



United States Department of State

Washington, D.C. 20520

February 28, 2023

Case No. FL-2022-00076

Mr. Sainath Suryanarayanan, PhD
U.S. Right to Know
4096 Piedmont Ave. #963
Oakland, CA 94611

Dear Mr. Suryanarayanan:

As noted in our letter dated January 23, 2023, we are processing your request under the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552. Thus far, the Department of State has located 10 responsive records subject to the FOIA. Upon review, we have determined eight records may be released in part and two records must be withheld in their entirety.

An enclosure explains the FOIA exemptions and other grounds for withholding material. Where we have made redactions, the applicable FOIA exemptions are marked on each record. The records that were withheld in full are exempt from release pursuant to FOIA Exemptions 1 and 5, 5 U.S.C. §§ 552(b)(1) and (b)(5). All non-exempt material that is reasonably segregable from the exempt material has been released and is enclosed.

We will keep you informed as your case progresses. If you have any questions, your attorney may contact Savith Iyengar, Assistant U.S. Attorney, at savith.iyengar@usdoj.gov. Please refer to the case number, FL-2022-00076, and the civil action number, 22-cv-04359, in all correspondence about this case.

Sincerely,

A handwritten signature in black ink, appearing to read 'Diamonece Hickson', with a stylized, flowing script.

Diamonece Hickson
Chief, Litigation and Appeals Branch
Office of Information Programs and Services

Enclosures: As stated.

The Freedom of Information Act (5 USC 552)

FOIA Exemptions

- (b)(1) Information specifically authorized by an executive order to be kept secret in the interest of national defense or foreign policy. Executive Order 13526 includes the following classification categories:
- 1.4(a) Military plans, systems, or operations
 - 1.4(b) Foreign government information
 - 1.4(c) Intelligence activities, sources or methods, or cryptology
 - 1.4(d) Foreign relations or foreign activities of the US, including confidential sources
 - 1.4(e) Scientific, technological, or economic matters relating to national security, including defense against transnational terrorism
 - 1.4(f) U.S. Government programs for safeguarding nuclear materials or facilities
 - 1.4(g) Vulnerabilities or capabilities of systems, installations, infrastructures, projects, plans, or protection services relating to US national security, including defense against transnational terrorism
 - 1.4(h) Weapons of mass destruction
- (b)(2) Related solely to the internal personnel rules and practices of an agency
- (b)(3) Specifically exempted from disclosure by statute (other than 5 USC 552), for example:
- | | |
|----------------|---|
| ARMSEXP | Arms Export Control Act, 50a USC 2411(c) |
| CIA PERS/ORG | Central Intelligence Agency Act of 1949, 50 USC 403(g) |
| EXPORT CONTROL | Export Administration Act of 1979, 50 USC App. Sec. 2411(c) |
| FS ACT | Foreign Service Act of 1980, 22 USC 4004 |
| INA | Immigration and Nationality Act, 8 USC 1202(f), Sec. 222(f) |
| IRAN | Iran Claims Settlement Act, Public Law 99-99, Sec. 505 |
- (b)(4) Trade secrets and confidential commercial or financial information
- (b)(5) Interagency or intra-agency communications forming part of the deliberative process, attorney-client privilege, or attorney work product
- (b)(6) Personal privacy information
- (b)(7) Law enforcement information whose disclosure would:
- (A) interfere with enforcement proceedings
 - (B) deprive a person of a fair trial
 - (C) constitute an unwarranted invasion of personal privacy
 - (D) disclose confidential sources
 - (E) disclose investigation techniques
 - (F) endanger life or physical safety of an individual
- (b)(8) Prepared by or for a government agency regulating or supervising financial institutions
- (b)(9) Geological and geophysical information and data, including maps, concerning wells

Other Grounds for Withholding

- NR Material not responsive to a FOIA request excised with the agreement of the requester

Withheld pursuant to exemption

(b)(1); (b)(5)

Circumstantial Evidence against Wuhan Institute of Virology

Compiled by

Miles Yu

Policy Planning Staff

April 26, 2020

Updated May 8, 2020

(b)(5)

(b)(5)

SENSITIVE BUT UNCLASSIFIED

Withheld pursuant to exemption

(b)(5)

Withheld pursuant to exemption

(b)(5)

From:	"Hooker, Allison M. EOP/NSC" (b)(6)
To:	(b)(6) SES OSD OUSD POLICY (USA) (b)(6); Stilwell, David R (b)(6)@state.gov>
Subject:	Timeline and articles
Date:	Tue, 17 Mar 2020 13:45:10 +0000

(b)(6) Stilly,

As discussed, here's the file for the 9-page timeline and supporting articles. Thanks, Allison

Allison M. Hooker
Deputy Assistant to the President and
Senior Director for Asian Affairs
National Security Council
The White House

(b)(6)

Sender:	"Hooker, Allison M. EOP/NSC" (b)(6)
Recipient:	(b)(6) SES OSD OUSD POLICY (USA) (b)(6); Stilwell, David R (b)(6)@state.gov>

WUHAN VIRUS TIMELINE (2019-2020)

- Nov 17 A doctor in Hubei informed Chinese health authorities in late December that an early case of coronavirus could be traced back to November 17, according to Chinese government data revealed in early March.¹
- Dec 1 Chinese doctors from Wuhan published a report in late January indicating December 1st as the date of the first known infection. Earliest of the 41 laboratory-confirmed patients did not have exposure to the market or an epidemiological link to the 40 others.²
- Dec 15 Chinese doctors from China's Center for Disease Control and Prevention published a report in late January showing evidence that human-to-human transmission has occurred among close contacts since mid-December.³
- Dec 30 Genetic sequencing report of pathogen of a patient was released to doctors, indicating the discovery of a SARS coronavirus in the test results, according to a 26 February article.⁴
- After receiving the results, Dr. Li Wenliang posted a warning in his medical school alumni group on WeChat that a cluster of seven patients had been unsuccessfully treated for symptoms of viral pneumonia and diagnosed with SARS.⁵
- Dec 31 Chinese officials alerted the World Health Organization (WHO) China Country Office of several cases of pneumonia of unknown cause detected in Wuhan, Hubei Province of China.⁶
- Chinese internet authorities began censoring terms from social media and messaging platforms such as YY and WeChat to include: Wuhan Unknown Pneumonia, SARS Variation, Wuhan Seafood Market, and keywords critical of the government's handling of the infection.⁷
- Jan 1 Chinese doctors from China's CDC and NHC Key Laboratory of Biosafety published a report in late February providing evidence that Chinese authorities were aware as of January 1st of a cluster of patients with "pneumonia of an unknown cause" identified on 21 December.⁸

¹ Josephine Ma, "Coronavirus: China's first confirmed Covid-19 case traced back to November 17," *South China Morning Post*, March 13, 2020 [TAB3, PG204]

² Huang C. et al., "Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China," *The Lancet*, January 24, 2020 [TAB 2, PG 27]

³ Qun Li, et al., "Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-infected pneumonia," *New England Journal of Medicine*, 29 January, 2020 [TAB 2, PG 28]

⁴ Gao Yu, "Tracking the source of new coronavirus gene sequencing: when the alarm sounded," *Caixin*, February 26, 2020 [TAB 2, PG 29]

⁵ Yong Xiong and Nectar Gan, "This Chinese doctor tried to save lives, but was silenced. Now he has coronavirus," *CNN*, February 4, 2020 [TAB 2, PG 40]

⁶ WHO Statement: Pneumonia of unknown cause – China, <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/>, 5 January 2020 [TAB 2, PG 44]

⁷ Lotus Ruan et al., "Censored Contagion: How Information on the Coronavirus is Managed on Chinese Social Media," *Citizen Lab*, March 3, 2020 [TAB 2, PG 46]

⁸ Na Zhu et al., "A Novel Coronavirus from Patients with Pneumonia in China, 2019-2020," *New England Journal of Medicine*, 20 January 2020 [TAB 2, PG 49]

Wuhan Municipal Public Security Bureau reported that there was some false information about “Wuhan Viral Pneumonia” circulating on the Internet and the public security department was investigating. It summoned Dr. Li Wenliang and others for spreading rumors.⁹

BGI, a genomics company, reported results of three samples received between 26-30 December, containing the new coronavirus, to Wuhan Municipal Health Commission. Hubei’s health commission ordered a gene sequencing company to stop testing and destroy all samples.¹⁰

Jan 3 China’s National Health Commission issued a gag order directing that Wuhan pneumonia samples must be moved to designated testing facilities or destroyed.¹¹

Jan 6 U.S. CDC issued Level 1 Travel Watch

Director Redfield sent a letter to China’s CDC Director Gao, offering full U.S. CDC assistance.

Jan 8 Communist Party General Secretary Xi Jinping told China’s top leaders: “We must centralize and control all things on and off the internet, foreign and domestic, big matters and small, to create an environment of strong confidence, warm hearts and popular cohesion” and “we must improve our foreign propaganda . . . to provide positive narratives of China’s anti-virus struggle and . . . expose the slanderous smear and rumor mongering of certain people with ulterior motives.”¹²

Jan 9 WHO released a statement regarding the cluster of pneumonia cases in Wuhan, China.¹³ Chinese scientists identified a novel coronavirus as the likely cause of the outbreak in Wuhan. Scientists urged China to quickly share data on the virus linked to pneumonia outbreak, the disease it causes, and how it appears to spread.¹⁴

Jan 10 China faced increasing pressure to share info on the new coronavirus as the Wuhan Health Commission had not released any updates since January 5.¹⁵

Jan 11 Having provided the data to national authorities on January 5 and seeing no action from them, Shanghai Public Health Clinical Centre’s Professor Zhang Yongzhen published the genomic

⁹ Gerry Shih and Hannah Knowles, “A Chinese doctor was one of the first to warn about coronavirus. He got detained and infected,” *Washington Post*, 4 February 2020 [TAB 2, PG 51]

¹⁰ Gao Yu et al., “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin Global*, February 29, 2020 [TAB 2, PG 14]

¹¹ Gao Yu et al., “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin Global*, February 29, 2020 [TAB 2, PG 14]

¹² Xi Jinping’s guidance to the Politburo Standing Committee on handling the coronavirus, published on People’s Daily Online, <http://cpc.people.com.cn/n1/2020/0223/c64094-31600380.html>, on February 23, 2020, in Chinese [TAB 2, PG 10]

¹³ WHO Statement Regarding Cluster of Pneumonia Cases in Wuhan, China <https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>, January 9, 2020 [TAB 2, PG 53]

¹⁴ Dennis Normile, et al., “Scientists urge China to quickly share data on virus linked to pneumonia outbreak,” *Science*, January 9, 2020 [TAB 2, PG 54]

¹⁵ Lisa Schnirring, “Pressure builds on China to share info on new coronavirus,” *CIDRAP*, January 10, 2020 [TAB 2, PG 57]

sequence of the virus online on virological.org and GenBank, allowing teams around the world to begin work on testing methods. The next day, the authorities ordered the Shanghai laboratory to close.¹⁶

Wuhan Municipal Health Commission resumed updating case numbers after suspending reports for several days.

Jan 12 China reported first death due to Wuhan virus.

Jan 14 WHO reported that there may have been limited human-to-human transmission of the Wuhan virus.¹⁷

White House convened the first Novel Coronavirus Policy Coordination Committee meeting.

Jan 17 U.S. CDC announced enhanced screening at airports with the highest volumes of Wuhan travelers.

Jan 18 Wuhan hosted “potluck” banquet of 40,000 families in an attempt to break world record.¹⁸

Jan 20 Dr. Zhong Nanshan, a leading authority on respiratory health who was well-known for his role in fighting SARS, confirmed in a TV interview that the disease was spreading from person-to-person.¹⁹

Jan 21 As China reported 291 cases nationwide, the Imperial College London’s MRC Centre for Global Infectious Disease Analysis suggested there could be more than 1,700 infections.²⁰

United States confirmed its first case of coronavirus.

U.S. CDC expanded passenger screening to two more U.S. airports.

U.S. CDC raised its travel notice for the region from 1, practice usual precautions, to level 2, practice enhanced precautions.

Jan 22 WHO Emergency Committee met on Novel Coronavirus in China but did not declare a Public Health Emergency of International Concern (PHEIC).²¹

¹⁶ Zhuang Pinghui, “Chinese laboratory that first shared coronavirus genome with world ordered to close for ‘rectification’ hindering its Covid-19 research, *South China Morning Post*, February 28, 2020 [TAB 2, PG 18]

¹⁷ Stephanie Nebehay, “WHO says new China coronavirus could spread, warns hospitals worldwide.” Reuters, January 14, 2020 [TAB 2, PG 59]

¹⁸ Li Yuan, “China silences critics over deadly virus outbreak,” *New York times*, January 25, 2020 [TAB 2, PG 60]

¹⁹ Gao Yu, “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin Global*, February 29, 2020 [TAB 2, PG 14]

²⁰ “New China virus: Warning against cover-up as number of cases jumps,” *BBC*, January 21, 2020 [TAB 2, PG 61]

²¹ WHO Statement on the meeting of the International Health Regulations (2005) Emergency Committee [https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)) January 22, 2020 [TAB 2, PG 63]

- Jan 23 Wuhan officials announced a complete travel ban, expanding travel restrictions to surrounding municipalities, quarantining 25 million people, and cancelling all large gatherings for Lunar New Year.²²

Department of State raised travel warning to Level 4 for the Hubei province. State ordered the departure of all non-emergency U.S. personnel and their family members from Wuhan.

United States confirmed its second case.

- Jan 24 White House established the Novel Coronavirus Task Force.

Chinese authorities placed at least 10 Chinese cities (~33 million people) on lockdown.²³

- Jan 25 United States confirmed its third through fifth cases.

- Jan 26 Mayor of Wuhan revealed that 5 million residents left Wuhan before lockdown.²⁴

Chinese State media unveiled the Central Leading Small Group for work to counter the new Coronavirus Infection Pneumonia Epidemic; Xi delegated the chairmanship to the nominal number 2 figure in the party-state hierarchy, State Council Premier Li Keqiang.²⁵

- Jan 27 Dr. Gabriel Leung, Dean of the University of Hong Kong medical school and one of the foremost world experts on SARS and viruses, estimated that as of 24 January, there were 75,815 infections in China, 10 times more than the official PRC numbers.²⁶ At the time, China reported 830 confirmed cases.

U.S. CDC issued updated travel guidance on China to Level 3, recommending that travelers avoid all nonessential travel to all of the country.

- Jan 28 Mayor of Wuhan, Zhou Zianwang, said on a Chinese state television that rules imposed by Beijing limited what he could disclose about the threat posed by the Wuhan virus.²⁷

United States evacuated approximated 200 citizens from Wuhan, including U.S. Consulate Wuhan employees and their family members.

²² Cissy Zhou, "China coronavirus: as travel ban is issued for Wuhan, many in city rush to escape," *South China Morning Post*, January 23, 2020 [TAB 2, PG 66]

²³ "At least 10 Chinese cities on lockdown; 830 confirmed coronavirus cases across country," *VOA*, January 24, 2020 [TAB 2, PG 68]

²⁴ Josephine Ma and Zhuang Pinghui, "5 million left Wuhan before lockdown, 1,000 new coronavirus cases expected in city," *South China Morning Post*, January 26, 2020 [TAB 2, PG 70]

²⁵ John Dotson, "The CCP's New Leading Small Group for Countering the Coronavirus Epidemic—and the Mysterious Absence of Xi Jinping" *Jamestown Foundation*, February 5, 2020 [TAB 2, PG 73]

²⁶ Dr. Gabriel Leung Dean of Medicine dire projection, <https://www.youtube.com/watch?v=CwXMPsbxFfo>; Gabriel Leung et al., "Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modelling study," *The Lancet*, January 31, 2020 [TAB 2, PG 77]

²⁷ Josh Chin, "Wuhan Mayor Says Beijing Rules Partially Responsible for Lack of Transparency," *Wall Street Journal*, January 27, 2020 [TAB 2, PG 78]

Jan 29 Department of State allowed for the voluntary departure of non-emergency personnel and family members of U.S. Government employees from China.

United States confirmed its sixth case.

Jan 30 WHO Emergency Committee met and declared the Wuhan virus a Public Health Emergency of International Concern.²⁸

U.S. CDC confirmed person-to-person spread in the United States.

Jan 31 Department of State ordered the departure of all family members under age 21 of U.S. personnel in China.

NSC hosted a conversation/expert briefing with the African diplomatic corps in the United States on the U.S. response to the Wuhan virus.

United States confirmed its seventh case.

President Trump issued Proclamation on Suspension of Entry of Immigrants and Nonimmigrants of Persons who pose a Risk of Transmitting 2019 Novel Coronavirus, suspending the entry of foreign nationals who have been in China for the previous 14 days.

Secretary Azar declared a Public Health Emergency for the United States.

United States confirmed its seventh and eight cases.

Feb 1 China banned funerals, burials, and other related activities involving the corpses of deceased victims of the Wuhan virus, requiring bodies to be quickly cremated.^{29,30} Reports of larger-scale cremation and abuses emerged later in the month.³¹

Feb 2 United States confirmed the ninth through eleventh cases.

Feb 3 China's MFA spokesperson said: "Some countries, the U.S. in particular, have inappropriately overreacted, which certainly runs counter to WHO advice. The U.S. government hasn't provided any substantive assistance to us, but it was the first to evacuate personnel from its consulate in Wuhan, the first to suggest partial withdrawal of its embassy staff, and the first to impose a travel ban on Chinese travelers."³²

²⁸ WHO Statement on the second meeting of the International Health Regulations (2005) Emergency Committee [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov), January 30, 2020 [TAB 2, PG 81]

²⁹ Ryan Pickrell, "China says Wuhan coronavirus victims who die should be quickly cremated without funerals as death toll rises," *Business Insider*, February 1, 2020 [TAB 2, PG 86]

³⁰ Keoni Everington, "Chinese woman describes Wuhan patients being burned alive," *Taiwan News*, February 26, 2020 [TAB 2, PG 87]

³¹ Mike Shedlock, "Wuhan Crematory 127 Yesterday, This is 4-5 Times Normal Rate," *FX Street*, February 9, 2020 [TAB 2, PG [TAB 2, PG 89]

³² PRC MFA Regular Press Conference, February 3 <http://www.china-embassy.org/eng/fyrth/t1739548.htm> [TAB 2, PG 12]

Feb 4 United States evacuated more citizens from Wuhan and began delivery of 17.8 tons of medical supplies.

Feb 5 Xi made his first public appearance in eight days to say that measures the government took to control the outbreak were working.³³

U.S. citizen on board a cruise ship docked in Yokohama tested positive for coronavirus and was transported to a local hospital; 427 U.S. citizens remained quarantined on the ship.

United States confirmed its twelfth case.

Feb 6 China's internet watchdog tightened controls on social media platforms following Xi's directive to strengthen online media control to maintain social stability.^{34,35}

NSC hosted a conversation/expert briefing with the diplomatic corps from the Indo-Pacific region on U.S. response to the Wuhan virus.

The President conducted a telephone call with President Xi of China.

Dr. Li Wenliang died of Wuhan virus and was heralded as a whistleblower who exposed the Chinese government's early efforts to cover up the virus.³⁶

U.S. citizen died of coronavirus in Wuhan.

Feb 7 Chinese Vice Premier Sun Chunlan stressed all-out efforts to search for patients who are confirmed or suspected to be infected with the virus, patients with fever, and contacts of confirmed or suspected cases, stating that: "during these wartime conditions, there must be no deserters, or they will be nailed to the pillar of historical shame forever."³⁷

Videos of people chased on the streets, dragged from their apartments into cages, and other abuses emerged. Citizen journalists like Chen Qiushi and Fang Bin, who exposed the horrific conditions on the ground and videos of corpses in overcrowded hospitals, disappeared.^{38,39,40,41}

³³ Liu Zhen, "Chinese President Xi Jinping 'confident' coronavirus outbreak can be contained," *South China Morning Post*, February 5, 2020 [TAB 2, PG 91]

³⁴ Iris Deng, "Coronavirus: China tightens social media censorship amid outbreak," *South China Morning Post*, February 6, 2020 [TAB 2, PG 93]

³⁵ Kristin Huang, "China tires to contain outbreak of freedom of speech, closing critics' WeChat accounts," *SCMP*, February 26, 2020 [TAB 2, PG 25]

³⁶ Yong Xiong, "Wuhan hospital announces death of whistleblower doctor Li Wenliang," *CNN*, February 7, 2020 [TAB 2, PG 95]

³⁷ Zachary Halaschak, "'Wartime conditions': Official orders Wuhan round up residents with coronavirus and send them to quarantine camps," *Washington Examiner*, February 6, 2020 [TAB 2, PG 97]

³⁸ Lulu Yilun Chen, "Citizen journalist covering virus outbreak from Wuhan goes missing," *Bloomberg*, February 7, 2020 [TAB 2, PG 98]

³⁹ <https://www.youtube.com/watch?v=iXozpbomAns&feature=youtu.be> [TAB 2, PG 100]

⁴⁰ <https://www.youtube.com/watch?v=amr-rLpD3lw> [TAB 2, PG 100]

⁴¹ <https://youtu.be/rKek0Y30Ctw> [TAB 2, PG 100]

Feb 9 Advance team of international experts led by the WHO departed for Beijing.⁴²

United States confirmed its thirteenth case.

Feb 11 The Department of State approved Authorized Departure for non-emergency personnel and family members from Consulate General Hong Kong.

Beijing removed senior Chinese officials over their handling of the outbreak.⁴³

China's National Health Commission issued a notice changing the classification of the virus so that a person who tests positive for the disease but does not exhibit any symptoms would no longer be included in the daily infection reports.⁴⁴

Feb 12 United States confirmed its fourteenth and fifteenth cases.

Chinese doctors adopted a new method to diagnose the virus, leading to a huge jump in the official numbers.⁴⁵

Feb 13 China removed leading Communist Party officials of Hubei Province and Wuhan from their duties.⁴⁶

Feb 14 Beijing set stringent new quarantine rules, demanding all who enter Beijing to isolate themselves for 14 days or "be held accountable according to law."⁴⁷

Around 500 million people in China, across 48 cities and provinces, were in lockdown.⁴⁸

Feb 15 Xi urged tightened control over online discussion and increased policing to ensure "positive energy" and social stability.⁴⁹

Feb 16 China flooded cities and villages with battalions of neighborhood busybodies, uniformed volunteers, and Communist Party representatives in a Mao-style social control.⁵⁰

⁴² "WHO advance team on coronavirus on way to China: Tedro Tweet," *Reuters*, February 9, 2020 [TAB 2, PG 101]

⁴³ "Coronavirus: Senior Chinese officials 'removed' as death toll hits 1,000" *BBC*, February 11, 2020 [TAB 2, PG 102]

⁴⁴ Keoni Everington, "China changes counting scheme to lower Wuhan virus numbers," *Taiwan News*, February 11, 2020 [TAB 2, PG 105]

⁴⁵ "Huge jump in coronavirus cases and deaths in China as U.S. confirms 15th case," *CBSNews*, February 14, 2020 [TAB 2, PG 106]

⁴⁶ Se Young Lee, "New party boss in China's Hubei pledges to contain virus," *Reuters*, February 12, 2020 [TAB 2, PG 107]

⁴⁷ "New Cases Are Reported as Beijing Sets New Rules," *New York Times*, February 14, 2020 [TAB 2, PG 109]

⁴⁸ Stephen Matthews et al., "500 MILLION people in China are on lockdown because of coronavirus with travel restrictions enforced in nearly 50 cities and four provinces to contain the killer disease," *Daily Mail*, February 14, 2020 [TAB 2, PG 110]

⁴⁹ "China's Xi urges more policing as virus toll rises," *AFP*, February 15, 2020 [TAB 2, PG 112]

⁵⁰ "To Tame Coronavirus, Mao-Style Social Control Blankets China," *New York Times*, February 20, 2020 [TAB 2, PG 113]

- Feb 18 Chinese health authorities and a WHO team reported that 3,387 health workers in China had been infected with the virus, 90 percent of them in Wuhan.⁵¹⁵²
- Chinese authorities arrested anti-corruption activist, Xu Zhiyoung, who criticized President Xi's handling of the outbreak.⁵³
- Feb 19 China revoked press credentials of three *Wall Street Journal* reporters, who had widely covered China's response to the outbreak, including one that was reporting from Wuhan.⁵⁴
- Feb 21 China's Justice Ministry officials said that more than 500 prisoners at penitentiaries in three provinces had been affected with the virus.⁵⁵
- Feb 22 Hubei officials said they will reinstate clinically diagnosed cases it had dropped from its case tally, the third time it changed its counting scheme to lower Wuhan virus numbers.⁵⁶
- Feb 24 WHO insisted that it was premature to declare the virus a pandemic.⁵⁷ At this time, there were 2,231 confirmed cases outside China and a sudden increase in cases in Iran, Italy, and South Korea.
- Feb 26 The President tweeted: "CDC and my Administration are doing a GREAT job of handling Coronavirus, including the very early closing of our borders to certain areas of the world. It was opposed by the Dems, "too soon", but turned out to be the correct decision."
- Feb 28 WHO warned that coronavirus could soon reach most, "if not all" countries but again stopped short of calling it a pandemic.⁵⁸
- Feb 29 President Trump amended the Proclamation to include all aliens who were physically present within Iran during the 14-day period preceding their entry into the United States.
- Mar 1 Washington State confirmed the second COVID-19 related death in the United States.
- Mar 3 China imposed 14-day quarantine on travelers from South Korea, Japan, Iran, and Italy, entering certain cities, including Beijing and Shanghai.⁵⁹

⁵¹ Alice Su, "Doctors and nurses fighting coronavirus in China die of both infection and fatigue," *LA Times*, February 25, 2020 [TAB 2, PG 22]

⁵² Liu Denghui et al., "Coronavirus Among Medics More Widespread Than Reported, Research Shows," *Caixin Global*, February 18, 2020 [TAB 2, PG 116]

⁵³ "Activist who criticized President Xi's handling of coronavirus outbreak is arrested in China," *Daily Mail*, February 18, 2020 [TAB 2, PG 118]

⁵⁴ "China Expels Three Wall Street Journal Reporters," *Wall Street Journal*, February 19, 2020 [TAB 2, PG 120]

⁵⁵ Guo Rui, "Coronavirus: prisons must learn from outbreak, China's top legal official says," *SCMP*, February 23, 2020 [TAB 2, PG 123]

⁵⁶ Amy Woodyatt et al., "China changes how it counts virus cases three times now. Here's why," *CNN*, February 21, 2020 [TAB 2, PG 124]

⁵⁷ "Virus can still be beaten, too early to declare pandemic: WHO," *Reuters*, February 24, 2020 [TAB 2, PG 127]

⁵⁸ Sam Meredith, "WHO warns coronavirus outbreak could soon reach every country in the world," *CNBC*, February 28, 2020 [TAB 2, PG 128]

⁵⁹ "Beijing to quarantine travelers from South Korea, Japan, Iran, and Italy," *Reuters*, March 3, 2020 [TAB 2, PG 13]

- Mar 4 Chinese officials continued to discourage African countries from evacuating their citizens from Wuhan while Beijing chartered a plane to evacuate Chinese citizens from Iran.⁶⁰
- Mar 6 The President signed Coronavirus Spending Bill.
- Mar 10 President Xi visited Wuhan and declared that the spread of the disease had been "basically curbed" in Hubei province and Wuhan.⁶¹
- Mar 11 President Trump extended the Proclamation to include the 26 countries of the Schengen Area, restricting entry for certain aliens who were physically present in the area during the 14-day period preceding their attempted entry to the United States.
- The Department of State issued a Global Level 3 Health Advisory, urging U.S. citizens to reconsider travel abroad.
- World Health Organization declared the virus crisis a pandemic.⁶²
- Mar 12 China's Ministry of Foreign Affairs Spokesman Zhao Lijian tweeted: "CDC was caught on the spot. When did patient zero begin in US? How many people are infected? What are the names of the hospitals? It might be US army who brought the epidemic to Wuhan. Be transparent! Make public your data! US owe us an explanation!"^{63,64}

⁶⁰ China Africa Project, "To Leave or Not to Leave Wuhan," March 4, 2020 [TAB 2, PG 129]

⁶¹ "Coronavirus: China says disease 'curbed' in Wuhan and Hubei," *BBC*, March 10, 2020 [TAB 2, PG 130]

⁶² Stephen Matthews, et al., "Coronavirus IS a pandemic: World Health Organization dramatically upgrades COVID-19 outbreak after 'severity' of cases across the globe and calls out 'alarming inaction' by some governments," *Daily Mail*, March 12, 2020 [TAB 2, PG 132]

⁶³ "Chinese diplomat accuses U.S. of spreading coronavirus," *Voice of America*, March 13, 2020. [TAB 3, 206]

⁶⁴ "U.S. Summons Chinese envoy over Beijing's Coronavirus comments," *Reuters*, March 13, 2020 [TAB 3, 209]

XI JINPING'S GUIDANCE TO THE POLITBURO STANDING COMMITTEE ON HANDLING THE VIRUS,

People's Daily Online – 02/23/20

On January 7, I convened and hosted a Politburo Standing Committee meeting at which I issued my instructions and demands on prevention and control of the virus crisis. I am deeply concerned about the work involving prevention and control of the virus, and I have been issuing verbal and written instructions on daily basis. I have also held various meetings involving for example the CCP Central Committee's Governance by Law Commission, CCP Central Committee's Cyber Security and Information Commission, the CCP Central Committee's Deepening Reform Commission, and the CCP Central Committee's Foreign Affairs Commission. At these meetings, I have issued demands from different angles to do a good job on virus prevention and control. The Party's Central Committee has also issued a guideline entitled "On Centralizing the Leadership of the Party to Provide Political Guarantee for the War against the Virus."

We must strengthen [our Party's] guidance and intervention into the masses' psychology.

We must strengthen our efforts on propaganda, education and public opinion guidance. **We must greatly enhance our strength in propaganda and guiding public opinion, centralize and control all things on and off the Internet, foreign and domestic, big matters or trivial matters, so that we can create an environment associated with strong confidence, touched hearts and popular cohesion.**

We must improve and strengthen our foreign propaganda undertaking, using various methods to make ourselves heard in a timely manner at international for a, provide positive narratives of China's anti-virus struggle, and waste no time to expose the slanderous smear and trouble-making rumor-mongering by certain people with ulterior motives so that we can create a good public opinion environment.

The international community universally believe that China has taken decisive measures against the virus, has demonstrated our outstanding leadership capability, our ability to cope, to mobilize and implement. No other country can make this happen and we have become an exemplary model for the world in virus prevention.

Facts have proved that our Party's Central Committee has made the correction judgment on the virus situation. Our work instructions are timely; our measures are powerful and effective. **The accomplishment of our virus prevention and control once again demonstrates the conspicuous superiority of the Chinese Communist Party's leadership and the socialist system with Chinese characteristic.**

We must do our utmost to carry out the virus prevention and control in Beijing. The safety and stability of our capital directly affects the grand scheme of things for our Party and our state.

We must strengthen the effectiveness of our news reporting and public opinion guidance. We must ably broadcast and interpret the Party Central's important decisions and instructions... We must resolutely eliminate opportunistic critiques that are malicious in their intent.

We must thoroughly and effectively maintain social stability. During the virus crisis, it is completely necessary to take some strict control and management measures.

Let the CCP's Party flag fly high at the frontline of the war against the virus.

You are a true communist if you can charge forward at the critical moment, willing to sacrifice yourself at the dangerous moment...Let us show our fearless revolutionary verve and spirit that no enemy of ours can subdue; let us be brave and be the first in the charge against the enemy; let us be true communists and demonstrate our true political color.

We must win this people's war against the virus!

I believe that with the strong and unwavering Party leadership, with the conspicuous superiority of our socialist system with Chinese characteristics, with our powerful mobilization ability and our resourceful comprehensive national power, with the united endeavors of our whole Party, our whole PLA, our whole nation's people of all ethnicities, we can win this war against this virus, without any doubt.

PRC MINISTRY OF FOREIGN AFFAIRS REGULAR PRESS CONFERENCE, FEBRUARY 3, 2020

Q: Some countries announced travel restrictions on Chinese citizens. Specifically, the US has raised its China travel advisory to the highest level and temporarily banned the entry of all foreigners who traveled to China in the past 14 days starting from February 2. I wonder if you have any comment.

A: Acting with a high sense of responsibility to people's health, the Chinese government has taken the most comprehensive and strict prevention and control measures after the outbreak of the epidemic, many of which have far exceeded what International Health Regulations required. As the WHO Director-General noted, China is setting a new standard for outbreak response. In the same speech, he said specifically that declaring a public health emergency of international concern is not a vote of no confidence in China. On the contrary, WHO continues to have confidence in China's capacity to control the outbreak. There is no reason for measures that unnecessarily interfere with international travel.

Most countries appreciate and support China's efforts to fight against the novel coronavirus, and we understand and respect them when they adopt or enhance quarantine measures at border entry. **But in the meantime, some countries, the US in particular, have inappropriately overreacted, which certainly runs counter to WHO advice.**

The US government hasn't provided any substantive assistance to us, but it was the first to evacuate personnel from its consulate in Wuhan, the first to suggest partial withdrawal of its embassy staff, and the first to impose a travel ban on Chinese travelers. What it has done could only create and spread fear, which is a very bad example. Even American media and experts doubted the government's decision, saying that the US government's restrictions on China are precisely what the WHO rejects, that the US is turning from overconfidence to fear and overreaction, and that banning the entry of visitors who traveled to China in the past 14 days is suspected to be violating civil rights instead of reducing risks of virus spreading. In fact, according to a recent CDC report, the US flu from 2019 to 2020 has caused 19 million infection cases and at least 10,000 deaths. By contrast, by February 2, 17,205 cases of nCoV pneumonia were confirmed, 361 died and 475 cured and discharged, while there are only 11 confirmed cases in the US. The contrast is thought-provoking. I also noted that the Canadian Minister of Health said Canada won't follow the US and impose travel restrictions on Chinese or foreign nationals who have been to China. Canada believes the ban of entry has no basis, which is a sharp contrast to the US behaviors.

We hope countries will make reasonable, calm and science-based judgments and responses. In an open, transparent and highly responsible attitude, China will enhance cooperation with the WHO and the international community. We have confidence and capability in winning this battle as soon as possible.

BEIJING TO QUARANTINE TRAVELERS FROM SOUTH KOREA, JAPAN, IRAN AND ITALY

Reuters – 03/03/20

All travelers entering Beijing from the virus hotspots of South Korea, Japan, Iran and Italy will have to be quarantined for 14 days, the Deputy Secretary General of the Beijing Municipal Government, Chen Bei, said on Tuesday.

Shanghai earlier said it would also compel visitors who had recently traveled to countries with “relatively serious virus conditions” to submit to 14 days of isolation, but it did not name the countries.

IN DEPTH: HOW EARLY SIGNS OF THE CORONAVIRUS WERE SPOTTED, SPREAD AND THROTTLED IN CHINA

Gau Yu et al., Caixin Global – 02/28/20

The new coronavirus that has claimed nearly 3,000 lives and spread to more than 50 countries was sequenced in Chinese labs - and found to be similar to the severe acute respiratory syndrome (SARS) - weeks before officials publicly identified it as the cause of a mysterious viral pneumonia cluster in Wuhan, a Caixin investigation has found.

Test results from multiple labs in December suggested that there was an outbreak of a highly infectious virus. However, the results failed to trigger a response that could have prepared the public, despite being fed into an infectious disease control system that was designed to alert China's top health officials about outbreaks.

The revelations show how health officials missed early opportunities to control the virus in the initial stages of the outbreak, as questions mount about who knew what and when, and whether these actions helped the disease to spread.

As early as Dec 27, a Guangzhou-based genomics company had sequenced most of the virus from fluid samples from the lung of a 65-year old deliveryman who worked at the seafood market where many of the first cases emerged. The results showed an alarming similarity to the deadly Sars coronavirus that killed nearly 800 people between 2002 and 2003.

Around that time, local doctors sent at least eight other patient samples from hospitals around Wuhan to multiple Chinese genomics companies, including industry heavyweight BGI, as they worked to determine what was behind a growing number of cases of unexplained respiratory disease. The results all pointed to a dangerous Sars-like virus.

That was days before China notified the World Health Organization (WHO) on Dec 31 about the emergence of an unidentified infectious disease, two weeks before it shared the virus' genome sequence with the world, and crucially, more than three weeks before Chinese authorities confirmed publicly that the virus was spreading between people.

Concerns about the new disease were initially kept within a small group of medical workers, researchers and officials.

On Dec 30, Dr. Li Wenliang was one of several in Wuhan who sounded the first alarms and released initial evidence online. Dr. Li, who was punished for releasing the information, would perish from the disease five weeks later, after contracting it from a patient.

On Jan 1, after several batches of genome sequence results had been returned to hospitals and submitted to health authorities, an employee of one genomics company received a phone call from an official at the Hubei Provincial Health Commission, ordering the company to stop testing samples from Wuhan related to the new disease and destroy all existing samples.

The employee spoke on condition of anonymity, saying the company was told to immediately cease releasing test results and information about the tests, and report any future results to authorities.

Then on Jan 3, China's National Health Commission (NHC), the nation's top health authority, ordered institutions not to publish any information related to the unknown disease, and ordered labs to transfer any samples they had designated testing institutions, or to destroy them. The order, which Caixin has seen, did not specify any designated testing institutions.

It was Jan 9 when the Chinese authorities finally announced that a novel coronavirus was behind Wuhan's viral pneumonia outbreak. Even then, the transmissibility of the virus was downplayed, leaving the public unaware of the imminent danger.

Finally, on Jan 20, Dr Zhong Nanshan, a leading authority on respiratory health who came to national attention in his role fighting Sars, confirmed in a TV interview that the disease was spreading from person-to-person.

Two days later, Wuhan, a city of 11 million, was placed in lockdown. It remains quarantined today.

SOCIAL MEDIA POSTS PROVIDE CLUES

The earliest results, for the 65-year-old deliveryman who worked at the Wuhan seafood market, were returned on Dec 27 by Vision Medicals, a genomics company based in Huangpu district in Guangzhou, South China's Guangdong province.

The patient was admitted to the Central Hospital of Wuhan on Dec 18 with pneumonia and his condition quickly deteriorated. On Dec 24, the doctors took fluid samples from his lungs and sent them to Vision Medicals for testing, according to Dr Zhao Su, head of respiratory medicine at the hospital.

In an unusual move, the company did not send back results, but instead called the doctor on Dec 27.

"They just called us and said it was a new coronavirus," Dr Zhao said.

Vision Medicals confirmed the tests took place in a post it published on social media late last week. The post said the company was involved in early studies on the new coronavirus and contributed to an article published on the English version of the Chinese Medical Journal about its discovery. That article makes specific mention of a sample collected on Dec 24 from a 65-year-old patient who had contact with the seafood market.

A different social media post, believed to have been made by a Vision Medicals employee, sheds more light on the company's early work. The author of the post, made on Jan 28, said only that they worked at a private company based in Huangpu, Guangzhou, where Vision Medicals is located.

The post's author said they noticed a close similarity with the Sars coronavirus in test results of a sample collected on Dec 24, but decided to study the results more closely before returning them, due their significance. The company did, however, share the data with the Chinese Academy of Medical Sciences, according to the article.

On Dec 27, the lab worked had sequenced most of the virus' genome and had confirmed it was a coronavirus similar to the Sars virus, the article said.

In the following days, company executives paid a visit to Wuhan to discuss their findings with local hospital officials and disease control authorities, the article said.

"There was an intensive and confidential investigation under way, and officials from the hospital and disease control center had acknowledged many similar patients," it said.

Little information about this early study has been officially released. The patient, who was transferred to Wuhan Jinyintang Hospital, later died.

REVELATIONS TRIGGERED BY 'SMALL MISTAKE'

While researchers at Vision Medicals mulled their findings, the Central Hospital of Wuhan sent swabs from two other patients with the mysterious pneumonia to a Beijing-based lab, CapitalBio Medlab, for study.

One of the samples came from a 41-year-old man who had no history of contact with the seafood market, who was admitted on Dec 27.

Test results delivered by the company showed a false positive for Sars. It was a "small mistake", a gene-sequencing expert told Caixin, which may have been down to a limited gene database or a lack of retesting.

But it was this mistake that triggered the first concerns heard by the public - recalling painful memories of the cover-up that defined the Sars outbreak 17 years before.

On the evening of Dec 30, several doctors in Wuhan, including the late Dr Li Wenliang, privately shared CapitalBio's results as a warning to friends and colleagues to take protective measures.

Those messages then circulated widely online and sparked a public uproar demanding more information. Several people, including Dr Li and two other doctors who sent the messages that night, were later punished by the authorities for "spreading rumors".

