While the virus is known to cause only a mild illness in a majority, severe illness characterized by respiratory distress, respiratory failure, circulatory shock, sepsis or other organ failure, requiring intensive care (6-7). The swift spread of the virus is largely attributed to its stealth transmissions for which infected patients may be asymptomatic or exhibit only flu-like symptoms in the early stage. The virus is transmitted through direct contact with the infected person’s respiratory droplets (coughing and sneezing), as well as contact with infected surfaces. COVID-19 virus can survive for days on surfaces, but a simple disinfectant can eliminate this [x1]. Undetected transmissions present a remarkable challenge for the containment of the virus and pose an appalling threat to the public health.

As reported by Huang et al,3 patients with COVID-19 present primarily with fever, myalgia or fatigue, and dry cough. Although most patients are thought to have a favourable prognosis, older patients and those with chronic underlying conditions may have worse outcomes. Patients with severe illness may develop dyspnoea and hypoxemia within 1 week after onset of the disease, which may quickly progress to acute respiratory distress syndrome (ARDS) or end-organ failure (8). Certain epidemiological features and clinical characteristics of COVID-19 have been previously reported (8-10).

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