

**Von:** GMLZ (BBK I.5) <[REDACTED]@bbk.bund.de>  
**Gesendet:** Donnerstag, 16. Januar 2020 17:01  
**An:** [REDACTED]@rki.de  
**Cc:** Gesundheitssicherstellung BMG; Seuchenhygiene BMG  
**Betreff:** IGV WHO/NCP - [Extern]WHO Event Information Site - New Public Health Event  
**Anlagen:** Method\_NIID\_20200114\_s.pdf; Event Update 2020-01-16.pdf  
**Priorität:** Hoch

Gemeinsames Melde- und Lagezentrum von Bund und Ländern (GMLZ) German Joint Information and Situation Centre

BITTE SOFORT VORLEGEN

An  
- RKI (E-Mail)

Nachrichtlich  
- BMG (E-Mail)

IGV – IHR / WHO IGV-Mitteilung/ -Anfrage: Coronavirus - Japan

Sehr geehrte Damen und Herren,

vereinbarungsgemäß übermitteln wir Ihnen die unten beigefügte Mitteilung Coronavirus - Japan Wir bitten, den Erhalt dieser E-Mail dem GMLZ zu bestätigen.

Mit freundlichen Grüßen  
GMLZ Dauerdienst

-----Ursprüngliche Nachricht-----

Von: outbreak@who.int [mailto:outbreak@who.int]  
Gesendet: Donnerstag, 16. Januar 2020 16:56  
An: GMLZ (BBK I.5)  
Betreff: [Extern]WHO Event Information Site - New Public Health Event

Dear Colleagues,

Please note for your information that the Event Information Site <<https://extranet.who.int/ihr/eventinformation>> has been updated.

URL: <https://extranet.who.int/ihr/eventinformation>

New public health event:

Japan | Coronavirus infection <<https://extranet.who.int/ihr/eventinformation/event/2020-e000016>>

Event Update 2020-01-16 <<https://extranet.who.int/ihr/eventinformation/bulletin/38090-event-update-2020-01-16>>

Kind regards,

Detection, Verification and Risk Assessment Health Emergency Information and Risk Assessment WHO Health Emergencies Programme

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## Detection of WN-Human1 sequence from clinical specimen.

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### Method & Results

Total RNA was extracted from four nasopharyngeal swabs using QIAamp viral RNA mini kit (Qiagen) following manufacture's instruction. First strand cDNA was synthesized using Super Script IV Reverse Transcriptase (Thermo) with random primer (Thermo) and oligodT primer (Thermo). PCR reactions were performed using Quick Taq HS Dymix (TOYOBO, Japan) and pancoronaviral or specific primers (Table 1). The PCR condition was as follows: 94°C for 1 min; 40 cycles of 94°C for 30 sec, 56°C for 30 sec, and 68°C for 1 min. After PCR, amplicons were visualized by agarose gel electrophoresis staining ethidium bromide. The results is shown in Table 2. Two amplicons were detected in primer set 1 of specimen No.3 and primer set 4 of specimen No.4. The amplicons were gel-purified using Wizard SV Gel and PCR Clean-Up System (Promega) following manufacture's instruction. The sequencing analysis was performed with Bigdye terminator v3.1 cycle sequencing kit and Ampure XP purification. Direct sequencing analysis of the amplicons were failure. Therefore, to increase the amount of template, the amplicons were re-amplified by 2<sup>nd</sup> PCR with same primer sets with some modification of PCR condition as follows: 94°C for 2 min; 40 cycles of 94°C for 30 sec, 52°C for 30 sec, and 68°C for 45 sec. The sequencing analysis using re-amplified template was performed and the sequence of amplicon of primer set 1 could be decoded. The 376bp of analyzed sequence showed 100% match with the sequence of WH-human1 (MN908947). HCoV229E (VR740) and MERS-CoV (EMC) could be used as positive control for pan coronavirus primer set, but there was no positive control for WN-human1 specific primers. Water only was used as negative control.

Table 1. Primer used for WH1 detection.