Dr Zhang Jixian, who heads the respiratory department at Hubei Xinhua Hospital, noticed on Dec 26 that he had received a growing number of patients with symptoms of pneumonia from the neighboring seafood market. He reported the situation to the hospital the next day, with that report passed on to city and provincial health authorities.

Following the reports, disease control authorities in Wuhan and Hubei on Dec 30 issued an internal notice warning of the emergence of pneumonia patients with links to the seafood market and requiring hospitals to monitor similar cases.

The notice, later leaked online, offered the first glimpse to the public of officials' acknowledgement of the outbreak.

SILENCED ALARMS

Several other genomics companies also tested samples from patients in Wuhan with the then-unidentified virus in late December, Caixin learnt.

Industry leader BGI received a sample from a Wuhan hospital on Dec 26. Sequencing was completed by Dec 29, and showed while it was not the virus that causes Sars, it was a previously unseen coronavirus that was about 80 per cent similar to it.

A BGI source told Caixin that when they undertook the sequencing project in late December the company was unaware that the virus had sickened many people. "We take a lot of sequencing commissions every day," the source said.

Caixin has learnt that the Wuhan hospital sent BGI at least 30 samples from different pneumonia cases for sequencing in December, and three were found to contain the new coronavirus.

In addition to the Dec 26 case, the second and third positive samples were received on Dec 29 and Dec 30. They were tested together and the results were reported to the Wuhan Municipal Health Commission as early as Jan 1.

On Jan 1, gene-sequencing companies received an order from Hubei's health commission to stop testing and destroy all samples, according to an employee at one.

"If you test it in the future, be sure to report it to us," the person said they were told by phone.

Two days later on Jan 3, the National Health Commission issued its gag order and said the Wuhan pneumonia samples needed to be treated as highly pathogenic microorganisms - and that any samples needed to be moved to approved testing facilities or destroyed.

One virologist told Caixin that even the Wuhan Institute of Virology (WIV) under the Chinese Academy of Sciences was not qualified for the tests and told to destroy samples in its lab.

But that day, Professor Zhang Yongzhen of Fudan University in Shanghai received biological samples packed in dry ice in metal boxes and shipped by rail from Wuhan Central Hospital. By Jan 5, Prof Zhang's team had also identified the new, Sars-like coronavirus through using high-throughput sequencing.

Prof Zhang reported his findings to the Shanghai Municipal Health Commission as well as China's National Health Commission, warning that the new virus was like Sars, and was being transmitted through the respiratory route. This sparked a secondary emergency response within the Chinese Centre for Disease Control and Prevention (CDC) on Jan 6.

On Jan 9, an expert team led by the CDC made a preliminary conclusion that the disease was caused by a new strain of coronavirus, according to Chinese state broadcaster CCTV.

On Jan 11, Prof Zhang's team became the first to publish the genome sequence of the new virus on public databases Virological.org and GenBank, unveiling its structure to the world for the first time. The NHC shared the virus genomic information with the World Health Organization the next day.

Also on Jan 11, the Wuhan Municipal Health Commission resumed updating infection cases of the new virus after suspending reports for several days. But the government repeated its claim that there had been no medical worker infections and that there was no evidence of human transmission.

Meanwhile, it reported that the number of confirmed cases had dropped to 41.

CHINESE LABORATORY THAT FIRST SHARED CORONAVIRUS GENOME WITH WORLD ORDERED TO CLOSE FOR ‘RECTIFICATION’, HINDERING ITS COVID-19 RESEARCH,

Zhuang Pinghui, South China Morning Post – 02/28/20

The Shanghai laboratory where researchers published the world’s first genome sequence of the deadly coronavirus that causes Covid-19 has been shut down.

The laboratory at the Shanghai Public Health Clinical Centre was ordered to close for “rectification” on January 12, a day after Professor Zhang Yongzhen’s team published the genome sequence on open platforms. It closed temporarily the following day.

The release of the data helped researchers develop test kits for the virus.

“The center was not given any specific reasons why the laboratory was closed for rectification. [We have submitted] four reports [asking for permission] to reopen but we have not received any replies,” a source with the center said, requesting anonymity because of the matter’s sensitivity.

“The closure has greatly affected the scientists and their research when they should be racing against the clock to find the means to help put the novel coronavirus outbreak under control,” the source said.

The laboratory is a Level 3 biosafety facility, the second highest level, and passed an annual inspection by the China National Accreditation Service for Conformity Assessment on January 5. It also obtained the required credentials to conduct research on the coronavirus on January 24.

It was not clear whether the closure was related to the publishing of the sequencing data before the authorities.

The closure order was issued by the Shanghai Health Commission. Five telephone calls to officials at the commission seeking comment on the closure were not picked up. A fax sent to the commission requesting comment was not answered.

China’s National Health Commission announced hours after the release by Zhang’s team that it would share the genome sequence with the World Health Organization. It later emerged that the information had been sent through the officially designated Wuhan Institute of Virology.

Zhang’s team isolated and finished the genome sequence of the then-unknown virus on January 5, two days before China’s official announcement that mysterious pneumonia cases in Wuhan were caused by a hitherto unknown coronavirus.

The Shanghai center reported its discovery to the National Health Commission on the same day and recommended “relevant prevention and control measures” be taken in public places, because the patient from whom the sample was collected had suffered very severe symptoms and the virus resembled a group previously found in bats.

The team made the finding public on January 11 after it saw that the authorities had taken no obvious action to warn the public about the coronavirus.

At the time, the public was told that no new cases had been reported in Wuhan since January 3 and there was no clear evidence of human-to-human transmission.

“It was not about any individual’s achievements. It’s about having biological test kits ready in face of a previously unknown respiratory disease, especially when a large part of the population [was] moving [across the country] during the Lunar New Year holidays,” said a source close to Zhang’s team, who spoke on condition of anonymity.

It shared the data on virological.org, an open platform for discussions, and GenBank, an open-access data repository, and said researchers were welcome to download, share, use and analyze the data.

Within a week of its publication, several companies in China announced that they had developed diagnosis kits for the virus.

The findings by Zhang’s team were published in the scientific journal *Nature* on February 3. The research said the virus sample was collected from a patient who showed symptoms of fever, dizziness and coughing and was admitted to a Wuhan hospital on December 26.

The Shanghai center has a long-term cooperation relationship with Wuhan Central Hospital. The patient was identified as a 41-year-old male vendor who worked at the Huanan Wholesale Seafood Market in Wuhan, which was believed to be a key link of infections at the early stage of the outbreak.

The lab’s closure not only affected Zhang’s research but also studies by other scientists since it is an open facility, according to another researcher with knowledge of the matter.

“There have been applications from research institutes and universities to try drugs and compare the effects of different treatment and the development of vaccines, but [all these will have] to be turned down. Closing down the laboratory also affects the studying of the virus,” the researcher said.

CHINA'S DECISION TO LEAVE ASYMPTOMATIC PATIENTS OFF CORONAVIRUS INFECTION TALLY SPARKS DEBATE

Dave Yin et al., Caixin Global – 03/01/20

China's decision to exclude individuals who carry the new coronavirus but show no symptoms from the country's public tally of infections has drawn debate over whether this approach obscures the scope of the epidemic, with a document received by Caixin showing a significant proportion of one province's cases show no symptoms.

Since early February, the National Health Commission (NHC) has concluded that "asymptomatic infected individuals" can infect others and demanded local authorities to report those cases. However, the commission has also decided not to include these people in its statistics for "confirmed cases" or indeed to release data on asymptomatic cases.

On Feb. 25, in Northeast China's Heilongjiang province there were 104 asymptomatic infected individuals, according to a Feb. 26 Heilongjiang Provincial Center for Disease Control and Prevention document obtained by Caixin. That same day the province said (link in Chinese) it had 480 "confirmed cases," a tally which did not include the 104 asymptomatic cases.

Known contagion risk

In its Jan. 28 virus prevention and control plan, the NHC demanded the prompt detection and reporting of those with light or no symptoms.

According to a document obtained by Caixin, the Heilongjiang CDC confirmed its first asymptomatic individual on Feb. 1 and asked the NHC for permission to leave the case off its public list of confirmed cases.

In a statement to Caixin, the Heilongjiang CDC said that it was told by the national CDC to "temporarily" include asymptomatic cases in public tallies with confirmed, symptomatic cases.

However, two days after the fourth edition of the NHC's Covid-19 guidelines released on Feb. 7 said asymptomatic cases should be reported separately and excluded from the confirmed case tally, Heilongjiang removed 13 asymptomatic infected individuals from its tally of "confirmed cases."

However, multiple studies from both Chinese and overseas researchers have been published, suggesting that individuals infected with Covid-19 can be contagious even if they do not feel ill.

In earlier guidelines, asymptomatic individuals were supposed to be observed and treated at home. But by the fifth edition of the NHC guidelines released Feb. 21, they had to undergo a 14-day quarantine as well as test negative in two separate nucleic acid tests before being released.

Health authorities have also developed criteria to determine whether an asymptomatic individual is the source of infection in any given cluster.

Nevertheless, at a Feb. 14 press conference, NHC deputy director Zeng Yixin said that the country would only publicize "suspected" and "confirmed cases."

“If you don’t have symptoms, it’s not an illness,” he said. “There’s no need to announce it.”

In one instance where data on asymptomatic infected individuals was revealed, a study published Feb. 12 in the Chinese Journal of Epidemiology suggested that the group accounted for only 1.95% of all lab-confirmed infections. In contrast, this group made up 10.2% of total infections in Japan’s figures as of Wednesday, or 19 of 186 infections, excluding those from the Diamond Princess Cruise ship in the port of Yokohama.

Making a case

In an interview with Nature last week, Wu Zunyou, China’s chief epidemiologist, defended the country’s treatment of asymptomatic data.

He told the magazine that a positive nucleic acid test – a genetic sequencing test used to detect the coronavirus – does not necessarily indicate an infection because viral genetic material detected through throat or nasal swabs does not confirm the virus has entered cells and begun to multiply. This notion was also echoed by Chinese representatives at the WHO.

But this view has been challenged by both domestic and overseas experts, who said that a virus must have replicated to reach detectable levels.

“If you aren’t considered sick if you don’t have symptoms, then what are you?” one expert that participated in the NHC’s revisions to its diagnosis and treatment criteria, who requested anonymity, told Caixin. “Is the nucleic acid test a gold standard or not?”

He added that as coronavirus action plans were revised, of whether or not to include asymptomatic individuals in the tally of confirmed cases was discussed, but ultimately rejected by the NHC. “Those that don’t appear sick make the best hosts for viruses,” he said.

According to Michael Mina, assistant professor of epidemiology and immunology at the Harvard School of Public Health, the existence of large quantities of asymptomatic individuals would lower the statistical rates of risk, such as of severe illness or death. Meanwhile, he said that China’s categorizations are understandable if used to allocate health resources, but **providing epidemiologists around the world with accurate numbers for mitigation strategies would only require an additional column in data sets.**

"Perhaps the most important component at this point is it shows that it may be even more widespread and difficult to contain than we think," Mina said. **“I think any withholding of known figures pertaining to infections not only does a disservice to China’s ability to monitor and help control the epidemic but also inhibits global scientists from being able to learn from and disseminate useful information both back to China and to the global community.”**

DOCTORS AND NURSES FIGHTING CORONAVIRUS IN CHINA DIE OF BOTH INFECTION AND FATIGUE

Alice Su, LA Times – 02/25/20

Sudden pain pierced through the anonymity of hazmat suits and protective masks as a woman in full medical gear chased a black funeral van, letting out a faceless howl.

Her husband, Liu Zhiming, director of Wuhan's Wuchang Hospital and a respected neurosurgeon who'd led the institution's coronavirus response, was inside the vehicle.

A video of the anguished moment went viral, showing Liu's wife, Cai Liping, a nurse who had been on the front lines with him, staggering forward, arms outstretched, watching as his corpse was driven away to be cremated.

Cai had begged to take care of Liu after he became infected in late January, when thousands of patients began crowding into Wuhan's overburdened hospitals. But he refused, fearing she would get sick too. He even kept her away when he was moved to intensive care.

"Can you see my messages? Can I come take care of you?" she texted him from outside his ward. "If you're scared how about if I come stay with you?"

"No," Liu wrote.

Liu died on Feb. 18.

A spate of recent deaths at China's coronavirus epicenter highlights how COVID-19 has strained medical workers struggling to stem an outbreak that has killed more than 2,700 people and infected more than 80,000 worldwide. Chinese health authorities and a team from the World Health Organization reported Monday evening that 3,387 health workers in China had been infected with COVID-19, more than 90% of whom were in Hubei province, the outbreak's ground zero.

The rate of new infections and deaths overall appears to be slowing in China. But the toll on medical workers reflects the harrowing costs of a politically delayed response that overwhelmed Wuhan and surrounding Hubei's healthcare systems. Hospital staffer were left under protected, overworked and increasingly vulnerable, even as they became the nexus between a frightened public and a misdirected government.

State propaganda has glorified their sacrifices, and on Saturday authorities announced measures to bolster support for medical workers, including higher salaries and a "martyr" title for the deceased. But their deaths and infections have sparked criticisms that the Communist Party has not taken responsibilities for shortcomings that allowed the spread of the virus to accelerate.

The Times counted at least 18 reported deaths of medical workers involved in the COVID-19 response as of Monday, including nurses and doctors who died not because of infection but because of cardiac arrest or other ailments due to overwork and fatigue. One victim was hit by a car while taking temperatures on a highway.

The most recent were three doctors who died in one day, all infected with COVID-19. One of them, Xia Sisi, a gastroenterologist in Wuhan, was 29. Another physician, Peng Yinhua, also 29, died in Wuhan of

infection on Feb. 20. He had delayed his Feb. 1 wedding, promising his pregnant fiancée they'd have the ceremony after the outbreak had passed.

Most of the infected medical workers are in Hubei, many of them part of the initial response in Wuhan, when shortages of protective gear, understaffed hospitals and transportation shutdowns collided with an overwhelming number of patients. The stories of doctors and nurses tell of clever improvisation and quiet perseverance in a war against a mysterious virus.

A doctor in Wuhan told The Times in a phone interview Jan. 29 that 12 out of 59 doctors in his hospital were showing symptoms of the virus, including lung infections — but continued to treat patients while wearing insufficient protective gear.

Since then, he and other medical workers have been told to stop speaking to the press.

The death of Wuhan front-line nurse Liu Fan, 49, is a diary of how cruel and ravenous the virus is.

Liu's brother, Chang Kai, a film director, wrote a final letter describing what had happened to his family. All four members were infected with the virus after being quarantined at home in close quarters. Unable to get a hospital bed amid Wuhan's shortage, Chang's father died at home Feb. 3. His mother died Feb. 8.

Addressing his son in London, Chang's letter reads: "I went to hospitals begging and weeping, but I am too low and insignificant.... All my life I've been a faithful son, a responsible father, a loving husband, an honest person. Farewell! To those I love and those who love me."

Chang died on Feb. 14; Liu hours later.

There are also deaths from overwork. They include Song Yingjie, a 28-year-old pharmacist, who was single-handedly managing his hospital's medicine prescriptions, then checking temperatures at a highway stop at night. He worked until midnight on Feb. 2, standing on the roadside in freezing wind, according to a colleague who was with him. It was his 10th consecutive day on the virus response team.

He was found dead in his hospital dormitory the next afternoon. The cause was cardiac arrest from exhaustion.

Another was Wang Tucheng, 37, a doctor in Henan's Xinwangzhuang village who was found dead on Feb. 10 in his clinic. His diagnosis was also cardiac arrest due to overwork and fatigue.

In Nanjing, Xu Hui, leader of a hospital's virus control group, worked for 18 days straight, then went home after a meeting on Feb. 6, "lay down and never got up," according to state media. She was 51.

Exhaustion is one reason medical workers have high vulnerability to infection, said John Nicholls, a Hong Kong University pathologist who worked on the 2003 SARS outbreak (he never saw deaths from overwork during the fight against severe acute respiratory syndrome, though). Others include lack of training in personal protective equipment, contaminated surfaces, close contact with sick patients, and — perhaps most pertinent to China's situation — people operating outside their area of expertise.

When SARS broke out, doctors from different departments were asked to join the front lines, Nicholls said. But many medical workers weren't properly trained for procedures such as intubation in a high-risk infectious disease environment.

In a crisis situation without proper training, medics rushing to the front then easily became infected, and spread infections to others. Nicholls sees a similar pattern with COVID-19.

"I'm not surprised. I'm disappointed that people didn't learn from SARS," he said. "The worse thing is once you get an infected healthcare worker, then there's extra workload on the others."

"There has to be a sense that only the people trained ... should be allowed to have access, not to allow any people who are willing but maybe not properly trained with the skills," he said.

China has sent tens of thousands of medical workers from all over the country to bolster relief efforts in Wuhan. It's a major focus of state propaganda. The narrative features few details on whether the teams receive protective training or other safety measures. Instead, many state videos play inspirational music as doctors and nurses pump their fists, shout patriotic slogans, and prepare for "battle."

Li Wenliang, the doctor who was silenced by police for trying to share news about the new coronavirus long before Chinese authorities disclosed its full threat, died Feb. 6.

Medical workers' love for the motherland, Communist Party membership and self-sacrifice have become major propaganda themes after the death of a whistleblower, Dr. Li Wenliang, prompted unprecedented calls for transparency and freedom of speech in China.

But some Chinese feel state media have turned medical workers into props.

One article by the Wuhan Evening News praised a 28-year-old nurse who went back to front-line work 10 days after a miscarriage, calling her a "warrior." Many online commenters objected.

"Stop this type of propaganda! Stop putting unprotected medical workers on the front line," one user wrote.

"She is willing to give of herself for the public, the public should protect her rights in return. Our great nation should never allow a vulnerable nurse to look after the patients," another wrote.

State channel CCTV also aired a report about a pregnant nurse only 20 days from her delivery date but still working in a Wuhan emergency ward, calling her a "great mother and angel in a white gown."

Internet users, feminists and academics were furious.

"Hospitals should not be allowing a nurse who is nine months pregnant — or the one who'd had a miscarriage — to work. Their immune systems are weakened, and it's highly possible that they will be infected with the virus," feminist writer Hou Hongbin told the South China Morning Post.

"These reports are just propaganda.... They're humiliating these nurses, but they present it as if they are making a sacrifice," Hou said.

Both nurse stories were deleted after the public backlash.

The language of militaristic sacrifice is obscuring the human value and rights of each individual, said Peking University historian Luo Xin in a recent Chinese podcast that has since been censored online.

"Fundamental laws are broken, basic human rights are destroyed. Why? Because it's 'wartime,'" Luo said. "In 'wartime,' we can do anything. There is great danger in using this type of language."

"We are facing humans, not numbers," he said. "If we can so casually tolerate a few million people making sacrifices for some greater goal, what are we still doing as humans?"

CHINA TRIES TO CONTAIN OUTBREAK OF FREEDOM OF SPEECH, CLOSING CRITICS' WECHAT ACCOUNTS

Kristin Huang, South China Morning Post – 02/26/20

Several Chinese intellectuals have had their social media accounts suspended following their demands for freedom of expression and criticism of the government's handling of the coronavirus outbreak.

The intellectuals had said the impact of the coronavirus – which had caused more than 78,000 confirmed infections and 2,715 deaths in mainland China as of Wednesday – might have been alleviated if people had been free to raise warnings when there were early signs of an outbreak.

Qin Qianhong, a law professor from Wuhan University, a top-ranking institution in the city that has been the epicenter of the outbreak, said his WeChat account had been disabled since last Wednesday.

He said it could be because he raised concerns in his WeChat posts over the extreme lockdown measures imposed on the Hubei provincial capital, and questioned state media reports that praised the sacrifices of Wuhan residents

His posts mocked Wuhan officials, three of whom said they felt “guilty” after being reprimanded by central government officials sent to oversee containment of the outbreak.

“If only one day they might feel [rather than by officials],” he wrote in a post on February 12.

Qin also criticized the decision to boost the scores of medical workers' children sitting the high school entrance exam in June. He said no official explanation had been given for the suspension of his WeChat account.

“Maybe it is because I am critical and straightforward, which the authorities regard as unacceptable,” he told the *South China Morning Post*. “The public has a lot to say, but they are not allowed to express it ... and the epidemic is getting serious.

“If we had let people raise society's alarm and the government had taken prompt measures, this outbreak may not have turned into a big crisis.”

Calls for freedom of speech have been mounting in mainland China since whistle-blower doctor Li Wenliang died on February 7 after becoming infected with the coronavirus. Li was reprimanded by Wuhan police after a WeChat message he sent his friends on December 30, about an unknown pneumonia at his hospital in Wuhan, was posted online. Two days later, the local health authority announced 27 cases of viral pneumonia had been found, while Wuhan police said they had punished eight people for “spreading rumors”.

Li was also forced to write a “self-criticism” to his employer, in which he “compared [my behavior] with the Communist Party's constitution, party regulations and the spirit of a series of speeches [by party leaders]”. He vowed to “keep in line in thought and action with the party's Central Committee”.

Mainland intellectuals said Li's death showed one of the risks of China's suppression of freedom of speech. Peking University law professor He Weifang wrote in an article shared with friends via WeChat that poor governance, the lack of a free press, and an information blackout had made the outbreak worse.

He's article – despite it being handwritten in an attempt to bypass state censors – was soon deleted, and his WeChat account was suspended.

Zhang Qianfan, another Peking University law professor, also had his WeChat account suspended for three days last week after reposting He's article.

“Suspending WeChat accounts shows that there is no freedom of expression,” he said.

Chinese authorities have stepped up their efforts to suppress dissenting views during the epidemic.

The official WeChat account of Dajia, an opinion blog run by internet giant Tencent Holdings, was removed on Wednesday last week and its homepage was unavailable. The blog had featured posts about social issues by some of China's leading intellectuals and independent thinkers since its inception in 2012.

The Cyberspace Administration of China (CAC) announced earlier this month that it had punished a range of platforms and publishers for content it deemed unsuitable and misleading.

CAC said it had “supervised and guided” companies including Sina, Tencent and ByteDance – owners of the country's most popular social platforms Weibo, WeChat and Douyin (known outside China as TikTok) respectively.

CLINICAL FEATURES OF PATIENTS INFECTED WITH 2019 NOVEL CORONAVIRUS IN WUHAN, CHINA

Huang et al., The Lancet – 01/24/20

Background

A recent cluster of pneumonia cases in Wuhan, China, was caused by a novel betacoronavirus, the 2019 novel coronavirus (2019-nCoV). We report the epidemiological, clinical, laboratory, and radiological characteristics and treatment and clinical outcomes of these patients.

Methods

All patients with suspected 2019-nCoV were admitted to a designated hospital in Wuhan. We prospectively collected and analyzed data on patients with laboratory-confirmed 2019-nCoV infection by real-time RT-PCR and next-generation sequencing. Data were obtained with standardized data collection forms shared by WHO and the International Severe Acute Respiratory and Emerging Infection Consortium from electronic medical records. Researchers also directly communicated with patients or their families to ascertain epidemiological and symptom data. Outcomes were also compared between patients who had been admitted to the intensive care unit (ICU) and those who had not.

Findings

By Jan 2, 2020, 41 admitted hospital patients had been identified as having laboratory-confirmed 2019-nCoV infection. Most of the infected patients were men (30 [73%] of 41); less than half had underlying diseases (13 [32%]), including diabetes (eight [20%]), hypertension (six [15%]), and cardiovascular disease (six [15%]). Median age was 49·0 years (IQR 41·0–58·0). 27 (66%) of 41 patients had been exposed to Huanan seafood market. One family cluster was found. Common symptoms at onset of illness were fever (40 [98%] of 41 patients), cough (31 [76%]), and myalgia or fatigue (18 [44%]); less common symptoms were sputum production (11 [28%] of 39), headache (three [8%] of 38), haemoptysis (two [5%] of 39), and diarrhoea (one [3%] of 38). Dyspnoea developed in 22 (55%) of 40 patients (median time from illness onset to dyspnoea 8·0 days [IQR 5·0–13·0]). 26 (63%) of 41 patients had lymphopenia. All 41 patients had pneumonia with abnormal findings on chest CT. Complications included acute respiratory distress syndrome (12 [29%]), RNAemia (six [15%]), acute cardiac injury (five [12%]) and secondary infection (four [10%]). 13 (32%) patients were admitted to an ICU and six (15%) died. Compared with non-ICU patients, ICU patients had higher plasma levels of IL2, IL7, IL10, GSCF, IP10, MCP1, MIP1A, and TNF α .

Interpretation

The 2019-nCoV infection caused clusters of severe respiratory illness similar to severe acute respiratory syndrome coronavirus and was associated with ICU admission and high mortality. Major gaps in our knowledge of the origin, epidemiology, duration of human transmission, and clinical spectrum of disease need fulfilment by future studies.

EARLY TRANSMISSION DYNAMICS IN WUHAN, CHINA, OF NOVEL CORONAVIRUS-INFECTED PNEUMONIA

Qun Li, et al, New England Journal of Medicine, 01/29/20

BACKGROUND

The initial cases of novel coronavirus (2019-nCoV)–infected pneumonia (NCIP) occurred in Wuhan, Hubei Province, China, in December 2019 and January 2020. We analyzed data on the first 425 confirmed cases in Wuhan to determine the epidemiologic characteristics of NCIP.

METHODS

We collected information on demographic characteristics, exposure history, and illness timelines of laboratory-confirmed cases of NCIP that had been reported by January 22, 2020. We described characteristics of the cases and estimated the key epidemiologic time-delay distributions. In the early period of exponential growth, we estimated the epidemic doubling time and the basic reproductive number.

RESULTS

Among the first 425 patients with confirmed NCIP, the median age was 59 years and 56% were male. The majority of cases (55%) with onset before January 1, 2020, were linked to the Huanan Seafood Wholesale Market, as compared with 8.6% of the subsequent cases. The mean incubation period was 5.2 days (95% confidence interval [CI], 4.1 to 7.0), with the 95th percentile of the distribution at 12.5 days. In its early stages, the epidemic doubled in size every 7.4 days. With a mean serial interval of 7.5 days (95% CI, 5.3 to 19), the basic reproductive number was estimated to be 2.2 (95% CI, 1.4 to 3.9).

CONCLUSIONS

On the basis of this information, there is evidence that human-to-human transmission has occurred among close contacts since the middle of December 2019. Considerable efforts to reduce transmission will be required to control outbreaks if similar dynamics apply elsewhere. Measures to prevent or reduce transmission should be implemented in populations at risk. (Funded by the Ministry of Science and Technology of China and others.)

TRACKING THE SOURCE OF NEW CORONAVIRUS GENE SEQUENCING: WHEN THE ALARM GOES OFF

Gao Yu Et Al., Caixin – 2/26/20

Tracing to the source, as of February 24, more than 2660 people have died and more than 77,000 people have been diagnosed with the novel coronavirus, a novel coronavirus similar to SARS. When was it found? Caixin reporters conducted interviews from various sources and sorted out relevant papers and database materials. By piecing together all sorts of information, the full picture is gradually emerging.

All kinds of evidence show that before the end of December last year, no less than nine samples of unknown pneumonia cases were collected from hospitals in Wuhan. Gene sequencing showed that the pathogen was a SARS-like coronavirus. These test results were reported back to the hospital and reported to the Health Commission and Disease Control System. Until January 9th, CCTV reported that the “Wuhan Viral Pneumonia Pathogen Testing Results Preliminary Evaluation Expert Group” officially announced the pathogen as “novel coronavirus”.

The Test Result of the First Case came Out as early as Dec. 27

On December 15, 2019, a 65-year-old male delivery man in the South China Seafood Market started having a fever. On December 18, he came to the emergency department of the Wuhan Central Hospital (Nanjing Road District) to see a doctor. The doctor suspected that it might be community-acquired pneumonia, and admitted him to the emergency department ward of the hospital. Community-acquired pneumonia is a generic term for pneumonia caused by a variety of microorganisms such as bacteria, viruses, chlamydia, and mycoplasma. The main clinical symptoms are cough, with or without sputum, and chest pain.

On December 22, the patient became iller and entered the ICU. Doctors used various antibiotics to treat him, but without any good result. Professor Zhao Su, the chief physician of the Department of Respiratory Medicine of Wuhan Central Hospital, told Caixin reporter that on December 24, a deputy chief physician of Respiratory Medicine took a bronchoscopy sample from the patient, and then sent the patient’s alveolar lavage fluid sample to the first Tripartite testing agency Guangzhou Weiyuan Gene Technology Co., Ltd. conducts NGS testing, hoping to use its second-generation high-throughput gene sequencing technology (mNGS) based on metagenomics to find pathogens. Alveolar lavage is a treatment that removes inflammatory secretions in the alveoli and improves respiratory function. For lower respiratory tract and lung diseases, the content of pathogens in alveolar lavage fluid is higher than that of throat swabs.

Weiyuan Gene is the full name of Guangzhou Weiyuan Gene Technology Co., Ltd., established in June 2018. Its job advertisement states that it focuses on precision medicine in oncology and infectious etiology, and has a sequencing platform (NGS) based on second-generation high-throughput sequencing technology.

“Since the start of BGI’s sequencing technology, many gene sequencing companies have appeared in China. In recent years, at our various medical seminars, the second-generation high-throughput gene sequencing technology has been continuously introduced. These companies have also sent medicines. Delegates went to major hospitals to preach. “Zhao Su told Caixin reporter. BGI (300676.SZ) is called Shenzhen BGI Gene Co., Ltd., formerly known as Beijing BGI Gene Research Center, and was

established in 1999. It has successively completed a number of international human genome projects in China, rice and the giant panda genome project, with genomic research with international advanced level. In July 2017, it was listed on the GEM under the title of “The First Gene Sequencing Unit” and is the world’s largest genomics R & D institution.

Another doctor from Wuhan Union Medical College Hospital also introduced, “One test, with 6 million base sequences, costs 3,000 yuan. If with 3000 yuan’s cost, we can find out what virus or bacteria the pathogen is, it may save lives.”

Generally speaking, the gene sequencing company should feedback the test results three days later, that is, December 27, but WeiYuan Gene did not give a written report. “They just called us and said it was a new coronavirus.” Zhao Su said. At this time, the patient was transferred to Wuhan Tongji Hospital on December 25.

On February 21, 2020, the genetic test information of this case was disclosed by an article of WeChat account “Wei Yuan Gene”. The official article wrote that the Chinese Journal of Medical Sciences (English version) published a paper on January 27, introducing the discovery of new coronaviruses, and “Wei Yuan Gene” involved in the early discovery of new coronaviruses.

The aforementioned paper published in Chinese Medical Journal (English version) refers to the article “Identifying a New Coronavirus that Causes Severe Pneumonia in Humans: A Descriptive Study” published on January 29. The authors are from the Institute of Pathogen Biology of the Chinese Academy of Medical Sciences / Peking Union Medical College (hereinafter referred to as the Institute of Pathogens of the Chinese Academy of Medical Sciences), China-Japan Friendship Hospital, Hubei Provincial Center for Disease Control, Wuhan Jinyintan Hospital, Wuhan Central Hospital, Guangzhou WeiYuan Gene Technology Co., Ltd. and other units. Xu Teng, the chief technology officer of WeiYuan Gene, is the co-first author of the paper, and CEO Yongjun Li and chief operating officer Wang Xiaorui are the authors. Li Yongjun was a former bioinformatics analyst at the Institute of Pathogens, Chinese Academy of Medical Sciences.

According to the paper, the researchers collected clinical data and bronchoalveolar lavage samples from five patients with severe pneumonia at Jinyintan Hospital of Wuhan, Hubei Province, and performed pathogenic metagenomics (mNGS) analysis. As a result, a coronavirus with 79% similarity to the nucleotide sequence of the SARS virus had never been reported in these samples. The article shows that among the samples of these five patients, the earliest clinical sample for genetic sequencing was a 65-year-old patient sample collected on December 24. He developed symptoms on December 15 with symptoms of high fever, cough, and low sputum. He was admitted on the 18th and admitted to the ICU on December 22. After 16 days, she continued to have a high fever and developed severe shortness of breath.

Agreeing with the above information is also an article entitled “Recording the First Discovery of a New Coronavirus” published by WeChat account “Hill Dog” on January 28. The author claimed to work in a private enterprise located in Huangpu, Guangzhou in the message area. The article records: “I just went to work on December 26, 2019, and I would like to take a look at the results of the automatic interpretation of mNGS pathogenic microorganisms as usual. As a surprise, it was found that one sample reported a sensitive pathogen, SARS coronavirus, with dozens of sequences, and this sample only had

such a meaningful pathogen. I was anxious, and quickly checked the detailed analysis data in the background, and found that the similarity was not. It is very high, only about 94.5%. In order to confirm the reliability of the results, a detailed analysis was started. The analysis results of the exploration version suggest that this pathogen is most similar to Bat SARS like coronavirus, with an overall similarity of 87%. The similarity with SARS is about 81%. ”

According to the author, the sample collection time for this patient was December 24th. The article mentioned, “The front-end feedback is that this patient is seriously ill and is anxious to test the results, but such a major pathogen cannot be reported easily. At noon, I had an emergency meeting with several leaders and decided to continue in-depth analysis and delay the release of reports. Share the data with the Chinese Academy of Medical Sciences for analysis. ” The Institute of Pathogens of the Chinese Academy of Medical Sciences is one of the authors of the above-mentioned “Chinese Medical Journal (English Version)” thesis and Li Yuanjun, CEO of Weiyuan Gene, previously served as the Institute of Pathogens of the Chinese Academy of Medical Sciences, directly under the director of the Chinese Academy of Medical Sciences Academician Wang Chen, vice president of the Chinese Academy of Engineering.

On December 27, the laboratory assembled a nearly complete viral genome sequence, and the data was also shared with the Institute of Pathogens, Chinese Academy of Medical Sciences. “It can basically be confirmed that this patient’s sample does indeed contain a new virus similar to Bat SARS like coronavirus.” The article wrote, “The information obtained at the time was that this patient had returned to his hometown and did not rule out contact with bats. Realized the potential of the problem Severity, the laboratory was completely cleaned and disinfected, the samples were harmlessly destroyed, and relevant personnel of the experimental operation conducted relevant monitoring. The doctor had been communicated before noon, and the patient was also isolated. ”

“It should be that we discovered this new coronavirus for the first time.” The article “Little Dog” also gave a screenshot of the GISAID database. “From the data submitted on the GISAID database website, it is also us that collected the earliest samples.”

GISAID is a global influenza virus sharing data platform. After registration, researchers can upload the virus gene sequences they extracted. Each strain will have a unique number, and the time of collection, submission date, submission laboratory, etc. will also be recorded. Caixin reporters found that according to the time of sample collection, the earliest sequence of a new coronavirus gene on GISAIIDS was collected on December 24, 2019, and uploaded by the Institute of Pathogens of the Chinese Academy of Medical Sciences on January 11. It can be found by comparing the number, name, etc. This is the sample sequence of their company participating in the test marked in the screenshot of the article “Little Dog”.

The article also mentioned that on December 27th and 28th, the company’s leaders communicated with the hospital and the disease control (department) by phone. On the 29th and 30th, they even went to Wuhan to personally report and exchange all the analysis results with the leaders of the hospital and disease control center. Including all our analysis results and the analysis results of the Institute of Pathogens of the Academy of Medical Sciences. Everything is under intense, confidential, and strict

investigation (at this time, the hospital and the disease control person already knew that there were many similar patients. After we communicated the test results, emergency response has begun). ”

The above-mentioned sample owner who completed the earliest genetic sequencing was later killed at Jinyintan Hospital. The research results of the new virus were detected on December 27, and did not play any role at that time.

“SARS Coronavirus” Detonates Social Media

In fact, in addition to the earliest known case, at the end of December 2019, two samples of “unknown cause of pneumonia” from Wuhan Central Hospital were sent to different institutions for gene sequencing. The test results of the two cases had a significant impact on the disclosure of the epidemic in different ways.

On December 27, a 41-year-old man named Chen went to the Nanjing Road Hospital of Wuhan Central Hospital for treatment. “He is an accountant and lives in Wuchang. He has never been to the South China Seafood Market in Hankou. He started to have a fever on December 16 without any obvious cause. The maximum body temperature was 39.5 ° C, accompanied by palpitations, chest tightness, difficulty breathing after exercise, and physical strength. Significant decline, first seeing the doctor at Jiangxia District First People’s Hospital on December 22, did not improve. “Zhao Su told Caixin reporter,” He is an acquaintance of a doctor in our hospital, transferred to our hospital on the 27th, also an emergency department Closed. “On the evening of December 27, the patient took a bronchoscope sample in the ICU of the hospital’s respiratory department, and this time the sample was sent to another Beijing Boao Medical Laboratory Co., Ltd., which was engaged in NGS testing.

On December 30, Beijing Boao Medical Laboratory reported the patient’s report to the doctor, and the test result was “SARS coronavirus”.

The Beijing Boao Medical Laboratory’s test report obtained by reporter Cai Caixin showed that high-confidence positive indicators of SARS coronavirus and *Pseudomonas aeruginosa* were detected in the patient’s sample. The explanation of SARS coronavirus is: a single-stranded positive-strand RNA virus, which spreads by close droplets or contacts the respiratory secretions of patients, which can cause a significant infectivity and can accumulate multiple organs Systemic pneumonia, also known as atypical pneumonia.

“Their gene bank is not complete enough, or it may not have been reviewed, so they made a small mistake. In fact, it is not the same thing as SARS, or a new type of coronavirus.” A genetic sequencing expert told Caixin reporter.

However, it is this test report that made a small mistake, which directly caught the attention of doctors in Wuhan, sounded the public whistle through social media, and saved a considerable number of people’s lives to a certain extent.

On December 30th, the test report of Beijing Boao Medical Laboratory appeared in the WeChat of the doctor in Wuhan Central Hospital. **At 17:48 on the evening of the same day, Li Wenliang, an ophthalmologist of Wuhan Central Hospital, released a message among the classmates: “7 cases of SARS were confirmed in the South China Fruit and Seafood Market, and they were isolated in the**

emergency department of our hospital.” At 19:39, the Wuhan Red Cross Hospital neurologist Liu Wen published a message in his work WeChat group “Xiehe Honghui Shennei”, saying: “Just a case of coronal infectious virus pneumonia was confirmed in Houhu District of the Second Hospital (that is, Wuhan Central Hospital). Maybe it will be isolated in southern China.” “SARS has been basically determined, nurses and sisters should not go out to shake.” At 20:48, Xie Linka, a doctor at the Cancer Center of Wuhan Union Medical College, posted a message on the WeChat group of the Cancer Center. “Don’t go to the South China Seafood Market in the near future. It is happening now. With many people suffering from unexplained pneumonia (similar to SARS), today our hospital has treated several cases of pneumonia patients in the South China Seafood Market. Everyone should pay attention to wearing masks and ventilation “-all three doctors have been cautioned by the police since then.

On the same day, the author of the “Little Dog” in Huangpu, Guangzhou, was also informed of the above news, and he wrote: “By December 30th, I heard that there were still many patients with similar symptoms, and the nerves broke down again. It’s tense. Especially, it may be the afternoon of the 30th. A friend may have detected the same virus in the sample of another patient, but they sent a report that the SARS coronavirus was detected, and the news was detonated instantly. Now ... the friends shared the sequence for us to analyze. I analyzed it and it was indeed the same virus! The first idea in the subconscious was ‘this virus is contagious!’ ”

Li Wenliang and others opened the lid, allowing the gene company to sequence the story of this line, and another story of the clinician’s warning generated an intersection. At the Wuhan Central Hospital, doctors are not responding to routine treatment of emerging viral pneumonia patients, and hope to find answers through gene sequencing companies, while Zhang Jixian, director of the Department of Respiratory and Critical Care Medicine, Xinhua Hospital, Hubei Province, adjacent to the South China Seafood Market, December 26 Four consecutive unidentified pneumonia cases were received on the day. On December 27, Zhang Jixian reported the discovery of four “unknown viral pneumonias” to the hospital, and the hospital reported to the Jiangnan CDC.

On December 28-29, Xinhua Hospital treated three more patients from the South China Seafood Market. They had similar symptoms of viral pneumonia. According to subsequent reports such as the Wuhan Evening News, at 1 pm on December 29, Xia Wenguang, deputy director of Xinhua Hospital, convened ten experts to discuss the seven cases. The experts agreed that the situation was unusual, and Xia Wenguang went directly to the provincial and municipal health authorities. Report from the CDC. Also reported on the same day was the Public Health Department of Wuhan Central Hospital. In the afternoon of the same day, the Hubei Province, Wuhan City Health and Health Commission’s Disease Control Office notified the provincial, city, and district level three disease control centers, Xinhua Hospital, and the Central Hospital Houhu Hospital to treat multiple patients with unknown pneumonia with a history of seafood market exposure. Start emergency response workflow. Hubei Provincial CDC and Wuhan CDC started epidemiological investigations with the CDCs in Jiangnan District, Qiaokou District, and Dongxihu District. Huang Chaolin, deputy director of Wuhan Jinyintan Hospital, came to Xinhua Hospital and took six of the patients, Wuhan Tongji Hospital also transferred the aforementioned patient who was the first genetic test in the central hospital to Jinyintan Hospital.

