



DEPARTMENT OF DEFENSE  
Armed Forces Health Surveillance Branch  
Integrated Biosurveillance Section  
**COVID-19 Surveillance Summary #4**  
**13 FEB 2020**



**BLUF:**

- (U) On 11 FEB, WHO announced the official name for 2019 novel coronavirus (2019-nCoV) infection would be “2019 coronavirus disease (COVID-19)”, and the International Committee on Taxonomy of Viruses designated the virus itself as “Severe Acute Respiratory Syndrome coronavirus 2” (SARS-CoV-2).”
- (U) From mid-DEC 2019 to 13 FEB 2020, 59,822 confirmed cases of COVID-19, including 1,367 deaths (case fatality proportion 2.3%), have been reported in mainland China. On 12 FEB, the Chinese government reported a substantial increase in cases (+15,074) and deaths (+253). This is due to an expanded case definition (applicable only in Hubei Province) that includes clinically-diagnosed cases in addition to individuals testing positive via PCR. Additionally, 525 confirmed cases have been reported in 27 countries and regions outside of mainland China, including USINDOPACOM (15), USEUCOM (9), USNORTHCOM 2), and USCENTCOM (1).
- (U) As of 13 FEB, 15 confirmed cases have been reported in seven U.S. states: AZ (1), CA (8), IL (2), MA (1), TX (1), WA (1), and WI (1). In addition to mainland China, local transmission has been reported in 14 countries: Canada, France, Germany, Hong Kong, Japan, the Republic of Korea, Malaysia, Singapore, Spain, Taiwan, Thailand, the United Kingdom, the U.S., and Vietnam.
- (U) As of 13 FEB, 12 of the 13 authorized/approved CONUS and OCONUS DoD clinical laboratories have received COVID-19 diagnostic testing kits from CDC. One DoD laboratory, the Naval Health Research Center, and some state and local public health laboratories, have been approved to conduct diagnostic testing for COVID-2019 outside of the CDC. Test results will be validated at CDC for a period of time, after which the clinical laboratories will perform their own testing and report results to CDC.

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*For information or assistance requests, contact AFHSB/IB at: [dha.ncr.health-surv.list.ib-alert-response@mail.mil](mailto:dha.ncr.health-surv.list.ib-alert-response@mail.mil)*

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### 13 FEB 2020



**(U) CASE REPORT:** On 11 FEB, WHO announced the official name for 2019 novel coronavirus (2019-nCoV) infection would be “2019 coronavirus disease (COVID-19)”, and the International Committee on Taxonomy of Viruses designated the virus itself as “Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2).” As of 13 FEB, 59,822 (+31,737) confirmed cases of COVID-19, including 1,367 (+802) deaths (case fatality proportion 2.3%), have been reported in mainland China since mid-DEC 2019. Cases have been reported from all provinces (including municipalities and autonomous regions) of mainland China, with the majority of cases (81%) reported from Hubei Province, where Wuhan City, the epicenter of the outbreak, is located. A recent increase in the number of confirmed cases is due to the Chinese government’s expanded definition for new COVID-19 cases and deaths to include clinically-diagnosed cases. Clinically-diagnosed cases reported by China have fever and/or respiratory symptoms, low white blood cell count, and lung imaging (e.g., CT scan) consistent with COVID-19. China changed its guidelines for Hubei Province to enable faster diagnosis and care of COVID-19. As of 13 FEB, 519 (+502) cases have been reported in healthcare workers (HCWs), in China (516 (+500)), the United Kingdom (UK) (2), and France (1). Thirteen percent of all cases in China have been classified as severe. On 30 JAN, the [WHO International Health Regulations Emergency Committee \(EC\)](#) regarding COVID-19 concluded that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC).

**(U)** As of 13 FEB, at least 528 (+269) cases of COVID-19 have been reported in 27 countries and regions outside of mainland China, including 15 countries/regions in USINDOPACOM, nine in USEUCOM, two in USNORTHCOM, and one in USCENTCOM (see table). On 12 FEB, CDC revised its Persons Under Investigation (PUI) definition to enable samples to be collected to support broader surveillance goals. For severely ill individuals, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified. As of 13 FEB, CDC has cumulatively identified 428 (+135) PUIs in 41 (+5) U.S. states and territories, of which 15 (+3) have tested positive, 347 (+141) have tested negative, and 66 are pending. The 15 (+3) confirmed cases of COVID-19 have been reported in seven (+1) U.S. states: AZ (1), CA (8 (+2)), IL (2), MA (1), TX (1), WA (1) and WI (1). All but two of the U.S. cases occurred in individuals with travel history to mainland China; two cases (in CA and IL) occurred in close contacts of cases with travel to China.