Name	direction	sequence (5' to 3')	Expected size (bp)
IN-6	sense	GGTTGGGACTATCCTAAGTGTGA	440
IN-7	antisense	CCATCATCAGATAGAATCATCATA	
IN7hermi	antisense	ATCAGATAGAATCATCATAGAGA	435

No. Name	direction	sequence (5' to 3')	Expected size (bp)
1 NIID_WH-1_F501	sense	TTCGGATGCTCGAACTGCACC	413
NIID_WH-1_R913	antisense	CTTTACCAGCACGTGCTAGAAGG	
2 NIID_WH-1_F2396	sense	TAGGTGAAACATTTGTCACGCACTC	347
NIID_WH-1_R2742	antisense	TGGTGACCCGCCTTTGAGTGTG	
3 NIID_WH-1_F5822	sense	GCATAGACGGTGCTTTACTTACAAAGTC	568
NIID_WH-1_R6389	antisense	ATTCCCTGCGCGTCCTCTGAC	
4 NIID_WH-1_F9436	sense	ATTGTAGCTATCGTAGTAACATGCC	548
NIID_WH-1_R9983	antisense	AGATGACAACAAGCAGCTTCTCTG	
5 NIID_WH-1_F11625	sense	AGTTTATTGTTTCTTAGGCTATTTTTGTAC	361
NIID_WH-1_R11985	antisense	AGCTAAGAGAATGTCATTGTGTAA C	
6 NIID_WH-1_F23061	sense	ATATGGTTTCCAACCCACTAATGGTG	685
NIID_WH-1_R23650	antisense	ATTGACTAGCTACACTACGTGCC	
7 NIID_WH-1_F24855		AGGTGTCTTTGTTTCAAATGGCACACA	485
NIID_WH-1_R25339		AGCAGGATCCACAAGAACAACAG	
8 NIID_WH-1_F28659		TGGTGCTAACAAAGACGGCA	307
NIID_WH-1_R28965		GTCAAGCAGCAGCAAAGCAA	
9 NIID_WH-1_F29062		CCTCGGCAAAAACGTACTGC	386
NIID_WH-1_R29447		TGTCTCTGCGGTAAGGCTTG	

Table 2. 1<sup>st</sup> PCR results

Primer sets	Specimen number				NC	MERS-CoV	HCoV229E
	1	2	3	4			
IN-6 & IN-7	-	-	-	-	-	+	+
IN-7 heminested	-	-	-	-	-	+	Not done
1	-	-	+	-	-		
2	-	-	-	-	-		
3	-	-	-	-	-		

4	-	-	-	+	-
5	-	-	-	-	-
6	-	-	-	-	-
7	-	-	-	-	-
8	-	-	-	-	-
9	-	-	-	-	-

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## Event Update 2020-01-16

Date / Time Published: Thu, 2020-01-16 16:52

### Summary

On 15 January 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported an imported case of laboratory-confirmed 2019 novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China.

The case is a male is between the age of 30-39 years old and living in Kanagawa Prefecture, Japan.

He traveled to Wuhan, China from 20 December 2019 to 6 January 2020.

While in China, he was staying with his family and did not visit the Huanan Seafood Wholesale Market or any other live animal markets in Wuhan. He visited the Wuhan Zoo on 22 December with his parents, his brother, and his children.

He developed fever on 3 January 2020 and took antibiotics. He traveled on 6 January 2020 by a direct flight from Wuhan to Tokyo-Narita.

He visited a local clinic on 6 January and got a prescription (antibiotics and antipyretics) due to the negative result of influenza.

The case went to work on 9 and 10 January with body temperature 39°C, with dry cough and sore throat. On 10 January 2020, as his symptoms continued including cough, sore throat and fever of 38 °C, he visited a local hospital and was found to have abnormal chest x-ray with an infiltrative shadow in the lower lung. He was admitted to the hospital on the same day. He has remained febrile until 14 January. On 14 January, his attending doctor notified the local public health authority as a compatible case with "Unidentified Serious Infectious Illness".

Throat swab samples were sent to the National Institute of Infectious Diseases (NIID) and at NIID, PCR testing and direct sequencing have been done which identified very small amount of nCoV RNA on 15 January 2020. Details of the laboratory testing will be provided in an attachment.

The patient was well on 15 January and discharged from the hospital. Currently, the case is staying at home in a stable condition.

### Close contacts

#### Family

The patient's father living in Wuhan developed a fever on 28 December 2019 and was hospitalized from 7 to 12 January 2020 with a clinical diagnosis of "Chlamydia pneumoniae". Follow-up of the father with Chinese authorities is under investigation.

The patient's wife, who lives in Japan traveled to Wuhan on 27 December 2019. She developed fever on 3 January 2020 while in Wuhan and then became afebrile on the next day.

The patient's two children who also live in Japan traveled with their father to Wuhan on 20 December 2019 but have reported no symptoms to date.

The patient's wife and two children traveled from Wuhan to Japan on 6 January.

The patient's young brother who lives in Wuhan developed fever from 3 to 9 January.

According to the patient, no family members visited the Huanan Seafood Wholesale Market.

#### Other close contacts

Contact tracing and other epidemiological investigation is underway by the local health authority.