On December 30, the third-level disease control center formed the “Report on the Investigation and Disposal of Multiple Pneumonia Cases Reported by the Hospital in the South China Seafood Market”.

On the same day, the Wuhan Municipal Health and Health Commission issued an internal notice, mentioning that many medical institutions in Wuhan did have multiple unexplained pneumonia cases in succession, and was related to the Wuhan South China Seafood Wholesale Market, requiring medical institutions to report those who had received consultations in the past week. Patients with similar characteristics of unexplained pneumonia.

The Wuhan Municipal Health Commission's "Emergency Notice on Doing a Good Job in the Treatment of Unexplained Pneumonia" triggered by Zhang Jixian's insistence on reporting was soon exposed on the Internet, along with WeChat warnings from doctors such as Li Wenliang who saw the gene sequencing report. Let the epidemic information originated in Wuhan be transmitted to the outside world for the first time.

Warning from Shanghai

Another case sample from Wuhan Central Hospital comes from Houhu Hospital, which is also adjacent to the South China Seafood Market. The patient, also named Chen, is a 41-year-old self-employed member of the seafood market in Quanzhou, Fujian. He suffered from high fever of 40 ° C, systemic aches and pains, cough, sputum, shortness of breath, and shortness of breath after experiencing cold on December 20. He was hospitalized in Houhu District of Wuhan Central Hospital with "fever cause, lung infection" on December 30th. The hospital took a bronchoscope sample on December 30th. An extra sample of respiratory lavage fluid was left in the refrigerator at -80. ° C environment.

"The reason why we have kept one more sample is because we have been involved in major national science and technology projects of China's major natural epidemic virus, such as Shanghai Public Health Clinical Center affiliated to Fudan University (hereinafter referred to as Shanghai Public Health Center) and Wuhan Center for Disease Control and Prevention. Resources' project cooperation, cooperation agreement has been signed for five years in a row, Wuhan City Center for Disease Control is responsible for the collection of clinical samples and environmental specimens in Central China, and regularly sent to Shanghai Public Health Center for pathogen detection, they have biological safety The third-level (BSL-3) laboratory has a high-throughput sequencing and bioinformatics analysis platform, and our hospital is the sentinel hospital of Wuhan Center for Disease Control and Prevention. "Professor Zhao Su of the Department of Respiratory Medicine, Wuhan Central Hospital.

On the afternoon of December 30, the samples were taken by a chief physician of Wuhan Centers for Disease Control and Prevention. On January 2nd, another researcher from Wuhan Centers for Disease Control and Prevention wrapped the samples in dry ice, iron boxes, and foam boxes, and shipped them to Shanghai by rail along with other animal specimens. On January 3, the team of Professor Zhang Yongzhen from Shanghai Public Health Clinical Center received the samples. This center belongs to Fudan University, Zhang Yongzhen is a researcher at the Institute of Infectious Diseases Prevention and Control of the Chinese Center for Disease Control and Prevention, and an adjunct professor at the Institute of Biomedicine of Fudan University and Shanghai Public Health Center. Under the funding of key research and development programs, he is engaged in scientific research such as zoonotic diseases, investigation of major natural epidemic-derived virus resources in China, and many hospitals, including Wuhan Central Hospital, Wuhan CDC, and the University of Sydney, Australia. As a member of the project team.

In the early morning of January 5, Zhang Yongzhen's research team detected a new SARS-like coronavirus from the samples and obtained the entire genome sequence of the virus through high-throughput sequencing. The evolutionary tree drawn based on the sequencing data also confirmed the new corona in Wuhan. Viruses have never been seen in history. The Shanghai Public Health Center immediately reported to the competent authorities of the Shanghai Municipal Health Commission and the National Health Commission on the same day, reminding them that the new virus is homologous to SARS and should be transmitted through the respiratory tract. It is recommended that appropriate disease control and prevention measures be taken in public. On January 6, a secondary emergency response was initiated within the China CDC.

"We have been collaborating with Wuhan Centers for Disease Control and Prevention, Wuhan Central Hospital, etc. to collect new natural epidemic viruses. This is part of our major national project, including the use of P3 laboratories. It was approved by the review. "A researcher at the Shanghai Public Health Center told Caixin reporter," We are a regular researcher, and found by accident that it is of great importance and report it immediately."

At least 9 samples were collected for inspection at the end of last year

Caixin reporter confirmed that it is almost in front of Guangzhou Weiyuan Gene Technology Co., Ltd. and Beijing Boao Medical Laboratory. Several gene sequencing companies have obtained samples of unknown pneumonia cases from Wuhan Hospital. This includes an industry "leading leader", BGI, who received a gene sequencing commission from Wuhan Union Medical College Hospital on December 26, 2019. On December 29, BGI's genetic sequencing of the case sample showed that the virus and SARS gene sequence similarity was as high as 80%, but not SARS, but a coronavirus that had not been seen before. BGI also used their SARS test kit to test the cases, and the results were negative, and it was negative for SARS.

On December 30, BGI orally notified the sequencing results to Wuhan Union Medical College Hospital, saying that the pathogen is a new coronavirus similar to SARS, and it is recommended that the hospital report to Wuhan Municipal Health Commission.

A person from BGI told Caixin reporters that when they were commissioned to sequence samples of unexplained viral pneumonia cases at the end of December, they did not know that the virus had caused clinical infections in many people, and even had the same genus. Cluster infections in a family. "We are a technology company doing gene sequencing. We accept a lot of sequencing commissions every day. When we come into contact with a large number of viruses, we also find many new viruses. There are many types of coronaviruses. Previously, there were only six coronaviruses including SARS and humans. Related, only SARS and MERS are more infectious to humans. At that time we did not know whether the virus was 'good' or 'bad'."

BGI has a long-term cooperation with the local hospital in Wuhan. According to a survey by Caixin reporters, the local hospital in Wuhan in December 2019 sent at least 30 samples of difficult pneumonia to Huage Gene for sequencing. Huada found a total of three cases of pneumonia that belonged to the new coronavirus infection. Except for the case on December 26, two other cases were collected on December 29 and 30, respectively.

The relevant information obtained by Caixin reporters shows that on December 30 and 31, Huada conducted a high-level retest of the recently received cases. On December 31, they mixed three SARS-like coronaviruses. That is, the three viral gene sequence fragments are combined to form a mixed whole gene sequence. On January 1, the mixed new coronavirus gene sequence was provided to the China Centers for Disease Control and Prevention, and three test reports were also reported to the Wuhan Municipal Health Commission. On the same day, BGI rebuilt the entire genome, and obtained a whole genome sequence that day. On January 3, BGI completed sequencing of the entire gene sequence of the viruses in all three samples.

However, BGI did not publicly announce the genome sequences of these three samples of New Coronavirus. Caixin reporters found that as of January 19, 2020, a total of 13 samples of New Coronavirus genome sequences were uploaded on the GISAID platform. Except for Japan and Thailand, the remaining 10 are all uploaded by Chinese research institutes. From the time of sample collection, the earliest case was the one collected on December 24, 2019 and uploaded by the Chinese Academy of Medical Sciences Pathogen. Eight more samples were collected on December 30, respectively, Wuhan Jinyintan Hospital and Hubei Provincial Center for Disease Control (1), Jinyintan Hospital and Wuhan Institute of Virology of the Chinese Academy of Sciences (5), China CDC Virus Disease Prevention and Control Office (Article 2).

In addition, the Institute for Viral Disease Control and Prevention of the Chinese Center for Disease Control and Prevention also uploaded a gene sequence for collecting samples completed on January 1, 2020.

According to the Hubei Daily, on December 30, Zhang Dingyu, the president of Jinyintan Hospital, led everyone to collect bronchoalveolar lavage fluid from the 7 patients admitted by the hospital and sent them to the Wuhan Institute of Virology, Chinese Academy of Sciences to be tested.

Based on the industry's average detection cycle of three days, by January 2nd, the genetic sequencing results of the samples collected on December 30th above should have been obtained. In an open letter from Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan Institute of Virology fully carried out scientific research on the new crown virus pneumonia, it was stated that on the evening of December 30, the virus received an unknown pneumonia sample from Jinyintan Hospital on the evening of December 30. The whole genome sequence of the new crown virus was determined on January 2 and uploaded to GISAID on January 11.

The above-mentioned paper published in the “Chinese Medical Journal (English version)” also shows that in the nine days from December 24, 2019 to January 1, 2020, five patients’ alveolar lavage fluid samples were collected and sent for testing. Analysis, and two of these five patients had no history of contact with the South China Seafood Market.

Of the five patients, in addition to the 65-year-old patient samples, three patients were collected on December 30, 2019. Among them, Patient No. 2 was a 49-year-old female who worked in the South China Seafood Market. She started to have a high fever and a dry cough on December 22. She developed dyspnea after five days and was hospitalized. She was admitted to the ICU on December 29. Patient No. 3 was also Female, 52 years old, onset on December 22, was hospitalized on the 29th, but she has no history of contact with the seafood market; Patient No. 4 is a 41-year-old male. He started to

have a high fever, dry cough on December 16, and was hospitalized on the 22nd. There is no history of seafood market exposure. The man is obviously the Wuchang accountant who was treated at the Wuhan Central Hospital above. The sample of alveolar lavage fluid from patient No. 5 was collected on January 1, 2020. He is a member of the South China Seafood Market. A 61-year-old man at work. He suffered from chronic liver disease and abdominal myxoma. He had fever, cough, and dyspnea for seven days. He was admitted to a local hospital. He started to use ECMO for rescue on January 2 and died.

According to the paper, a new coronavirus was identified in the laboratory in this way. It has 79% similarity to the nucleotide sequence of SARS virus. It is phylogenetically closest to the SARS-like coronavirus carried by bats, but forms Coronavirus beta strain sequence of a single evolutionary branch. After carrying out virus isolation, morphological confirmation and serological testing, the new pathogen was confirmed to be a new coronavirus. The amino acid sequence of this virus-receptor binding domain is similar to that of SARS coronavirus, indicating that the two viruses may bind to the same receptor on human cells.

Looking back on the days from the end of December 2019 to the beginning of January this year, it should have been a crucial moment in determining the fate of countless people. But at that time, the public did not know the consequences of the virus in the future.

A source from a gene sequencing company revealed that on January 1, 2020, he received a phone call from an official of the Health Commission of Hubei Province, informing him that samples of cases of new coronary pneumonia in Wuhan were submitted for inspection and could not be re-examined. Existing case samples must be destroyed, sample information cannot be disclosed, and related papers and related data cannot be released to the public. "If you detect it in the future, you must report it to us."

On January 3, the General Office of the National Health and Medical Commission issued a "Notice on Strengthening the Management of Biological Sample Resources and Related Scientific Research Activities in the Prevention and Control of Major Outbreak Infectious Diseases." (2020) No. 3 states that according to the recent samples of Wuhan pneumonia cases, based on the current knowledge of pathogenic characteristics, transmission, pathogenicity, clinical data and other information, before further clarifying the pathogenic information, temporarily follow the highly pathogenic pathogenic microorganisms. (Second category) For management, the transportation of relevant samples should be in accordance with the requirements of the "Ministry of Health's Highly Pathogenic Pathogenic Microorganism Bacteria (Poison) Species or Samples Transport Management Regulations"; the pathogen-related experimental activities Development of a biological safety laboratory of protection level.

Document No. 3 further stipulates that all relevant institutions shall provide biological samples to designated pathogen detection institutions to conduct pathogenic testing and complete the transfer procedures in accordance with the requirements of the health and health administrative departments at or above the provincial level; without approval, they may not submit to other institutions and individuals without authorization Provide biological samples and related information; Institutions and individuals who have obtained biological samples of relevant cases from relevant medical and health institutions should immediately destroy the samples in situ or send them to a depository established by the state for safekeeping, and properly keep records of experimental activities and experiments Result information;

during the epidemic prevention and control work, the information generated by various types of institutions undertaking pathogenic testing tasks is a special public resource. No institution or individual may publish information about the results of pathogenic testing or experimental activities without authorization. Approved by the entrusted department.

As for which agencies are “designated pathogen detection agencies”, the document does not mention them. Some virologists revealed that even the Wuhan Institute of Virology of the Chinese Academy of Sciences was once required to stop pathogen detection and destroy existing samples. “Because of the current” Infectious Disease Prevention and Control Law, “laboratory testing, diagnosis, and pathogenic identification of infectious diseases are at all levels. The statutory responsibilities of disease prevention and control institutions, only national and provincial disease control system institutions have the right to conduct infectious disease etiology identification. The Wuhan Institute of Virology of the Chinese Academy of Sciences is obviously not included, let alone those unauthorized commercial scientific research institutions. ”

Perhaps because of this, the Chinese Academy of Sciences Institute of Virology, which received the virus samples on December 30, performed virus isolation on January 1, 2020, completed the virus gene sequencing on January 2, and isolated the virus strain on January 5. The national virus resource library was put into storage and standardized preservation was completed on the 9th. These apparently day-to-day research work has not been announced to the public. Only in February when faced with rumors and attacks from the outside world, a word-only disclosure was given.

On January 9th, CCTV reported that the “Wuhan Viral Pneumonia Pathogen Test Preliminary Evaluation Expert Group”, mainly based on the China Centers for Disease Control and Prevention, determined that the pathogen was a new type of coronavirus. “As of January 21, 2020, the laboratory a new type of coronavirus was detected, and the whole genome sequence of the virus was obtained. A total of 15 cases of positive results of the new type of coronavirus were detected by nucleic acid detection method. The virus was isolated from a positive patient sample, and the typical coronavirus appeared under an electron microscope.”

On January 11, Zhang Yongzhen’s research team shared the viral genome sequence information on Virologic.org website and GenBank, the first team in the world to publish the viral sequence.

On the evening of the same day, the National Health and Medical Commission announced that China would share the sequence information of the new crown virus gene with WHO. The next day, five other viral genome sequences from different patients were released by a group led by the National Health Commission on the global shared influenza virus database GISAID. For which agency did the new coronavirus gene sequence information shared with WHO come from? Gao Fu, director of the China Centers for Disease Control and Prevention, responded to Caixin reporters that the gene sequences came from tripartite institutions, the China Centers for Disease Control and Prevention, the Chinese Academy of Medical Sciences and the Chinese Academy of Sciences. This is a joint research project. The WHO says it has obtained more detailed information on unexplained viral pneumonia in Wuhan from the National Health Commission of China, including information on the sequence of novel coronavirus genes detected in cases, which is important for the development of specific diagnostic tools in other countries significance.

At this time, it is not necessary to look into who first picked the pearl on the crown of science, because 15 days have passed since the first case of genetic sequencing confirmed the new crown virus.

On January 11th, the Wuhan Health and Health Commission stopped updating for several days, and for the first time renamed “viral pneumonia of unknown cause” to “new coronavirus-infected pneumonia”, saying that as of 14:00 on January 10, 2020, Initial diagnosis of 41 cases of new coronary pneumonia. On the same day, the “two sessions” of Hubei were held. Until the end of the “two sessions” in Hubei on January 17, this number has not increased.

THIS CHINESE DOCTOR TRIED TO SAVE LIVES, BUT WAS SILENCED. NOW HE HAS CORONAVIRUS

Yong Xiong and Nectar Gan, CNN – 02/04/20

On December 30, Li Wenliang dropped a bombshell in his medical school alumni group on the popular Chinese messaging app WeChat: seven patients from a local seafood market had been diagnosed with a SARS-like illness and quarantined in his hospital.

Li explained that, according to a test he had seen, the illness was a coronavirus -- a large family of viruses that includes severe acute respiratory syndrome (SARS).

Memories of SARS run deep in China, where a pandemic in 2003 killed hundreds following a government cover up. "I only wanted to remind my university classmates to be careful," he said.

I only wanted to remind my university classmates to be careful

Li, a 34-year-old doctor working in Wuhan, the central Chinese city at the epicenter of the deadly coronavirus outbreak, told his friends to warn their loved ones privately. But within hours screenshots of his messages had gone viral -- without his name being blurred. "When I saw them circulating online, I realized that it was out of my control and I would probably be punished," Li said.

He was right.

Soon after he posted the message, Li was accused of rumor-mongering by the Wuhan police. He was one of several medics targeted by police for trying to blow the whistle on the deadly virus in the early weeks of the outbreak. The virus has since claimed at least 425 lives and sickened more than 20,000 people globally -- including Li.

Wuhan doctor Li Wenliang in an intensive care bed on oxygen support after contracting the coronavirus.

From an intensive care bed in hospital, Li told CNN he was confirmed Saturday to have contracted the virus.

His diagnosis has sparked outrage across China, where a backlash is growing against state censorship around the illness and an initial delay in warning the public about the deadly virus.

Summoned by the police

On the same day in December that Li messaged his friends, an emergency notice was issued by the Wuhan Municipal Health Commission, informing the city's medical institutions that a series of patients from the Huanan Seafood Wholesale Market had an "unknown pneumonia."

The notice came with a warning: "Any organizations or individuals are not allowed to release treatment information to the public without authorization."

In the early hours of December 31, Wuhan's health authorities held an emergency meeting to discuss the outbreak. Afterwards, Li was summoned by officials at his hospital to explain how he knew about the cases, according to state-run newspaper Beijing Youth Daily.

Later that day, the Wuhan authorities announced the outbreak and alerted the World Health Organization. But Li's troubles did not end there.

On January 3, Li was called to a local police station and reprimanded for "spreading rumors online" and "severely disrupting social order" over the message he sent in the chat group.

In that message, Li said the patients had been diagnosed with SARS, citing the test result that showed the pathogen tested positive for the SARS virus with a high "confidence coefficient" -- a measure indicating the accuracy of the test. He clarified in a subsequent message that the virus was actually a different type of coronavirus, but the screenshot of his first message had already spread online.

Li had to sign a statement -- which CNN has seen a photograph of -- acknowledging his "misdemeanor" and promising not to commit further "unlawful acts."

He feared he was going to be detained. "My family would worry sick about me, if I lose my freedom for a few days," he told CNN over a text message on WeChat -- he was coughing too much and breathing too poorly to speak over the phone.

Luckily, Li was allowed to leave the police station after an hour.

The Wuhan police has not responded to CNN's request for comment at the time of publishing.

The Wuhan Municipal Health Commission declined to comment.

The ophthalmologist returned to work at Wuhan Central Hospital feeling helpless. He said: "There was nothing I could do. (Everything) has to adhere to the official line."

On January 10, after unwittingly treating a patient with the Wuhan coronavirus, Li started coughing and developed a fever the next day. He was hospitalized on January 12. In the following days, Li's condition deteriorated so badly that he was admitted to the intensive care unit, and given oxygen support.

On February 1, he tested positive for coronavirus.

Playing down the outbreak

From the start, the Chinese authorities wanted to control information about the outbreak, silencing any voices that differed with their narrative -- regardless of whether they were telling the truth.

On January 1, the Wuhan police announced it had "taken legal measures" against eight people who had recently "published and shared rumors online" about the pneumonia-like illness and "caused adverse impacts on society."

"The internet is not a land beyond the law ... Any unlawful acts of fabricating, spreading rumors and disturbing the social order will be punished by police according to the law, with zero tolerance," said a police statement on Weibo, China's Twitter-like platform.

The police announcement was broadcast across the country on CCTV, China's state broadcaster, making it clear how the Chinese government would treat such "rumormongers."

In the two weeks that followed, the Wuhan Municipal Health Commission remained the only source for updates on the developments of the outbreak. Chinese scientists identified the pathogen as a new coronavirus on January 7. For about a week, no new confirmed cases were announced. Health authorities maintained there was "no obvious evidence for human to human transmission," no infection of healthcare workers, and that the outbreak was "preventable and controllable."

On January 31, Li wrote in a post on Weibo how he felt during that period: "I was wondering why (the government's) official notices were still saying there was no human-to-human transmission, and there were no healthcare workers infected."

Then came a sudden jump in infections. Until January 17, the Wuhan authorities had only reported 41 cases of the virus. By January 20, that number had soared to 198.

The central government took over and, on January 20, President Xi Jinping ordered "resolute efforts to curb the spread" of the coronavirus and stressed the need for the timely release of information -- it was the first time Xi had publicly addressed the outbreak.

Later that evening, Zhong Nanshan, a government-appointed respiratory expert, known for fighting SARS 17 years ago, declared on state broadcaster CCTV that the new coronavirus was transmissible from person to person.

Three days later, authorities placed an unprecedented lockdown on Wuhan, the economic engine and transportation hub of China's central heartland -- but five million people had already left the city for the Lunar New Year holiday.

Now, the virus has spread to every region in the country, including the far western frontier of Xinjiang and the remote region of Tibet.

In an interview with CCTV on January 27, Wuhan mayor Zhou Xianwang admitted his government did not disclose information on the coronavirus "in a timely fashion."

He explained that under Chinese law on infectious diseases, the local government first needs to report the outbreak to national health authorities, and then get approval from the State Council before making an announcement.

"For the late disclosure, I hope everyone can understand that this is an infectious disease, and relevant information has special channels to be disclosed in accordance with law," he said.

Public uproar

By late January, the Wuhan government's mishandling of the outbreak was becoming well-understood in China. Many online thought of the group of eight "rumormongers," saying their early warnings could have saved hundreds of lives.

Calls for the eight to be vindicated grew -- even in state media. Xi's call for the timely release of information was seen as a green light to report on the coronavirus and Chinese journalists began producing in-depth coverage and hard-hitting investigative reports. The state-run newspaper Beijing Youth Daily interviewed Li and the article went viral. The piece was censored within hours, but the uproar remained.

As public anger mounted, China's Supreme Court on January 28 criticized the Wuhan police for punishing the "rumormongers."

"It might have been a fortunate thing for containing the new coronavirus, if the public had listened to this 'rumor' at the time, and adopted measures such as wearing masks, strict disinfection and avoiding going to the wildlife market," the Supreme Court commentary said.

It might have been a fortunate thing...if the public had listened to this 'rumor' at the time

Supreme People's Court of China

Bowing to pressure, the Wuhan police issued a statement the next day, saying the eight people had only committed "particularly minor" misdemeanors for spreading "unverified information." It said they had only been summoned for a talk and not detained or fined.

On Saturday, another "rumormonger" came forward with her story in the Chinese press.

Xie Linka, an oncologist at Wuhan Union Hospital, told Chinese media she received a warning from police after sending an alert to her colleagues in a WeChat group on the evening of December 30.

In the message, Xie relayed a warning from fellow doctors about an infectious disease: "Don't go to Huanan Seafood Wholesale Market in the near future. Several people were found to have contracted an unknown pneumonia similar to SARS there. Today our hospital has received multiple patients from the market. Everyone please remember to wear masks and ventilate properly."

Now recovering in a quarantine ward, Li said he was not sure if he was one of the eight "rumormongers." But he felt relieved after reading the Supreme Court commentary, taking it as a sign that the central government is against giving him a harsh punishment.

On Li's Weibo, tens of thousands have left comments thanking him for speaking out and wishing him a speedy discovery.

"Dr Li, you're a good doctor with conscience. I hope you stay safe and sound," read one of the top-rated comments.

Others have questioned what could have been if Li's warning had been heeded.

"If Wuhan had paid attention to [his warning] back then and taken active preventive measures," wrote another Weibo user, "where we stand now a month later could be a completely different picture."

PNEUMONIA OF UNKNOWN CAUSE – CHINA

World Health Organization – 01/05/20

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology have been reported to WHO by the national authorities in China. Of the 44 cases reported, 11 are severely ill, while the remaining 33 patients are in stable condition. According to media reports, the concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection.

The causal agent has not yet been identified or confirmed. On 1 January 2020, WHO requested further information from national authorities to assess the risk.

National authorities report that all patients are isolated and receiving treatment in Wuhan medical institutions. The clinical signs and symptoms are mainly fever, with a few patients having difficulty in breathing, and chest radiographs showing invasive lesions of both lungs.

According to the authorities, some patients were operating dealers or vendors in the Huanan Seafood market. Based on the preliminary information from the Chinese investigation team, no evidence of significant human-to-human transmission and no health care worker infections have been reported.

Public Health Response

National authorities have reported the following response measures:

One hundred and twenty-one close contacts have been identified and are under medical observation;

- The follow-up of close contacts is ongoing;
- Pathogen identification and the tracing of the cause are underway;
- Wuhan Municipal Health Commission carried out active case finding, and retrospective investigations have been completed;
- Environmental sanitation and further hygiene investigations are under way.
- WHO is closely monitoring the situation and is in close contact with national authorities in China.

WHO risk assessment

There is limited information to determine the overall risk of this reported cluster of pneumonia of unknown etiology. The reported link to a wholesale fish and live animal market could indicate an exposure link to animals. The symptoms reported among the patients are common to several respiratory diseases, and pneumonia is common in the winter season; however, the occurrence of 44 cases of pneumonia requiring hospitalization clustered in space and time should be handled prudently.

Wuhan city, with a population of 19 million, is the capital city of Hubei province, with a population of 58 million people. WHO has requested further information on the laboratory tests performed and the differential diagnoses considered.

WHO advice

Based on information provided by national authorities, WHO's recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply.

WHO does not recommend any specific 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 travel history with their healthcare provider.

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

CENSORED CONTAGION: HOW INFORMATION ON THE CORONAVIRUS IS MANAGED ON CHINESE SOCIAL MEDIA

Lotus Ruan et al., Citizen Lab – 03/03/20

Key Findings

- **YY, a live-streaming platform in China, began to censor keywords related to the coronavirus outbreak on December 31, 2019, a day after doctors (including the late Dr. Li Wenliang) tried to warn the public about the then unknown virus.**
- **WeChat broadly censored coronavirus-related content (including critical and neutral information) and expanded the scope of censorship in February 2020. Censored content included criticism of government, rumors and speculative information on the epidemic, references to Dr. Li Wenliang, and neutral references to Chinese government efforts on handling the outbreak that had been reported on state media.**
- Many of the censorship rules are broad and effectively block messages that include names for the virus or sources for information about it. Such rules may restrict vital communication related to disease information and prevention.

Introduction

The coronavirus disease, officially termed COVID-19 by the World Health Organization (WHO), is an epidemic that surfaced in Wuhan city, in central China's Hubei province, in early December 2019. As of March 2, 2020, COVID-19 had reached 65 countries and infected over 88,000 people. The WHO has declared the virus a global health emergency.

During the last week of December, 2019, doctors in Wuhan (such as the late Dr. Li Wenliang), began to notice a troubling unknown pathogen burning through the wards of their hospitals. They took to social media to issue warnings of this new disease thought to be linked to the Wuhan Seafood Market.

As the doctors tried to raise the alarm about the rapid spread of the disease, information on the epidemic was being censored on Chinese social media. On December 31, 2019, when the Wuhan Municipal Health Commission issued its first public notice on the disease, we found that keywords like “武汉不明肺炎” (Unknown Wuhan Pneumonia) and “武汉海鲜市场” (Wuhan Seafood Market) began to be censored on YY, a Chinese live-streaming platform.

Between January and February 2020, as the outbreak spread, a wide breadth of content related to COVID-19 was censored on WeChat (China's most popular chat app), including criticism of the Chinese government, speculative and factual information related to the epidemic, and neutral references to Chinese government efforts to handle the outbreak that had been reported on state media.

This report presents results from a series of censorship tests on YY and WeChat that show that Chinese social media began censoring content related to the disease in the early stages of the epidemic and blocked a broad scope of content.

With over one billion monthly active users, WeChat is the most popular messaging app in China. According to a 2019 survey, over 50% of the correspondents said that they relied quite heavily on WeChat for information and communication. Moreover, the platform has become increasingly popular among doctors who use it to obtain professional knowledge from peers. Because of social media's integral role in Chinese society and its uptake by the Chinese medical community, systematic blocking of general communication on social media related to disease information and prevention risks substantially harming the ability of the public to share information that may be essential to their health and safety.

Controlling COVID-19 Information

As the government of China attempted to respond to the outbreak, it also worked to control what information on the disease was available online and in the media.

Government briefings and media reports show that the Chinese authorities delayed releasing information on the epidemic to the public. When eight individuals (at least two of which were medical experts) tried to warn the public of the then mysterious outbreak on December 30, 2019, they were silenced and punished by local authorities in Wuhan for "spreading rumors" and "disturbing social order."

On Feb 5, 2020, the Cyberspace Administration of China (CAC), the top-level Internet governance agency in China, issued a public statement stressing that it would punish "websites, platforms, and accounts" for publishing "harmful" content and "spreading fear" related to COVID-19. The CAC singled out Sina Weibo, Tencent, and ByteDance in the statement, saying that it would carry out "thematic inspection" of their platforms.

Chinese authorities continue to warn the public of the consequences of "spreading rumors." A non-comprehensive collection of police announcements on the punishment of "rumor-mongers" shows that at least 40 people were subject to warnings, fines, and/or administrative or criminal detention around January 24 and 25, 2020. Another announcement points to a much larger number, detailing 254 cases of citizens penalized for "spreading rumors" in China between January 22 and 28, 2020...

Discussion and Conclusion

Our findings show that information on COVID-19 is being tightly controlled on Chinese social media. Censorship of COVID-19 content started at early stages of the outbreak and continued to expand blocking a wide range of speech, from criticism of the government to officially sanctioned facts and information.

Leaked directives and previous research show that Chinese social media companies receive greater government pressure around critical or sensitive events. While it is not known what specific directives on COVID-19 may have been sent down from the government to social media companies, our research suggests that companies received official guidance on how to handle it as early as December 2019 when the spread of the disease was first made public. Just a day after Dr. Li Wenliang and other medical professionals tried to inform the public about the outbreak, YY began to censor information related to the epidemic on its platform. WeChat restricted content pertaining to government criticism, speculation about the COVID-19 epidemic, and collective action, factual information related to COVID-19 and neutral references to government policies responses outbreak.

What explains these broad restrictions? Analyzing how censorship decisions are made on Chinese social media requires consideration of both the role of government authorities and the companies that manage and operate the platforms. Censorship of domestic social media platforms in China is undertaken through a system of intermediary liability or “self-discipline” in which companies are held liable for content on their platforms. Companies are expected to invest in technology and personnel to carry out content censorship according to government regulations. Self-discipline works as a means for the government to push responsibility of information control to the private sector.

With respect to the role of the Chinese government, the COVID-19 censorship may be a result of specific government directions to control the narrative and manage public sentiment. Since the outbreak, government officials and Party leaders have been stressing the importance of “public opinion guidance” and “leadership over news and propaganda.” Limiting the dissemination of speculative information about the disease may be an attempt to reduce public fear, for example. On the other hand, censoring keywords critical of central leadership and government actors may be an effort to avoid embarrassment and maintain a positive image of the government.

The roles and responsibilities that private companies have in China to manage their platforms may help explain the censorship of neutral references and factual information. This censorship may be a result of companies over-censoring in order to avoid official reprimands for failing to prevent the distribution of “harmful information” including “inappropriate comments and descriptions of natural disasters and large-scale incidents.”

Censorship of the COVID-19 outbreak is troubling, and shows the need for thorough analysis of the effects of information control during a global public health crisis. Countering misinformation and uninformed speculation related to the epidemic may help keep public fear in check and remove information that would mislead people about how best to protect themselves. However, restricting general discussions and factual information has the opposite effect and limits public awareness and response.

In previous work, we observed that Chinese social media companies lifted censorship of sensitive content as the corresponding events changed course or faded into the past. In the case of COVID-19, social media platforms may unblock certain content as the event develops. In this study, we have observed YY unblocking keywords, and, although we did not measure for WeChat unblocking, it is reasonable to assume that WeChat has also unblocked some keyword combinations as it continues to block others. As the COVID-19 outbreak continues, it is important to continue tracking how information is controlled online and the wider consequences of these controls.

A NOVEL CORONAVIRUS FROM PATIENTS WITH PNEUMONIA IN CHINA, 2019-2020

Na Zhu et al., New England Journal of Medicine – 02/20/20

In December 2019, a cluster of patients with pneumonia of unknown cause was linked to a seafood wholesale market in Wuhan, China. A previously unknown betacoronavirus was discovered through the use of unbiased sequencing in samples from patients with pneumonia. Human airway epithelial cells were used to isolate a novel coronavirus, named 2019-nCoV, which formed a clade within the subgenus sarbecovirus, Orthocoronavirinae subfamily. Different from both MERS-CoV and SARS-CoV, 2019-nCoV is the seventh member of the family of coronaviruses that infect humans. Enhanced surveillance and further investigation are ongoing. (Funded by the National Key Research and Development Program of China and the National Major Project for Control and Prevention of Infectious Disease in China.)

Emerging and reemerging pathogens are global challenges for public health.¹ Coronaviruses are enveloped RNA viruses that are distributed broadly among humans, other mammals, and birds and that cause respiratory, enteric, hepatic, and neurologic diseases. Six coronavirus species are known to cause human disease.⁴ Four viruses — 229E, OC43, NL63, and HKU1 — are prevalent and typically cause common cold symptoms in immunocompetent individuals.⁴ The two other strains — severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) — are zoonotic in origin and have been linked to sometimes fatal illness.⁵ SARS-CoV was the causal agent of the severe acute respiratory syndrome outbreaks in 2002 and 2003 in Guangdong Province, China.⁶⁻⁸ MERS-CoV was the pathogen responsible for severe respiratory disease outbreaks in 2012 in the Middle East.⁹ Given the high prevalence and wide distribution of coronaviruses, the large genetic diversity and frequent recombination of their genomes, and increasing human–animal interface activities, novel coronaviruses are likely to emerge periodically in humans owing to frequent cross-species infections and occasional spillover events.^{5,10}

In late December 2019, several local health facilities reported clusters of patients with pneumonia of unknown cause that were epidemiologically linked to a seafood and wet animal wholesale market in Wuhan, Hubei Province, China.¹¹ On December 31, 2019, the Chinese Center for Disease Control and Prevention (China CDC) dispatched a rapid response team to accompany Hubei provincial and Wuhan city health authorities and to conduct an epidemiologic and etiologic investigation. We report the results of this investigation, identifying the source of the pneumonia clusters, and describe a novel coronavirus detected in patients with pneumonia whose specimens were tested by the China CDC at an early stage of the outbreak. We also describe clinical features of the pneumonia in two of these patients.

Four lower respiratory tract samples, including bronchoalveolar-lavage fluid, were collected from patients with pneumonia of unknown cause who were identified in Wuhan on December 21, 2019, or later and who had been present at the Huanan Seafood Market close to the time of their clinical presentation. Seven bronchoalveolar-lavage fluid specimens were collected from patients in Beijing hospitals with pneumonia of known cause to serve as control samples. Extraction of nucleic acids from clinical samples (including uninfected cultures that served as negative controls) was performed with a High Pure Viral Nucleic Acid Kit, as described by the manufacturer (Roche). Extracted nucleic acid samples were tested for viruses and bacteria by polymerase chain reaction (PCR), using the

RespiFinderSmart22kit (PathoFinder BV) and the LightCycler 480 real-time PCR system, in accordance with manufacturer instructions.¹² Samples were analyzed for 22 pathogens (18 viruses and 4 bacteria). In addition, unbiased, high-throughput sequencing, described previously,¹³ was used to discover microbial sequences not identifiable by the means described above. A real-time reverse transcription PCR (RT-PCR) assay was used to detect viral RNA by targeting a consensus RdRp region of pan β -CoV ...

We report a novel CoV (2019-nCoV) that was identified in hospitalized patients in Wuhan, China, in December 2019 and January 2020. Evidence for the presence of this virus includes identification in bronchoalveolar-lavage fluid in three patients by whole-genome sequencing, direct PCR, and culture. The illness likely to have been caused by this CoV was named “novel coronavirus-infected pneumonia” (NCIP). Complete genomes were submitted to GISAID. Phylogenetic analysis revealed that 2019-nCoV falls into the genus betacoronavirus, which includes coronaviruses (SARS-CoV, bat SARS-like CoV, and others) discovered in humans, bats, and other wild animals.¹⁵ We report isolation of the virus and the initial description of its specific cytopathic effects and morphology.

Molecular techniques have been used successfully to identify infectious agents for many years. Unbiased, high-throughput sequencing is a powerful tool for the discovery of pathogens.^{14,16} Next-generation sequencing and bioinformatics are changing the way we can respond to infectious disease outbreaks, improving our understanding of disease occurrence and transmission, accelerating the identification of pathogens, and promoting data sharing. We describe in this report the use of molecular techniques and unbiased DNA sequencing to discover a novel betacoronavirus that is likely to have been the cause of severe pneumonia in three patients in Wuhan, China.

Although establishing human airway epithelial cell cultures is labor intensive, they appear to be a valuable research tool for analysis of human respiratory pathogens.¹³ Our study showed that initial propagation of human respiratory secretions onto human airway epithelial cell cultures, followed by transmission electron microscopy and whole genome sequencing of culture supernatant, was successfully used for visualization and detection of new human coronavirus that can possibly elude identification by traditional approaches.

Further development of accurate and rapid methods to identify unknown respiratory pathogens is still needed. On the basis of analysis of three complete genomes obtained in this study, we designed several specific and sensitive assays targeting ORF1ab, N, and E regions of the 2019-nCoV genome to detect viral RNA in clinical specimens. The primer sets and standard operating procedures have been shared with the World Health Organization and are intended for surveillance and detection of 2019-nCoV infection globally and in China. More recent data show 2019-nCoV detection in 830 persons in China.¹⁷

Although our study does not fulfill Koch’s postulates, our analyses provide evidence implicating 2019-nCoV in the Wuhan outbreak. Additional evidence to confirm the etiologic significance of 2019-nCoV in the Wuhan outbreak include identification of a 2019-nCoV antigen in the lung tissue of patients by immunohistochemical analysis, detection of IgM and IgG antiviral antibodies in the serum samples from a patient at two time points to demonstrate seroconversion, and animal (monkey) experiments to provide evidence of pathogenicity. Of critical importance are epidemiologic investigations to characterize transmission modes, reproduction interval, and clinical spectrum resulting from infection to inform and refine strategies that can prevent, control, and stop the spread of 2019-nCoV.

A CHINESE DOCTOR WAS ONE OF THE FIRST TO WARN ABOUT CORONAVIRUS. HE GOT DETAINED — AND INFECTED.

Gerry Shih and Hannah Knowles, Washington Post – 02/04/20

As word of a mysterious virus mounted, Li Wenliang shared suspicions in a private chat with his fellow medical school graduates.

The doctor said that seven people seemed to have contracted SARS — the respiratory illness that spread from China to more than two dozen countries and left hundreds dead in the early 2000s. One patient was quarantined at his hospital in Wuhan, China, Li said. He urged people to be careful.

Li and seven other doctors were quickly summoned by Chinese authorities for propagating “rumors” about SARS-like cases in the area — but their warnings were prescient. Soon, health officials worldwide would be scrambling to combat a novel virus with a striking genetic resemblance to SARS. The outbreak in Wuhan has exploded to more than 20,000 confirmed cases just in China.

Among the ill: the ophthalmologist who was censured for sounding an early alarm.

“The diagnosis is finally confirmed,” Li posted Jan. 31 on the social media platform Weibo.

Li’s situation has drawn rare acknowledgment of official missteps in China, where a bureaucratic culture that prioritizes political stability over all else probably allowed the new coronavirus to spread farther and faster. Late last month, China’s highest court admonished the Wuhan police for the detentions.

“If society had at the time believed those ‘rumors,’ and wore masks, used disinfectant and avoided going to the wildlife market as if there were a SARS outbreak, perhaps it would’ve meant we could better control the coronavirus today,” the court said. “Rumors end when there is openness.”

Li, an ophthalmologist at Wuhan Central Hospital, had shared his concerns the same day that Chinese authorities confirmed they were investigating 27 cases of viral pneumonia. Officials at the epicenter in Wuhan — the capital of Hubei province, where millions are now trapped in an unprecedented lockdown — sent an “urgent notice” to all hospitals about the existence of “pneumonia of unclear cause.”

The notice ordered all departments to immediately compile information about known cases and report them up their chain of command. But it did not mention SARS or a coronavirus.

Li had posted a snippet of an RNA analysis finding “SARS coronavirus” and extensive bacteria colonies in a patient’s airways, according to a chat transcript that he and other chat members later shared online.

On Jan. 1, the Wuhan Public Security Bureau issued summons to Li and the others accused of fanning rumors. The detentions were reported on “Xinwen Lianbo,” a newscast watched by tens of millions.

The police followed up in the state-run Xinhua News Agency with a chilling warning.

“The police call on all netizens to not fabricate rumors, not spread rumors, not believe rumors,” the Wuhan authorities said, adding that they encouraged Web users to “jointly build a harmonious, clear and bright cyberspace.”

