片影，双侧少量胸腔积液，胸膜粘连。血常规示白细胞总数进行性增高，淋巴细胞计数低。1月9日转入发热门诊观察病房抢救治疗，给予对症支持治疗。1月13日予呼吸机辅助正压通气。1月14日出现昏睡，在呼吸机辅助通气下，血氧饱和度波动在50%-85%之间。1月15日收入感染科病房。1月18日10时30分转院前Bp140/78mmHg，无创呼吸机辅助通气下SPO2 85%。转运途中，患者出现呼吸心跳骤停，持续抢救2小时，治疗无效于2020年1月18日13时37分宣告临床死亡。  
　　四、患者陈X，男，89岁，既往有高血压、糖尿病、冠心病、频发室性早搏，冠脉支架植入术后。患者于2020年1月13日发病，就诊4小时前无明显诱因喘气，自感呼吸困难，无发热。1月18日因严重呼吸困难至武汉协和医院急诊科救治。患者高龄，病原学检查肺炎衣原体阳性，无甲乙流，新型冠状病毒阳性，肺部CT：病毒性肺炎典型改变。于2020年1月19日23时39分病情恶化，抢救无效死亡。  
　　五、李XX，男，66岁，既往有慢阻肺，高血压病，2型糖尿病，慢性肾功能不全，2007年升主动脉人工主动脉置换术，2017年腹主动脉支架置入术，胆囊切除术，多脏器功能损害。患者因间断咳嗽、头痛、乏力伴发热6天于2020年1月16日收入武钢总医院。1月16日胸部CT显示双侧肺炎、左上肺纤维化灶、左上肺小结节影。1月17日出现呼吸困难，血气分析提示1型呼吸衰竭，给予面罩吸氧、抗感染、抗病毒、化痰等对症处理。1月20日10时10分 患者于突然出现指脉氧降低至40%，已予无创呼吸机辅助通气治疗，再次告知家属患者重度呼吸衰竭，再次询问是否行气管插管，拒绝行气管插管。1月20日10时35分病情恶化抢救无效死亡。  
　　六、王XX、男、75岁、因发热伴咳嗽、咳痰5天、呕吐2天于2020年1月11日17时19分收入武汉市第五医院。既往有高血压病和髋关节置换术史。入院体温38.2℃，伴乏力、纳差、咳嗽、鼻塞、头昏、头痛，无明显畏寒、寒颤、肌肉关节酸痛。胸部CT提示双肺间质感染。  
　　入院后告病危，予以吸氧、抗感染、抗病毒，化痰，酌情退热，予以补液等对症治疗。患者病情进行性加重，1月15日转入ICU，行机械通气。1月20日11时25分宣告死亡。  
　　七、殷XX，女，48岁，既往有糖尿病，脑梗死。2019年12月10日无诱因出现发热（38℃）、周身酸痛、乏力，逐渐出现咳嗽，少痰，在基层医院抗感染治疗2周未见好转。12月27日出现胸闷、气短，活动后明显，同济医院予无创通气、常规抗感染治疗，病情仍有加重。12月31日转入金银潭医院，给予鼻导管高流量吸氧等对症治疗措施，低氧状态仍未见明显好转，病情仍有恶化趋势。2020年1月14日胸部CT可见双肺弥漫机化性改变，部分伴牵拉性支气管扩张，其中以双下肺尤为明显。1月20日11时50分行气管插管，并予镇痛、镇静治疗，指端氧饱和度及血压持续下降，继而心率下降，最终抢救无效死亡。  
　　八、刘XX，男，82岁，因全身畏寒酸痛5天于2020年1月14日15时41分收入武汉市第五医院。给予心电监护、无创呼吸机辅助呼吸、抗感染、抗病毒及支持对症治疗。1月19日出现吐词不清、左侧肢体乏力，考虑脑卒中，病情进展加重，出现呼吸衰竭持续加重。1月21日00时30分患者突发心率进行性下降，心音闻不及，大动脉搏动消失，立即抢救，家属仍拒绝气管插管机械通气，持续抢救，心率始终无恢复，1时18分宣告临床死亡。