**(U)** As of 13 FEB, 136 confirmed cases of COVID-19 (including 33 American citizens) have been identified among the crew and passengers of the Diamond Princess cruise ship, which is anchored at Yokohama Port, in Japanese territorial waters. On 5 FEB, all passengers and crew (3,711 people, including 428 U.S. citizens) under a 14-day quarantine after a passenger from Hong Kong tested positive for COVID-19. WHO notes that every time a new case is confirmed on the ship, close contacts are asked to remain in quarantine from last contact with the case, thereby extending the quarantine period for these individuals beyond 19 FEB, as appropriate. All individuals testing positive for COVID-19 have been admitted for medical care in infectious disease hospitals in the Yokohama area. An additional cluster of cases has been identified in connection to an international conference held at a hotel in Singapore in late JAN. Seven confirmed cases have been identified in individuals from Singapore (3), the Republic of Korea (ROK) (2), Malaysia (1), and the UK (1). The UK case was subsequently linked to a cluster of cases in British citizens after sharing neighboring apartments in a chalet in Les Contamines-Montjoie, a ski resort in the French Alps.

Confirmed Global Cases of COVID-19 (As of 13 FEB 2020)			
Total		60,347	
	Country/Region	Confirmed Cases	Cases without Mainland China travel
CENTCOM	United Arab Emirates	8 (+3)	1
NORTHCOM	United States	15 (+3)	2
	Canada	7 (+2)	1
EUCOM	Germany	16 (+4)	14
	France	11 (+5)	6
	United Kingdom	9 (+7)	7
	Italy	3 (+1)	0
	Spain	2 (+1)	2*
	Russia	2	0
	Finland	1	0
	Belgium	1	0
	Sweden	1	0
INDOPACOM	Mainland China	59,822 (+31,737)	N/A
	Singapore	50 (+22)	25
	Hong Kong	49 (+28)	29
	Thailand	33 (+8)	6**
	Japan	28 (-17)**	4
	Republic of Korea	28 (+5)	12***
	Taiwan	18 (+5)	7
	Malaysia	18 (+6)	3***
	Vietnam	16 (+6)	6
	Australia	15 (+1)	0
	Macao	10	0
	India	3	0
	Philippines	3 (+1)	0
Sri Lanka	1	0	
Cambodia	1	0	
Nepal	1	0	
OTHER	International Conveyance (Japan)	175	N/A

\*Includes 6 cases with exposure outside of the UK  
 \*Includes 2 cases with exposure outside of Spain  
 †Case reduction due to reclassification of cases associated with the Diamond Princess cruise ship anchored off the coast of Yokohama, Japan  
 \*\*Includes 2 cases with exposure outside of Thailand  
 ‡Includes 3 cases with exposure outside of ROK  
 \*\*\*Includes 1 case with exposure outside of Malaysia



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**(U) CASE REPORT (cont'd):** While the majority of cases reported outside mainland China are travel-associated, local transmission has been reported in [Canada](#), France, Germany, Japan, [Hong Kong](#), the Republic of Korea, Malaysia, Singapore, Spain, Taiwan, Thailand, the UK, the U.S., and Vietnam. On 28 JAN, ECDC reported the first confirmed locally acquired case in Germany in a 33-year-old male who had not traveled to China, but had contact with a colleague visiting from Shanghai who tested positive for [COVID-19](#) upon returning to China. As of [13 FEB](#), Bavarian authorities have reported [13 \(+6\)](#) additional cases, all of whom had exposure to the case from Shanghai. Additionally, on 31 JAN, authorities reported one confirmed case in the child of a previously reported German case, representing the first instance of third-generation transmission outside of mainland China.