As authorities cracked down, the outbreak was quickly worsening amid an information vacuum. Wang Guangbao, a surgeon and popular science writer in eastern China, later said that speculation about a SARS-like virus was rampant around Jan. 1 within medical circles, but that the detentions dissuaded many, including himself, from speaking openly about it.

“The eight posters getting seized made all of us doctors feel we were at risk,” he said.

Wuhan police released Li on Jan. 3 after he signed a document saying that he committed “illegal acts.” The doctor, who did not immediately respond to The Washington Post on Tuesday, later explained to CNN that his family would “worry sick” about him “if I lose my freedom for a few days.” CNN reported that he was able to leave the police station within about an hour.

He hurried back to work to see sick patients — and worked “normally” for a while, he wrote on Weibo, tending to patients with the new coronavirus.

Then, on Jan. 10, he got a cough.

The next day, Li wrote, he had a fever, and by Jan. 12 he was in the hospital. Tests for the virus he had been scrutinizing came back negative, but he was having a hard time breathing and moving.

China had yet to declare an emergency. That would come on Jan. 20, as more than 400 million Chinese people prepared to travel home to mark the Lunar New Year. A renowned pulmonologist appeared on state media to announce that the new virus was transmissible between people, and Chinese leader Xi Jinping called for quick information-sharing and “resolute efforts” to contain the virus.

Within days, all of Wuhan and several nearby cities — an area the size of Washington state with more than 50 million people — were locked down. Authorities raced to accommodate ballooning numbers of patients, working to erect entire new hospitals.

By late January, officials were also acknowledging mistakes.

The Supreme People’s Court rebuked police for punishing Li and his fellow doctors. Wuhan police said in a statement a day later that the eight people summoned had committed only mild transgressions, spreading “unverified information.”

Officials gave “education and criticism” and did not fine or detain people, the police said.

Li, who emphasized that his license has not been revoked, said he has been cheered in the hospital by “netizens’ support and encouragement.” His last post on Weibo, the Feb. 1 announcement of his latest test results, drew tens of thousands of comments.

“Dr. Li, you are a good doctor with conscience,” read one well-wisher’s message with more than 100,000 upvotes.

Another person counted Li among eight “prophets.”

“The people of the whole country are in solidarity with you,” the commenter said.

WHO STATEMENT REGARDING CLUSTER OF PNEUMONIA CASES IN WUHAN, CHINA

World Health Organization – 01/09/20

Chinese authorities have made a preliminary determination of a novel (or new) coronavirus, identified in a hospitalized person with pneumonia in Wuhan. Chinese investigators conducted gene sequencing of the virus, using an isolate from one positive patient sample. **Preliminary identification of a novel virus in a short period of time is a notable achievement and demonstrates China's increased capacity to manage new outbreaks.**

Initial information about the cases of pneumonia in Wuhan provided by Chinese authorities last week – including the occupation, location and symptom profile of the people affected – pointed to a coronavirus (CoV) as a possible pathogen causing this cluster. Chinese authorities subsequently reported that laboratory tests ruled out SARS-CoV, MERS-CoV, influenza, avian influenza, adenovirus and other common respiratory pathogens.

Coronaviruses are a large family of viruses with some causing less-severe disease, such as the common cold, and others more severe disease such as MERS and SARS. Some transmit easily from person to person, while others do not. According to Chinese authorities, the virus in question can cause severe illness in some patients and does not transmit readily between people.

Globally, novel coronaviruses emerge periodically in different areas, including SARS in 2002 and MERS in 2012. Several known coronaviruses are circulating in animals that have not yet infected humans. As surveillance improves more coronaviruses are likely to be identified.

China has strong public health capacities and resources to respond and manage respiratory disease outbreaks. In addition to treating the patients in care and isolating new cases as they may be identified, public health officials remain focused on continued contact tracing, conducting environmental assessments at the seafood market, and investigations to identify the pathogen causing the outbreak.

In the coming weeks, more comprehensive information is required to understand the current status and epidemiology of the outbreak, and the clinical picture. Further investigations are also required to determine the source, modes of transmission, extent of infection and countermeasures implemented. WHO continues to monitor the situation closely and, together with its partners, is ready to provide technical support to China to investigate and respond to this outbreak.

The preliminary determination of a novel virus will assist authorities in other countries to conduct disease detection and response. Over the past week, people with symptoms of pneumonia and reported travel history to Wuhan have been identified at international airports.

WHO does not recommend any specific measures for travelers. WHO advises against the application of any travel or trade restrictions on China based on the information currently available.

SCIENTISTS URGE CHINA TO QUICKLY SHARE DATA ON VIRUS LINKED TO PNEUMONIA OUTBREAK

Dennis Normile, Jon Cohen, Kai Kupferschmidt, Science Mag – 01/09/20

Chinese scientists have identified a novel coronavirus—a pathogen family responsible for two other new diseases since 2003—as the likely cause of the outbreak of an unusual viral pneumonia in the central city of Wuhan that has sickened dozens of people since mid-December 2019. The researchers have sequenced the virus and developed a test to identify it, according to a news report today by CCTV, China’s state-owned broadcaster.

Although the link between the agent and the disease needs to be confirmed, many scientists praised the discovery, which they say is a testimony of China’s prowess in virology. **But they are urging the country to quickly share much more information about the new agent, the disease it causes, and how it appears to spread.**

“The virologists in China are some of the best in the world, they work extremely quickly, extremely efficiently,” says Peter Daszak, president of the EcoHealth Alliance. “They have a lot more information than we know about right now. I hope that information comes out very soon.” The outbreak, Daszak says, is “a chance for China to show that they are doing 21st century public health as well as 21st century virology.”

“I think they really should share the sequence data, so that we can all make sure we can test for this virus if we get travelers from this region,” adds virologist Marion Koopmans of the Erasmus Medical Center.

At least 59 people in Wuhan have fallen ill with the mysterious agent since mid-December, according to the Wuhan Municipal Health Commission; no deaths have been reported, and so far, there have been no reported cases of human-to-human transmission. Many cases have been linked to a seafood market in the city that also sells other live animals. China first reported the unusual cases to the World Health Organization (WHO) on 31 December 2019. (News of the discovery of the coronavirus was first reported yesterday by The Wall Street Journal.)

CCTV says a virus isolated from one patient showed the spiked surface typical of coronaviruses under electron microscopy. Scientists sequenced the virus, according to the report, and then used nucleic acid testing to identify the virus in 14 additional patients.

Separately, state news agency Xinhua today said a governmental investigation review panel for the outbreak is led by Xu Jianguo, director of the State Key Laboratory of Infectious Disease Prevention and Control in Beijing, a part of the Chinese Center for Disease Control and Prevention. Xu told Xinhua that researchers are continuing their work to confirm that the coronavirus is the culprit.

“Preliminary identification of a novel virus in a short period of time is a notable achievement and demonstrates China’s increased capacity to manage new outbreaks,” Gauden Galea, WHO’s representative to China, wrote in a press statement today.

Scientists around the world share that sentiment, but they would like to know more. Chinese researchers “are to be congratulated on identifying the causative agent quickly,” says Malik Peiris, a virologist at the University of Hong Kong. “Now it is important that they share specific diagnostic RT-PCR [reverse transcription polymerase chain reaction] tests with WHO and the global public health community.”

“What I really want to see is information on the epidemiology and pathology,” Daszak says, “so that we can all have confidence that, No. 1, this coronavirus is the cause of this outbreak, and No. 2, that it is contained and that they have been able to trace back all the potential cases, isolate them, test them. Every day that we don’t get all that information is a risk of further spread in my opinion.”

Chinese researchers needn’t worry that sharing the information would preclude publication of the new virus in a prestigious journal, says Christian Drosten of Charité University Hospital: “No journal will reject a paper because this sequence has been made public.”

The news reports have been careful to call the findings preliminary. During the 2003 outbreak of severe acute respiratory syndrome (SARS), Chinese authorities and scientists were embarrassed when premature reports that chlamydia was the culprit turned out to be incorrect; it later turned out to be a new coronavirus. “I can understand why politicians and scientists have to be really cautious in claiming [this virus] is the causative agent,” says Wang Linfa, an emerging disease specialist at the Duke-NUS Medical School. A key step in nailing the link is to replicate the symptoms in laboratory animals, Wang says, but that can take weeks or months.

Wang says the parallels between the Wuhan outbreak and SARS are interesting. Both emerged in winter, with initial cases tied to exposure to animals sold at live animal markets. (With SARS, the intermediary host proved to be civets sold at the markets.)

But there are big differences as well. SARS proved to spread relatively easily among humans and eventually caused 774 deaths in 37 countries before it was contained. The pneumonia cases in Wuhan so far are milder than SARS and there appears to be no human-to-human transmission—although some researchers aren’t so sure. “I don’t understand how you can get so many cases without human-to-human transmission,” Daszak says. “This is something I have a red flag on.” Koopmans remains to be convinced as well.

The other key difference between now and 2003 is that China’s scientific expertise has grown rapidly. “The lab capacity, the clinical capacity, the outbreak capacity is orders of magnitude better now,” Daszak says. Back then, China also denied it had a problem, and actively tried to cover up the outbreak. It is not doing so now, but it hasn’t exactly been generous with information either, Koopmans says. “The communication has been better than with SARS but not perfect.”

“What they’re trying to do is wrestle with when you actually announce publicly without getting egg on your face,” Daszak says, “because it would have been embarrassing to announce that a week ago and then find out that it was an incidental finding.”

Scientists assume the Wuhan patients were infected by some animal sold at the market. Pinpointing the exact species is key, Peiris says. “There may be other markets where a similar virus may be circulating and it will be important to test such markets to preemptively contain similar outbreaks.” Wang suspects Chinese investigators have tried to collect samples from animals and have swabbed walls and cages: “The fact that we have not seen anything in the media suggests the issue is sensitive or the results [are] not conclusive.”

The new illness again demonstrates that live animal markets should no longer be allowed, says Robert Webster, a leading influenza researcher at St. Jude Children’s Research Hospital. “There’s a host of coronaviruses out there,” he says. “You keep putting live animals in contact with humans and this is going to happen from time to time. So far we’ve got lucky that none have led to widespread human-to-human transmission.”

But whatever animal spread the virus at the market likely picked it up from a natural reservoir elsewhere, scientists say. "If I were to bet, I'd bet it's from bats," says Wang, who led one of two teams that traced the SARS virus back to cave-dwelling horseshoe bats in Yunnan province. The coronavirus that causes Middle East respiratory syndrome (MERS), which emerged in 2012, has been traced back to wild bats as well. "Bats carry so many coronaviruses and they mutate rapidly," Wang says.

In Hong Kong, 48 people who traveled to Wuhan in recent weeks have presented with symptoms of either fever and respiratory infection or pneumonia; Singapore and South Korea have isolated sick travelers from Wuhan as well. None of them has been found to be infected with the suspected virus so far.

PRESSURE BUILDS ON CHINA TO SHARE INFO ON NEW CORONAVIRUS

Lisa Schnirring, CIDRAP – 01/10/20

On Twitter and other forums, pressure is growing on China to share genetic sequences and other details about the new coronavirus implicated this week in an unexplained pneumonia outbreak in Wuhan.

So far, the only official announcements on cases came from Wuhan's health commission, which hasn't released any updates since Jan 5. The announcement of preliminary identification of a new coronavirus have come mainly from tightly controlled Chinese media reports quoting Chinese scientists close to the investigation.

On Jan 9, the World Health Organization (WHO) confirmed the basic facts based on information from China and said over the coming weeks, more comprehensive information is needed to understand the dynamics of the outbreak and the patients' clinical symptoms.

Concerned global health officials

A handful of countries in Asia have identified sick travelers coming from Wuhan, though none have been linked to the city's pneumonia cluster, which authorities have traced to a now-shuttered seafood market that also sold live animals and meat from wildlife.

Though Chinese authorities have said human-to-human transmission isn't a feature of the new disease, global health officials are nervous, given Wuhan's population of 11 million people and the outbreak coming just ahead a heavy travel season connected to the upcoming Lunar New Year holiday.

Also, the outbreak is occurring against the backdrop of the winter uptick in respiratory virus illnesses such as colds and flu, and health officials are eager know how to test for the new virus.

Rumors are swirling in the scientific community that Chinese researchers are preparing medical journal articles for submission. Jeremy Farrar, MD, PhD, director of Wellcome Trust, said on Twitter today that if the rumors are true and critical health information isn't being shared immediately with the WHO, "something is very wrong." Another Twitter user pointed out that the virus has reportedly been fully sequenced and the team from China should have already shared it on GenBank.

Others commenting in the thread, however, pointed out the problem isn't unique to China, with similar calls for more timely data sharing made in the early days of other emerging outbreaks, such Middle East respiratory syndrome coronavirus (MERS-CoV) and Ebola virus in West Africa.

More details on clinical symptoms

Meanwhile, a few new details about the patients' illnesses came today from Hu Ke, a member of the treatment team who was quoted in CN Healthcare, an online healthcare media portal. FluTrackers, an infectious disease news message board, translated and posted the report.

Hu said most patients have mild-to-moderate disease, some have been discharged, and most are in stable condition. The main symptoms are fever, fatigue, and a dry cough. Some experience breathing problems as the disease worsens.

Lab tests in early illness showed normal or decreasing white blood cell counts, decreased lymphocytes, with elevated liver and muscle enzymes in some patients.

Chest x-rays showed that all patients had pneumonia with multiple ground glassy exudates seen in the lungs.

European groups issue risk assessment, guidance

Elsewhere, the European Centre for Disease Prevention and Control (ECDC) yesterday posted its first risk assessment on the Wuhan novel coronavirus outbreak, based on limited information.

It notes that three European Union airports have direct flights to Wuhan, with indirect flights at other hubs.

"Considering there is no indication of human-to-human transmission and no cases detected outside of China, the likelihood of introduction to the EU is considered to be low, but cannot be excluded," it said, adding that more epidemiological and lab information is needed to do a comprehensive risk assessment.

Public Health England (PHE) today also weighed in today, saying the risk to the United Kingdom population is very low and the threat to travelers to Wuhan is low. It urged people to take simple precautions such as observing good hand and personal hygiene.

The PHE also posted guidance on the initial investigation of possible Wuhan-related cases and infection prevention for the new coronavirus.

WHO SAYS NEW CHINA CORONAVIRUS COULD SPREAD, WARNS HOSPITALS WORLDWIDE

Stephanie Nebehay, Reuters – 01/14/20

There may have been limited human-to-human transmission of a new coronavirus in China within families, and it is possible there could be a wider outbreak, the World Health Organization (WHO) said on Tuesday.

Coronaviruses are a large family of viruses that can cause infections ranging from the common cold to SARS. A Chinese woman has been quarantined in Thailand with a mystery strain of coronavirus, Thai authorities said on Monday, the first time the virus has been detected outside China.

In all, 41 cases of pneumonia have been reported in the central Chinese city of Wuhan, which preliminary lab tests cited by state media showed could be from a new type of coronavirus, and one patient has died. There have since been no new cases or deaths, Wuhan health authorities said on Tuesday.

“From the information that we have it is possible that there is limited human-to-human transmission, potentially among families, but it is very clear right now that we have no sustained human-to-human transmission,” said Maria Van Kerkhove, acting head of WHO’s emerging diseases unit.

The WHO is however preparing for the possibility that there could be a wider outbreak, she told a Geneva news briefing. “It is still early days, we don’t have a clear clinical picture.”

Some types of the virus cause less serious diseases, while others - like the one that causes MERS - are far more severe.

The U.N. agency has given guidance to hospitals worldwide about infection prevention and control in case the new virus spreads. There is no specific treatment for the new virus, but anti-virals are being considered and could be “re-purposed”, Van Kerkhove said.

With Chinese New Year approaching on Jan. 25, when many Chinese tourists visit Thailand, the WHO called on Thai authorities, the public and holidaymakers to be on alert.

Richard Brow, the agency’s representative in Thailand, said anyone with a fever and cough who had spent time in Wuhan should get checked out by a health worker.

CHINA SILENCES CRITICS OVER DEADLY VIRUS OUTBREAK

Li Yuan, New York Times – 01/22/20

The SARS disaster was supposed to drag China into a new era of openness and responsibility. The deadly disease rippled across the world 17 years ago, abetted by a Chinese government that covered up its spread. As the scope of it became clear, China's journalists, intellectuals and other critics helped shame Beijing into opening up about the problem.

"I thought SARS would force China to rethink its governance model," Mr. Xu, now a video talk show host, wrote on social media on Tuesday, also posting a screenshot of his 2003 quote in The Times. "I was too naïve." As a result, many of the media outlets, advocacy groups, activists and others who held the government accountable in 2003 have been silenced or sidelined.

The first case was reported Dec. 8. As the disease spread, Wuhan officials insisted that it was controlled and treatable. The police questioned eight people who posted on social media about the virus, saying they had spread "rumors."

On Saturday, two days before Wuhan told the world about the severity of the outbreak, it hosted a potluck banquet attended by more than 40,000 families so the city could apply for a world record for most dishes served at an event. On the day it broke the news to the world, it also announced that it was distributing 200,000 free tickets to residents for festival activities during the Lunar New Year holiday, which begins this Saturday.

The central government backed Wuhan's officials. Wang Guangfa, a prominent government respiratory expert, told the state broadcaster China Central Television on Jan. 10 that the Wuhan pneumonia was "under control" and mostly a "mild condition." Eleven days later, he confirmed to Chinese media that he might have contracted the virus himself during an inspection in Wuhan.

But the choices made by government officials had an impact on a major commercial and transportation hub. Wuhan is a city of 11 million people, including nearly one million college students from across the country. By the time it disclosed the seriousness of the outbreak, the 40-day Lunar New Year travel season, when Chinese people take an estimated three billion trips combined, had already begun.

People might have made different decisions had websites and headlines described growing worries. Instead, they traveled. On Tuesday, all five confirmed cases in Beijing were people who had traveled to Wuhan in January for business, study or leisure.

But when the government is the only source of information, wise advice and valuable clues can be lost. A police bureau in eastern Shandong Province posted on the Twitter-like social media platform Weibo on Wednesday that it had detained four residents who spread rumors that there was a suspected coronavirus patient in the district. In that environment, others dare not speak out.

"The authorities are sending a signal, which is that only the government agencies can talk about the epidemic," Yu Ping, a former Southern Metropolis Daily reporter, wrote on his personal blog. "All other people should just shut up."

"It's not public disclosure," Mr. Yu added. "It's a naked information monopoly."

NEW CHINA VIRUS: WARNING AGAINST COVER-UP AS NUMBER OF CASES JUMPS

BBC News – 01/21/20

China's top leaders have warned lower-level officials not to cover up the spread of a new coronavirus that has now infected nearly 300 people.

Anyone who concealed new cases would "be nailed on the pillar of shame for eternity", the political body responsible for law and order said.

The warning came as state media said six people had now died from the virus, which causes a type of pneumonia. It's been confirmed the virus can pass from person to person.

The World Health Organization (WHO) will on Wednesday consider declaring an international public health emergency over the virus - as it did with swine flu and Ebola. Such a declaration, if made, will be seen as an urgent call for a co-ordinated international response.

China's National Health Commission on Monday confirmed for the first time that the infection could be transmitted from human-to-human. It said two people in Guangdong province had been infected in this way.

In a separate statement, the Wuhan Municipal Health Commission said at least 15 medical workers in Wuhan have also been infected with the virus, with one in a critical condition.

The workers presumably became infected with the virus due to contact with patients. All of them are being kept in isolation while being treated.

Where has the virus spread?

A total of 291 cases have now been reported across major cities in China, including Beijing and Shanghai. However most patients are in Wuhan, the central city of 11 million at the heart of the outbreak.

The disease was first identified there late last year and the outbreak is believed to be linked to a seafood market that also sells live animals.

A handful of cases have also been identified abroad: two in Thailand, one in Japan, one in South Korea and one in Taiwan. Those infected had recently returned from Wuhan.

Authorities in many places, including Australia, Singapore, Hong Kong, Taiwan and Japan have stepped up screening of air passengers from Wuhan. US authorities last week announced similar measures at airports in San Francisco, Los Angeles and New York.

In Australia, a man who had travelled to Wuhan has been placed in isolation and is undergoing tests. China is the largest source of tourists to Australia, with more than one million people visiting last year.

How fast is it spreading?

There are fears that the virus could spread swiftly - and further across the country - as millions of people across China prepare to travel home for the Chinese New Year holidays later this week.

This mass movement of people could also mean that authorities will not be able to monitor further spread of the disease.

And experts say there already could be many cases going undetected.

A report by the MRC Centre for Global Infectious Disease Analysis at Imperial College London suggested there could be more than 1,700 infections. However, Gabriel Leung, the dean of medicine at the University of Hong Kong, put the figure closer to 1,300.

Why are there warnings against a cover-up?

The outbreak has revived memories of the Sars virus - also a coronavirus originating in China - that killed 774 people in the early 2000s across several countries, mostly in Asia.

China initially withheld information about the epidemic from the public. It later vastly under-reported the number of people that had been infected, downplayed the risks and failed to provide timely information that experts say could have saved lives.

Analysis of the genetic code of the new virus shows it is more closely related to Sars than any other human coronavirus.

Chinese President Xi Jinping has called for "all-out efforts" to control the outbreak, according to state media, including quickly making information available and taking measures to "guide public opinion".

In its commentary published online on Tuesday, the Communist Party's Central Political and Legal Commission talked of China having learned a "painful lesson" from the Sars epidemic and called for the public to be kept informed. Deception, it warned, could "turn a controllable natural disaster into a man-made disaster".

What do we know about the virus?

The virus, known also as 2019-nCoV, is understood to be a new strain of coronavirus that has not previously been identified in humans. It is believed to have originated from infected animals at a seafood and wildlife market in Wuhan.

Coronaviruses are a broad family of viruses, but only six (the new one would make it seven) are known to infect people.

The World Health Organization has advised people to avoid "unprotected" contact with live animals, thoroughly cook meat and eggs, and avoid close contact with anyone with cold or flu-like symptoms.

Signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties.

STATEMENT ON THE MEETING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) EMERGENCY COMMITTEE REGARDING THE OUTBREAK OF NOVEL CORONAVIRUS (2019-NCOV)

World Health Organization – 01/23/20

The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations currently reported in the Republic of Korea, Japan, Thailand and Singapore, took place on Wednesday, 22 January 2020, from 12:00 to 16:30 Geneva time (CEST) and on Thursday, 23 January 2020, from 12:00 to 15:10. The Committee's role is to give advice to the Director-General, who makes the final decision on the determination of a Public Health Emergency of International Concern (PHEIC). The Committee also provides public health advice or suggests formal temporary recommendations as appropriate.

Proceedings of the meeting

Members and advisors of the Emergency Committee were convened by teleconference.

The Director-General welcomed the Committee and thanked them for their support. He turned the meeting over to the Chair, Professor Didier Houssin.

Professor Houssin also welcomed the Committee and gave the floor to the Secretariat.

On 22 January, representatives of WHO's legal department and the department of compliance, risk management, and ethics briefed the Committee members on their roles and responsibilities.

Committee members were reminded of their duty of confidentiality and their responsibility to disclose personal, financial, or professional connections that might be seen to constitute a conflict of interest. Each member who was present was surveyed and no conflicts of interest were judged to be relevant to the meeting.

The Chair then reviewed the agenda for the meeting and introduced the presenters.

On 23 January, representatives of the Ministry of Health of the People's Republic of China, Japan, Thailand and the Republic of Korea updated the committee on the situation in their countries. There have been increased numbers of reported cases in China, with 557 confirmed as of today.

Conclusions and Advice

On 22 January, the members of the Emergency Committee expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should be reconvened in a matter of days to examine the situation further.

After the announcement of new containment measures in Wuhan on 22 January, the Director-General asked the Emergency Committee to reconvene on 23 January to study the information provided by Chinese authorities about the most recent epidemiological evolution and the risk-management measures taken.

Chinese authorities presented new epidemiological information that revealed an increase in the number of cases, of suspected cases, of affected provinces, and the proportion of deaths in currently reported cases of 4% (17 of 557). They reported fourth-generation cases in Wuhan and second-generation cases

outside Wuhan, as well as some clusters outside Hubei province. They explained that strong containment measures (closure of public-transportation systems are in place in Wuhan City, as well as other nearby cities). After this presentation, the EC was informed about the evolution in Japan, Republic of Korea, and Thailand, and that one new possible case had been identified in Singapore.

The Committee welcomed the efforts made by China to investigate and contain the current outbreak.

The following elements were considered as critical:

Human-to-human transmission is occurring and a preliminary R_0 estimate of 1.4-2.5 was presented. Amplification has occurred in one health care facility. Of confirmed cases, 25% are reported to be severe. The source is still unknown (most likely an animal reservoir) and the extent of human-to-human transmission is still not clear.

Several members considered that it is still too early to declare a PHEIC, given its restrictive and binary nature.

Based on these divergent views, the EC formulates the following advice:

To WHO

The Committee stands ready to be reconvened in approximately ten days' time, or earlier should the Director-General deem it necessary.

The Committee urged to support ongoing efforts through a WHO international multidisciplinary mission, including national experts. The mission would review and support efforts to investigate the animal source of the outbreak, the extent of human-to-human transmission, the screening efforts in other provinces of China, the enhancement of surveillance for severe acute respiratory infections in these regions, and to reinforce containment and mitigation measures. A mission would provide information to the international community to aid in understanding of the situation and its potential public health impact.

WHO should continue to provide all necessary technical and operational support to respond to this outbreak, including with its extensive networks of partners and collaborating institutions, to implement a comprehensive risk communication strategy, and to allow for the advancement of research and scientific developments in relation to this novel coronavirus.

In the face of an evolving epidemiological situation and the restrictive binary nature of declaring a PHEIC or not, WHO should consider a more nuanced system, which would allow an intermediate level of alert. Such a system would better reflect the severity of an outbreak, its impact, and the required measures, and would facilitate improved international coordination, including research efforts for developing medical counter measures.

To the People's Republic of China

Provide more information on cross-government risk management measures, including crisis management systems at national, provincial, and city levels, and other domestic measures.

Enhance rational public health measures for containment and mitigation of the current outbreak.

Enhance surveillance and active case finding across China, particularly during the Chinese New Year celebration.

Collaborate with WHO and partners to conduct investigations to understand the epidemiology and the evolution of this outbreak, including specific investigations to understand the source of the novel coronavirus, notably the animal reservoir, and animals involved in the zoonotic transmission, as well as the understanding of its full potential for human-to-human transmission, and where transmission is taking place, the clinical features associated with infection, and the required treatment to reduce morbidity and mortality.

Continue to share full data on all cases with WHO, including genome sequences, and details of any health care worker infections or clusters.

Conduct exit screening at international airports and ports in the affected provinces, with the aims early detection of symptomatic travelers for further evaluation and treatment, while minimizing interference with international traffic.

Encourage screening at domestic airports, railway stations, and long-distance bus stations as necessary.

To other countries

It is expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO.

Countries are required to share information with WHO according to the IHR.

Technical advice is available here. Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread and contributing to the international response through multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research. Countries should also follow travel advice from WHO.

To the global community

As this is a new coronavirus, and it has been previously shown that similar coronaviruses required substantial efforts for regular information sharing and research, the global community should continue to demonstrate solidarity and cooperation, in compliance with Article 44 of the IHR (2005), in supporting each other on the identification of the source of this new virus, its full potential for human-to-human transmission, preparedness for potential importation of cases, and research for developing necessary treatment.

The Director-General thanked the Committee for its advice.

CHINA CORONAVIRUS: AS TRAVEL BAN IS ISSUED FOR WUHAN, MANY IN CITY RUSH TO ESCAPE

Cissy Zhou, South China Morning Post – 01/23/20

Officials in Wuhan announced a complete travel ban on its residents amid a coronavirus outbreak that has killed 17 people and infected more than 550 others throughout China, state media outlet CCTV said on Wednesday.

The ban, which was issued by the outbreak command authority in Wuhan, the epicentre of the virus, said that from 10am on Thursday, urban buses, subways, ferries and long-distance passenger transport would be suspended in the city.

Flights and trains departing from Wuhan will also be temporarily suspended. The notice did not say when the services would resume. Wuhan is one of the four major railway hubs in China.

The notice did not mention private cars but said “citizens should not leave the city unless there are special conditions”.

With a population of 11 million, Wuhan is bigger than London or New York. The virus has now spread to the United States, Thailand, Japan and South Korea.

The city’s ban is to “best prevent and control the epidemic of the new type of coronavirus infection, effectively cut off the transmission of the virus, and curb the spread of the epidemic” to “ensure the safety and health of the people”, the notice said.

Some residents began rushing to Wuhan’s Hankou Railway Station and airport soon after the government announcement. A man surnamed Cui, who works in Wuhan and declined to give his first name, was among the crowd desperately trying to get out of the city before the ban took effect at 10am.

“Train tickets are not available on travel apps after 23:30pm, so I rushed to the train station and managed to buy a ticket to my hometown in Henan at the ticket window. I don’t want to be locked in this city for one or two months after the ban,” Cui told the South China Morning Post.

Cui said that even in the middle of the night, the train station was as packed as anywhere in China during the Spring Festival travel rush, with the difference being that most people were wearing masks and all look “pretty worried”.

Mr. Li, who also works in Wuhan and gave only his surname, immediately changed his airline ticket after he learned of the travel ban, and said the airport in Wuhan was overcrowded. “I can’t see where the airport staff are,” he said. “We are waiting to check our baggage, I don’t even know whether my flight can depart on time.”

“God bless that I can manage to take my family out of this city!” Li posted on WeChat, the Chinese equivalent of Facebook.

The Wuhan municipal government also issued a notice mandating that everyone wear masks in public places, and that staff of state departments and public institutions wear masks while they are on duty.

Before Wuhan’s announcement, Jiangsu province posted an order banning buses departing from any of its cities to Wuhan, and it set up special lanes in airport and train stations to inspect passengers from Wuhan.

On social media, the travel ban was welcomed by some, but others questioned why the authority didn't issue it earlier.

Concerns have also been raised about the "one size fits all" solution in Wuhan. "How can patients go to hospital if they don't have private cars, and how can journalists leave the city if they want to leave?" one person wrote on Weibo.

Most of the infections and all of the deaths have occurred in Hubei province, where Wuhan is located, including 440 cases in the province itself. Many of those sickened work or live near the city's Huanan Wholesale Seafood Market, which experts believe is the source of the outbreak, with the virus jumping from animals on sale there.

Details of the Wuhan outbreak came to light after an urgent notice from the city's health department, instructing hospitals to report further cases of "pneumonia of unknown origin", started circulating on social media on December 30. The World Health Organization has maintained contact with authorities in China about the situation since that time.

The Foreign and Commonwealth Office in Britain on Wednesday advised its citizens against all but essential travel to Wuhan.

The city's government has struggled to treat suspected patients because of limited resources.

On Wednesday, Beijing News reported that hospitals in Wuhan have been overcrowded with feverish patients queuing up on winter nights. The transfusion rooms were full of patients, with some sitting in corridors to be treated with intravenous drips.

The outbreak is occurring just as millions of people in China are travelling for the upcoming Lunar New Year holiday, including migrant workers returning home to their families.

The travel rush over the holiday period, which can last up to 40 days, is considered the largest annual human migration in the world.

AT LEAST 10 CHINESE CITIES ON LOCKDOWN; 830 CONFIRMED CORONAVIRUS CASES ACROSS COUNTRY

VOA News – 01/24/20

The Chinese National Health Commission said Friday that there are 830 confirmed cases of the new coronavirus countrywide, while at least 25 people have died.

The Chinese government isolated more cities Friday, an unprecedented move to contain the coronavirus, which has spread to several other countries.

In China, at least 10 cities, and at least 33 million people, have been put on lockdown — Wuhan, Huanggang, Ezhou, Chibi, Qianjiang, Zhijiang; Jingmen, Xiantao, Xiaogan and Huangshi — all in central China's Hubei province, on the eve of the Lunar New Year, when millions of Chinese traditionally travel.

Shanghai Disney Resort announced on its website that it is temporarily closing Shanghai Disneyland, a major tourist attraction during Lunar New Year, "in response to the prevention and control of the disease outbreak and in order to ensure the health and safety" of guests and cast.

The municipality authorities of Wuhan, where the coronavirus is believed to have originated, said Friday that the city is building a new 1,000-bed hospital, expected to be completed by Feb. 3.

On Thursday authorities first banned planes and trains from leaving the city of Wuhan, where the coronavirus is believed to have originated. Toll roads were closed, and ferry, subway and bus services were suspended.

Wuhan authorities have demanded that all residents wear masks in public and urged government and private sector employees to wear them in the workplace, according to the Xinhua news agency, which cited a government official.

Similar measures were taken hours later in the nearby cities of Huanggang and Ezhou.

The government also canceled holiday events in Beijing that usually attract large crowds.

Fifteen medical workers are among those who have been infected by the virus, which has spread from Wuhan to Beijing, Shanghai and Guangdong province, as well as Japan, South Korea, Thailand, Taiwan and the United States.

The World Health Organization said Thursday the deadly virus has not yet developed into a worldwide health emergency.

"This is an emergency in China, but it has not yet become a global health emergency," WHO Director-General Tedros Adhanom Ghebreyesus said after a two-day emergency meeting in Geneva.

The U.N. health agency's decision came after it received information from independent experts who spent two days assessing information about the spread of the new coronavirus.

WHO considers an international emergency an "extraordinary event" that puts other countries at risk and one that requires a coordinated global response.

The U.S. announced its first case Tuesday in the northwestern state of Washington. Health officials there said a man who returned to Seattle from Wuhan last week is hospitalized in good condition with pneumonia.

U.S. President Donald Trump assured reporters during a press conference in Davos, Switzerland, Wednesday that U.S. officials “have a plan” to deal with the new outbreak, praising experts at the Centers for Disease Control and Prevention as “terrific, very great professionals, and we’re in great shape.”

Airports around the world have begun screening travelers from Wuhan for any signs of the virus.

A coronavirus is one of a large family of viruses that can cause illnesses ranging from the common cold to the deadly SARS.

5 MILLION LEFT WUHAN BEFORE LOCKDOWN, 1,000 NEW CORONAVIRUS CASES EXPECTED IN CITY

Josephine Ma and Zhuang Pinghui, South China Morning Post – 01/26/20

About 5 million residents left Wuhan before the lockdown because of the deadly coronavirus epidemic and the Spring Festival holiday, mayor Zhou Xianwang revealed on Sunday, as health officials -warned the virus' -ability to spread was -getting -stronger.

There were about 9 million people remaining in the city after the lockdown, Zhou told a press conference.

Of the 2,700 people currently under observation in the city, about 1,000 were likely to be confirmed cases. As of Sunday, Wuhan had 533 confirmed cases.

The central government imposed a lockdown on Wuhan and several cities on Thursday hoping to stop the new virus from spreading to other parts of the country. However, many had already left the city for the holiday, while others rushed out after the lockdown was announced on Wednesday night.

China, meanwhile, said Premier Li Keqiang would head the high-level group to fight the coronavirus epidemic that has killed 80 people and infected more than 2,500 others, while health officials said the virus's ability to spread is getting stronger.

Beijing city reported five more confirmed cases, including a nine-month-old infant. It is the first confirmed infant case. On Saturday, a two-year-old girl in Guangxi was confirmed to be infected.

The Chinese State Council has extended the Lunar New Year holiday to February 2 to curb the spread of the virus, according to state broadcaster CCTV. The holiday, which was initially supposed to last until January 30, is the country's most important festival and hundreds of millions of rural migrant workers nationwide travel home for it.

Suzhou was the first city to announce a holiday extension, saying workers at companies within its jurisdiction should resume work no earlier than February 8.

The State Council also said that kindergartens, primary and secondary schools, and colleges will be suspended until further notice from the education ministry.

Ma Xiaowei, the minister in charge of China's National Health Commission (NHC), told a press conference that battling the outbreak was complicated, particularly as it had been discovered that the new virus could be transmitted even during incubation period, which did not happen with Sars (severe acute respiratory syndrome).

"From observations, the virus is capable of transmission even during incubation period," Ma said, adding that the incubation period lasted from one to 14 days.

"Some patients have normal temperatures and there are many milder cases. There are hidden carriers," he said.

Ma said also that the virus had adapted to humans and appeared to have become more transmissible.

"There are signs showing the virus is becoming more transmissible. These walking 'contagious agents' [hidden carriers] make controlling the outbreak a lot more difficult."

The authorities had also not ruled out the possibility of the virus mutating in the future, he said, which meant it could spread to different age groups.

To date, most of the people infected are in the 40-60 age range, health officials said earlier.

Sars, which killed more than 800 people and infected over 8,000 around the world, typically had an incubation period of two to seven days, and was not infectious during that time.

University of Hong Kong microbiologist Yuen Kwok-yung said that how transmissible the virus was during its incubation period depended on the "viral load" in each infection.

"If I sneeze on you point blank, you may get a fever and pneumonia tomorrow too," he said. Ma said that the epidemic was accelerating and "may last for some time". "It is possible that there will be more cases," he said.

Speaking to the press on Sunday, Gao Fu, head of the Chinese Centre for Disease Control and Prevention, said the peak of the outbreak had yet to come. "There are trends for an epidemic cycle," he said. "It is still growing." However, he said there had yet to be any signs of the virus mutating.

Li Bin, deputy minister of the NHC said the authorities that the severe measures they had taken to control the spread of the virus – such as issuing travel bans and locking down cities – would at least delay the peak and "buy time to combat the next stage of the outbreak".

China has closed off 13 cities in Hubei province, which is at the epicentre of the outbreak, while almost the entire country has declared an emergency response.

Of all of China's confirmed infections, more than half are in Hubei.

To help tackle the epidemic, Ma said that 2,360 military and civilian doctors and nurses had been sent to Wuhan, the city in which the outbreak was first detected at the end of last month.

As the pressure has mounted on the city's hospitals, the medical system has moved ever closer to collapse.

Many people who developed feverish symptoms were turned away by hospitals earlier in the week because there were not enough beds, local residents said earlier.

Medical practitioners are also running seriously short of protective kits and are being forced to recycle goggles and masks.

Ma said 2,400 hospital beds had been added in Wuhan, and the government was planning to add 5,000 more over the next three days.

Wang Jiangping, China's vice-minister of industry and information technology, said China had the capacity to produce a maximum of 30,000 protective outfits per day, but that was less than a third of what was needed in Hubei.

And during the Lunar New Year holiday, manufacturing capacity was only about 40 per cent of normal, he said.

The government was working to acquire the 50,000 protective jackets China produces for export every day to send to Hubei, he said.

However, the civil affairs ministry issued a statement on Sunday banning charity organisations and NGOs from sending teams to Hubei.

Any donations should be sent to government-sanctioned charity organisations in Hubei, such as the Red Cross, and they would be allocated by the Hubei and Wuhan governments as appropriate.

The NHC also issued a nationwide plan on containing the epidemic by locking down certain neighborhood communities in both urban and rural areas.

In the case of a neighbourhood community or village having two confirmed cases, it could be declared an epidemic zone and sealed off, it said.

A Wuhan resident, who declined to be named, said that checkpoints had been set up in some communities on Sunday. People who had fever symptoms were being screened by medical workers within the community and those needed more attention were sent to hospital, he said.

China also imposed a nationwide ban on wildlife trade on Sunday. The outbreak is suspected to have originated at a seafood market in Wuhan, which also sold wild animals.

However, a research paper published by medical journal The Lancet on Saturday said the first confirmed case of the viral infection was a person who had not been to that market.

When asked if China planned to expand its travel ban to more cities, Li said the authorities would make adjustments as necessary.

China is hoping the travel bans will reduce the spread of the outbreak. As a result of the restrictions, rail passenger numbers have fallen by 41 per cent, road travelers by 25 per cent and air passengers by almost 42 per cent on Saturday, the first day of the Lunar New Year.

Meanwhile, the United States, France, Australia, Japan and Russia are all preparing to pull their citizens out of Wuhan, while others are ramping up measures to prevent people travelling from infected cities into their territories. Health officials in the US confirmed early Monday the fourth and fifth cases there, one in Los Angeles County, California and the other in Arizona. Both patients had traveled to Wuhan.

The ABC reported that more than 100 Australian children were currently trapped in Wuhan.

THE CCP'S NEW LEADING SMALL GROUP FOR COUNTERING THE CORONAVIRUS EPIDEMIC—AND THE MYSTERIOUS ABSENCE OF XI JINPING

John Dotson, The Jamestown Foundation – 02/05/20

Introduction

The “2019-nCov” virus epidemic that first appeared in December in the central Chinese city of Wuhan continues to sweep throughout the country: as of February 11, there were over 43,000 official reported cases of persons who had fallen ill from the virus, and over 1,000 reported deaths (Johns-Hopkins CSSE, February 11). Aside from the human toll, the epidemic has resulted in large regions of Hebei Province being placed under quarantine, which is placing a severe strain on the Chinese economy. The crisis is also presenting a severe test of governance for the ruling Chinese Communist Party (CCP)—which, after being caught flat-footed in December and early January, is scrambling to stop the spread of the disease and to mount an effective medical response for those already affected.