### Laboratory testing

Details of the laboratory testing is described in an attachment.

### Public Health Response

The Japanese Government has scaled up a whole-of government coordination mechanism on 16 January.

The MHLW has strengthened surveillance for undiagnosed severe acute respiratory illnesses since the report of undiagnosed pneumonia in Wuhan. From 6 January, MHLW requested local health governments to be aware of the respiratory illnesses in Wuhan by using the existing surveillance systems for serious infectious illness with unknown etiology.

NIID is supporting local authorities epidemiologic investigations including contact tracing.

Quarantine and screening measures have been enhanced for travelers from Wuhan city at the point of entries since 7 January.

NIID established an in-house PCR assay for nCoV on 16 January.

Revision of the risk assessment by NIID is being conducted, including case definition of close contacts.

The public risk communication has been enhanced.

The hotline has been established among the different ministries in the government.

The MHLW is working closely with WHO and other related Member States to foster mutual investigations and information sharing.

### WHO Risk Assessment

This is the second exported case of novel coronavirus from Wuhan city, China. Since the initial report of cases in Wuhan city on 31 December 2019, 12 January 2020, 41 laboratory-confirmed cases of nCoV infection, including 1 death in a case with severe underlying medical conditions have been

WHO. The first exported case was reported from Thailand and the case is reportedly stable.

The source of the outbreak is still under investigation in Wuhan. Preliminary investigations have identified environmental samples positive for nCoV in Seafood Wholesale Market in Wuhan City, however some laboratory-confirmed patients did not report visiting this market. To date, there is no report among healthcare workers in China, Thailand or Japan. No additional cases have been reported since 3 January in, China. The case in Thailand had onset on 8 January. Additional investigations are needed to determine how the patients were infected, whether there human-to-human transmission has been observed, mode(s) of transmission, the clinical spectrum of disease, and the extent of infection, including presence of subclinical cases that are undetected with current surveillance. It is critical to review all available information to fully understand the extent of transmissibility between people and the likelihood of zoonotic spillover.

### WHO Advice

Although the source of the novel coronavirus causing this cluster of pneumonia and the mode(s) of transmission are unknown, it would be prudent to populations and health workers of the basic principles to reduce the general risk of transmission of acute respiratory infections:

Avoiding close contact with people suffering from acute respiratory infections

Frequent hand-washing, especially after direct contact with ill people or their environment

Avoiding unprotected contact with farm or wild animals

People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissue, and wash hands)

Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments

WHO does not recommend any specific health measures for travelers. In case of symptoms suggestive of respiratory illness either during or after travel, travelers are encouraged to seek medical attention and share their travel history with their health care provider. Travel guidance has been updated.

Health authorities should work with travel, transport and tourism sectors to provide travellers with information to reduce the general risk of acute respiratory infections via travel health clinics, travel agencies, conveyance operators and at points of entry.

WHO has provided interim guidance for novel coronaviruses (see below).

WHO advises against the application of any travel or trade restrictions on Japan based on the information currently available on this event.

For more information on novel coronavirus, please see:

Technical interim guidance for novel coronavirus, WHO: <https://www.who.int/health-topics/coronavirus>

WHO travel advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China: [https://www.who.int/ith/2020-0901\\_outbreak\\_of\\_Pneumonia\\_caused\\_by\\_a\\_new\\_coronavirus\\_in\\_C/en/](https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/)

Press statement by Ministry of Health, Labour and Welfare, Japan on 16 January 2020 (in Japanese): [https://www.mhlw.go.jp/stf/newpage\\_08906.htm](https://www.mhlw.go.jp/stf/newpage_08906.htm)

Press statement by Ministry of Health, Labour and Welfare, Japan on 6 January 2020 (in Japanese): [https://www.mhlw.go.jp/stf/newpage\\_08767.html](https://www.mhlw.go.jp/stf/newpage_08767.html)

Notice sent out from Health and Food Safety Planning Division, Quarantine Station Operation Management Office (in Japanese): <https://www.mhlw.go.jp/content/10900000/000582967.pdf>

Wuhan Municipal Health Commission's briefing on the pneumonia epidemic situation, (in Chinese): <http://wjw.wuhan.gov.cn/front/web/list2nd/no/710>

Disease outbreak news, Novel Coronavirus – Thailand (ex-China), 14 January 2020: <https://www.who.int/csr/don/14-january-2020-novel-coronavirus-ex-china/en/>

Event(s): [Japan | Coronavirus infection](#)

Attachment	Size
 Method_NIID_20200114_s.pdf	262.72 KB

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