An assurance letter to the pilgrims: novel coronavirus 2012
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The WHO has declared that no trade or travel restrictions have been imposed on Qatar and Saudi Arabia because of the novel coronavirus infection and does not advise special screening at points of entry into these countries [1].

The Ministry of Health in Saudi Arabia has assured the public that occurrences of infection are rare, the overall health conditions are stable, thanks to God, and that there are no reasons for concern. It encourages those who would like to perform Hajj and Umra from within the Kingdom or from abroad to take necessary precautions and recommends vaccines, paying special attention to personal hygiene and hand cleansing, and wearing masks in crowded places and change them frequently [2].

What is the story of that novel virus?
The Saudi Ministry of Health announced on Saturday, 22 September 2012, that a new form of the coronavirus has been diagnosed in three people, causing the death of two of them; the third is still undergoing treatment. The Ministry explained that, with the rapidly changing weather at this time of the year and with the start of the Hajj season, a new strain of coronavirus has been recovered from three patients [2].

The novel coronavirus was identified in lower respiratory tract specimens of a Qatari national who was receiving treatment for a severe respiratory illness in London. The virus was the same as a novel coronavirus recently identified by Dutch researchers in lung tissue from a national from Saudi Arabia who was ill previously with pneumonia [3].

Coronaviruses (Fig. 1)
Human coronaviruses were first identified in the mid-1960s [5] and are named for the crown-like projections on the surface of the virus [6,7].

Coronaviruses are species in the genera of viruses belonging to the subfamily Coronavirinae of the family Coronaviridae [8]. Coronaviruses are enveloped viruses with a positive-sense RNA genome and an anucleocapsid of helical symmetry [6].

There are a variety of coronaviruses, including some causing symptoms of common cold [9,10] and others causing much more serious illnesses such as severe acute respiratory syndrome [11,12].

In September 2012, a new type of coronavirus, referred to as novel coronavirus 2012, was discovered in Qatar and Saudi Arabia [13].

The incubation period is currently considered to be up to 7 days [14]; therefore, any respiratory illness occurring during the 7-day period following the last contact with a patient suffering from infection with this virus is considered relevant, and staff should alert their manager/occupational health service as soon as possible.
Symptoms include fever, cough, or other respiratory symptoms.

Preliminary enquiries have revealed no evidence of illness on contact with these two patients, including among healthcare workers.

The head of the respiratory diseases department at the Health Protection Agency has stated that at present there is no specific precautionary measure that the public or returning travelers can take as they are aware of only two cases worldwide and there is no specific evidence of ongoing transmission at present; however, they stated that they will share any further advice with the public as soon as more information becomes available [15].

The WHO has issued a global alert accordingly and an interim case definition to help countries strengthen health protection measures against the new virus [16].

At present, any person who has recently returned from Saudi Arabia or Qatar with a serious respiratory illness should be managed in strict respiratory isolation (ideally a negative pressure room) and all healthcare workers should wear personal protective equipment.

However, there is no evidence so far of person-to-person transmission of the novel coronavirus [1].

To date, the long period between occurrence of the two cases and the lack of secondary cases among contacts suggest that the disease is poorly communicable in humans. Our assessment, based on the limited information currently available, is that the risk of widespread transmission resulting in severe disease is low [14].

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### References