The second half of January saw a dramatic change in the posture of the People's Republic of China (PRC) central government towards the epidemic. For the first three weeks of January, PRC state media organs downplayed the seriousness of the 2019-nCov outbreak, while emphasizing a steady stream of positive news stories: such as the successful achievement of government goals for poverty reduction, preparations for Lunar New Year celebrations, and the exalted status of CCP General Secretary Xi Jinping as “People's Leader” (China Media Project, January 30). This changed around January 20-21, when Xinhua outlets shifted to coverage of the epidemic by reporting on Xi's “important directions” for responding to the viral outbreak (Xinhua, January 20). This was followed in turn by the announcement of special meetings focused on the crisis: State Council meetings on January 20 chaired by PRC Premier Li Keqiang, and on January 23-24 by Vice-Premier Sun Chunlan (PRC Government, January 20; PRC Government, January 24); and a Politburo Standing Committee (PBSC) meeting on January 25 chaired by Xi Jinping (PRC Government, January 25).

Then, on January 26 state media unveiled a newly-formed policy-making and coordination body at the top echelon of the CCP: the “Central Leading Small Group for Work to Counter the New Coronavirus Infection Pneumonia Epidemic”. In an unusual move for such a high-profile policy issue, Xi Jinping did not take direct ex officio control of the CLSG—instead delegating the chairmanship to the nominal #2 figure in the party-state hierarchy, State Council Premier Li Keqiang. Per commentary in state media, the purpose of the new body is to operate “under the leadership of the Politburo Standing Committee, strengthening unified leadership and unified direction for prevention and control of the national epidemic” (Xinhua, January 26).

The Role of Leading Small Groups in CCP Policy-Making

Leading small groups (LSGs) are the primary policy-deciding bodies within the CCP. Composed primarily of members of the Politburo or Central Committee—and usually chaired by a member of the Politburo Standing Committee (PBSC)—the leading groups operate outside of (and above) the formal structures of both the party and state. Clustered at the top echelon of the party, LSGs determine policy guidance for the subordinate bureaucratic channels of the government. The role of LSGs has expanded under Xi, who has used them as mechanisms for both the further centralization of power at the top echelons of the party, as well as for the concentration of his own personal power. Under Hu Jintao, the chairmanships of LSGs were more broadly distributed among senior CCP officials, but they have

become far more centralized under Xi, who personally chairs at least half of the currently operating major committees.

Many of the LSGs for core policy areas have been in operation for many years, and operate on more or less a permanent basis. Under Xi, some of these core LSGs have been redesignated as “central commissions”, in an apparent upgrade of their bureaucratic status. [3] However, as LSGs are not strictly statutory bodies, both their number and areas of policy focus may shift over time. LSGs have sometimes been formed on an ad hoc basis for high-profile or crisis events—as now appears to be the case with the new Coronavirus LSG.

Membership of the Coronavirus Leading Small Group

LSGs normally operate out of public view, but this new LSG has been given a much more public face. State media has identified the formal members of the CLSG, sparing the need for the painstaking analysis (and sometimes guesswork) required to assemble a picture of the composition of a given CCP leading group. This somewhat unusual step indicates that the party leadership wishes to publicize the meetings and actions of the CLSG, as part of a larger narrative depicting an energetic response to the epidemic on the part of the central authorities. In addition to Li Keqiang, eight other members of the CLSG have been identified in state press, all of them members of either the Politburo or the CCP Central Committee.

The second is the prominence given to senior officials in the party propaganda apparatus. In addition to his role in the CCP Secretariat, Wang Huning holds the PBSC policy portfolio for ideology and propaganda. A former academic, Wang has been a senior behind-the-scenes figure in developing the party’s official ideological formulations over the past two decades. Another member of the CLSG, Politburo member Huang Kunming, has served successively as the Deputy Director (2013-2017) and then Director (2017-present) of the CCP Central Propaganda Department. The appointment of these two men to the CLSG suggests a high level of concern on the part of the party leadership regarding the information and narratives presented to the public about the government’s handling of the crisis.

The third point is the absence of any military representative on the LSG—despite the prominent crisis response role assigned to the People’s Liberation Army (PLA) in statements by Xi and other senior leaders, and the largest mobilization of PLA medical resources since the 2008 Sichuan earthquake (China Military Online, January 27; China Daily, January 30). [5] This makes the lack of any PLA representation a notable omission. However, channels for senior-level leadership communication exist via other institutions (e.g., the CCP Central Military Commission, and the PLA Central Theater Command), and in terms of day-to-day coordination these channels are likely of greater practical value than a seat on the CLSG.

The first of these three points suggests a substantive role for the CLSG in managing the government’s response; but the second and third points suggest otherwise, pointing towards a primary public relations role for the CLSG. Other central leadership actions in late January and early February provide further indications in regards to this question.

CLSG Activities in Late January and Early February

The inaugural meeting of the CLSG was followed by further publicity given to inspection tours on the part of CLSG members, who traveled to hospitals and other relevant work sites to signal the leadership’s attention to the spreading viral epidemic. Immediately after the first CLSG meeting, Li Keqiang

conducted a trip to Wuhan on January 26-27 to “inspect and give guidance” to local officials, medical personnel, and workers at the site of a new hospital under construction (see accompanying images).

An even more active travel and publicity schedule has been maintained by Sun Chunlan, a PRC Vice-Premier and the sole woman in the Politburo. Sun holds the State Council policy portfolio for public health; this, as well as her long experience in the CCP United Front Work Department (which seeks to mobilize social groups outside the CCP in pursuit of party goals), makes her a natural choice to act as a point person for the leadership response to the 2019-nCov crisis. Sun has been the most prominent CLSG figure in conducting on-the-ground visits to the epicenter of the epidemic, making five separate trips to Wuhan since late January: on January 22, 27, and 30; and February 3 and 8-9. Her activities on these trips included visits to local hospitals, the Hubei Provincial Center for Disease Control and Prevention, and inspection check points at the Wuhan International Airport. On at least the two most recent of these five trips, Sun was designated as the leader of a “central [authorities] guidance group” charged with communicating CCP leadership directives to local officials and workers (Xinhua, January 23, January 29, January 31, February 3, February 8, February 10).

A Less Public Posture by Xi Jinping

Throughout late January and early February, PRC state press has pulled back somewhat from its usual slavish dedication to Xi Jinping’s cult of personality, while giving more coverage to other senior CCP officials and their roles in responding to the epidemic. Coverage of the CLSG has taken pains to emphasize that its members are acting at the direction of Xi Jinping (Xinhua, January 26), and state media has described Xi as “commanding China’s fight” against the epidemic (Xinhua, February 2). However, Xi himself has displayed a lower public profile, and the usually peripatetic CCP Chairman has not traveled to the outbreak epicenter in Hubei Province. Xi’s only notable public appearances since January 21 have both been in Beijing: meeting with World Health Organization Director-General Tedros Adhanom Ghebreyesus on January 28 (Xinhua, January 28), and with Cambodian Prime Minister Hun Sen on February 5 (CCTV, February 5). On February 10, Xi made his first round of grassroots appearances by visiting a residential community and disease control center in the capital’s Chaoyang District, as well as Beijing Ditan Hospital, where he “checked the treatment of hospitalized patients at the monitoring center and talked to medical staff on duty via a video link” (Xinhua, February 11).

The reasons for Xi’s more reserved posture are not entirely clear, but there are a few plausible explanations:

- Xi is now firmly established as the indispensable “core” (核心, hexin) leader of the party, with power centralized in his hands. Although he has cultivated an image of being “close to the people,” Xi may be avoiding public appearances for the simple reason of sheltering himself from potential exposure to the virus.
- The situation surrounding the epidemic is rapidly unfolding and unpredictable, and therefore subject to surprise developments. Xi’s public image has been carefully stage-managed, and he and his media handlers may wish to avoid any situations that present the prospect for surprises that might tarnish his image.
- Xi Jinping may be reluctant to have too close an “on-the-ground” identification with relief efforts, lest he become subject to public anger for an inadequate response to the crisis. Further, Li Keqiang and Sun Chunlan owe their positions not to close ties with Xi, but rather to patronage ties with former CCP General Secretary Hu Jintao (Nikkei, March 2019). From Xi’s perspective,

Li and Sun would therefore be expendable figures in the event that public anger shifted from local officials to the central leadership.

Any one of these explanations, or some combination of all of them, could be true. However, this is speculative, and the precise reasons for Xi's recent lower public profile are unknown.

Conclusion

Multiple indications exist that the CCP central leadership has been caught off-guard by the virus epidemic, and that it has been far more rattled than its confident pronouncements would seem to admit:

The downplaying of the epidemic's seriousness in the first three weeks of January (up to around January 20) suggests either a reluctance by top leaders to accept the seriousness of the situation, or bureaucratic paralysis regarding the policy and public relations responses.

- Xi's relative absence from public view (since January 21) suggests central leadership uncertainty regarding the best posture for Xi to adopt in terms of his public image—and possibly, a willingness on the part of Xi to allow other (potentially expendable) political figures to act as the public face of the state's relief efforts.
- The previous factor reflects a reflexive tendency—deeply ingrained in elite CCP leadership echelons—to “hunker down” when faced with an unpredicted crisis that does not have a pre-determined response, and which could cause a loss of face for the leadership (e.g., the 1999 Belgrade embassy bombing, the 2001 EP-3 crash on Hainan Island, and SARS in 2002-2003).
- Commentary about the epidemic from state media and senior leaders has largely consisted of time-worn platitudes about service to the people, exhortations for workers to make ever-greater exertions, and the need to adhere loyally to “guidance” and “direction” from the CCP central leadership. The propaganda system has operated largely on auto-pilot, suggesting the lack of a clear behind-the-scenes consensus for substantive messages from the central leadership.

The formation of an ad hoc policy LSG for the 2019-nCov epidemic is intended to signal serious central government focus on the crisis, while simultaneously reinforcing the leadership role of the CCP. In this sense, the new LSG is likely intended to serve a primary public relations role—and it is uncertain to what extent it will actually play a meaningful role in coordinating information and policy decisions across state ministries and party bureaucratic channels. One plausible possibility is that Xi Jinping has decided, at least in regards to the virus outbreak, to let others act as the public face of the CCP—while he continues to monitor the situation and issue decisions from behind the scenes. Whether the functions of the new CLSG will adhere more to style or substance remains to be seen.

NOWCASTING AND FORECASTING THE POTENTIAL DOMESTIC AND INTERNATIONAL SPREAD OF THE 2019-NCOV OUTBREAK ORIGINATING IN WUHAN, CHINA: A MODELLING STUDY

Gabriel Leung et al, The Lancet – 01/31/20

Since Dec 31, 2019, the Chinese city of Wuhan has reported an outbreak of atypical pneumonia caused by the 2019 novel coronavirus (2019-nCoV). Cases have been exported to other Chinese cities, as well as internationally, threatening to trigger a global outbreak. Here, we provide an estimate of the size of the epidemic in Wuhan on the basis of the number of cases exported from Wuhan to cities outside mainland China and forecast the extent of the domestic and global public health risks of epidemics, accounting for social and non-pharmaceutical prevention interventions.

We used data from Dec 31, 2019, to Jan 28, 2020, on the number of cases exported from Wuhan internationally (known days of symptom onset from Dec 25, 2019, to Jan 19, 2020) to infer the number of infections in Wuhan from Dec 1, 2019, to Jan 25, 2020. Cases exported domestically were then estimated. **We forecasted the national and global spread of 2019-nCoV, accounting for the effect of the metropolitan-wide quarantine of Wuhan and surrounding cities, which began Jan 23–24, 2020.** We used data on monthly flight bookings from the Official Aviation Guide and data on human mobility across more than 300 prefecture-level cities in mainland China from the Tencent database. Data on confirmed cases were obtained from the reports published by the Chinese Center for Disease Control and Prevention. Serial interval estimates were based on previous studies of severe acute respiratory syndrome coronavirus (SARS-CoV). A susceptible-exposed-infectious-recovered metapopulation model was used to simulate the epidemics across all major cities in China. The basic reproductive number was estimated using Markov Chain Monte Carlo methods and presented using the resulting posterior mean and 95% credible interval (CrI).

In our baseline scenario, we estimated that the basic reproductive number for 2019-nCoV was 2·68 (95% CrI 2·47–2·86) and that **75 815 individuals** (95% CrI 37 304–130 330) have been infected in Wuhan as of Jan 25, 2020. The epidemic doubling time was 6·4 days (95% CrI 5·8–7·1). We estimated that in the baseline scenario, Chongqing, Beijing, Shanghai, Guangzhou, and Shenzhen had imported 461 (95% CrI 227–805), 113 (57–193), 98 (49–168), 111 (56–191), and 80 (40–139) infections from Wuhan, respectively. If the transmissibility of 2019-nCoV were similar everywhere domestically and over time, we inferred that epidemics are already growing exponentially in multiple major cities of China with a lag time behind the Wuhan outbreak of about 1–2 weeks.

Given that 2019-nCoV is no longer contained within Wuhan, other major Chinese cities are probably sustaining localised outbreaks. Large cities overseas with close transport links to China could also become outbreak epicentres, unless substantial public health interventions at both the population and personal levels are implemented immediately. Independent self-sustaining outbreaks in major cities globally could become inevitable because of substantial exportation of presymptomatic cases and in the absence of large-scale public health interventions. Preparedness plans and mitigation interventions should be readied for quick deployment globally.

WUHAN MAYOR SAYS BEIJING RULES PARTIALLY RESPONSIBLE FOR LACK OF TRANSPARENCY

Josh Chin, Wall Street Journal – 01/27/20

The mayor of Wuhan, the city at the epicenter of China's viral outbreak, said rules imposed by Beijing limited what he could disclose about the threat posed by the pathogen, suggesting the central government was partially responsible for a lack of transparency that has marred the response to the fast-expanding health crisis.

Mayor Zhou Xianwang's comments were broadcast on China's state television network hours after Premier Li Keqiang arrived in the city to meet infected patients and front-line health workers—an attempt to tamp down rising public frustration with how local officials have dealt with the coronavirus outbreak.

Wuhan, the sprawling capital of central China's Hubei province, remained on lockdown on Monday as part of an unprecedented effort to contain the spread of the virus, which has infected more than 4,500 people and killed at least 106, according to authorities.

The city of Beijing reported its first death from the coronavirus on Monday, as did the southern island province of Hainan.

Comments on Chinese social media and by health experts have excoriated local officials for not being more forthcoming about the threat posed by the virus, which researchers traced to a market selling wild-animal meat in the city late last year.

Mr. Zhou used an interview with state broadcaster China Central Television to push back against criticism of Wuhan's handling of the virus, saying his hands were tied by rules that required Beijing's approval before releasing sensitive information. His careful attempt to shift blame to the central leadership mirrored complaints that local officials have expressed in private for years about President Xi Jinping's rigid, top-down leadership style.

“As a local government official, after I get this kind of information I still have to wait for authorization before I can release it,” Mr. Zhou said. “This is one thing people didn't understand at the time.”

Wearing a blue face mask, Mr. Zhou told CCTV that he and Wuhan Communist Party Secretary Ma Guoqiang were prepared to be judged by history for imposing the lockdown on the city, which prompted runs on grocery stores and heightened residents' feelings of anxiety.

“Comrade Ma Guoqiang and I are willing to accept responsibility,” Mr. Zhou said. “If in the end you say someone has to be held accountable, you say the masses have opinions, then we're willing to appease the world by resigning.”

Messrs. Zhou's and Ma's fates remain unclear, and the two men couldn't be reached for comment. During a similar coronavirus outbreak in 2003, Beijing's mayor had made a similar pledge to resign, and was soon replaced.

Mr. Zhou's interview came as the southwestern Chinese province of Yunnan became the first to cancel its annual People's Congress conclave and its political consultative conference. The sessions, the most important political meetings of the year, were set to begin on Sunday, and the cancellation reflected the growing political stakes around the outbreak.

U.S. officials on Monday said Washington was working to help China stop the spread of the virus, while the State Department urged Americans to reconsider travel to China, citing the risks from the outbreak.

Vice President Mike Pence said U.S. government agencies, particularly the Centers for Disease Control, were taking strong action to deal with the virus. He added that the U.S. is conducting screenings at 20 airports that see the most travel from China.

Health and Human Services Secretary Alex Azar said he was discussing the spread of the virus with President Trump regularly. "This is a rapidly changing situation, and we are still learning about the virus," he said.

Mr. Azar tweeted that he had spoken on the phone with Ma Xiaowei, head of China's cabinet-level National Health Commission, and discussed increasing collaboration between their countries and the World Health Organization.

On Monday, Mr. Li, China's No. 2 leader, became the highest-ranking official to visit Wuhan since the coronavirus outbreak. The website of the central government in Beijing published photos showing Mr. Li, wearing a face mask and swaddled in blue protective gear, as he toured medical facilities in Wuhan. In one image, Mr. Li appeared to be speaking through a walkie-talkie to a patient on a video screen.

Video posted on the central government's social-media account showed Mr. Li visiting the site where construction crews are building one of two new hospitals authorities ordered built to house the infected. Asked by Mr. Li whether they had encountered any difficulties, construction workers can be heard yelling "no" in unison.

Mr. Xi usually reserves the top position on important issues for himself, but in this instance he appointed Mr. Li to head the Communist Party's virus-response task force. State media haven't reported on any visits to Hubei by Mr. Xi since the outbreak began.

In a sign of the high degree of concern by senior officials, the central government on Monday said it was extending the annual Lunar New Year holiday, currently under way, to Feb. 2 to delay the infection risk posed by the migration of tens of millions of mostly rural laborers back to their workplaces in the cities. Shanghai and the nearby manufacturing hub of Suzhou went one step further, ordering residents not to come back to work until Feb. 9.

Some of the country's biggest tech companies followed suit. TikTok-owner Bytedance Inc. and social-media giant Tencent Holdings Ltd. both sent out notes urging mainland Chinese employees to work from home until at least Feb. 9.

In Beijing and other cities, residents reported being visited by local officials and asked whether they had recently traveled to Hubei. Those who had were told to isolate themselves in their homes. One Beijing property-rental company issued a notice telling tenants from Hubei not to return to the city, warning those who disobeyed to accept the legal consequences. "This is a political duty. We're required to give it high-level importance," the notice read.

He Qinghua, an expert with China's cabinet-level National Health Commission, said at a press conference in Beijing that the country's rural areas were a "weak link" in efforts to control the coronavirus, which is similar to the pathogen that caused the outbreak of severe acute respiratory syndrome, or SARS, in late 2002 and early 2003.

“Our rural population has no experience in combating SARS. SARS was mainly in cities,” Mr. He said. “Therefore, their awareness of epidemic prevention is still low.”

Regions bordering China took new steps to isolate themselves from the outbreak. On China’s northern border, Mongolia planned to restrict car and pedestrian traffic from China starting on Tuesday, the country’s official state-run news agency, Montsame, reported.

The gambling haven of Macau, a semiautonomous region of China on the mainland’s southern border, on Monday said it would deny entry to anyone from Hubei or who had been in Hubei recently, unless they had certification that they were free of the coronavirus.

STATEMENT ON THE SECOND MEETING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) EMERGENCY COMMITTEE REGARDING THE OUTBREAK OF NOVEL CORONAVIRUS (2019-NCOV)

World Health Organization – 01/30/20

Statement

The second meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations to other countries, took place on Thursday, 30 January 2020, from 13:30 to 18:35 Geneva time (CEST). **The Committee's role is to give advice to the Director-General, who makes the final decision on the determination of a Public Health Emergency of International Concern (PHEIC).** The Committee also provides public health advice or suggests formal Temporary Recommendations as appropriate.

Proceedings of the meeting

Members and advisors of the Emergency Committee were convened by teleconference

The Director-General welcomed the Committee and thanked them for their support. He turned the meeting over to the Chair, Professor Didier Houssin.

Professor Houssin also welcomed the Committee and gave the floor to the Secretariat.

A representative of the department of compliance, risk management, and ethics briefed the Committee members on their roles and responsibilities.

Committee members were reminded of their duty of confidentiality and their responsibility to disclose personal, financial, or professional connections that might be seen to constitute a conflict of interest. Each member who was present was surveyed and no conflicts of interest were judged to be relevant to the meeting. There were no changes since the previous meeting.

The Chair then reviewed the agenda for the meeting and introduced the presenters.

Representatives of the Ministry of Health of the People's Republic of China reported on the current situation and the public health measures being taken. There are now 7711 confirmed and 12167 suspected cases throughout the country. Of the confirmed cases, 1370 are severe and 170 people have died. 124 people have recovered and been discharged from hospital.

The WHO Secretariat provided an overview of the situation in other countries. There are now 83 cases in 18 countries. Of these, only 7 had no history of travel in China. There has been human-to-human transmission in 3 countries outside China. One of these cases is severe and there have been no deaths.

At its first meeting, the Committee expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should continue its meeting on the next day, when it reached the same conclusion.

This second meeting takes place in view of significant increases in numbers of cases and additional countries reporting confirmed cases.

Conclusions and advice

The Committee welcomed the leadership and political commitment of the very highest levels of Chinese government, their commitment to transparency, and the efforts made to investigate and contain the current outbreak. China quickly identified the virus and shared its sequence, so that other countries could diagnose it quickly and protect themselves, which has resulted in the rapid development of diagnostic tools.

The very strong measures the country has taken include daily contact with WHO and comprehensive multi-sectoral approaches to prevent further spread. It has also taken public health measures in other cities and provinces; is conducting studies on the severity and transmissibility of the virus, and sharing data and biological material. The country has also agreed to work with other countries who need their support. The measures China has taken are good not only for that country but also for the rest of the world.

The Committee acknowledged the leading role of WHO and its partners.

The Committee also acknowledged that there are still many unknowns, cases have now been reported in five WHO regions in one month, and human-to-human transmission has occurred outside Wuhan and outside China.

The Committee believes that it is still possible to interrupt virus spread, provided that countries put in place strong measures to detect disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk. It is important to note that as the situation continues to evolve, so will the strategic goals and measures to prevent and reduce spread of the infection. The Committee agreed that the outbreak now meets the criteria for a Public Health Emergency of International Concern and proposed the following advice to be issued as Temporary Recommendations.

The Committee emphasized that the declaration of a PHEIC should be seen in the spirit of support and appreciation for China, its people, and the actions China has taken on the frontlines of this outbreak, with transparency, and, it is to be hoped, with success. In line with the need for global solidarity, the Committee felt that a global coordinated effort is needed to enhance preparedness in other regions of the world that may need additional support for that.

Advice to WHO

The Committee welcomed a forthcoming WHO multidisciplinary technical mission to China, including national and local experts. The mission should review and support efforts to investigate the animal source of the outbreak, the clinical spectrum of the disease and its severity, the extent of human-to-human transmission in the community and in healthcare facilities, and efforts to control the outbreak. This mission will provide information to the international community to aid in understanding the situation and its impact and enable sharing of experience and successful measures.

The Committee wished to re-emphasize the importance of studying the possible source, to rule out hidden transmission and to inform risk management measures

The Committee also emphasized the need for enhanced surveillance in regions outside Hubei, including pathogen genomic sequencing, to understand whether local cycles of transmission are occurring.

WHO should continue to use its networks of technical experts to assess how best this outbreak can be contained globally.

WHO should provide intensified support for preparation and response, especially in vulnerable countries and regions.

Measures to ensure rapid development and access to potential vaccines, diagnostics, antiviral medicines and other therapeutics for low- and middle-income countries should be developed.

WHO should continue to provide all necessary technical and operational support to respond to this outbreak, including with its extensive networks of partners and collaborating institutions, to implement a comprehensive risk communication strategy, and to allow for the advancement of research and scientific developments in relation to this novel coronavirus.

WHO should continue to explore the advisability of creating an intermediate level of alert between the binary possibilities of PHEIC or no PHEIC, in a way that does not require reopening negotiations on the text of the IHR (2005).

WHO should timely review the situation with transparency and update its evidence-based recommendations.

The Committee does not recommend any travel or trade restriction based on the current information available.

The Director-General declared that the outbreak of 2019-nCoV constitutes a PHEIC and accepted the Committee's advice and issued this advice as Temporary Recommendations under the IHR.

To the People's Republic of China

Continue to:

- Implement a comprehensive risk communication strategy to regularly inform the population on the evolution of the outbreak, the prevention and protection measures for the population, and the response measures taken for its containment.
- Enhance public health measures for containment of the current outbreak.
- Ensure the resilience of the health system and protect the health workforce.
- Enhance surveillance and active case finding across China.
- Collaborate with WHO and partners to conduct investigations to understand the epidemiology and the evolution of this outbreak and measures to contain it.
- Share relevant data on human cases.
- Continue to identify the zoonotic source of the outbreak, and particularly the potential for circulation with WHO as soon as it becomes available.
- Conduct exit screening at international airports and ports, with the aim of early detection of symptomatic travelers for further evaluation and treatment, while minimizing interference with international traffic.

To all countries

It is expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO. Technical advice is available on the WHO website.

Countries are reminded that they are legally required to share information with WHO under the IHR.

Any detection of 2019-nCoV in an animal (including information about the species, diagnostic tests, and relevant epidemiological information) should be reported to the World Organization for Animal Health (OIE) as an emerging disease.

Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread, and contributing to the international response through multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research.

The Committee does not recommend any travel or trade restriction based on the current information available.

Countries must inform WHO about travel measures taken, as required by the IHR. Countries are cautioned against actions that promote stigma or discrimination, in line with the principles of Article 3 of the IHR.

The Committee asked the Director-General to provide further advice on these matters and, if necessary, to make new case-by-case recommendations, in view of this rapidly evolving situation.

To the global community

As this is a new coronavirus, and it has been previously shown that similar coronaviruses required substantial efforts to enable regular information sharing and research, the global community should continue to demonstrate solidarity and cooperation, in compliance with Article 44 of the IHR (2005), in supporting each other on the identification of the source of this new virus, its full potential for human-to-human transmission, preparedness for potential importation of cases, and research for developing necessary treatment.

Provide support to low- and middle-income countries to enable their response to this event, as well as to facilitate access to diagnostics, potential vaccines and therapeutics.

Under Article 43 of the IHR, States Parties implementing additional health measures that significantly interfere with international traffic (refusal of entry or departure of international travelers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours) are obliged to send to WHO the public health rationale and justification within 48 hours of their implementation. WHO will review the justification and may request countries to reconsider their measures. WHO is required to share with other States Parties the information about measures and the justification received.

The Emergency Committee will be reconvened within three months or earlier, at the discretion of the Director-General.

CHINA SAYS WUHAN CORONAVIRUS VICTIMS WHO DIE SHOULD BE QUICKLY CREMATED WITHOUT FUNERALS AS DEATH TOLL RISES

Ryan Pickrell, Business Insider – 02/01/20

China has banned funerals, burials and other related activities involving the corpses of deceased victims of the novel coronavirus that originated in Wuhan, China, according to new trial regulations issued Saturday to slow the spread.

China's National Health Commission (NHC), together with the Ministry of Civil Affairs and the Ministry of Public Security, issued new regulations Saturday stating that all victims who succumb to the virus must be cremated at the nearest facility. "No farewell ceremonies or other funeral activities involving the corpse shall be held," the NHC announcement reads.

The new regulations come as the death toll for the novel coronavirus (nCoV-2019) continues to rise.

The NHC reported in a separate update that as of the end of Saturday, 304 people have died and 14,380 people have been infected by the virus, which has spread across all of China and to around two dozen other countries.

In China, according to the NHC guidelines issued Saturday, if a coronavirus victims dies, the following measures are to be taken as quickly as possible.

First, the medical staff at the medical facility where the person was being treated are required to disinfect and seal the remains. It is forbidden to open the remains once they have been sealed. Second, the medical staff will issue a death certificate and notify the family. At this point, the local funeral services facility will be contacted. Third, funeral services personnel will then collect the body, deliver it to the relevant facility, and directly cremate the remains. A cremation certificate will then be issued.

No one is permitted to visit the remains during this process. Relatives will, however, be allowed to take the remains after cremation has been completed and documented, the NHC explained in its Saturday announcement.

An earlier announcement from the Ministry of Civil Affairs, according to the state-run People's Daily, has advised people to hold quick and easy funerals and avoid large gatherings to help prevent the virus from spreading further.

CHINESE WOMAN DESCRIBES WUHAN VIRUS PATIENTS BEING BURNED ALIVE

Keoni Everington, Taiwan News – 02/26/20

As the World Health Organization (WHO) praises China for its "tailored approach" to handling the Wuhan coronavirus outbreak, a video has surfaced of a Chinese woman vividly describing patients being bound in body bags and cremated while still alive.

On Feb. 24, a group of overseas Chinese students which calls itself Youth Production (少年譯製) uploaded a video of a Chinese woman approximately in her 60s sharing her traumatic experience surviving a stay in a Wuhan hospital while infected with the novel coronavirus (COVID-19). In the video, titled "Burned Alive," a woman wearing a surgical face mask and speaking with a heavy Wuhan accent tells her harrowing tale to a taxi driver who is covered from head to toe in protective gear.

She starts by saying that she was in bed number 18, when another patient, a male in his 70s, was admitted on the morning Jan. 28 and stayed in bed 17. She said that by that afternoon, a team from Tianjin had arrived and found that the patient was having difficulty inhaling.

The woman said that she was experiencing the same symptoms, but not as severely as she was younger. She said that the man was weak but was still breathing when medical workers "bound his head" and then his hands and feet, which were "still moving."

The traumatized survivor then said that medical personnel placed the man in a black plastic bag and pulled up the zipper, before placing him in yet another plastic bag. She said they then wrapped the man in two more layers with an unidentified material.

When the driver asked what kind of medical treatment was offered to the man, she said that the hospital only had oxygen. She said that the lack of medical supplies made the facility feel more like a "nursing home" than the infectious disease hospital it claimed to be.

The driver then asked if the man was burned alive. She confirmed that the man was still alive when he was sent for cremation, and she said there were fears that the toxic gas from the crematorium would spread.

She claimed that she actually saw several cases of living patients stuffed in body bags and taken for cremation. She said that another elderly man in her isolation ward was still breathing but was also sent for cremation.

The woman said that she saw this on several occasions and began to burst into tears as she thought of the "miserable" fate of her fellow patients. When the driver asked why doctors did not try to save the first patient, she said that there was very little in the way of medical supplies available other than oxygen.

The horrified woman said she had never seen anything like it and said the patients were treated "just like dead dogs." The video closed with the woman saying that those who were dead "were stacked one after another in yellow body bags."

A staffer from a funeral home in Wuhan, the epicenter of the novel coronavirus (2019-nCoV) outbreak, claimed the number of bodies she and her co-workers have had to transport and cremate each day is four

to five times higher than the usual amount. Based on the account, the daily average number of bodies suspected of being coronavirus victims is estimated at 225 at a single Wuhan funeral home or 4,725 in total between Jan. 22 and Feb. 12.

There are eight registered funeral homes in Wuhan. If the funeral home staffer's account is true, it would mean there were 1,628 deaths per day in the city and a total of 34,200 in the 21 days leading up to the report.

World Health Organization (WHO) Assistant Director-General Dr. Bruce Aylward this week lavished praise on Communist China for its handling of the outbreak and revealed his doubts that many other countries in the world will be able to contain it. After having safely returned to WHO headquarters in Geneva, Switzerland, Aylward expressed confidence in the communist regime's health care system, proclaiming: "You know, if I had COVID-19, I'd want to be treated in China."

WUHAN CREMATORY 127 YESTERDAY, THIS IS 4-5 TIMES NORMAL RATE

Mike Shedlock, FX Street – 02/09/20

Investigation into Wuhan crematory operational rates suggests massive, fraudulent under-reporting of coronavirus deaths. **Chinese crematories are operating at 4-5 times the normal rate, minimum.** Very few are listed as coronavirus deaths.

Only 8 of 116 Counted as an Official Death

[Rough translation from Chinese]

Foreign media reported that You Hu, a funeral home in Hubei, revealed to the investigator: “I am about to collapse, and we are under great pressure now. Busy to crash.”

He said that. The staff of the funeral home had not rested from years ago to now. “It is very happy to sleep here for two or three hours a day.”

“I received 127 corpses yesterday, and burned 116. Among them, 8 were confirmed [Wuhan pneumonia] on the death certificate, and 48 were suspected.”

This funeral home outside Hankou is “busy to collapse.” What about the Hankou funeral home, which is responsible for the more severe Hankou area?”

You Hu said, “I passed through the Hankou Funeral Parlour. Its business volume is greater than mine and its pressure is greater than mine.”

In reality, on the eve of the first peak of death in Wuhan pneumonia, taking February 3 as an example, the funeral parlour picked up 127 remains and burned 116 on the same day. Judging from the current policy of the Communist party of China’s new disease patient’s remains to be cremated immediately. The funeral home must give priority to the burning of the new disease patient’s body; other deceased bodies may not be burned on the same day due to funeral culture, rituals and other reasons. Based on this, it can be presumed that the 116 dead basically all died of Wuhan pneumonia, or at least suspected to have died of the disease. In other words, more than 90 percent of the remains of this funeral parlour were dead from the new disease.

Culture of Lies

A New York Post opinion article says China’s Culture of Lies has Helped Spread the Coronavirus.

The video out of China’s Hubei province is heartbreaking: A young woman stands outside the doors of a hospital while a body bag is unceremoniously dumped in the back of a hospital van. As the vehicle pulls away into the night, bound for a nearby crematorium, she can be heard crying, “Mama, mama.” She takes a few halting steps after the vehicle before breaking down in tears.

“I didn’t have a chance to say goodbye,” she sobs. “They wouldn’t even tell me what killed my mother. But we all know that it was the coronavirus.”

One crematorium manager told a Hong Kong reporter that, in normal times, his 24 ovens were lit five days a week for four hours at a time. Now, he said, they have so many corpses to deal with that all the ovens are going around the clock. This suggests the body count must be in the thousands.

Crematory Math

- 5 Days for 4 Hours = 20 Hours of Operation
- 7 Days for 24 Hours = 168 Hours of Operation

That is 8.4 times the normal rate.

A reasonable assumption range would be that all the crematories in Wuhan are operating at 4-8 times the normal rate.

Unreported Death Math

If we assume 50-100 uncounted deaths per day, per crematory, we arrive at 1,200 to 2,400 unreported Coronavirus deaths per day.

If this has been going on for 2 weeks, the number of unreported deaths would be in the range of 16,800 to 33,600.

Note: Wengui says there are 49 crematoriums in Wuhan. My calculation was based on 24 crematoriums, a number I picked up somewhere else.

If we redo the calc there are 2,450 to 4,900 unreported deaths per day.

That would imply 34,300 to 68,600 unreported deaths just in the Wuhan area over the last 2 weeks.

CHINESE PRESIDENT XI JINPING ‘CONFIDENT’ CORONAVIRUS OUTBREAK CAN BE CONTAINED

Liu Zhen, South China Morning Post – 02/05/20

China is making good progress in containing the deadly coronavirus outbreak, President Xi Jinping said on Wednesday during his first public appearance in eight days, as he welcomed Cambodian Prime Minister Hun Sen to Beijing.

Hun Sen is the first foreign leader to visit China since the introduction of emergency measures to tackle the outbreak, which originated in December in

Wuhan, the capital of Hubei province.

In footage shown by state broadcaster CCTV, Xi said China had adopted strict measures and was achieving results.

“China is confident and capable of containing the outbreak,” he said, adding that the Cambodian students stuck in Wuhan would be well taken care of.

Xi also chaired a legal work conference on Wednesday, at which he said the nation’s legal system had a key role to play in helping to contain the virus. It was essential, he said, that laws covering the trade in wild animals and the management of public health incidents were strictly enforced.

“Currently we are at the critical moment of controlling the epidemic,” he said.

“Offences jeopardising disease control, including resistance to control measures, violence towards medical staff, counterfeiting medical materials and the spreading of rumors must be severely curtailed.”

Xi was last seen on January 28, when he met World Health Organization (WHO) chief Tedros Adhanom Ghebreyesus in Beijing. Since then, state media has released instructions and orders from the head of China’s Communist Party but he has not been seen out and about.

Xi chaired a meeting of the Politburo Standing Committee on January 25 – the first day of the Lunar New Year – at which a task force was set up to contain the outbreak. While the group is nominally headed by Premier Li Keqiang, Xi said he would personally direct and coordinate its efforts.

As of 8:30pm Wednesday, there had been 24,391 confirmed infections in mainland China and 492 deaths, with a single fatality reported in Hong Kong. Around the world there were 24,605 confirmed cases.

Health authorities in China have recently identified a number of patients who have become carriers and transmitters of the coronavirus despite showing no outward symptoms of infection.

Li Xingwang, an expert in infectious diseases at Beijing Ditan Hospital, said most of the “dormant” carriers were related to and had caught the virus from patients with symptoms.

Meanwhile, a newborn baby in Wuhan whose mother was infected with the coronavirus also tested positive just 30 hours after birth, raising concerns the infection might have been contracted in the womb.

In more positive news, the Wuhan Institute of Virology has applied for a patent on an experimental drug it hopes could be used to treat the coronavirus.

The application, which relates to the use of Remdesivir— an antiviral drug developed by American biotechnology company Gilead Sciences – was filed on January 21, the company said in an online statement.

The drug has not been approved or licensed for use anywhere in the world, but has been rushed into trials in China after showing positive results when given to coronavirus patients.

Hun Sen’s visit to China came at short notice after the Cambodian leader said on Facebook on Tuesday that he would like to visit Wuhan – on his way back from a summit in the South Korean capital, Seoul – so he could meet the Cambodian citizens unable to leave the city, which has been in lockdown since January 23.

Chinese officials, however, advised against such a trip and a visit to Beijing was agreed as an alternative.

“My sudden decision to visit China at this special time is to show the great support to the Chinese government and people from the Cambodian government and people,” Hun Sen told Xi when they met.

The Cambodian leader also met Li during his brief stay.

Hun Sen’s Facebook post came after he was criticized by the Cambodian media for not arranging the evacuation of about two dozen Cambodians from Wuhan.

Several countries, including the United States and Australia, have banned people who have recently visited China from entering their territories, a move Beijing described as an “excessive reaction” to the WHO’s suggested measures.

As a close ally to China, Hun Sen criticized “some countries” that had imposed “extreme restrictions”, though he did not name any.

Cambodia, which has reported just one confirmed coronavirus case, would maintain proper exchanges with China, he said.

CORONAVIRUS: CHINA TIGHTENS SOCIAL MEDIA CENSORSHIP AMID OUTBREAK

Iris Deng, South China Morning Post – 02/06/20

China's internet watchdog is tightening controls on social media platforms after a brief period of tolerance, as it cracks down on content that may sow fear and confusion amid the

The Cyberspace Administration of China (CAC) said in a statement released late on Wednesday that it has set up supervision on platforms that include those run by microblogging service provider Sina Weibo, short video and news apps operator ByteDance, and Tencent Holdings, which owns the ubiquitous multipurpose app WeChat.

The regulator said it required internet platforms and local authorities to "create a good cyberspace environment to win the battle against the [coronavirus] epidemic".

Baidu, operator of China's dominant online search service, has been summoned to rectify what the CAC described as lenient management on illegal information posted by its users, according to the statement.

The watchdog said it has also removed a social app called Pipi Gaoxiao from app stores for "posting harmful videos, and spreading fear and panic" about the coronavirus outbreak, as well as taken down some media and blogger accounts for fake news.

Representatives from Sina Weibo and ByteDance did not immediately respond to a request for comment on Thursday. Tencent and Baidu declined to comment.

The CAC's move comes as the coronavirus outbreak has caused 563 deaths, surpassing the number of fatalities during the Sars epidemic in 2003, and 28,018 confirmed cases in mainland China, according to data released on Thursday morning by national and provincial health authorities.

The social media clampdown followed a directive on Monday from President Xi Jinping, who said the government needed to step up propaganda and strengthen online media control to maintain social stability amid the coronavirus crisis, according to a report from state news agency Xinhua.

Chinese internet users had enjoyed a rare opportunity for online criticism in the early days of the health crisis, when they vented their anger on social media at government officials in Hubei – the province in central China at the epicentre of the coronavirus epidemic – for their poor efforts in stopping the outbreak.

People on WeChat, known as *Weixin* in mainland China where it has more than 1 billion users, have reported that personal accounts have been shut down in the past several days. "WeChat account shutdowns" became a trending topic on Twitter-like platform Weibo before the discussion page was removed late on Wednesday.