**(U) BACKGROUND:** On 31 DEC, Wuhan City health authorities reported a cluster of 27 viral pneumonia cases (7 severe) of unknown etiology, with clinical signs and symptoms including fever, difficulty breathing, and bilateral lung infiltrates. All of the cases tested negative for respiratory pathogens including Middle East respiratory syndrome coronavirus (MERS-CoV), Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), and avian/seasonal influenza. On 7 JAN, Chinese health officials reported the isolation of a [coronavirus disease](#) (subsequently labelled "[COVID-19](#)") from a sample collected from one of the hospitalized cases. Chinese health authorities subsequently made the full genetic sequence available through publicly accessible databases/platforms including GenBank and GISAID, enabling multiple countries to develop PCR assays for the detection of [COVID-19](#). As of 27 JAN, assays and sequencing protocols have been released by China, Hong Kong, Germany, Japan, Thailand, and the U.S. Preliminary analysis of [COVID-19](#) found it to be 73% similar to Severe Acute Respiratory Syndrome coronavirus (SARS-CoV).

**(U) TRANSMISSION:** According to WHO's latest estimates, the incubation period for [COVID-19](#) (time from infection to development of symptoms) ranges from 2-10 days. Chinese authorities have estimated an upper limit of 14 days. China CDC's latest [estimate](#) of the  $R_0$  (basic reproduction number) ranges from 2.0-3.0. For comparison, the  $R_0$  of SARS-CoV ranges from 2.0-5.0.  $R_0$  represents the expected number of people an infected individual could spread a virus to in a susceptible population. The source of [COVID-19](#) is still unknown, but is most likely an animal reservoir. Coronaviruses are common in many different species of animals; bats are associated with the other two widely known CoVs to cause severe respiratory disease in humans (Middle East respiratory syndrome and SARS). This outbreak was originally suspected to be linked to animal exposures in a wet market in Jiangnan District, Wuhan City, with a majority of the initial cluster of cases occurring in stallholders and visitors of the Huanan South China Seafood Wholesale Market; the market has been closed for environmental cleaning and disinfection since 1 JAN.

**(U) TRAVEL ADVISORIES:** [Chinese officials expect nearly 160 million people to return to their workplaces during the week of 16 FEB, following a two-week lockdown affecting millions of people in dozens of cities in mainland China.](#) CDC is continuing to implement enhanced entry screening, and has expanded screening to include 20 international airports in the U.S. As of 4 FEB, CDC maintains its [Warning – Level 3, Avoid Nonessential Travel](#) notice for [COVID-19](#) in China (this does not include Hong Kong, Macao, and Taiwan). On 2 FEB, the U.S. Department of State (DoS) upgraded its travel advisory for all of China to [Level 4: Do Not Travel](#). [On 11 FEB, the DoS upgraded its travel advisory for Hong Kong to Level 2: Exercise Increased Caution.](#) On 31 JAN, following WHO's declaration of a PHEIC, the U.S. Secretary of DHHS [declared COVID-19](#) a Public Health Emergency in the U.S. Starting 2 FEB, CDC has implemented the following travel restrictions: flights with travelers who have been to mainland China within the last 14 days will arrive at one of 11 designated ports for entry (international airports); any U.S. citizen who has been in Hubei Province within the previous 14 days will be subject to up to 14 days of mandatory quarantine; and any U.S. citizen returning to the U.S. who has been in the rest of mainland China within the previous 14 days will undergo proactive entry health screening and self-quarantine. Additionally, the President signed a [Presidential Proclamation](#) on 31 JAN suspending the entry into the U.S. of foreign nationals, other than the immediate family of U.S. citizens and permanent residents, who have traveled in China within the last 14 days.

**(U) MEDICAL COUNTERMEASURES & DIAGNOSTICS:** [On 4 FEB, the U.S. FDA issued an Emergency Use Authorization \(EUA\) for patients who meet the CDC criteria for COVID-19 testing, enabling emergency use of the test kit in the U.S. On 5 FEB, CDC began shipping diagnostic test kits to 115 qualified state/local public health laboratories. Test results will be validated at CDC for a period of time, after which the clinical laboratories will perform their own testing and report results to CDC. Some clinical laboratories have been unable to successfully complete their EUA assay panel verification study. The CDC has identified a quality problem with one of the reagents provided with the EUA assay kit and will be producing/shipping a replacement for that reagent to all laboratories that have received the EUA assay kit. The clinical laboratories that have encountered panel verification failures have been instructed to cease panel verification attempts until the replacement reagent has been received.](#)

Text updated from the previous report will be printed in [blue](#); items in [\(+xx\)](#) represent the change in number from [6 FEB 2020](#).

