

Letter to the Editor

Faced with 2019-nCoV outbreak, we have learned our lessons from SARS of 2003

Dear Editor,

We appreciate the work made by Perrella et al¹ reporting a novel bat-origin CoV causing severe and fatal pneumonia in humans. The 2019-nCoV (COVID-19) appeared in Wuhan, China, at the end of 2019. According to the Real-time data of the National Health Commission of the People's Republic of China, at least 81054 confirmed infected cases, and 3204 patients had died from the disease as of Mar 15, 2020. Research published recently in the New England Journal of Medicine and the Lancet showed that 2019-nCoV might be closely associated with the Chinese rufous horseshoe bat (*Rhinolophus sinicus*), a natural reservoir of the virus that caused the SARS epidemic^{2,3}.

Faced with 2019-nCoV, lessons should be learned from the SARS epidemic of 2003. First of all, judgment was inaccurate, and disposal was inappropriate. A number of measures have been taken by Ministry of Health at the early stages of the SARS epidemic, but, at the time, they did not realize that it was a public emergency. No strict prevention and control measures were taken. The source of infection should have been cut off quickly. Second, information was inaccurate, and its transmission was not smooth. In fact, comprehensive information from the epidemic area was reported inconsistently, untimely, and inaccurately by local authorities. Third, there was no strong leadership in place. China's National Health Commission alone could not take effective control over the preventive work. Fourth, there was lack of effective international cooperation. Communication with international organizations and international media was not smooth^{4,5}.

However, faced with 2019-nCoV, the Chinese government has taken more active preventive measures. First, to prevent spreading of the 2019-nCoV, the Chinese government responded quickly and reported the outbreak to the World Health Organization. It shared the virus' sequence information with the international community shortly after discovering and isolating the pathogen. Second, China has set up an efficient emergency mechanism to monitor the development of the epidemic and respond accordingly. Third, on 23 January 2020, the local government of Wuhan suspended public transportation, closed the airport, railway station, and highways in order to contain the spread of the epidemic. Fourth, the rapid response of China's public health system, clinical medical professionals, and the scientific community resulted in isolation of the virus, sequencing its genome, and accumulating preliminary epidemiological and clinical data. Fifth, the Chinese government has established a daily reporting system. This helps the public to quickly obtain valuable information from the government. Sixth, the Chinese government is actively conducting educational efforts, aimed at travelers, to raise their awareness and enhance measures taken to prevent further spreading of the disease. Finally, the Chinese government has encouraged the public to proactively report fever, and provided contact information where patient can be checked for contracting 2019-nCoV.

We hope that the Chinese medical staff can successfully contain the spreading of the virus under the strong leadership of the Chinese government, in collaboration with the international community.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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