"I'm confident that I did not circulate any illegal information ... Is there a way to save [my WeChat account]?" a car blogger named "Van Youyinli", with more than 42,000 followers, had asked on Weibo. The blogger showed screenshots of his personal WeChat account being permanently blocked for "spreading vicious rumors".

On Thursday, Chinese social network Douban disabled its Diary feature that has served as a platform for some users to chronicle life under quarantine and lockdown.

Certain news of the coronavirus crisis, including a report by Chinese finance media *Caijing* about undocumented infection cases in Hubei's capital Wuhan, have either been blocked or removed from social media platforms.

State-run news media and commercial news outlets have been told to focus on positive stories about virus relief efforts, *The New York Times* reported on Wednesday, citing anonymous sources.

WUHAN HOSPITAL ANNOUNCES DEATH OF WHISTLEBLOWER DOCTOR LI WENLIANG

Yong Xiong, Hande Atay Alam and Nectar Gan, CNN – 02/07/20

This story has been updated to reflect the latest statement from Wuhan Central Hospital, after confusion in state media reports.

The death of a doctor widely regarded as a hero in China for blowing the whistle on the threat posed by the Wuhan coronavirus has led to a massive outpouring of grief and anger online.

Li Wenliang died of the virus in the early hours of Friday morning local time, Wuhan Central Hospital, where he worked, said in a statement. The confirmation follows a series of conflicting statements about his condition from the hospital and Chinese state media outlets.

"Our hospital's ophthalmologist Li Wenliang was unfortunately infected with coronavirus during his work in the fight against the coronavirus epidemic," the hospital said. "He died at 2:58 am on Feb 7 after attempts to resuscitate were unsuccessful."

Li was among a number of supposed "rumormongers" detained in December for spreading news about the virus. He had warned about a potential "SARS-like" virus spreading in Wuhan. Nothing Li said was incorrect, but it came as officials in the city were downplaying the severity of the outbreak and its risk to the public.

There were more apparent efforts to control the narrative even after Li's death -- leading to widespread anger.

Earlier on Thursday night, several state media outlets had reported Li's death, following which Chinese social media erupted in mourning. Hours of confusion followed, with Wuhan Central Hospital releasing a statement saying Li was still alive and in critical condition, adding that they were "making attempts to resuscitate him."

State media subsequently deleted their previous tweets, only for the hospital to then confirm his death.

Wuhan's whistleblower

Li had raised the alarm about the virus that ultimately took his life.

In December, he posted in his medical school alumni group on the Chinese messaging app WeChat that seven patients from a local seafood market had been diagnosed with a SARS-like illness and were quarantined in his hospital in Wuhan.

Soon after he posted the message, Li was accused of rumor-mongering by the Wuhan police.

He was one of several medics targeted by police for trying to blow the whistle on the deadly virus in the early weeks of the outbreak, which has sickened more than 28,000 people and killed more than 560. He later contracted the virus himself.

Li was hospitalized on January 12 and tested positive for the coronavirus on February 1.

Fury on social media

China's social media channels were awash with anger following news of Li's death.

The topics "Wuhan government owes Dr. Li Wenliang an apology," and "We want freedom of speech," soon began to trend on China's Twitter-like platform, Weibo. Each gained tens of thousands of views before disappearing from the heavily censored platform.

Another topic, called "I want freedom of speech," had drawn 1.8 million views as of 5 a.m. Friday morning local time (4 p.m. ET Thursday).

Top comments under the Wuhan Central Hospital's statement about Li's death included "I've learned two words: political rescue & performative rescue" and "Countless young people will mature overnight after today: the world is not as beautiful as we imagined. Are you angry? If any of us here is fortunate enough to speak up for the public in the future, please make sure you remember tonight's anger."

Several comments also marked the timing of the announcement. "I knew you would post this in the middle of the night," wrote one Weibo user.

"You think we've all gone to sleep? No. We haven't," said another.

Confusion over his condition

The Global Times first announced Li had died in a tweet at around 10:40 p.m. local time Thursday, linking to a report that cited friends and doctors at Wuhan Central Hospital.

It deleted the post several hours later. Other Chinese media outlets also deleted their reports of his death, without explanation. The World Health Organization released a message of condolence following the initial reports that Li was dead but later updated their statement to say they did not have any information about the doctor's status.

Wuhan Central Hospital issued a new statement confirming his death later that day.

The death toll and number of people infected by the Wuhan coronavirus continues to grow, with no signs of slowing despite severe quarantine and population control methods put in place in central China.

The number of confirmed cases globally stood at 28,275 as of Thursday, with more than 28,000 of those in China. The number of cases in China grew by 3,694, or 15%, on the previous day. There have been 565 deaths so far, all but two of which were in China, with one in the Philippines and one in Hong Kong.

WARTIME CONDITIONS': OFFICIAL ORDERS WUHAN ROUND UP RESIDENTS WITH CORONAVIRUS AND SEND THEM TO QUARANTINE CAMPS

Zachary Halaschak, Washington Examiner – 02/06/20

A top Chinese official has ordered authorities where the coronavirus originated to go house-to-house and send those infected to quarantine internment camps.

The Chinese government dramatically increased its coronavirus containment efforts in Wuhan, China, on Thursday and have begun implementing drastic new measures, according to the *New York Times*.

Chinese Vice Premier Sun Chunlan, 69, announced new procedures in the city of 11 million that include going to each home and checking the temperature of all residents.

“Set up a 24-hour duty system. During these wartime conditions, there must be no deserters, or they will be nailed to the pillar of historical shame forever,” Sun said on Thursday.

Sun ordered medical workers to go door-to-door to move any of those infected, with force, if necessary, to makeshift quarantine camps that include a convention center and other converted buildings. The country has already outlawed people from leaving Wuhan, and images from inside the converted stadium show tight rows of beds separated by just feet.

Some on Chinese social media evoked imagery from the 1918 Spanish Flu pandemic when comparing the draconian measures.

“It must be cut off from the source,” Sun told medical workers during a tour of one of the shelters. “You must keep a close eye. Don’t miss it.”

As of Thursday, more than 550 deaths and 28,088 infections have been officially reported in China, although experts believe that number could be far higher than authorities have said.

The death toll from the outbreak increased by 73 on Wednesday, its largest single-day jump. And on Thursday, the Chinese doctor who tried to warn the public early on about the illness and was subsequently punished by the government died after contracting the virus.

There have been 12 confirmed cases of the coronavirus in the United States, including through person-to-person contact. The World Health Organization declared the outbreak a global public health emergency as fears of a global pandemic grow.

CITIZEN JOURNALIST COVERING VIRUS OUTBREAK FROM WUHAN GOES MISSING

Lulu Yilun Chen, Bloomberg – 02/07/20

Over the past couple of weeks, Chinese citizen journalists Chen Qiushi and Fang Bin have served as the world's eyes and ears inside the epicenter of the coronavirus outbreak, the city of Wuhan. Broadcasting via their mobile phones, they've offered a glimpse of how dire things have been. Many of those videos have been posted to Twitter and reposted on YouTube.

Now one of them is missing.

Chen has been out of reach for more than 20 hours. Fang, who was silent much of Friday until a video posted in the evening, was previously detained briefly by authorities for his video of corpses in a hospital. When he filmed the dramatic moment people in hazmat suits broke down his apartment door to take him into quarantine, it sparked hundreds of comments urging the authorities to release him.

It's no accident that their posts grew viral on American platforms. China's internet watchdog has stepped up its policing efforts, announcing on Wednesday it would conduct "targeted supervision" on the largest social media platforms including Weibo, Tencent's WeChat and ByteDance's Douyin. The regulator has already frozen a raft of social media accounts, then stepped up online scrubbing to quiet a wave of confused outrage over the death of the doctor that first raised red flags about the disease.

In this environment, U.S.-based Twitter has emerged as the destination for locals seeking information about the spread of the virus. It's officially banned in the country, but many people hop the Great Firewall and access the platform via virtual private networks.

"There's a lot more activity happening on Twitter compared with Weibo and WeChat," said Maya Wang, senior China researcher at Human Rights Watch. There has been a Chinese community on Jack Dorsey's short-message platform since before President Xi Jinping rose to power, she added, but the recent crackdown has weakened that social circle.

Chen, the most visible among scores of residents documenting the human disaster around them, has for many followers become the go-to source for real facts about the epidemic. Wuhan locals have filmed some of the most chilling videos during the outbreak, including images of untreated corpses, discontent among quarantined patients in hospitals and police knocking on doors to enforce censorship. Bloomberg News has not independently verified the authenticity of those videos.

Twitter was becoming the last line of defense for people to gather information and record the trauma that thousands of families were experiencing.

"After lifting the lid briefly to give the press and social media some freedom," said Wang about China's ruling Communist Party, the regime "is now reinstating its control over social media, fearing it could lead to a wider-spread panic."

Starting this week, scores of WeChat users complained that they were locked out of their personal accounts after people in their chat groups discussed issues around the virus outbreak. That's meant losing access to all of their stored social contacts as well as the money in their WeChat wallets. Many others have gone into self-policing mode, reminding friends in their chat groups not to exchange information about the coronavirus.

Chen has been out of contact for a prolonged period of time. His friends posted a message on his Twitter account saying he has been unreachable since 7 p.m. local time on Thursday. In a texted interview,

Bloomberg News's last question to Chen was whether he was concerned about his safety as he's among the few people reporting the situation on the front lines.

His response has yet to come back.

VIDEOS OF CITIZEN ACTIVISTS EXPOSING THE REALITY ON THE GROUND AND OTHER ABUSES**Videos from Chen Qiushi**

January 29, 2020: <https://www.youtube.com/watch?v=iXozpbomAns&feature=youtu.be>

February 11, 2020: <https://www.youtube.com/watch?v=2J4ddPVcq4Q>

Videos from Fang Bin

February 4, 2020: <https://www.youtube.com/watch?v=amr-rLpD3lw>

February 7, 2020: <https://www.youtube.com/watch?v=sUvBNpkxrJo>

February 12, 2020: <https://www.youtube.com/watch?v=Ba9hFjB1cWw>

February 13, 2020: <https://www.youtube.com/watch?v=I3-CTt1GfsQ>

Videos of people chased and dragged into cages to be transported to quarantine centers and other strict quarantine measures

February 3, 2020: <https://twitter.com/5NewsAustralia/status/1224515130748108800>

February 5, 2020: <https://twitter.com/ISCRsearch/status/1225046537497124865?s=20>

February 8, 2020: <https://www.youtube.com/watch?v=9J3vrJNGxQA&feature=youtu.be>

February 9, 2020: <https://youtu.be/rKek0Y30Ctw>

February 9, 2020: <https://twitter.com/allarebananas/status/1226914715231825920?s=20>

February 10, 2020: https://twitter.com/Anfield_king/status/1226794991088881664?s=20

February 19, 2020: <https://mobile.twitter.com/howroute/status/1227042587162423296>

WHO ADVANCE TEAM ON CORONAVIRUS ON WAY TO CHINA: TEDROS TWEET

Stephanie Nebehay, Reuters – 02/09/20

An advance team of international experts led by the World Health Organization (WHO) has left for Beijing to help investigate China's coronavirus epidemic, the Geneva-based agency said on Sunday. WHO director-general Tedros Adhanom Ghebreyesus, who made a trip to Beijing for talks with President Xi Jinping and Chinese ministers in late January, returned with an agreement on sending an international mission.

But it has taken nearly two weeks to get the government's green light on its composition, which was not announced, other than to say that WHO veteran Dr. Bruce Aylward, a Canadian epidemiologist and emergencies expert, was heading it.

"I've just been at the airport seeing off members of an advance team for the @WHO-led #2019nCoV international expert mission to #China, led by Dr Bruce Aylward, veteran of past public health emergencies," Tedros said in a tweet from Geneva.

Dr. Sylvie Briand, who accompanied Tedros last month and stayed behind for talks with top Chinese health officials, told Reuters last week that they were discussing a list of experts with China.

"Because it is a joint mission, they need to be on board, it's not just an international group going there. We have about 15 people," said Briand, director of Global Infectious Hazard Preparedness at WHO.

China raised the death toll from the coronavirus outbreak to 811 on Sunday, passing the number killed globally by the SARS epidemic, as authorities made plans for millions of people returning to work after an extended Lunar New Year break. [L4N2A9045]

The virus, which has spread to two dozen countries, has killed some 2% of more than 37,550 cases worldwide, with 99 percent of infections in China, WHO figures show.

The WHO declared the outbreak a global emergency on Jan. 30, days after the Chinese central government imposed a lockdown on 60 million people in Hubei province and its capital Wuhan, epicenter of the virus that emerged in December in a seafood market.

Tedros said on Saturday that he hoped the team would include experts from the U.S. Centers for Disease Control (CDC). "It has to be meaningful on the ground," Lawrence Gostin, professor of global health law at Georgetown Law, said in an interview in Geneva this week.

Gostin called for a "genuine partnership with transparent flows of information and accountability for the response", adding that there should be a strong CDC presence.

"CDC has got no peer in terms of its experience and technical expertise in dealing with international outbreaks," he said.

"But the other benefit is the smart diplomacy, what it could signal is that despite all of our differences in ideology, trade, politics, that when faced with a common threat to humanity, we come together as a human community to tackle it," Gostin said.

CORONAVIRUS: SENIOR CHINESE OFFICIALS 'REMOVED' AS DEATH TOLL HITS 1,000

BBC – 02/11/20

The party secretary for the Hubei Health Commission, and the head of the commission, are the most senior officials to be demoted so far.

The deputy director of the local Red Cross was also removed for "dereliction of duty" over "handling of donations".

Meanwhile the World Health Organization has named the virus Covid-19.

The WHO is holding a two-day meeting in Geneva involving top medical, scientific and public health experts, aimed at speeding up the global response to the outbreak.

There are now more than 42,200 confirmed cases across China. The number of deaths has overtaken that of the Sars epidemic in 2003.

On Monday, some 103 died in Hubei province alone, a daily record, and the national death toll is now 1,016.

But the number of new infections nationally was down almost 20% from the day before, from 3,062 to 2,478.

Speaking to Reuters news agency, leading Chinese respiratory expert Zhong Nanshan said the virus was hitting a peak in China this month and that the outbreak may be over by April.

He said he was basing the forecast on mathematical modelling, recent events and government action. However, Zhong's previous forecast of an earlier peak turned out to be premature.

According to state media, there have been hundreds of sackings, investigations and warnings across Hubei and other provinces during the outbreak.

But removal from a certain role - while regarded as a censure - does not always mean the person will be sacked entirely, as it can also mean demotion.

As well as being removed from their posts, officials can also be punished by the ruling Communist Party.

For example, the deputy head of the government-run Red Cross charity, Zhang Qin, was given "a serious intra-Party warning as well as a serious administrative demerit", state media said.

The two Hubei party officials will be replaced by a national figure - the deputy director of China's National Health Commission, Wang Hesheng.

Earlier this month, the deputy head of the Wuhan bureau of statistics was removed, with similar sanctions for "violating relevant regulations to distribute face masks".

In recent days, Chinese authorities have increasingly been criticized for their handling of the crisis.

The death of a doctor whose early warnings were suppressed by authorities sparked widespread public anger.

Beijing has sent a team from its highest anti-corruption agency to Hubei to investigate the treatment of Dr Li by police.

But sources say at least 500 hospital staff had been infected in Wuhan by mid-January, according to the South China Morning Post.

Doctors and nurses had been told not to make the extent of infections public, it reports.

'It was only a question of who and when'

Analysis by BBC China correspondent, Stephen McDonnell, Beijing

Somebody was always going to be for the chop following the shambolic early handling of the coronavirus emergency.

That early response cost precious weeks, slowing the response while millions of people left Wuhan before the transport blockade was in place.

It was only a question of who would go - and when.

With the local authorities facing a storm of public anger, the top two officials in Hubei's provincial health commission have been dismissed. Nobody expects it to end there.

Possibly sensing that his own head was already on the block, the mayor of Wuhan, Zhou Xianwang, said the reason it took so long to warn the public about the virus was that he didn't have clearance from above.

Clearance from above? That could mean permission from the provincial party secretary. It could also be interpreted that he was directing the blame all the way to Beijing.

Now that can mean either China's top leaders are partly at fault; or the Communist Party's governance structures need to be overhauled; or the mayor is wrong - that is, he is the one who ultimately should carry the blame.

People can decide which of these options is most likely to be acknowledged and acted upon.

What's the latest in China?

More than three-quarters of the deaths have been in Hubei's provincial capital, Wuhan, the center of the outbreak. The city of 11 million has been in lockdown for weeks.

China has been sending large numbers of medical staff to the city. State news agency Xinhua shared images on Monday of doctors and nurses shaving their heads to prepare for wearing protective clothing.

However, health officials have warned that medical facilities in rural areas across the country are inadequate.

In Hong Kong, 23 households were evacuated from an estate on Monday night and taken into quarantine, after cases were detected there.

The territory has had months of protests and chief executive Carrie Lam has called for "social cohesion" in the face of the health crisis.

What about the rest of the world?

Two Japanese citizens who were evacuated on government-chartered flights from Wuhan in January have now tested positive. Both men had previously tested negative for the virus but later displayed symptoms, according to media reports.

The Diamond Princess cruise ship remains quarantined in Japan's port of Yokohama, with 135 cases confirmed among the 3,700 passengers and crew.

Thailand on Tuesday did not allow passengers from another cruise ship to disembark, despite no confirmed infections aboard.

North Korea is reported to have sent hundreds of workers to patrol its borders with China. Road, rail and air links with China have already been cut.

The country has not reported any infections but South Korean media say the virus has reached the secretive communist state.

What are the symptoms of coronavirus and what can help stop its spread?

The main signs of infection are fever (high temperature) and a cough as well as shortness of breath and breathing difficulties.

Frequent hand washing with soap or gel, avoiding close contact with people who are ill and not touching your eyes, nose and mouth with unwashed hands, can help cut the risk of infection.

Catching coughs and sneezes in a tissue, binning it and washing your hands can minimise the risk of spreading disease.

CHINA CHANGES COUNTING SCHEME TO LOWER WUHAN VIRUS NUMBERS

Keoni Everington, Taiwan News – 02/11/20

The daily reports of Wuhan virus infections in China will likely begin to drop as the government has decided to stop counting patients who test positive for the disease but do not exhibit symptoms as "confirmed cases."

In a notice issued by China's National Health Commission (NHC) on Feb. 6, it wrote that the classification of new Wuhan virus infections will be divided into four categories: "suspected cases," "clinically diagnosed cases," "confirmed cases," and "positive tests." Among these, "positive tests" refers to "asymptomatic infected patients" who test positive for the disease but have no symptoms.

There is also a clear stipulation in the official document stating that "If the reported 'asymptomatic infected patient' has clinical manifestations, their status shall be revised to 'confirmed case' in a timely manner" (highlighted text in Tweet below). This indicates that even if a person tests positive for the disease but does not exhibit any symptoms, they will no longer be included in the daily infection reports.

After the government edict was released, the Health Commission of Heilongjiang Province reduced its number of confirmed cases by 14 on Feb. 8, causing heated debate among the public. The commission's official explanation was that according to the NHC, asymptomatic infections are no longer to be included among the list of confirmed cases.

After the NHC revised its standard for counting confirmed cases, Chinese state-run media mouthpiece Beijing News cited "the WHO and experts" as saying that although there are many cases of asymptomatic infections in China, in general, they are not the main carriers of the disease and their transmission capacity is weak. The article concluded that although the likelihood that asymptomatic patients can transmit the virus is weak, they should still be placed under quarantine.

However, according to a report by Kyodo News, researchers at Hokkaido University have found that 50 percent of cases of human-to-human transmission occurs when an infected person is not yet exhibiting symptoms. According to their findings, the incubation period from infection to symptoms is about five days on average.

An analysis of 26 cases from China, Thailand, and the U.S. found that more than half of the patients developed pneumonia symptoms within five days of being exposed to asymptomatic cases. The team thus concluded that more than 50 percent of the patients in the study had been infected by others during the incubation period.

According to a study by renowned Chinese pulmonologist Zhong Nanshan (鍾南山), the average incubation period of the virus is 3 days, but it can take as little as one day and as long as 24 days for a patient to develop symptoms. Only 43.8 percent of patients exhibited fever at an early stage, suggesting that body temperature cannot be viewed as a major factor in diagnosis.

HUGE JUMP IN CORONAVIRUS CASES AND DEATHS IN CHINA AS U.S. CONFIRMS 15TH CASE

CBS News – 02/14/20

Doctors in China adopted a new way of diagnosing the novel coronavirus, leading to a huge jump in the official number of deaths blamed on the disease and the number of confirmed cases in the country. Officials in Hubei province, the Chinese region where the virus is believed to have jumped into the human population from wild animals, reported 254 new deaths and 15,152 new cases of the flu-like virus.

The increase brought the worldwide death toll to at least 1,370, including Japan's first fatality.

The vast majority of cases have occurred in mainland China. The Centers for Disease Control and Prevention confirmed Thursday that a 15th case of the disease — now called COVID-19 — in the United States.

The sharp increase in China came after two days of reported declines in confirmed new cases in the country. It was the result of Chinese doctors in Hubei province starting to use lung imaging to diagnose the disease, in addition to the standard nucleic acid tests they had been using.

Meanwhile, the largest cluster of coronavirus cases outside of China, on a cruise ship that has been quarantined for almost two weeks in Japan, continued to grow Thursday. With 218 cases confirmed from the Diamond Princess, Japan's government said it would allow some elderly passengers to move into government-provided housing on land, where they would be monitored apart from the general population.

NEW PARTY BOSS IN CHINA'S HUBEI PLEDGES TO CONTAIN VIRUS

Se Young Lee, David Stanway, Reuters – 02/12/20

The new Communist Party chief of Hubei province, the epicentre of the coronavirus outbreak in China, said on Thursday he would contain the virus but that the situation remained severe.

Shanghai mayor Ying Yong was brought in as party head in Hubei after his predecessor and the party chief of the province's capital, Wuhan, became the most high-profile officials to be dismissed following the outbreak.

The removal of Jiang Chaoliang, the leading Communist Party official of Hubei province, and Ma Guoqiang, party chief in Wuhan, followed the dismissal of two provincial health officials on Tuesday, and is part of a wider effort by Beijing to remove bureaucrats it accuses of shirking their duties.

The central government has set up a special cabinet task force under Premier Li Keqiang to handle the crisis, and the new appointments in Hubei suggest China's senior leaders are taking greater control.

Reporting Ying's appointment as the new secretary of the Hubei Provincial Committee of the Communist Party of China, the official Xinhua news agency did not explain why Jiang had been removed.

In remarks reported in the official Hubei Daily following his appointment, Ying said he would not fail the party or the people and that he bore a very heavy responsibility.

"At present, the virus situation is still extremely severe," the paper cited him as saying. "We will definitely win the battle to defend Wuhan, the battle to defend Hubei, and the battle to prevent and control the disease."

Ying worked closely with Chinese President Xi Jinping during the latter's time as party boss and governor of Zhejiang province, which neighbours Shanghai.

Ying, in the same report in the Hubei Daily, cited Xi as saying that controlling the virus was directly related to social and economic stability and China's opening up, and was the biggest priority at the moment.

Wuhan party chief Ma has been replaced by Wang Zhonglin, party boss of Jinan, the capital city of eastern Shandong province, Xinhua reported separately.

Officials in Hubei have been heavily criticized for their handling of the epidemic in a province of almost 60 million people. The outbreak began in Wuhan late last year, and has spread throughout China, killing more than 1,000 and infecting tens of thousands across the country.

Former Wuhan Party boss Ma said in a nationally televised interview that the impact of the virus on China and the world "would have been less" if containment measures had been taken sooner.

Analysts have said that the initial delay in raising the alarm in Wuhan may have arisen from local officials' fear of bringing bad news to the attention of the central government, especially as Lunar New Year festivities approached.

After the Severe Acute Respiratory Syndrome (SARS) outbreak in 2002-2003, China said it would improve the way it shared information about epidemics, and put in place a new system allowing hospitals to report new cases in real time.

“This Wuhan epidemic shows that the situation has not really improved,” said Willy Lam, an expert in Chinese politics at the Chinese University of Hong Kong.

NEW CASES ARE REPORTED AS BEIJING SETS NEW RULES

New York Times – 02/14/20

Seeking to protect the city from a major outbreak, Beijing imposes new quarantine rules.

Chinese state-run television announced on its website on Friday evening that everyone returning to Beijing would be required to isolate themselves for 14 days.

Anyone who does not comply “shall be held accountable according to law,” according to a text of the order released by state television. The order was issued by a Communist Party “leading group” at the municipal level, not the national Communist Party.

It was the latest sign that China’s leaders were still struggling to set the right balance between restarting the economy and continuing to fight the coronavirus outbreak.

On Tuesday and Wednesday, the country’s top officials met and issued orders that included a mandate to help people to return to workplaces from their hometowns. Tens of millions had gone home to celebrate Lunar New Year holidays before the government acknowledged the seriousness of the epidemic. They have faced local government checkpoints on the way back to work and then lengthy quarantines upon their return to big cities.

But while national leaders may be worried that travel restrictions and quarantines may be preventing companies from finding enough workers to resume full production, that did not stop Beijing municipal leaders from further tightening controls on Friday evening in the city.

The policy may reduce the chances that people returning from the hinterlands could infect the country’s elite.

The new rules also require those returning to the city to give advance warning of their arrival to the authorities in their residential area. China maintained extensive controls on citizens’ movements under Mao, and some of the institutions and rules from that period have been re-emerging lately.

Even before Beijing issued its new rules, so-called neighborhood committees had been playing an increasingly assertive role across the country, including in Shanghai. They have been demanding that recent returnees isolate themselves for 14 days upon arrival, venturing out for little except food.

500 MILLION PEOPLE IN CHINA ARE ON LOCKDOWN BECAUSE OF CORONAVIRUS WITH TRAVEL RESTRICTIONS ENFORCED IN NEARLY 50 CITIES AND FOUR PROVINCES TO CONTAIN THE KILLER DISEASE

Stephen Matthews, Connor Boyd, and Sam Blanchard, Daily Mail – 02/14/20

A staggering 500 million people in China are in lockdown because of the killer coronavirus that is sweeping across the country.

The figure is more than the entire population of the US (330million) and is the equivalent to roughly 6.5 per cent of the world's population.

At least 48 cities and four provinces across China – including the epicentre of Wuhan and Hubei – have issued official notices for lockdown policies.

Measures include ensuring residents are registered before they are allowed in or out, as well shutting down roads, railways and public transport.

Wuhan – the deserted city at the heart of the outbreak – was the first to impose the travel restrictions on January 23, before the crisis gripped the world.

More than 64,000 cases of the SARS-CoV-2 virus have now been confirmed, with almost 1,400 deaths across the world.

After the city's borders were closed on January 23 and all incoming and outgoing flights cancelled, other nearby cities in Hubei province also implemented their own policies restricting the movement of people.

Citizens cannot leave the cities of Wuhan, Huanggang, Ezhou and a few others in Hubei province.

Those were the cities which opened the floodgates and triggered wider shutdowns in other regions.

But not every city or province is facing Wuhan-like restrictions.

Shanghai and Beijing have only put movement restrictions in place for some smaller communities such as building blocks or neighbourhoods.

Streets still appear to be deserted, however, and millions of people have been off work for two weeks or more while the government scrambles to stop the virus.

Close contact is the main spread of the disease and, as a result, people throughout China are avoiding going out in public until it blows over.

Many cities have reduced public transport lines and routes, while few have closed intra-city public transport entirely.

Altogether, 80.41million people have been affected by shut bus or metro lines.

Some communities have instituted curfews or only allow people to exit and enter at particular times.

There is even a restriction where only a certain number of people from a household can leave their residence at any one time.

The COVID-19 coronavirus has hit one of the most populated regions on the planet and thus has led to an unprecedented lockdown on the movement of people.

Wuhan's drastic shutdown caused international companies to stop their operations in certain parts of China in January.

Disneyland in Shanghai was among the first to close its doors, and McDonald's, Starbucks and clothing store Uni Qlo followed suit in various parts of the country.

The lockdowns have even extended outside of China, with a province near Hanoi in Vietnam restricting the movements of around 10,000 of its residents.

The measure is the first major quarantine outside mainland China since the outbreak began.

Police officers in face masks have been seen guarding checkpoints in the farming region of Son Loi with villagers facing 20 days in quarantine.

The drastic measures have been imposed after a sixth case of the virus was confirmed in Son Loi, in addition to five who were already infected.

'As of February 13, we will urgently implement the task of isolation and quarantine of the epidemic area in Son Loi commune,' said a health ministry statement.

CHINA'S XI URGES MORE POLICING AS VIRUS TOLL RISES

AFP - 02/15/20

Chinese President Xi Jinping has called for tightened control over online discussion and increased policing to ensure "positive energy" and social stability, state media said Saturday, as the country struggles to contain the deadly new coronavirus.

Xi's remarks were made public as the authorities have faced rare bouts of public anger over the handling of an epidemic that has killed more than 1,500 people and infected some 66,000 across the country.

Censors had allowed some online criticism of local officials in central Hubei -- the epicentre and origin of the crisis -- but calls for freedom of speech and political reform were scrubbed after the death of a whistleblowing doctor from the virus.

The government must "strengthen the management and control of online media," and "crack down on those who seize the opportunity to create rumors" on the internet, Xi said in the February 3 speech published by state media.

Simultaneously, "it is necessary to increase use of police force and strengthen the visible use of police," Xi said, calling for a crackdown on behavior that "disrupts social order" including hoarding medical supplies

Xi urged party members to "dare to criticise" those who had failed to carry out the Communist Party central committee's instructions, and warned "those who fail to perform their duties shall be punished according to discipline and law."

Local officials in Hubei have already begun to feel the force of Xi's orders.

On Thursday, the political chiefs of Hubei and its capital, Wuhan, were sacked and replaced by Xi loyalists with security backgrounds.

The province's top two health officials have also been fired.

Xi also called for the government to emphasize effective actions it has taken and "vividly describe touching deeds" from the frontlines of the fight against the virus.

"Let positive energy fill the cyberspace from start to end," Xi said in the speech, given earlier this month at a meeting of the Politburo Standing Committee, China's ruling council.

Xi initially kept a low profile in the early weeks of the crisis but has stepped up his public rhetoric in recent days on what he has called a "people's war" against the virus.

TO TAME CORONAVIRUS, MAO-STYLE SOCIAL CONTROL BLANKETS CHINA

Raymond Zhong and Paul Mozur, The New York Times – 02/20/20

China has flooded cities and villages with battalions of neighborhood busybodies, uniformed volunteers and Communist Party representatives to carry out one of the biggest social control campaigns in history.

The goal: to keep hundreds of millions of people away from everyone but their closest kin.

The nation is battling the coronavirus outbreak with a grass-roots mobilization reminiscent of Mao-style mass crusades not seen in China in decades, essentially entrusting front line epidemic prevention to a supercharged version of a neighborhood watch.

Housing complexes in some cities have issued the equivalents of paper hall passes to regulate how often residents leave their homes. Apartment buildings have turned away their own tenants if they have come from out of town. Train stations block people from entering cities if they cannot prove they live or work there. In the countryside, villages have been gated off with vehicles, tents and other improvised barriers.

Despite China's arsenal of high-tech surveillance tools, the controls are mainly enforced by hundreds of thousands of workers and volunteers, who check residents' temperature, log their movements, oversee quarantines and — most important — keep away outsiders who might carry the virus.

Residential lockdowns of varying strictness — from checkpoints at building entrances to hard limits on going outdoors — now cover at least 760 million people in China, or more than half the country's population, according to a New York Times analysis of government announcements in provinces and major cities. Many of these people live far from the city of Wuhan, where the virus was first reported and which the government sealed off last month.

Throughout China, neighborhoods and localities have issued their own rules about residents' comings and goings, which means the total number of affected people may be even higher. Policies vary widely, leaving some places in a virtual freeze and others with few strictures.

China's top leader, Xi Jinping, has called for an all-out "people's war" to tame the outbreak. But the restrictions have prevented workers from returning to factories and businesses, straining China's giant economy. And with local officials exercising such direct authority over people's movements, it is no surprise that some have taken enforcement to extremes.

Li Jing, 40, an associate professor of sociology at Zhejiang University in the eastern city of Hangzhou, was almost barred from taking her husband to a hospital recently after he choked on a fish bone during dinner. The reason? Her neighborhood allows only one person per family to leave the house, every other day.

"Once the epidemic was disclosed, the central government put huge pressure on local officials," Professor Li said. "That triggered competition between regions, and local governments turned from overly conservative to radical."

"Even when the situation is relieved or if the mortality rate turns out not to be high, the government machine is unable to change direction or tune down," she added.

China's prevention efforts are being led by its myriad neighborhood committees, which typically serve as a go-between for residents and the local authorities. Supporting them is the government's "grid management" system, which divides the country into tiny sections and assigns people to watch over each, ensuring a tight grip over a large population.

Zhejiang Province, on China's southeastern seaboard, has a population of nearly 60 million and has enlisted 330,000 "grid workers." Hubei Province, whose capital is Wuhan, has deployed 170,000. The southern province of Guangdong has called upon 177,000, landlocked Sichuan has 308,000 and the megacity of Chongqing has 118,000.

The authorities are also combining enormous manpower with mobile technology to track people who may have been exposed to the virus. China's state-run cellular providers allow subscribers to send text messages to a hotline that generates a list of provinces they have recently visited.

At a high-speed rail station in the eastern city of Yiwu this past week, workers in hazmat suits demanded that passengers send the text messages that show their location data before being allowed to leave.

An app developed by a state-run maker of military electronics lets Chinese citizens enter their name and national ID number and be told whether they may have come in contact, on a plane, train or bus, with a carrier of the virus.

It is too early to say whether China's strategy has contained the outbreak. With large numbers of new infections being reported every day, the government has clear reasons for minimizing human contact and domestic travel. But experts say that in epidemics, overbearing measures can backfire, scaring infected people into hiding and making the outbreak harder to control.

"Public health relies on public trust," said Alexandra L. Phelan, a specialist in global health law at Georgetown University. "These community-level quarantines and the arbitrary nature in which they're being imposed and tied up with the police and other officials is essentially making them into punitive actions — a coercive action rather than a public health action."

In Zhejiang, one of China's most developed provinces and home to Alibaba and other technology companies, people have written on social media about being denied entry to their own apartments in Hangzhou, the provincial capital. Coming home from out of town, they say, they were asked to produce documents from landlords and employers or be left on the street.

For Nada Sun, who was visiting family in Wenzhou, a coastal city in Zhejiang, a health scare turned into a mandatory quarantine.

When Ms. Sun, 29, complained of tightness in her chest this month, her mother told her to go to the hospital. She did not have a high fever, yet the hospital gave her a battery of checks. All came back negative for the virus.

Even so, when she returned to her apartment, she was told that she would be quarantined for two weeks. She was also added to a group on the WeChat messaging app with a local Communist Party secretary and other volunteers in which she has to submit her temperature and location twice a day.

"I'm worried they have too much information," Ms. Sun said.

The lockdowns are not necessarily oppressive. Many people in China have been happy to wall themselves off, ordering groceries online and working from home if they can. Some neighborhood officials act with a humane touch.

Bob Huang, a Chinese-born American living in northern Zhejiang, said the volunteers at his complex had helped chase down a man who stayed out overnight to drink, in violation of rules about how often people can step outside. Yet they also delivered food from McDonald's to a quarantined family.

Mr. Huang, 50, has been able to dodge the restrictions by using a special pass from the property manager, and he has been driving around delivering protective face masks to friends. Some building complexes don't let him in. Others take down his information.

A nearby village took a less orthodox approach.

"They always start asking questions in the local dialect, and if you can respond in the local dialect, you are allowed to go in," Mr. Huang said. Unable to speak the dialect, he had to wait, though the villagers were friendly. They gave him a folding chair, offered him a cigarette and didn't ask for an ID.

Some parts of China have imposed other, often severe policies for fending off the epidemic.

Hangzhou has barred pharmacies from selling analgesics to force people with symptoms to seek treatment at hospitals. The eastern city of Nanjing requires anybody who takes a cab to show ID and leave contact information. Yunnan Province wants all public places to display QR codes that people must scan with their phones whenever they enter or exit.

Many places have banned large gatherings. The police in Hunan Province this month destroyed a mahjong parlor where they found more than 20 people playing the tile game.

With local governments deciding such policies largely on their own, China has become a vast patchwork of fiefs.

"It can be quite haphazard," said Zhou Xun, a historian of modern China at the University of Essex in England. "A perfect plan on paper often turns into makeshift solutions locally."

Officials seem to recognize that some local authorities have gone too far. This month, Chen Guangsheng, the deputy secretary general of Zhejiang's provincial government, called it "inappropriate" that some places had employed "simple and crude practices," like locking people into their homes to enforce quarantines.

National officials on Saturday urged towns and villages to remove unnecessary roadblocks and ensure the smooth transport of food and supplies.

Zhang Yingzi's apartment complex in Hangzhou initially forbade anybody who had been out of town from entering. Later, the ban was adjusted to cover only people coming from Hubei Province and the Zhejiang cities of Wenzhou and Taizhou, both of which have had many cases of the new virus.

"Banning everyone from out of town wasn't realistic," said Ms. Zhang, 29, an accountant. "There are so many of them, after all. Some needed to come back for work."

Still, many in China are uneasy about loosening up virus controls too quickly.

Zhang Shu, 27, worries that her parents and neighbors are becoming cavalier about the virus, even as workers drive around her village near Wenzhou with loudspeakers telling people to stay home.

"Ordinary people are slowly starting to feel that the situation isn't so horrible anymore," Ms. Zhang said. "They are restless."

CORONAVIRUS AMONG MEDICS MORE WIDESPREAD THAN REPORTED, RESEARCH SHOWS

Liu Denghui, Caixin Global – 02/18/20

The biggest study yet of the Covid-19 epidemic found that almost twice as many Chinese medical workers have been infected as officially reported by the government, though the research didn't turn up the source of the novel coronavirus.

A team at the Chinese Center for Disease Control and Prevention (CDC) studied 72,314 cases as of Feb. 11, among which 44,672 were confirmed cases of coronavirus. The sweeping study was published Monday by the Chinese Journal of Epidemiology.

The researchers found that 3,019 medical workers had been infected, among whom 1,688 patients were in severe or critical condition. As of Feb. 11, the government acknowledged more than 1,700 medical workers nationwide as confirmed with the disease, almost 90% of them in Hubei, according to Chinese National Health Commission deputy chief Zeng Yixin at a press conference Friday.

The overall death rate among confirmed cases was 2.3%, the CDC researchers found. In Hubei province, the epicenter of epidemic, the pace of fatalities was 2.9%, compared with 0.4% in the rest of the country, according to the paper. For patients more than 80 years old, the fatality rate can be as high as 14.8%, the study found.

Doctors and nurses in Wuhan have faced the highest risk of infection, especially in early January, the study found. In the first 10 days of January, nearly 40% of infected medical workers progressed to severe condition before the rate declined in February. Among the 1,688 severely ill medical workers, 64% were in Wuhan and 23.3% in other areas in Hubei, according to the paper.

Among patients in critical condition, 49% died, the study found. According to the National Health Condition, patients in critical condition experience respiratory failure requiring mechanical ventilation, or shock, or other organ failures requiring intensive care. As of Feb. 11, 4.7% of infected patients across China were in critical condition, the researchers found.

The study reported that an additional 13.8% of patients were in severe condition, meaning difficulty breathing, low oxygen uptake, multiple lung lesions or other clinical circumstances requiring hospitalization, according to the NHC guidelines.

The study didn't provide details on how medical workers were infected or why protective measures failed. Caixin's in-depth reports showed that in the early stage of the epidemic, uninformed doctors had close contact with infected patients without enough protection and that shortages of protective supplies and substandard gear also left workers exposed to infection.

The paper provided different findings from another paper published a week earlier. The new study said there is no evidence of "super-spreader" incidents at any hospitals. The earlier paper, produced by a team led by Zhong Nanshan, a Chinese epidemiologist who discovered the SARS coronavirus in 2003, said it could not preclude the presence of "super-spreaders," defined as one person who transmits infection to more than 10 others. The earlier study covered about 1,000 cases from Jan. 1-29.

Early cases suggest that the Covid-19 virus may be less damaging than the SARS and MERS coronaviruses, but as the number of cases increased rapidly, the new virus appears to be more contagious than the two others, the researchers said.

Before Dec. 31, almost all cases were in Hubei, but within just 10 days, patients were reported in 20 provinces and in the following 10 days it spread to a total of 30 provinces, the researchers said.

The epidemic curve is showing signs of slowing, indicating measures such as restricting the flow of people, reducing human contact and disclosure of epidemic information at a high frequency through multiple channels may be helping to contain the outbreak, the paper said.