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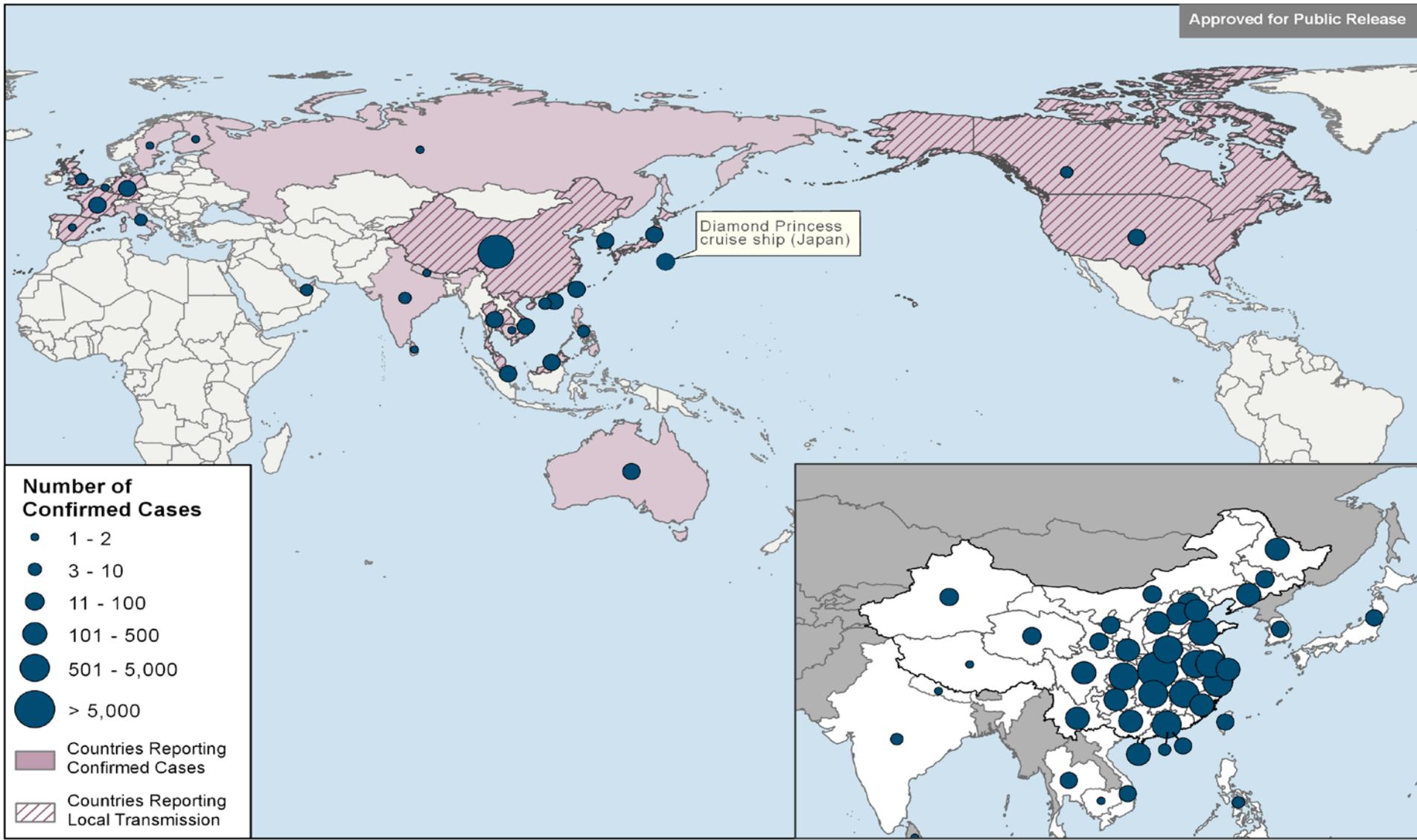
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# 2019 Coronavirus disease (COVID-19) Outbreak

## Data as of 12 FEB 2020



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Sources: WHO, CDC, NHC, JHU