

The novel coronavirus – should we be worried?

The start to the new year was kicked off with an unpleasant surprise. A novel coronavirus, known as 2019-nCoV, is spreading very rapidly. So far, it has affected mainly people in the Hubei province of China. A few days ago the World Health Organization (WHO) declared this outbreak to be a Public Health Emergency of International Concern (PHEIC). That sounds alarming. The hygiene measures taken to control the outbreak are accordingly radical. What does this virus really mean?



Wolfgang Kohnen
Editor in Chief

Coronaviruses have been around for a long time and can infect both animals and humans. In humans they mainly cause mild forms of the common cold. But there are also coronaviruses that cause severe infections of the lower respiratory tract as well as pneumonia. In addition to the SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) coronaviruses that have given rise to epidemic outbreaks in the past, there is now the disease caused by 2019-nCoV. Hitherto, the latter has resulted in death only in the case of immunocompromised patients. Coronaviruses are spread through person-to-person transmission, primarily as droplets, e.g. when sneezing or coughing. Another potential transmission route involves touching one's face with hands contaminated with virus-containing secretions. Transmission via inanimate surfaces is not the main route and is therefore very unlikely. To date, no infection via that route has been reported.

How contagious and dangerous the novel coronavirus will eventually prove to be is currently not fully known. Regardless of that, countermeasures are in place to control the spread. These come from the tried and tested arsenal of hygiene measures. Hence, the recommendations for the normal population are to keep a certain distance away from other people and avoid sneezing and coughing onto others. Good hand hygiene is also advisable. It is noteworthy that these are precisely the measures used to protect oneself against every other airborne (droplet) disease as well as when faced with peaks of disease in well-known infections such as influenza.

In healthcare settings where there is close contact between healthcare workers and persons infected with the virus or with suspected virus infection, in addition to basic medical hygiene other measures are taken such as isolation of patients and the use of protective gowns, goggles, oronasal masks and gloves.

But what additional measures should be taken when reprocessing medical devices? The answer to that question once again demonstrates the widespread effectiveness of standard reprocessing practices: No additional measures are needed! The novel coronavirus can be effectively inactivated by standard disinfection. Accordingly, for chemical disinfection the disinfectants used against enveloped viruses will suffice. Besides, transmission via inanimate surfaces, such as in the case of medical devices, is very unlikely.

Although the risk of transmission in reprocessing departments/units is very low, I keep being asked whether instruments should be labelled in respect of 2019-nCoV when delivered to the reprocessing department. That shows the fears staff members have about their own health. But labelling would give a false sense of security since unlabelled medical devices can also harbour pathogens that, in some cases, are much more dangerous than the novel coronavirus. A much better approach is to consistently don the prescribed personal protective equipment. That offers protection irrespective of the implicated pathogen.

In that spirit, I wish you good health

Best wishes

Wolfgang Kohnen, Editor in Chief