Some important questions remain unanswered, including the identification of animal hosts of the virus, infective period, transmission routes, effective treatment and prevention method, the researchers wrote.

ACTIVIST WHO CRITICIZED PRESIDENT XI'S HANDLING OF CORONAVIRUS OUTBREAK IS ARRESTED IN CHINA

AFP – 02/18/20

Police in China have arrested a prominent activist who had been a fugitive for weeks and criticized President Xi Jinping's handling of the coronavirus epidemic while in hiding, a rights group said Tuesday.

Anti-corruption activist Xu Zhiyong was arrested on Saturday after being on the run since December, according to Amnesty International.

China's ruling Communist Party has severely curtailed civil liberties since Xi took power in 2012, rounding up rights lawyers, labour activists and even Marxist students.

The death this month of a whistleblowing doctor who was reprimanded by police for raising the alarm about the deadly new virus before dying of it himself triggered rare calls for political reform and freedom of speech.

The 'Chinese government's battle against the coronavirus has in no way diverted it from its ongoing general campaign to crush all dissenting voices,' said Patrick Poon, China researcher at Amnesty International, in an emailed statement.

Another source, who spoke to AFP on the condition of anonymity, said Xu had been arrested in the southern city of Guangzhou.

Guangzhou police did not respond to requests for comment.

Xu went into hiding after authorities broke up a December gathering of intellectuals discussing political reform in the eastern coastal city of Xiamen in Fujian province, prior to the coronavirus crisis.

Over a dozen lawyers and activists were detained or disappeared after the Xiamen gathering, according to rights groups - and Xu's detention appears linked to his presence at the meeting, explained Poon.

But while on the run, Xu continued to post information on Twitter about rights issues.

On February 4, Xu released an article calling on Xi to step down and criticized his leadership across a range of issues including the US-China trade war, Hong Kong's pro-democracy protests and the coronavirus epidemic, which has now killed nearly 1,900 people.

'Medical supplies are tight, hospitals are filled with patients, and a large number of infected people have no way to be diagnosed,' he wrote. 'It's a mess.'

'The coronavirus outbreak shows just how important values like freedom of expression and transparency are - the exact values that Xu has long advocated,' Yaqiu Wang, China researcher at Human Rights Watch.

But the disappearance of Xu illustrates how the Chinese state 'persists in its old ways' by 'silencing its critics', she said.

Xu, who founded a movement calling for greater transparency among high-ranking officials, previously served a four-year prison sentence from 2013 to 2017 for organising an 'illegal gathering'.

'That he was a fugitive for so many days while continuing to speak out, that in itself was... a kind of challenge to (Chinese authorities),' said Hua Ze, a long-time friend of Xu who told AFP she lost contact with the Chinese activist on Saturday morning.

CHINA EXPELS THREE WALL STREET JOURNAL REPORTERS

Wall Street Journal – 02/19/20

China revoked the press credentials of three Wall Street Journal reporters based in Beijing, the first time the Chinese government has expelled multiple journalists simultaneously from one international news organization since the country began re-engaging with the world in the post-Mao era.

China's Foreign Ministry said the move Wednesday was punishment for a recent opinion piece published by the Journal.

Deputy Bureau Chief Josh Chin and reporter Chao Deng, both U.S. nationals, as well as reporter Philip Wen, an Australian national, were ordered to leave the country within five days, said Jonathan Cheng, the Journal's China bureau chief.

The expulsions by China's Foreign Ministry followed widespread public anger at the headline on the Feb. 3 opinion piece, which referred to China as "the real sick man of Asia." The ministry and state-media outlets had repeatedly called attention to the headline in statements and posts on social media and had threatened unspecified consequences.

"Regrettably, what the WSJ has done so far is nothing but parrying and dodging its responsibility," Foreign Ministry spokesman Geng Shuang said at a daily news briefing Wednesday. "The Chinese people do not welcome those media that speak racially discriminatory language and maliciously slander and attack China."

The three journalists work for the Journal's news operation. The Journal operates with a strict separation between its news and opinion staffs.

William Lewis, the Journal's publisher and chief executive of its parent company, Dow Jones, said he was disappointed by the decision to expel the journalists and asked the Foreign Ministry to reconsider.

"This opinion piece was published independently from the WSJ newsroom and none of the journalists being expelled had any involvement with it," Mr. Lewis said.

"Our opinion pages regularly publish articles with opinions that people disagree—or agree—with and it was not our intention to cause offense with the headline on the piece," Mr. Lewis said. "However, this has clearly caused upset and concern amongst the Chinese people, which we regret."

In a note to news staff, Editor in Chief Matt Murray said the Journal would push to reverse the expulsions and continue its work covering China's rise as a global force.

"Let no one doubt that The Wall Street Journal remains fully committed to covering China, with the highest standards of news reporting," Mr. Murray wrote. "We will continue to write about China, without fear or favor and with no agenda but the truth."

Secretary of State Mike Pompeo criticized China's action, saying: "The United States condemns China's expulsion of three Wall Street Journal foreign correspondents. Mature, responsible countries understand that a free press reports facts and expresses opinions. The correct response is to present counter arguments, not restrict speech. The United States hopes that the Chinese people will enjoy the same access to accurate information and freedom of speech that Americans enjoy."

China is battling a fast-spreading coronavirus, as well as questions from Chinese citizens and some global health experts about Beijing's handling of the epidemic, which has included the lockdown of much of Hubei province, with a population of nearly 60 million. Public anger at a perceived lack of transparency surrounding the coronavirus has exploded online, overwhelming the country's censorship apparatus.

The Committee to Protect Journalists called on China to restore the press credentials of the Journal reporters immediately.

"China's expulsion of three accredited correspondents in reaction to what it sees as an offensive headline in the opinion section of the Wall Street Journal makes the country appear less like a confident rising power than a thin-skinned bully," said Steven Butler, CPJ's Asia program coordinator, in Washington, D.C.

"During a global health emergency, it is counterproductive for the Chinese authorities to be limiting the flow of news and information," Mr. Butler added.

In August, the Chinese government didn't renew press credentials for Chun Han Wong, a Beijing-based Journal correspondent who co-wrote a news article on a cousin of Chinese President Xi Jinping whose activities were being scrutinized by Australian law-enforcement and intelligence agencies.

Mr. Xi's private life and those of his relatives are considered sensitive by Chinese authorities. The Foreign Ministry had cautioned the Journal at the time against publishing the article, warning of unspecified consequences.

Mr. Wong was the first China-based Journal reporter to have his credentials denied since the newspaper opened a bureau in Beijing in 1980.

Beijing has taken a more combative stance with the foreign media in recent years, as Mr. Xi's government has exerted greater control over information and reasserted the Communist Party's influence over citizens' lives.

It has declined to renew the credentials of several reporters, but China hasn't expelled a credentialed foreign correspondent since 1998.

Chinese authorities expelled two American reporters simultaneously in the aftermath of the 1989 Tiananmen Square massacre, though they worked for different news organizations. John Pomfret was a correspondent for the Associated Press while Alan Pessin was Beijing bureau chief for Voice of America.

The simultaneous expulsions of Journal reporters Wednesday marks "an unprecedented form of retaliation against foreign journalists in China," the Foreign Correspondents' Club of China said. "The action taken against the Journal correspondents is an extreme and obvious attempt by the Chinese authorities to intimidate foreign news organizations by taking retribution against their China-based correspondents."

Censorship has been more strictly imposed on domestic news outlets and social media, and authorities have strengthened internet firewalls designed to keep Chinese people from accessing foreign reporting that Beijing deems objectionable, including the Journal's website.

On Tuesday, the U.S. State Department said it had decided to identify the U.S. operations of state-run Chinese news outlets as foreign missions akin to embassies or consulates, the latest in a series of moves designed to pressure China's Communist Party into loosening controls on diplomats and foreign media.

Employees of those news organizations will now be required to register with the State Department as consular staff, though their reporting activities won't be curtailed, U.S. officials said.

Mr. Geng, the Foreign Ministry spokesman, called that change "totally unjustified and unacceptable" and warned of unspecified repercussions.

The phrase "sick man of Asia" was used by both outsiders and Chinese intellectuals to refer to a weakened China exploited by European powers and Japan in the late 1800s and early 1900s. This period is now described in Chinese history textbooks as the "century of humiliation."

The Journal's use of the phrase in the headline on an opinion column by Hudson Institute scholar Walter Russell Mead that referred to the coronavirus epidemic in China, sparked waves of angry commentary on social media in China and elsewhere.

Mr. Chin, the Journal's 43-year-old deputy bureau chief, has worked for the newspaper in various roles since 2008 and in recent years covered cybersecurity, law and human rights. A team he led won a 2018 Gerald Loeb Award for its coverage of the Communist Party's pioneering embrace of digital surveillance.

Ms. Deng, 32, joined the Journal in 2012 and has reported from Shanghai, Hong Kong and Beijing. Her recent areas of focus included China's economy and finance, and the trade war between the U.S. and China. Most recently, Ms. Deng has been on assignment in Wuhan, the central Chinese city where the coronavirus epidemic originated late last year.

Mr. Wen, 35, started at the Journal in 2019 and has been reporting on Chinese politics. He co-wrote the article with Mr. Wong on the cousin of Mr. Xi whose activities were being scrutinized by Australian law-enforcement and intelligence agencies.

All three have reported on the Chinese Communist Party's mass surveillance and detention of Uighur Muslims in the country's far western Xinjiang region.

CORONAVIRUS: PRISONS MUST LEARN FROM OUTBREAK, CHINA'S TOP LEGAL OFFICIAL SAYS

Guo Rui, South China Morning Post – 02/23/20

The boss of China's top law enforcement agency has told senior prison officials to "learn a lesson" from the recent coronavirus outbreaks [1] at four facilities that left more than 500 inmates infected [2], state media reported on Sunday.

On a visit to Sanhe Detention Centre and Yancheng Prison in Hebei province – neither of which were among the locations affected – Guo Shengkun, who heads the Chinese Communist Party's Politics and Legal Affairs Commission, said that those in charge must "plug management loopholes", Xinhua reported.

"You should resolutely put an end to laxity and taking chances," he said.

"Take extraordinary measures, take wartime measures to curb the spread of the epidemic. The biggest risk ... in the penal system is from outside, and the most effective prevention and control measure is a strictly closed management."

Prison guards must be disciplined in their approach to disease control and "cut off the external sources of infection", Guo said.

"Learn a lesson from the outbreak ... [and] never drop your guard."

Officials from China's justice ministry said on Friday that more than 500 prisoners at penitentiaries in three provinces had been affected. Since the end of last year, almost 77,000 people across mainland China have been infected with the virus, which has also claimed more than 2,400 lives.

Meanwhile, authorities in east China's Shandong province on Sunday named Wu Lei as the new head of its prisons bureau.

Wu had previously served as head of the public security bureau in the city of Weifang. His appointment came two days after a number of officials from the province's judiciary were sacked for failing to prevent the coronavirus outbreak in prisons.

Of the cases reported, 230 were at Wuhan Women's Prison in Hubei, 207, including seven guards, at Rengcheng Prison in Shandong, 41 at Shayang Hanjin Prison in Hubei, and 34 at Shilifeng Prison in Zhejiang province.

Shayang Hanjin Prison also reported nine suspected infections, while a single suspected case was reported at a juvenile detention center in Hubei.

The first evidence of the outbreak at Rengcheng Prison appeared on February 12, when a guard was treated in hospital for a cough. He and a colleague were later confirmed as being infected with the new coronavirus and over the next 10 days so too were 200 inmates and five more guards.

"The outbreak at Rengcheng jail revealed our poor implementation of infection control measures," Wu Lei told a press conference on Friday. "We feel so much guilt."

CHINA CHANGES HOW IT COUNTS VIRUS CASES THREE TIMES NOW. HERE'S WHY

Amy Woodyatt, Ivana Kottasová, James Griffiths and Helen Regan, CNN – 02/21/20

Weeks after the novel coronavirus crisis began in December, there is still widespread confusion over the exact number of cases reported in China and whether the epidemic is finally stabilizing at the outbreak's epicenter of Hubei province.

On Thursday, China announced just 394 new confirmed cases, the lowest number of daily infections reported in weeks. But on Friday, the confirmed number of cases in mainland China increased to 889, according to the country's National Health Commission.

This fluctuation could be partly down to a change this week in what is counted as a "confirmed case" in Hubei province, the epicenter of the global outbreak.

Here's what we know.

How has China changed its method?

Last week, Hubei province announced it would count "clinically diagnosed" cases in its numbers. These were patients who demonstrated all the symptoms of Covid-19 but either had not been able to get a test or were believed to have falsely tested negative.

Hubei doctors could use CT scans to confirm such coronavirus infections without a test.

That decision saw confirmed cases in Hubei province soar, with more than 15,152 new infections announced in mainland China on February 12 alone.

Officials said the move to include clinically diagnosed patients was intended to help clear a backlog of suspected cases in Hubei.

But on Thursday the government guidelines changed and "clinically confirmed" were excluded from the tally of confirmed cases.

Now patients must have a positive lab test result to be counted in the tally. Other cases will be listed as "suspected."

The World Health Organization (WHO) reacted to the change in their Friday situation report, noting: "Some previously reported 'clinically diagnosed' cases are thus expected to be discarded over the coming days as laboratory testing is conducted and some are found to be Covid-19-negative."

Adding to the confusion is that on Friday, Hubei health authorities announced another new development.

Tu Yuanchao, deputy director of Hubei Health Committee, said at a press conference that the provincial government has banned the practice of reducing the number of already confirmed cases.

Tu said that all the cases that were confirmed but then retroactively dismissed as they no longer fitted the reporting requirements would be added back to the total tally.

"These adjustments in numbers have attracted huge public attention, caused some doubts about the data. As a result, Ying Yong, secretary of the provincial Party committee, attached great importance to this issue. He explicitly ordered that no subtraction be allowed for already-confirmed cases and all subtractions be added back," Tu said.

Why has China done this?

China cited improved testing capacity of the novel coronavirus as the reason for changing the way confirmed cases are counted in Hubei province, officials said Thursday.

Wang Guiqiang, director of the Society of Infectious Diseases of the Chinese Medical Association, said: "In order to resolve the conflict between diagnosis and treatment, in Hubei, such clinical diagnosis was introduced to enable timely treatment of possible patients and reduce fatality rate.

"But now that the situation in Hubei has changed. The nucleic acid testing capability has been greatly improved. And now all suspected cases or unconfirmed cases can be tested for nucleic acids quickly. Nucleic acid testing is no longer an issue."

Nucleic acids -- such as DNA -- are the main information-carrying molecules of the cell. Nucleic acid tests analyze swabs taken from a patient's saliva or mucus and look for the genetic materials of the virus.

However, scientists have pointed to problems with the nucleic acid test producing false negatives, meaning infected patients could be going undetected.

There are also reports in parts of China that a shortage of testing kits and inaccurate results are leading to long delays in the diagnosis and treatment of coronavirus patients.

What experts say

The WHO has previously voiced support for the way China is counting coronavirus infections, and said Thursday it was encouraged by the drop in reported cases.

Some experts, however -- including a former US Food and Drug Administration commissioner -- have expressed skepticism over taking China's figures at face value, given the government's track record of suppressing information about this epidemic and previous ones.

But David Fisman, a professor of epidemiology at the University of Toronto, said the way that officials define cases of a virus often evolves as their understanding of the illness develops.

"One could change a case definition for sort of nefarious reasons to create the illusion that the epidemic is getting better. In this case, China did exactly the opposite," he said. "They broadened their case definition when they needed to, in order not to miss cases, and now that things are under control they're narrowing it down again to make it consistent to easier to keep track of what's really going on."

But Eric Feigl-Ding, an epidemiologist and visiting scientist at the Harvard T.H. Chan School of Public Health, said to change track twice in one week was "very unusual."

"It's very confusing to see true trends and makes elucidating them complicated," Feigl-Ding continued. "Did (the cases) really decrease or is it because you've been not reporting this the last few days?"

Experts have also questioned the reliability of China relying solely on the lab test.

"There's evidence that people don't test positive until much later in the in the disease course,' said Feigl-Ding.

Asymptomatic cases not counted in China

China's decision to not count patients who have tested positive in the lab but haven't shown any symptoms has also raised eyebrows.

This differs from the reporting practice of countries around the world, said Feigl-Ding.

For example, 11 Americans who were flown back to the US from Japan last week tested positive for the virus but showed no symptoms. Those asymptomatic patients are counted as confirmed cases in the US, but if they were in China they would not be.

"It's extremely frustrating," said Feigl-Ding, who said attempting to count the number of global cases with such a discrepancy, "becomes an apples and oranges situation."

He urged China to report how many lab-positive asymptomatic patients it has, as failing to do so prevent "for international comparisons."

The US Centers for Disease and Control has said that asymptomatic patients can still be contagious and spread the virus.

Is the outbreak under control?

At a press conference on Thursday, the WHO's director-general, Tedros Adhanom Ghebreyesus, said that although data from China showed a decline in new infections, this was no time for complacency.

Experts have warned there could be a renewed increase in cases once China properly returns to work -- hundreds of millions of people around the country have been on lockdown for weeks now.

Smaller outbreaks continue to expand elsewhere, including on the Diamond Princess cruise ship in Japan, where two deaths were confirmed Thursday, the first from the hundreds of cases on the ship, which has begun disembarking passengers after a 14-day quarantine this week. There have been 78 cases confirmed with no connection to the ship, raising concerns of a self-sustaining outbreak in the country.

On Friday, South Korea recorded an additional 52 additional cases overnight, bringing its total to 156.

In Singapore the infection rate continues to climb, with 85 confirmed cases. Similarly, in Hong Kong, there are 68 confirmed cases, and two deaths.

CNN's Steven Jiang, Shanshan Wang, Claudia Otto, Frederik Pleitgen and Jacqueline Howard contributed to this report.

VIRUS CAN STILL BE BEATEN, TOO EARLY TO DECLARE PANDEMIC: WHO

Stephanie Nebehay, Michael Shields, Reuters – 02/24/20

The coronavirus outbreak can still be beaten, the World Health Organization said on Monday, insisting it was premature to declare it a pandemic even though it had the potential to reach that level.

“The key message that should give all countries hope, courage and confidence is that this virus can be contained, indeed there are many countries that have done exactly that,” WHO Director-General Tedros Adhanom Ghebreyesus told a news conference in Geneva.

“Using the word ‘pandemic’ now does not fit the facts but may certainly cause fear,” he added as the number of cases continued to mount internationally and financial markets spun lower.

“We must focus on containment while doing everything we can to prepare for a potential pandemic.”

Tedros said a sudden increase of cases in Italy, Iran and South Korea were “deeply concerning” but for now authorities were not seeing an uncontained global spread of the virus or witnessing widespread serious cases or deaths.

The WHO already declared a public health emergency of international concern, its “highest level of alarm”, last month when there were fewer than 100 cases outside China and 8 cases of human-to-human transmission of the COVID-19 virus that started in China.

“Does this virus have pandemic potential? Absolutely, it has,” Tedros said. “Are we there yet? From our assessment, not yet.”

Fears of a pandemic grew after the sharp rises in new cases reported in Iran, Italy and South Korea, although China relaxed restrictions on movement in several places including Beijing as its rates of new infections eased.

WHO emergencies program head Dr Mike Ryan said: “With regard to Iran, again, a little like was originally the case in China, we need to be very careful in the first wave of infections in any newly affected country, because we may only be detecting severe cases and the deaths would be over-represented.”

The Geneva-based WHO declared the 2009 H1N1 swine flu outbreak a pandemic, which turned out to be mild, leading to some criticism after pharmaceutical companies rushed development of vaccines and drugs.

WHO declared the novel coronavirus that emerged in Wuhan, China, in December a public health emergency of international concern, known as a PHEIC, on Jan. 30. The designation, which remains in place, was aimed at helping countries with weaker health systems shore up their defense, especially in Africa.

China has reported a total of 77,362 cases of COVID-19 and 2,618 deaths. Outside China there are now 2,074 cases in 28 countries and 23 deaths, according to WHO figures.

WHO WARNS CORONAVIRUS OUTBREAK COULD SOON REACH EVERY COUNTRY IN THE WORLD

Sam Meredith, CNBC – 02/28/20

The World Health Organization on Friday reaffirmed its warning that the fast-spreading coronavirus could soon reach most, “if not all” countries around the world.

WHO spokesperson Christian Lindmeier told reporters the outbreak was “getting bigger” and reiterated the organization’s warning that the deadly flu-like virus could spread worldwide.

His comments at a news conference in Geneva came shortly after Nigeria confirmed sub-Saharan Africa’s first case and two days after Brazil reported Latin America’s first COVID-19 infection.

As of Friday, more than 83,000 cases of the coronavirus had been confirmed worldwide, with infections reported in every continent except Antarctica.

The vast majority of those cases has been reported in China, where the epidemic started at the end of last year.

China’s National Health Commission said Friday an additional 327 people had contracted the virus, with an additional 44 deaths nationwide. Altogether, China has reported 78,824 coronavirus cases, including 2,788 deaths.

‘Pandemic potential’

Earlier this week, the WHO had warned countries to be prepared for the coronavirus to be “literally knocking at the door.”

The United Nations health agency, which recognized the outbreak as a global health emergency late last month, has recently suggested that the virus has “pandemic potential.”

Lindmeier said Friday the organization would also investigate reports of some people getting reinfected with COVID-19, after a woman in Japan was thought to have contracted the virus for a second time.

He added that a person who had the coronavirus infection would generally be immune “for at least a while,” with the WHO poised to review how tests had been taken.

South Korea, Italy and Iran have all recorded sharp upticks in cases of the coronavirus in recent days, with many other countries imposing travel restrictions on virus-hit areas worldwide.

Belarus, Lithuania, Azerbaijan, New Zealand and Nigeria on Friday reported their first cases.

Intensifying concern over the international spread of the coronavirus has put global stock markets on track for their worst week since the financial crisis.

The MSCI ACWI and MSCI World index, both equity benchmarks that track global firms, are down around 9% since Monday and are set to mark their worst week since 2008.

TO LEAVE OR NOT TO LEAVE WUHAN

The China Africa Project – 03/04/20

The evacuation question is now top of mind in several African countries as South Africa prepares to bring home 151 of its nationals in a hastily organized operation. President Cyril Ramaphosa's decision to provide the opportunity for hundreds of his compatriots stranded in Wuhan to finally come home was probably not well received in Beijing.

The Chinese have been trying to discourage African governments from evacuating their nationals from Wuhan offering constant reassurances that everyone there is alright. In fact, that message was reiterated yesterday in Harare when the Chinese embassy organized a meeting with anxious Zimbabwean parents worried about their kids in Wuhan.

A top embassy official said bringing them home now would only "complicate the situation."

There's a certain irony here that as China is discouraging African evacuations from Wuhan, Beijing is sending a charter plane to Tehran to evacuate its people from Iran due to the COVID-19 crisis there.

CORONAVIRUS: CHINA SAYS DISEASE 'CURBED' IN WUHAN AND HUBEI

BBC News – 03/10/20

President Xi Jinping has visited the city of Wuhan, the centre of the coronavirus outbreak, sending a message that Beijing has the situation under control.

His visit comes as China recorded its lowest number of infections, just 19 on Tuesday, all in Wuhan apart from two who had arrived from overseas.

China has seen 80,754 confirmed cases, 3,136 of whom have died.

The visit was Mr Xi's first trip to the city since the outbreak began.

According to state media, Mr Xi arrived in Wuhan on Tuesday to inspect epidemic prevention and control work in the province.

Wuhan and its province, Hubei, have been locked down in order to prevent the spread of the disease. The president visited a community in the city currently in self-quarantine.

During his visit, **Mr Xi declared that the spread of the disease had been "basically curbed" in Hubei province and Wuhan.**

"Initial success has been made in stabilising the situation and turning the tide in Hubei and Wuhan," he said.

Chinese state media quoted analysts as saying Mr Xi's visit had sent a "strong signal to the entire country and the world that China is ascending out of the darkest moment amid the outbreak".

The president also visited Huoshenshan hospital, a temporary facility that was completed in 10 days. Images from his visit show the president speaking to staff and patients via video link.

Shortly after his visit, state media confirmed that all 14 of the temporary hospitals in China had now been closed.

It is unclear how long Mr Xi will stay in the city.

Zhang Ming, a professor at Renmin University, told Reuters news agency: "He is there now to reap the harvest. His being there means the Communist Party of China (CCP) may declare victory against the virus soon."

Images of Communist Party General Secretary Xi Jinping visiting Wuhan will be seen as more than just reassuring to the people of China that the coronavirus emergency is now pretty much under control.

It is also like a nationwide green light.

It is a way of sending out a signal that the return to "normality" should carry on apace.

After all, if the most important person in the country now feels that it is safe enough to enter the belly of the monster then surely others can return to work in their own cities, most of which have seen zero new infections recently.

True, when Xi Jinping "visited" patients at the newly built Huoshenshan quarantine ward this was done via video link. However, you would hardly expect the country's leader to go up and give them a hug.

To see him just being in the city probably means that parts of Hubei will be opened up very soon with a resumption of transport links at least within the province, along with more shops opening their doors. Elsewhere in China, things are going to start moving much more quickly.

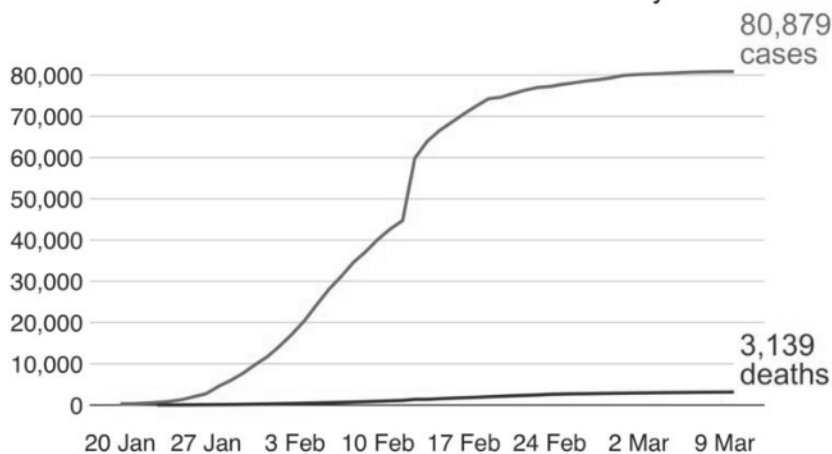
Mr Xi has been notably absent from Chinese state media coverage of the virus. However, CGTN said on Tuesday that Mr Xi had been "personally directing the disease prevention and control work".

His deputy, Premier Li Keqiang, visited Wuhan in January. Last week, Vice Premier Sun Chunlan visited a Wuhan housing community where she received a hostile reception from residents who claimed the area had been cleaned up for her visit.

As the number of infections rapidly decreases, there are signs that life in China is slowly returning to normal.

New cases in China have slowed

Total confirmed cases of coronavirus in the country



Source: China National Health Commission, WHO, Updated: 10 Mar 06:00 GMT **BBC**

In Qinghai province, the first batch of 144 senior schools and secondary vocational schools reopened on Monday.

On Monday, state media said Tianhe Airport in Wuhan was preparing to reopen but no official date had been set.

Disneyland Shanghai says it has partially reopened. The main theme park is still closed but the shops and restaurants have reopened.

CORONAVIRUS IS A PANDEMIC: WORLD HEALTH ORGANIZATION DRAMATICALLY UPGRADES COVID-19 OUTBREAK AFTER 'SEVERITY' OF CASES ACROSS THE GLOBE AND CALLS OUT 'ALARMING INACTION' BY SOME GOVERNMENTS

Stephen Matthews, Sam Blanchard, Connor Boyd, Vanessa Chalmers, Daily Mail – 03/11/20

The **World Health Organization today finally declared the coronavirus outbreak a pandemic** after blaming 'alarming levels of inaction' by governments across the planet for fueling the crisis.

As the number of confirmed cases of the bug worldwide surpassed 112,000 - and the death toll neared 4,500 - the WHO said it was 'deeply concerned by the alarming levels of spread and severity'.

Director-General of the UN agency Dr Tedros Adhanom also blasted governments for ignoring repeated WHO pleas to take urgent and aggressive action, with cases of the deadly illness outside of China having risen 13-fold in the space of a fortnight because of escalating crises in Italy, Iran, Spain, Germany, and France.

The WHO said: 'Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.'

In a desperate call for governments to band together and tackle the coronavirus, Dr Adhanom said: 'We're in this together, to do the right things with calm and protect the citizens of the world. It's doable.'

The last pandemic - defined as the uncontrolled worldwide spread of a new disease - to be officially declared was the swine flu outbreak in 2009, which scientists estimate killed hundreds of thousands of people.

More than 125,000 people globally have already been infected with the coronavirus, which can cause pneumonia but causes mild flu-like symptoms for 98 per cent of patients.

Cases have slowed dramatically in China, where the bug first emerged at the end of December. However, the crisis has now enveloped Europe, where the number of cases rises by the day.

Around 60million Italians - whose country is the worst-hit by the infection after China - are now subject to an official curfew imposed upon them by the Italian Government.

Outbreaks are also worsening in Spain, France, Germany, and the UK; in the latter, the eighth confirmed death by the coronavirus was announced earlier, leading to charges of dithering by Boris Johnson's administration.

Leading experts, including Germany's health minister, have called the crisis a pandemic for weeks – and the WHO itself has admitted the killer virus has been spreading between humans in four continents since February 28.



In other developments to the escalating global crisis today:

An elderly woman became the first person to die of coronavirus in the Republic of Ireland;

Iran reported 63 new deaths from the virus in 24 hours, the highest single-day toll since it announced the first deaths from the outbreak;

Three Disneyland Paris workers tested positive for the killer infection and were placed in quarantine as the park closes two attractions;

Holiday plans were thrown into further doubt as Turkey became the latest tourist hotspot to be hit by the coronavirus;

A passenger was arrested for licking his hand and wiping it on a handrail on the Belgian subway, forcing the train to be taken off service and disinfected;

A British woman became the first person to catch the killer illness in Jamaica – it is unclear where she caught the virus;

Experts have warned Italy has a higher death rate than expected because its population is older than average.

The specific definition of a pandemic are not universally agreed upon, but there are known to be three main criteria.

These are: sustained person-to-person transmission, evidence of world-wide spread and a disease that can cause sudden illness or death.

COVID-19 is a mild flu-like illness for the overwhelming majority of patients, which may explain why the WHO was so reluctant to call it a pandemic.

Until today, it said the clusters of cases in other countries around the world could be traced back to Asia, where the situation began.

Calling the outbreak a pandemic does not mean any advice given to countries on how to contain the killer virus will change – it is just an admission that it is now spreading in dozens of nations.

More countries have now confirmed cases of COVID-19, the disease caused by the killer infection, than those that haven't.

Saudi Arabia temporarily suspended travel of citizens and residents and halted flights with several states on Thursday due to coronavirus fears.

The decision includes the European Union, Switzerland, India, Pakistan, Sri Lanka, Philippines, Sudan, Ethiopia, South Sudan, Eritrea, Kenya, Djibouti, and Somalia, source added, saying the Kingdom also suspended entry to those coming from these countries.

Saudi Arabia also suspended passenger traffic through all land crossings with Jordan, while commercial and cargo traffic is still allowed, and the passage of exceptional humanitarian cases.

The decision excludes health workers in the Kingdom from Philippines and India, and evacuation, shipping and trade trips taking necessary precautions. Saudi Arabia has 45 coronavirus cases.

Cuba confirmed its first cases of coronavirus, while its textile industry has been drafted to fabricate masks and the government also urged citizens to make their own, amid a cash crunch and dwindling supplies worldwide.

At a press conference in Geneva – where the WHO is based, Dr Tedros revealed 81 countries have not reported any cases.

He said: 'We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic. Even those countries with community transmission or large clusters can turn the tide on this coronavirus.'

Dr Tedros said several countries have demonstrated the virus can be suppressed and controlled – outbreaks in China and South Korea have dramatically slowed.

But he added the 'challenge for many countries' now dealing with large clusters 'is not whether they can do the same – it's whether they will'.

Dr Tedros also said: 'Some countries are struggling with a lack of capacity. Some countries are struggling with a lack of resources.'

And in a veiled jab at some countries battling escalating outbreaks, he added: 'Some countries are struggling with a lack of resolve.'

He said: 'We are grateful for the measures being taken in Iran, Italy and South Korea to slow the virus and control their COVID19 epidemics. We know that these measures are taking a heavy toll on societies and economies, just as they did in China.'

'All countries must strike a fine balance between protecting health, minimizing economic & social disruption & respecting human rights.'

'This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight.'

'I remind all countries that we are calling on you to: activate & scale up your emergency response mechanisms; communicate with your people about the risks and how they can protect themselves; find, isolate, test and treat every COVID19 case and trace every contact.'

An epidemic is a situation in which a disease takes hold in a single community, which could be a town, region or country. A pandemic is when this ongoing person-to-person spread of the disease happens in multiple countries around the world.

A disease being a pandemic does not make it more dangerous, nor change anything about how it affects people or what can be done to stop it.

A report by the WHO on Monday confirmed that the virus was spreading unchecked in 30 countries in Europe, which is now at the centre of the global crisis.

The list of countries include Spain, Germany and France – popular Easter holiday destinations for thousands of Brits looking to jet abroad.

It comes after an elderly woman today became the first person to die of the killer coronavirus in the Republic of Ireland.

The patient, who hasn't been identified, suffered from respiratory symptoms before a doctor decided to test for COVID-19.

Health chiefs in Ireland did not reveal her age but said she died earlier today despite treatment at a hospital in the east of the country.

Chief medical officer Dr Tony Holohan said: 'I would like to extend my condolences to the family and friends of this patient.'

In other developments, a British woman died of coronavirus in Indonesia – becoming the country's first death in the epidemic.

Indonesia's government said the 53-year-old woman with diabetes and lung disease had died in hospital after being admitted in a critical condition.

Reports in Indonesia say she was cremated today. Her husband was also in Indonesia and is due to return to Britain soon, officials say.

It means eight Brits have now died from COVID-19. The first death to be recorded was a holidaymaker onboard the doomed Diamond Princess cruise ship, which was quarantined off the coast of Japan.

Six fatalities have since been recorded in England. Scotland, Wales and Northern Ireland have yet to record any deaths.

Iran today reported 63 new deaths from the coronavirus in the past 24 hours, the highest single-day toll since it announced the first deaths from the outbreak.

In an attempt to combat the disease, firefighters were deployed this morning to spray disinfectant over the city's streets.

Iran's Health Ministry said the deaths are among some 9,000 confirmed cases in Iran, where the virus has spread to all of the country's provinces.

Iran is yet to officially impose quarantines but authorities have repeatedly called on people to refrain from travelling.

It has closed schools and universities and resorted to shutting hotels and other tourist accommodation to discourage travel.

Among the dead are five of Iran's elite Revolutionary Guard members and an unspecified number of the Guard's volunteer Basij force.

There are concerns that the number of infections across Iran is much higher than the confirmed cases reported by the government, which is struggling to contain or manage its spread.

The rising casualty figures each day in Iran suggest the fight against the new coronavirus is far from over.

It comes after a passenger was arrested for licking his hand and wiping it on a handrail on the Belgian subway, forcing the train to be taken off service and disinfected.

The unidentified man, who appears intoxicated, can be seen removing his mask before bringing his hand to his mouth and licking it.

He then brings his right hand up to the vertical rail and grips it, before rubbing it along the bar.

The Brussels Intercommunal Transport Company, the capital's public transport provider, tweeted shortly after the event: 'The man (intoxicated) was arrested by the police and our security service.

'The subway train was withdrawn from service to be disinfected. Thank you for your message. Our metros are cleaned every day.'

The video, posted by a user who preferred to remain anonymous, was uploaded to Twitter on Saturday and social media users were outraged by the man's behaviour.

Elsewhere in Europe, Poland today closed all schools, museums and cinemas, while Ukraine's capital city Kiev will shut all educational buildings due to fears of coronavirus spreading despite both countries having lower rates of infection compared to the rest of Europe.

Speaking at a joint conference following a special meeting on coronavirus, Polish ministers said that pre-schools and schools would stop teaching on Thursday, but limited care would still be provided this week to the youngest children. Universities, museums, theaters and cinemas will also close on Thursday for two weeks, the officials said.

The move is also being carried out by Poland's neighbour, Ukraine, in its capital city, Kiev.

Poland has confirmed 26 cases of coronavirus, but looking at how fast the virus spreads in some other European countries, the government decided to take the preventive action, officials said.

The Mayor of Kiev, Vitaly Klitschko, whose country has counted just one case, said he was introducing similar 'preventive measures'.

The WHO earlier this month admitted the killer coronavirus outbreak sweeping the world won't be officially declared a pandemic.

Instead, the UN-body said the crisis has already been a public health emergency of international concern – the highest warning level – for a month.

The WHO drew flak for declaring the 2009 swine flu outbreak a pandemic, which turned out to be mild and less deadly than feared.

It used to use a six-phase system for outbreaks, with phase six being a full-blown pandemic.

Critics said the WHO created panic about swine flu and caused governments to stockpile vaccines which went unused.

Some even questioned its links to the pharmaceutical industry, after firms such as GlaxoSmithKline profited from producing a H1N1 vaccine.

H1N1, which emerged in Mexico and the US, is thought to have killed up to 200,000 people in more than 200 countries.

The WHO eventually declared the coronavirus outbreak a public health emergency of international concern (PHEIC) on January 30.

The WHO rejected making the coronavirus outbreak a PHEIC before its eventual U-turn. It is only the sixth time the term has been used.

The designation, still in place, was aimed at helping countries with weaker health systems shore up their defenses, especially in Africa.

Why are so many people dying from the coronavirus in Italy? Experts warn country's population is older than average and say thousands of cases could have been missed because symptoms are so mild

Italy has the highest coronavirus death rate in the world with one in every 16 people who catch the disease there dying from it.

At least 10,149 people have now been diagnosed with the virus, making it the worst hit country outside of China, and 631 are confirmed to have died.

Its death rate is 6.22 per cent, according to the most recent data – the highest in the world.

In China the death rate is 3.91 per cent and scientists have suggested if that is higher than the true figure because many cases are likely to be going unreported.

The deadly impact in Italy has been put down to three possible factors – a huge population of old people, cases being concentrated in a small area, and a lag in testing meaning the number of total cases is inaccurate.

Only Wuhan and the Hubei province around it have more cases of the coronavirus than Lombardy, the worst hit area in Italy, which is putting immense pressure on local health systems.

Italy has become the unlikely epicenter of the world's coronavirus crisis.

It yesterday recorded a massive 168 deaths in a single day and, on Monday, had at least 1,492 new infections confirmed.

Even in the peak of its own epidemic, China – with a population 22 times the size of Italy's – never recorded more than 3,900 in a day.

Government complacency has been blamed for the speed at which the outbreak has gripped the country, but the age of its citizens may be what is causing the deaths.

Italy has the biggest population of elderly people in Europe, with almost a quarter of people (22 per cent) aged 65 or older.

And the median age – the middle of the age range – is 46.5 years old, according to the CIA – the fifth highest in the world.

For comparison, the UK's median age is 40.6 (18 per cent aged over 65) and the US's is 38.5 (17 per cent over 65).

The older someone is, the more deadly catching the coronavirus can be.

Age is known to be one of the biggest risk factors because the immune system and lungs are naturally weaker so the body is less able to fend off pneumonia, which the virus causes in severe cases.

Research has found that people aged 80 or over have a 14.8 per cent risk (one in seven) of dying if they develop COVID-19, the disease caused by the coronavirus.

The local president of Lombardy, Attilio Fontana, confirmed: 'All the deaths we've had are either very old people or very sick people,' the New York Times reported.

As patient ages decline, so do their chances of dying.

Between 60 and 69 years old the death rate is around 3.6 per cent, while it is more like 1.3 per cent for those aged 50 to 59.

For people in their 40s this drops to 0.4 per cent, and it's just 0.2 per cent for those in their 30s.

People who have other long-term health problems, such as diabetes, heart disease or cancer are also at a greater risk because they have weaker immune systems than usual.

Italians caught up in the country's coronavirus outbreak may also be at particularly high risk because most of the cases are concentrated in a small area.

The northern regions of Lombardy and Veneto are the ones that have been hardest hit by the infection.

Lombardy is an area smaller than England with Milan as its only major city, but is host to more than 5,000 coronavirus cases, while the surrounding regions of Emilia-Romagna, Veneto and Piedmont contain the majority of the remainder.

This means Lombardy has more cases than any province of China outside of Hubei, of which Wuhan is the capital.

That region alone has more cases than Spain, France, Germany or the US do in total.

As a result local hospitals are under immense pressure, which means patients may not get the high quality care they need and the virus could be more likely to spread in overloaded hospitals.

Experts also say that the true number of cases is not being recorded in Italy because the infection is spreading so fast and people with mild illness may not be counted.