　　九、罗XX，男，66岁，2019年12月22日无诱因咳嗽，以干咳为主，无发热；12月31日出现胸闷，气短，活动后明显，至市中心医院就诊；2020年1月2日转入金银潭医院，影像学双肺病变弥漫，呈“白肺样”改变。入院后给予经鼻高流量给氧等对症治疗，顽固性低氧血症难以纠正。1月12日10时行气管插管呼吸机辅助呼吸，镇静状态，体温36.7℃，呼吸窘迫，继续积极抗菌治疗。当日患者氧合改善不明显，呼吸机吸入氧浓度已下调至50%左右，动脉血氧分压80mmHg。患者病程长，免疫功能极差，存在脓毒性休克风险，1月21日9时50分抢救无效死亡。  
　　十、张XX，男，81岁，2020年1月18日因发热3天收入武汉市第一医院。入院胸部CT显示双肺感染性病变，考虑病毒性肺炎，患者肾功能及肺部感染情况持续恶化，于2020年1月22日上午逐渐出现意识不清，呼吸心率血压持续下降不能维持，患者家属签字拒绝胸外按压、气管切开等抢救措施，患者于1月22日10时56分呼吸心跳停止，宣告临床死亡。  
　　十一、张XX，女，82岁，既往有帕金森病史5年，口服美多芭。2020年1月3日发病，因“发热咳嗽胸闷乏力”于1月6日就诊于湖北省中西医结合医院，诊断“病毒性肺炎、呼吸衰竭”。1月20日转入武汉市金银潭医院，病情进行性加重，于1月22日行气管插管呼吸机支持治疗，呼吸衰竭无改善，于2020年1月22日18时经抢救无效宣告临床死亡。  
　　十二、周XX，男，65岁，2020年1月11日因气促伴乏力3天，加重3天收入武汉市第一医院。入院时患者呼吸困难，胸闷气促，急性病面容，诊断为重症肺炎、急性呼吸衰竭、肝功能损害。1月21日19时出现心率、血压下降，双瞳对光反射消失，即刻行气管插管、人工胸外按压、强心等治疗，至19时54分未再恢复自主心律，宣告临床死亡。  
　　十三、胡XX，女，80岁，2020年1月11日发病。因发热、咳嗽9天，喘息、呼吸困难于2020年1月18日入住华润武钢总医院，因新型冠状病毒核酸阳性，于2020年1月20日转入武汉市金银潭医院。既往有高血压病史20余年，有糖尿病史20余年，有帕金森病史。入院后告病危，重症监护，行抗感染、呼吸机辅助呼吸及对症支持治疗。但患者病情无好转，持续低氧血症、神志不清，机械呼吸机辅助呼吸，2020年1月22日16时经抢救无效，宣告临床死亡。  
　　十四、雷XX，男，53岁。1月初因发热一直在社区医院治疗，治疗数日后无效，发热、咳嗽、胸闷加重。2020年1月13日到同济医院急诊科就诊，CT显示双肺感染，呼吸衰竭；1月18日告病危，行无创呼吸机支持治疗，2020年1月20日转入武汉市金银潭医院隔离治疗。入院经抗感染抗休克，呼吸机辅助呼吸支持治疗，患者病情无好转，呼吸衰竭继续加重，1月21日4时余经抢救无效，宣告临床死亡。  
　　十五、王XX，男，86岁，2020年1月9日因乏力1周就诊收入新华医院。无发热，有糖尿病高血压及结肠癌手术后4年。入院后肺部CT见双肺多发磨玻璃影，缺氧明显，进食困难、呼吸加快、昏睡等。家属拒绝插管，仅经鼻吸氧，于2020年1月21日17时50分心跳呼吸停止，宣告临床死亡。  
　　十六、袁XX，女，70岁。2020年1月13日因持续高热收入市第一医院。入院时神志模糊，急性病容，心音减弱，双肺呼吸音粗，影像学结果见肺部感染较重。考虑重症肺炎，且存在严重的呼吸衰竭。即予以积极抗感染、吸氧等对症治疗，但呼吸衰竭难以纠正。患者于2020年1月21日因呼吸衰竭宣告死亡。  
　　十七、詹XX，男，84岁。患者因发热、咳嗽、喘气3天于2020年1月9日17时4分收入市第五医院治疗。既往有慢性支气管炎、不稳定型心绞痛、冠状动脉支架术、高血压病、消化道出血、肾功能不全、高脂血症、高尿酸血症、腔隙性脑梗死病史。患者因病情加重，持续高热不退，于1月18日转入ICU，予以抗感染及对症支持治疗。1月22日10时16分患者呼吸停止，心率逐渐减慢，10时52分宣告临床死亡。