This means the death rate appears higher than it is because all the deaths will be counted – most patients will have been hospitalised and diagnosed before dying –but not all the infections.

Krys Johnson, a disease expert at Temple University in Philadelphia, admitted: 'We probably don't know how many people have actually become infected,' according to Scientific American.

The situation is so bad in Italy partly because the Government stopped testing people in late January unless they had been to China.

Strict rules had been put in place to test anyone with the symptoms of coronavirus but, after the Government banned all flights from China – it was the first country to do so – the testing relaxed.

As a result, infected people are believed to have travelled into Italy from other countries.

The first confirmed patient is thought to have passed the virus on to at least five other people, including doctors and patients in the hospital he was taken to, before even being diagnosed.

Officials still don't know how the man, a 38-year-old in Milan, was infected, and there are fears the virus circulated for weeks before he was discovered.

CHINA HID THE SEVERITY OF ITS CORONAVIRUS OUTBREAK AND MUZZLED WHISTLEBLOWERS — BECAUSE IT CAN

Julia Belluz, Vox — 02/10/20

Nearly six weeks after China announced the **coronavirus outbreak**, there's still a surprising amount we don't know about this newly discovered disease. But one thing is becoming clear: China's silence in the earliest days of the crisis may **have made it worse**.

Chinese authorities delayed informing the world about the severity of a deadly disease spreading within the country's borders — even trying to muzzle whistleblowers, like the late **Dr. Li Wenliang**. Now hailed as a **national hero**, Li was forced on January 3 by police to sign a letter saying he spread “untrue speech” for warning colleagues about the virus that eventually took his life.

With more than **40,500** people infected and 910 deaths, China's missteps early on seem increasingly fateful. The fact that the international community has not acknowledged those missteps is also consequential.

On Friday, President Trump applauded China. “They’re working really hard and I think they’re doing a very professional job,” **Trump told ABC News**. Meanwhile, the leading global health body, the World Health Organization, has stayed mum about China's blunders — and is drawing criticism for **failing to publicly criticize** the country and creating “**a false sense of security**” about an emerging health crisis.

But the reality is this: China's mishandling and the ensuing silence from the international community is emblematic of how the global system governing the international response to pandemics fails to work, half a dozen global health experts told Vox.

Though we have global health laws — in particular, the **International Health Regulations**, or IHR — meant to guide countries dealing with outbreaks, they're not actually enforceable. “You can't penalize [countries that] don't follow it,” said **Devi Sridhar**, the chair in global public health at the University of Edinburgh. Instead, the international community has to rely on “soft law and norms” — or “disease diplomacy.”

This means that when a pandemic threat looms, the world has little recourse to punish those that fail to live up to the IHR for not detecting a public health problem, or hiding a crisis, even when that mishandling imperils the health of billions. And with just about every outbreak, history repeats.

Before we get into the international response, here's a quick recap of how China delayed reporting the crisis and employed cover-up measures to play down the threat of 2019-nCoV, as the virus is known.

On December 31, when China first announced the outbreak of a **mysterious pneumonia**, officials there emphasized a few things. **Most of the patients** had been to a **food market** in Wuhan, the city that's still the epicenter of the outbreak. They said there was “no clear evidence” of human-to-human transmission, meaning the virus wasn't yet spreading from one person to another but instead, they suggested, from an animal to humans. And they said the **earliest case** had shown symptoms only recently — on December 12.

Yet, for weeks now, reports in both **scientific literature** and **local and international news** have **contradicted** what Chinese authorities were telling the world. These reports show the outbreak started weeks or months sooner than China let on, and the virus was already spreading among people — and beyond the food market in Wuhan — in early January. Authorities also censored information and silenced the whistleblowers who tried to sound the alarm.

A **study** published on January 24 in *The Lancet* showed that in the **first days China acknowledge the outbreak**, by January 2, more than a third of patients had no connection with the Wuhan food market, including the outbreak's index (or first) case. What's more, that person became ill on December 1, nearly two weeks earlier than Wuhan health authorities had said of the first case.

This means the virus could have been moving through Wuhan as early as October, Daniel Lucey, an infectious diseases physician and adjunct professor of infectious diseases at Georgetown University Medical Center, **told Vox**.

The *Lancet* paper also reported that the first person who died from the virus, on **January 9**, passed it along to his wife a week prior. Similarly, another recent report in the *New England Journal of Medicine* also shows there were already seven health care workers infected by January 11.

"This is the smoking-gun evidence of human-to-human transmission," **Yanzhong Huang**, a China expert and senior fellow for global health at the Council on Foreign Relations, **told Vox**. "But the public was not kept informed about this situation until January 18," Huang said. Instead, "People were still told there was no strong evidence of human-to-human transmission."

Meanwhile, Li Wenliang, the physician who had tried to warn his colleagues about the severity of the outbreak back in December, was silenced by police and "forced to sign a statement denouncing his warning as an unfounded and illegal rumor," according to the **New York Times**.

On February 7, he died of the coronavirus, the **China's People's Daily** reported. And his was just one tragic example of **China's attempts to control the narrative**, quiet dissenters, and **cancel information**. (The **latest** comes in news that Chinese lawyer and citizen journalist Chen Qiushi, who has been reporting critically on the conditions in Wuhan, has disappeared.)

That's not all. **Lawrence Gostin**, a global health law professor at Georgetown University, pointed out that while China deserves credit for sharing 2019-nCoV's genetic sequence shortly after announcing the outbreak, it "has not been forthcoming with additional information about the virus from different samples at different times in different regions."

Nor have Chinese scientists shared the virus itself with other national labs. And yet this information is crucial for understanding "whether the virus mutated, how, and also about its transmissibility," Gostin explained.

What's more, **China refused weeks of offers** from the US Centers for Disease Control and Prevention and WHO to send experts to China, according to a February 7 report in the New York Times.

“Then, of course, China has implemented the most extensive **cordons sanitaires** [or quarantine] in the history of humankind,” Gostin added. “They’ve restricted movements, caused fear and panic. They’ve violated human rights.”

Whatever the **motivation for this secrecy and delay** — China’s rigid bureaucratic structures, its culture of obedience and compliance, an unwillingness by government officials to share bad news, a desire to protect economic interests — the outcome is the same: The world had less time to prepare and react to the new coronavirus, which has likely worsened the outbreak and increased the risk of a global pandemic, global health experts said.

“[This] delay in announcing the first cases of coronavirus for several weeks meant that during that time, millions of people traveled outside of Wuhan, so it was precious time lost,” Gostin said. According to the **Financial Times**, some 5 million people left Wuhan in the weeks before the city was quarantined on January 22, “thus helping to transport the virus all over the country and overseas.”

“If the officials had disclosed information about the epidemic earlier,” Li told the **Times** before he died, “I think it would have been a lot better. There should be more openness and transparency.”

If you listened to the World Health Organization director general’s **January 30 speech** on why his agency was declaring the outbreak a public health emergency, you would not have had a clue about the concerns over China’s lack of transparency and early response. That’s disease diplomacy in action.

The WHO’s head, Dr. Tedros Adhanom Ghebreyesus, praised China, and has repeatedly done so on Twitter and in public statements since. Here’s what he said in the **speech**:

... the Chinese government is to be congratulated for the extraordinary measures it has taken to contain the outbreak, despite the severe social and economic impact those measures are having on the Chinese people.

We would have seen many more cases outside China by now — and probably deaths — if it were not for the government’s efforts, and the progress they have made to protect their own people and the people of the world.

The speed with which China detected the outbreak, isolated the virus, sequenced the genome and shared it with WHO and the world are very impressive, and beyond words. So is China’s commitment to transparency and to supporting other countries.

In many ways, China is actually setting a new standard for outbreak response. It’s not an exaggeration.

For context, countries under the International Health Regulations are supposed to report outbreaks immediately, take evidence-based measures to stop them from spreading, and uphold human rights in the process. Yet even on January 30, when Tedros made the speech, there was already ample evidence that China hadn’t reported the outbreak in a timely manner, not to mention the human rights questions raised by China’s **unprecedented quarantine of more than 50 million people**.

Some of the global health observers Vox spoke to were surprised by the heavy-handed nature of Tedros’s praise.

“It was quite disappointing when there was a clear opportunity for some leadership to be shown on health and human rights and raising questions about [China’s] response,” **Mark Eccleston-Turner**, a global health law researcher at Keele University in England, said of WHO’s response. “The evidence for quarantining infected people is fairly decent,” he added, “but we are not just talking about quarantining infected people; the overwhelming majority of people in China are not infected with the coronavirus.”

The underlying reason for WHO’s silence about China’s missteps: The International Health Regulations **don’t actually have any teeth**.

“We have rules around how countries should behave when diseases cross borders, but because those rules have no enforcement mechanism, when countries do the wrong thing then they tend to get away with it,” Kamradt-Scott said...

XINJIANG AUTHORITIES SENDING UYGHURS TO WORK IN CHINA'S FACTORIES, DESPITE CORONAVIRUS RISKS

RFA – 02/27/20

Authorities in the Xinjiang Uyghur Autonomous Region (XUAR) are sending hundreds of ethnic Uyghurs to other parts of China to work in factories affected by the novel coronavirus (COVID-19), drawing criticism from observers who say the move shows “Uyghur lives don’t matter” in the country...

But while measures taken by Beijing to combat the virus grow ever stricter, official media reports in recent days suggest that the government in the XUAR has been forcing Uyghurs to relocate to factories in the provinces of Hunan, Jiangsu, Jiangxi, and Zhejiang, in what may be part of a bid to shore up output, despite the risks associated with potential infection.

Recent reports by the official Xinjiang Daily and Chinanews.com said that from Feb. 22-23, “400 youths were transferred to the provinces of Hunan, Zhejiang, and Jiangxi.”...

Additionally, Chinanews.com reported that on Feb. 26 at 11:00 a.m., 135 workers flew from Aksu Airport to Jiangsu’s Wuyi city to take part in “summer work,” without providing details.

Another report from the official Tianshan.net website said that at noon on Thursday, 242 workers from the seat of Kashgar (Kashi) prefecture, as well as Kashgar’s Poskam (Zepu), Kargilik (Yecheng), and Yengisar (Yingjisha) counties, flew from Kashgar Airport to Changsha on a China Southern Airlines B787 aircraft.

According to the report, most of the workers were born after 1990 and were sent to Changsha to work for the Lanshi Technology Co.

In a separate report, Tianshan.net said that on Feb. 25, authorities in Hotan forced more than 30,000 workers to return to their jobs at 299 enterprises in the area, despite an ongoing quarantine...

Memet Imin, a Uyghur medical researcher based in New York, said that Uyghurs represent an ideal workforce for companies in other parts of China that are struggling to meet their targets amid the outbreak. “China is sending Uyghurs because they have no means to oppose the authorities, they can be forced to work as cheap labor, and the companies that employ them won’t be held accountable, even if they get sick or die due to the coronavirus,” he said...

Recent reporting by RFA has found that many residents of the XUAR have been left without adequate food and supplies amid quarantines enforced by local officials to stop the spread of COVID-19 in the region, which as of Thursday has seen 76 infections that have led to two deaths.

In certain areas of the XUAR, such as the city of Atush (in Chinese, Atushi) in Kizilsu Kirghiz (Kezileisu Keerkezi) Autonomous Prefecture, residents found to have left their homes without permission during quarantine face the threat of 15 days detention in the region’s network of internment camps, where as many as 1.8 million Uyghurs and other Muslim minorities accused of harboring “strong religious views” and “politically incorrect” ideas are believed to have been held since April 2017.

[See <https://www.youtube.com/watch?v=wdcNHKr7dAU&feature=youtu.be> about starving Xinjiang residents from Wuhan virus quarantine.]

CHINA SPINS CORONAVIRUS CRISIS, HAILING ITSELF AS A GLOBAL LEADER

Javier C. Hernández, New York Times – 02/28/20

The propaganda push suggests the Chinese government might be worried about the lasting damage of the outbreak.

The Chinese government silenced whistle-blowers, withheld crucial information and played down the threat posed by the new coronavirus, allowing an epidemic that has killed thousands to take hold across the country.

Now the ruling Communist Party, facing a storm of anger from the Chinese public over its missteps, is trying to rehabilitate its image by rebranding itself as the unequivocal leader in the global fight against the virus.

The state-run news media has hailed China's response to the outbreak as a model for the world, accusing countries like the United States and South Korea of acting sluggishly to contain the spread.

"Some countries slow to respond to virus," read a recent headline from Global Times, a stridently nationalistic tabloid controlled by the Chinese government.

Online influencers have trumpeted China's use of Mao-style social controls to achieve containment, using the hash tag, "The Chinese method is the only method that has proved successful."

Party officials have tried to spin the crisis as a testament to the strength of China's authoritarian system and its hard-line leader, Xi Jinping, even announcing plans to publish a book in six languages about the outbreak that portrays him as a "major power leader" with "care for the people."

Mr. Xi, China's most influential leader since Mao, has made it a priority to expand the country's economic and military might around the world and to demonstrate that China can play the role of responsible superpower.

The coronavirus outbreak has undermined those global ambitions, and the propaganda push suggests the party might be worried about lasting damage. And as the virus spreads to 56 countries and wreaks havoc on global markets, experts say the campaign could revive concerns about China's secretive approach to managing the crisis.

"The danger for Xi Jinping is that as the virus spreads globally, the role that China's system of governance played in delaying a timely response will face growing scrutiny and criticism from the international community," said Elizabeth C. Economy, a senior fellow and director of Asia studies at the Council on Foreign Relations.

The rebranding appears to be "a last-ditch effort by Xi to deflect blame and avoid a demand by the international community for an honest accounting of what actually transpired," she added.

China is still deep in the throes of a public health crisis, with more than 79,000 confirmed cases of coronavirus infections and at least 2,700 deaths. Factories in many areas have halted production, and the authorities have imposed lockdown measures across much of the country, beginning in January in the central city of Wuhan, the center of the outbreak.

The government is now working to promote the idea that international experts enthusiastically endorse its approach.

A recent story by Xinhua, a state-run news agency, featured experts from several allies of China, including Russia, Cuba and Belarus, lavishing praise on Chinese leaders for showing “openness” and a “highly responsible attitude” in dealing with the outbreak.

Memes have circulated featuring recent praise from a World Health Organization expert for China’s efforts. One shows the expert and a quote from a recent news conference in which he said he would want to be treated in China if he were infected with the virus.

A Twitter post by Xinhua on Thursday asked which part of China’s fight against the epidemic was most impressive. The choices included “spirit of self-sacrifice” and “solidarity among Chinese.”

Eager to highlight the country’s successes, Chinese officials and commentators are encouraging other countries to deploy Beijing’s playbook in fighting the outbreak, including its strict lockdown measures.

“The homework that Chinese people wrote with their blood and sweat is right in front of your very eyes, and you aren’t capable of copying it?” said one post widely circulated on WeChat, a messaging app.

Some in the party are directing their criticism at the United States, a popular foe, accusing American officials of “slandering” China by focusing on the shortcomings in its response. They have argued that the American political system is not capable of dealing effectively with an outbreak.

“China has acted as a responsible big country,” said an article this week in Global Times. “Nonetheless, due to ideological and political prejudice against China, American elites don’t believe China’s moves and experience are reliable and helpful.”

The party has sought to play up themes of patriotism and sacrifice and to reframe the crisis as a heroic battle against the virus with Mr. Xi at the helm. News sites show photos of medical workers stationed at airports, with the word “attack” splashed across the images in bright red letters. Cartoons circulating online depict doctors and security officials marching in step alongside the words, “We will win this battle!”

The authorities have dispatched hundreds of state-sponsored journalists to produce sentimental stories about front-line doctors and nurses. Communist groups have created cartoon mascots meant to stir patriotic feelings.

That approach has often provoked blowback from the public. By trying to reframe the crisis as a vindication of the party’s governance model, propaganda officials appear to be trying out yet another message.

David Bandurski, co-director of the China Media Project, a research program affiliated with the University of Hong Kong, said the party appeared to be in crisis and unsure how to grapple with a relentless outpouring of criticism.

“They really don’t know how to respond to an ongoing event of this magnitude,” he said. “There is a lot of inconsistency. And many efforts to gain control of public opinion only throw these problems into sharp relief.”

Mr. Xi appears eager to reframe the crisis as a triumph for the party and a vindication of his efforts to strengthen its control over everyday life in China.

He told a teleconference meeting of 170,000 party cadres on Sunday that a recent decline in infections “once again demonstrated the notable advantages of the leadership of the Communist Party of China and the system of socialism with Chinese characteristics.”

Mr. Xi has proved to be an agile political operator, and he has emerged from other crises relatively unscathed. But with the public still fuming over the outbreak, he is likely to face lingering questions about the party’s credibility and his leadership, experts say.

Wu Qiang, a political analyst in Beijing and a critic of the party, said a propaganda campaign was unlikely to satisfy the public.

“It is difficult to believe that the Chinese Communist Party has played the role of a hero or leader in the so-called coronavirus prevention in the world,” he said.

He added that Mr. Xi would most likely struggle to regain trust.

“This crisis has caused a fatal blow to Xi Jinping’s personal image,” he said. “For a long time to come, the public will continue to doubt him, and this doubt is irreparable.”

OP-ED: XI JINPING HAS BURIED THE TRUTH ABOUT CORONAVIRUS

Ma Jian, The Guardian – 02/26/20

The reaction to the outbreak has revealed the unreconstructed despotism of the Chinese state

Over the past 70 years, the Chinese Communist party has subjected its country to a succession of manmade catastrophes, from the Great Famine, the Cultural Revolution and the Tiananmen Square massacre, to the forceful suppression of rights in Hong Kong and Tibet, and the mass internment of Uighurs in Xinjiang. Official coverups and corruption have multiplied the death toll of natural calamities, from the Sars virus to the Sichuan earthquake.

Xi Jinping's mishandling of the coronavirus epidemic must now be added to the party's shameful list of crimes. With serious outbreaks occurring in Japan, South Korea, Iran and Italy, it is clear that the virus of Xi's totalitarian rule threatens the health and freedoms not only of the Chinese people, but of all of us everywhere.

Xi's vacuous, self-aggrandizing ideological vision lies at the heart of this global crisis. When he was appointed party leader in 2012, he announced his "China dream" of national rejuvenation, promising that the country would be moderately prosperous by the party's 2021 centenary, and fully advanced into global economic hegemony by the republic's centenary in 2049. Xi vowed that, by then, the world would concede that his one-party dictatorship is superior to the mess of liberal democracy.

Appointing himself "president for life", Xi now has more power than any party leader since Mao Zedong, and has crushed all dissent by attempting to build a hi-tech totalitarian state. The Communist party is an insidious pathogen that has infected the Chinese people since 1949. But under Xi's rule, it has mutated into its most sinister form, allowing capitalism to grow rapaciously while reaffirming Leninist control. The promise of wealth and national glory has blinded many Chinese people to the chains around their feet, and to the barbed wire around the faraway internment camps.

In a speech on 31 December 2019, Xi heralded triumphantly a new year of "milestone significance in realising the first centenary goal!" Naturally, he didn't mention the mysterious pneumonia reported that day by health authorities in Wuhan, Hubei province. Although the World Health Organization had been notified, the Chinese people were largely kept in the dark. How could an invisible bug be allowed to dampen the glory of Xi's China dream?

In times of crisis, the party always places its own survival above the welfare of the people. Li Wenliang, an ophthalmologist at Wuhan central hospital, has become the tragic symbol of this disaster. On 30 December, he notified his former medical classmates on WeChat that seven people with an unspecified coronavirus, which reminded him of Sars (the virus that killed almost 800 people in 2003), were in quarantine at his hospital, and advised them to protect themselves. In any normal society, this wouldn't be considered subversive – but in China, even a small act of kindness, a cautious and private alert to colleagues, can land a person in political danger. On 3 January, Li was reprimanded by police – he then went back to work, and within days contracted the virus.

Over the next two weeks – the critical window of containment – authorities claimed the problem was under control. But coronavirus is indifferent to the vain desires of despots. Left unchecked, it spread. By

the time Xi deigned to publicly acknowledge the outbreak, on 20 January, ordering it to be “resolutely contained”, it was too late.

On 23 January, Wuhan was placed in lockdown. Yet on that same day, at a reception in Beijing, Xi merely stressed the need to “race against time and keep abreast with history to realise the first centenary goal of the China dream of national rejuvenation”. Videos on WeChat and Weibo revealed the hollowness of Xi’s ambitions. There was footage of deserted boulevards in affected cities. Corpses lying unattended on pavements. A woman on the balcony of a luxury tower block striking a gong and wailing into the sky: “My mother is dying, rescue me!”

As Li lay on his deathbed on 30 January, he revealed the truth about his experience of the epidemic. Despite being a party member, he spoke to the New York Times about official failures to disclose essential information about the virus to the public, and told the Beijing-based journal Caixin: “A healthy society cannot have just one voice.” In that one sentence, he identified the root cause of China’s sickness. Xi suppresses truth and information to create his utopian “harmonious” society. But harmony can only emerge from a plurality of differing voices, not from the one-note monologue of a tyrant.

After the eruption of public grief and anger that followed Li’s death on 6 February, the government backtracked, and hailed the doctor they had muzzled “a hero”. But behind the scenes, the silencing continued: several people who documented and spoke out about state handling of the outbreak were detained.

In the thick of calamity, people finally understand that if your leaders have no regard for human life or liberty, no amount of money can save you. Entire families have been wiped out by the virus as more than 70 million people have been confined to their homes. Chinese officials have today reported 78,064 infections and 2,715 deaths, mostly in Hubei. But no one trusts the party’s figures. The only certainty about the numbers it releases is that they are the numbers it wants you to believe. In an effort to change the narrative after Li’s death, the party has called for a people’s war against the virus, and has urged journalists to replace “negative content” on social media with “touching stories from the frontline of combating the disease”. Having buried the truth about the calamity of the Cultural Revolution and other earlier crimes, the party is now dragging the nation back to its Maoist past.

Official language is being contaminated once more with military jargon; society is being divided once more into antagonist groups – not the proletariat against the bourgeoisie, but the infected against the yet-to-be-infected. Rural police post videos of their attacks on citizens who dare venture outside without a face mask.

The state media have posted photographs of pregnant nurses in hazmat suits serving on the frontline; there are masked patients in another field hospital being awarded party membership on their deathbeds, joyfully raising their fists in the air as they pledge undying loyalty to Xi. To anyone with a conscience, these sad individuals look like victims of an inhumane cult. That it is believed these snapshots could promote “positive energy” reveals the moral abyss into which totalitarianism has sunk the nation.

Meanwhile, with the epidemic still raging, Xi has ordered the country back to work, all to ensure that the economic targets of his 21st-century goals are met. Of course, he is keeping the political elite safe,

though, by postponing the National People's Congress in March. Further proof, if it was at all needed, that Xi's China dream is a sham.

OP-ED: CHINA'S MEDIA CENSORSHIP IS MAKING THE CORONAVIRUS OUTBREAK EVEN MORE LETHAL

Sarah Cook, LA Times – 02/03/20

In recent days, medical experts have found evidence that the origin of the outbreak was not a seafood market in Wuhan, as the Chinese government initially reported. That evidence also suggests that the first human infections occurred in November, if not earlier, rather than in early December.

Local officials in Wuhan quashed the first reports of a SARS-like illness in the city in December, in part to maintain a positive environment for a series of political meetings. Even now, there is reason to believe that the scale of infections is greater than the official figures and censors are continuing to delete investigative reports by local journalists raising those concerns.

Analysis of leaked government censorship directives dating to 2013 by Freedom House shows that suppression of public health information is commonplace. In 2016 and 2017, for example, public health and safety were among the two most censored categories of breaking news.

Given the rapid spread of the virus and the enormous economic effects expected, censorship and propaganda are certain to continue — and to extend beyond China's borders — as the regime seeks to protect its hold on power and international reputation. While Chinese authorities assure domestic and international audiences that their efforts will contain the outbreak, censors are busily deleting social media posts and journalists' reporting that contradict the official narrative.

Chinese Human Rights Defenders, a nonprofit organization with extensive contacts in China, has already tracked more than 300 cases of internet users who were penalized for sharing unofficial information on social media.

The government's propaganda system can also readily mobilize state media as well as more covert channels to amplify its message globally. The hundreds of diaspora outlets in 61 countries, many with a track record of uncritical pro-Beijing reporting, that participated in a state-sponsored summit for Chinese-language media in October will face implicit or explicit political and economic pressure to adhere to coverage by official Chinese sources. Already, pro-Beijing outlets in the United States are parroting the official line, while Chinese state media accounts on Facebook and Twitter have spread proven fabrications.

Global disinformation campaigns on social media platforms could also be deployed. Since 2017, Russian-style disinformation tactics have been used to smear the government's perceived enemies — such as Hong Kong protesters, Uighur Muslims and Chinese democracy activists — on platforms such as Facebook, Twitter and YouTube, which are blocked in China. Similar campaigns could be launched, for example, to discredit Chinese medical professionals who challenge the official version of events. Chinese-owned social media platforms such as WeChat, which is popular among Chinese speakers around the world, are a potential hotbed even for unintentional misinformation.

OP-ED: CHINA CAN'T FIGHT CORONAVIRUS AND THE TRUTH AT THE SAME TIME

Josh Rogin, Washington Post – 02/27/20

As the coronavirus spreads around the world, the Chinese government is fighting a war on two fronts: one against the virus itself and one against the truth. Beijing is desperate to protect its own image by shaping the narrative around the virus and its origins. But the time has come for the international community to demand Beijing end its war on the truth so we can work together to contain the epidemic.

Since the beginning of the outbreak, China's strategy has been to silence critics and minimize reporting about the scale of the threat. In late January, the Chinese government brought massive resources to bear to try to contain the virus's spread internally, using draconian measures against its own people that it won't acknowledge. Now, China is focusing on restarting its economy and is therefore claiming the virus is slowing down.

What has been consistent throughout is the Communist Party's determination to control information for its own political purposes. This political agenda has hindered the international community's ability to cooperate on a response and properly protect the rest of the world. This week, Chinese scientist Zhong Nanshan, whom the government has put forward as a credible expert on the epidemic, claimed at a news conference that the virus has peaked and should be under control by April. He also suggested the virus may not have actually originated in China.

The idea that infection rates in China are going down must be viewed with skepticism, while the notion that the virus originated outside China is not supported by scientific evidence. But both of these claims fit the Chinese leadership's political needs while potentially spreading misinformation that hampers urgent efforts to understand how the virus started and how to stop it.

The international group meant to sort through those questions based on scientific evidence is the World Health Organization. But the WHO has instead become an enabler of Beijing's campaign of disinformation rather than acting to counter it.

"Controlling the story and controlling the narrative continues to be a critical part of the Chinese government's strategy," said Xiao Qiang, a research scientist at the School of Information at the University of California at Berkeley. "For the WHO to simply repeat the Chinese narrative, if they are at all knowledgeable about China's political environment, given their responsibilities, is extremely disturbing and damaging."

The WHO's track record of praising the Chinese government's response, despite available facts, is well established. On Jan. 30, the International Health Regulations Emergency Committee (a WHO body) issued a statement praising the Chinese government's "commitment to transparency." On Feb. 3, WHO Director-General Tedros Adhanom Ghebreyesus praised China's strategy and credited Beijing for preventing even more cases.

Just this week, as The Post reported, WHO official Bruce Aylward told reporters in Beijing the Chinese government's response could inform other countries. He called it "impressive," "stunning," "extraordinary," "striking," "disciplined" and "successful."

Some believe the WHO is simply unwilling to challenge Beijing, its second-largest donor. Ambrose Evans-Pritchard wrote in the Daily Telegraph that many experts have lost patience with the WHO, “deemed a political captive of Beijing.” Several U.S. senators have publicly called on the WHO to resist Chinese pressure and include Taiwan in its meetings on the epidemic.

In response to questions, a WHO spokesman told me the organization is working closely with Taiwanese officials and that the results of its just-completed joint research mission with Chinese experts and officials inside China will be released in the coming days, including new facts and recommendations.

The WHO may believe it’s doing what’s necessary to maintain its access and cooperation with the Chinese government. But that compromise comes with a cost not only to its integrity but also to the safety of the rest of us.

“At the first stage, they underplayed the danger of the outbreak,” said Xiao. “By repeating the phrases of the Chinese officials, they are lending their credibility to the Chinese government, which it does not deserve, and that is misleading the public opinion as well as the governments of other countries.”

U.S. officials, including President Trump, should also resist the temptation to repeat Beijing’s rosy assertions and ignore the problems with China’s response. The American people should not be given a false sense of security. The truth is, China’s self-reporting simply can’t be taken at face value.

Beijing is also now attacking international outlets that report uncomfortable information about the crisis from the ground. Last week, Chinese media organ Global Times accused the New York Times of encouraging a “panic” for reporting that Beijing’s response is causing suffering among China’s migrant worker population.

The coronavirus response is one of those things on which we must cooperate with China. That means being sensitive to Beijing’s equities and concerns. But it also means pushing the Chinese government to display more transparency and honesty than it is accustomed to.

The virus itself is immune to Chinese government propaganda. It is not aware of Taiwan’s diplomatic status. It does not care if the stock market goes down. Ending our tolerance of China’s efforts to control and manipulate our discussion about the epidemic is a matter of life and death.

OP-ED: DON'T BUY CHINA'S STORY: THE CORONAVIRUS MAY HAVE LEAKED FROM A LAB

Steven Mosher, New York Post – 02/22/20

At an emergency meeting in Beijing held last Friday, Chinese leader Xi Jinping spoke about the need to contain the coronavirus and set up a system to prevent similar epidemics in the future.

A national system to control biosecurity risks must be put in place “to protect the people’s health,” Xi said, because lab safety is a “national security” issue.

Xi didn’t actually admit that the coronavirus now devastating large swaths of China had escaped from one of the country’s bioresearch labs. But the very next day, evidence emerged suggesting that this is exactly what happened, as the Chinese Ministry of Science and Technology released a new directive titled: “Instructions on strengthening biosecurity management in microbiology labs that handle advanced viruses like the novel coronavirus.”...

China’s only Level 4 microbiology lab that is equipped to handle deadly coronaviruses, called the National Biosafety Laboratory, is part of the Wuhan Institute of Virology....

The People’s Liberation Army’s top expert in biological warfare, a Maj. Gen. Chen Wei, was dispatched to Wuhan at the end of January to help with the effort to contain the outbreak. According to the PLA Daily, Chen has been researching coronaviruses since the SARS outbreak of 2003, as well as Ebola and anthrax. This would not be her first trip to the Wuhan Institute of Virology, either, since it is one of only two bioweapons research labs in all of China...

Add to this China’s history of similar incidents. Even the deadly SARS virus has escaped — twice — from the Beijing lab where it was (and probably is) being used in experiments. Both “man-made” epidemics were quickly contained, but neither would have happened at all if proper safety precautions had been taken.

And then there is this little-known fact: Some Chinese researchers are in the habit of selling their laboratory animals to street vendors after they have finished experimenting on them... Instead of properly disposing of infected animals by cremation, as the law requires, they sell them on the side to make a little extra cash. Or, in some cases, a lot of extra cash. One Beijing researcher, now in jail, made a million dollars selling his monkeys and rats on the live animal market, where they eventually wound up in someone’s stomach...

They first blamed a seafood market not far from the Institute of Virology, even though the first documented cases of Covid-19 (the illness caused by SARS-CoV-2) involved people who had never set foot there. Then they pointed to snakes, bats and even a cute little scaly anteater called a pangolin as the source of the virus.

I don’t buy any of this. It turns out that snakes don’t carry coronaviruses and that bats aren’t sold at a seafood market. Neither, for that matter, are pangolins, an endangered species valued for their scales as much as for their meat.

The evidence points to SARS-CoV-2 research being carried out at the Wuhan Institute of Virology. The virus may have been carried out of the lab by an infected worker or crossed over into humans when they unknowingly dined on a lab animal. Whatever the vector, Beijing authorities are now clearly scrambling to correct the serious problems with the way their labs handle deadly pathogens.

HOW CHINA'S INCOMPETENCE ENDANGERED THE WORLD

Laurie Garrett, Foreign Policy – 02/15/20

As the deadly coronavirus began to spread, Beijing wasted the most critical resource to fight it: trust...

Some China watchers have likened the coronavirus crisis for Chinese President Xi Jinping to the threat the Chernobyl nuclear meltdown in 1986 posed to Mikhail Gorbachev's hold on the Soviet Union. Others have likened the young martyred physician's brave truth-telling to the legendary "Tank Man," an anonymous citizen who stood, grocery bags in hand, before a line of Chinese tanks, blocking their entry into Beijing's Tiananmen Square and their use to quell the 1989 pro-democracy student protests.

As the China expert Bill Bishop wrote last week in his daily Sinocism newsletter, "The Party's social contract with the people—ensuring the people's well being and providing ever-increasing economic prosperity—is being stressed on a nationwide level in ways I don't recall in the past several decades." He added: "Last Friday I wrote that 'this is as close to an existential crisis for Xi and the Party that I think we have seen since [the Tiananmen massacre of] 1989', and I think it is even more so a week later." Just before I read Bishop's assessment, I did a CBS News podcast with my former Council on Foreign Relations colleague Elizabeth Economy, one of the world's top experts on Chinese politics. She, too, labeled Li's death and apparent splits inside the CCP over how best to handle the epidemic as the most significant threat to his power Xi has faced and a critical test of the viability of the entire current leadership of the CCP...

The bottom line is trust, which appears to be waning inside China and is increasingly unraveling across the public health world. An epidemic cannot be fought and won unless the bonds of trust between governments and people can survive the grief, confusions, emotions, and medical challenges of the battle. The Chinese government, in its negligence, has jeopardized those bonds, perhaps beyond all repair.

Between early December and Jan. 19, the chief Chinese Communist Party narrative from local officials in Wuhan, the epicenter of the epidemic, was that a very small number of people connected to a local live fish and animal market had become infected with a new virus, causing a few to be hospitalized with pneumonia. Whatever the cause of the sicknesses, it was not SARS or anything like SARS. All released data conveniently suited that narrative. Anybody who, like the physician Li, hinted at facts that countered the narrative was suppressed.

After the official announcement of the new disease on New Year's Eve, a second narrative took flight, which argued that shutting down the live animal market had effectively eliminated the spread of the disease, as there was no evidence of human-to-human spread of the virus. For two weeks, the official case numbers barely budged and even decreased to 41. The message to the Chinese people was that there was nothing to worry about, local police and health officials had stopped an outbreak, job well done—a scenario accepted by WHO.

Throughout those two vital weeks—time when aggressive control efforts might have stopped the outbreak—the virus was spreading completely independently from the animal market, as it had been since at least mid-December. Throughout December and early January, about half of the coronavirus cases in Wuhan were entirely independent of the animal market, and the epidemic was doubling in size

weekly. Researchers at Imperial College London reckoned that 1,723 people in Wuhan were infected by Jan. 12.

As international anxiety, doubting the containment narrative, grew, and evidence of human-to-human transmission of the virus became undeniable, Xi took steps to flush out information. Around the same time, a high-level CCP committee posted a WeChat message (later deleted) that denounced functionaries and bureaucrats who might be suppressing epidemic information, warning, “Whoever deliberately delays or conceals reporting for the sake of their own interests will be forever nailed to history’s pillar of shame.”

Not surprisingly, the official narrative suddenly changed, as did the tally of cases and deaths, quadrupling to 198 cases on Jan. 19. In the new narrative, the animal market was no longer mentioned, and Wuhan’s leaders poked fingers of blame at one another for pushing the prior story and put huge sections of the city of 11 million on lockdown...

The virologist Guan Yi of the University of Hong Kong (HKU) warned that the containment strategy might fail and that a bigger outbreak was certain, which he said could conservatively be 10 times bigger than the SARS epidemic, meaning more than 8,000 cases.

By late January, Wuhan was a ghost town, with hardly a person or vehicle to be seen, its entire population having either deserted the city or hunkered down in homebound quarantine. Yet the virus continued to claim new victims, and Xi warned the nation of its “accelerating spread.” As the containment narrative proved fallible, and cities beyond Wuhan began to experience the frightening spread of the disease, the CCP turned to another familiar playbook: elevating the police state.

Overnight, gymnasiums, sports arenas, hotels, university dormitories, convention centers, and other large facilities were transformed into holding centers in which thousands of beds were placed in long rows and food, toiletries, and regular fever checks were provided to the thousands of people placed under quarantine inside. There was no question that these weren’t hospitals—many held within these makeshift quarantine facilities complained that they were never tested for infection but were warehoused and compelled to share shower and toilet facilities with hundreds of other, possibly infected, people.

As anxiety rose, Xi tried to shift blame, naming to head up the epidemic response and dispatching Premier Li Keqiang to Wuhan. Xi lashed out against “untruthful speech,” focusing on those who were using Weibo and other social media to cast doubts on the containment policy and bemoan their confinements. And he forwarded an added narrative, blaming the U.S. government for China’s plight.

That same day, the Standing Committee of the Political Bureau of the CCP Central Committee held a meeting, formulating a new narrative: that the epidemic was out of control because of poor management. The CCP would now lead a “people’s war” against the virus, clamping down even harder on quarantines and rumors. The epidemic ought to be easy to control, given 80 percent of its victims were over 60 years of age, 75 percent had bodies weakened by some other health condition, and, curiously, very few were children and 66 percent were men, according to the new official datasets.

In a plea for patriotism, the CCP urged people to identify ailing neighbors and turn them into authorities.

Eventually, in at least one town, payments were promised, equivalent to about a third of an average Chinese adult's monthly income. The identified were removed—sometimes forcibly—from their homes and placed in makeshift field hospitals set up in schools and sports facilities. As international experts questioned whether the virus could be stopped, Beijing threw more resources to the warehousing of suspected cases and hospitalization of those with pneumonia.

But by Feb. 5, the funeral parlors and crematoriums were reported to be having problems keeping up with the disposal of the dead in Wuhan. Though no data was provided to address the matter, Wuhan's lockdown was endangering not only the lives of coronavirus-infected individuals but also those of thousands of people who required medications and occasional treatment for such things as HIV infection, kidney disease, diabetes, and hypertension. Hospitals no longer welcomed them, medicines were running out, yet there is no count of their numbers or deaths.

Across Hubei, hospitals were by the end of the first week of February running out of beds, respirators, and oxygen and pneumonia support equipment. As more cities saw their case numbers soar, they followed Wuhan's lockdown and quarantine strategy. On Feb. 14, China's National Health Commission finally acknowledged the toll COVID-19 was taking on healthcare workers, saying 1,716 of them had been infected on the job, and six had died of the pneumonia disease.

Then, on Feb. 6, Li Wenliang died of the coronavirus disease, sparking an outcry from across the nation, filled with undeniable rage. The government responded to the outpouring of grief and anger by censoring social media posting and blocking accounts...

On Feb. 9, the official numbers showed a slowing in new case reports—a trend that would persist until the enormous Feb. 12 spike in numbers. During this three-day window, two new narratives emerged. First, that the epidemic had reached its peak. And second, that it was time for the nation to get back to work, restoring the Chinese economy...

On Feb. 10, Xi sacked two of Hubei's top health officials, amid claims that the virus could sicken 5 percent of Wuhan's population, or half ..a million people. Three days later, Hubei's party secretary was replaced by a Xi loyalist.

The new coronavirus could spread far beyond China's borders, possibly infecting more than 60 percent of the world population. Even if the coronavirus disease kills only 1 percent of its victims, 1 percent of 60 percent of 7 billion people is a staggering death toll, placing the coronavirus alongside the three biggest pandemics of human history—the 14th-century plague, the 1918 influenza, and the current HIV/AIDS toll.

Unfortunately, China is showing how all this can go wrong, making a crisis into a catastrophe. Xi's government has provided the world with reams of data, but their credibility, or lack thereof, is inextricably bound to the CCP's methods of governance, censorship, intimidation, and toadyism. The rest of the world is left to prognosticate and prepare without really knowing what havoc the coronavirus enemy is capable of wreaking.

CHINESE OFFICIALS CAN'T HELP LYING ABOUT THE WUHAN VIRUS

James Palmer, Foreign Policy – 02/03/20

Despite calls for transparency, repression is baked into the system.

As fear of the Wuhan coronavirus seizes China, the outlines of the local government mistakes that gave the disease a critical monthlong head start are becoming apparent. Reporting in both foreign and domestic media paints a picture of a city government in Wuhan more concerned with political meetings than epidemic control—and where attempts by insiders, including eight separate doctors, to speak out were stamped on by police.

The central government is now promising to perform where Wuhan officials failed. Officials in Beijing have pledged greater transparency to both the public and outside groups like the World Health Organization—even introducing a whistleblower hotline within the massively popular WeChat messaging app.

The Age of the Airship May Be Dawning Again

Dirigibles ruled the skies once. Can they make a comeback?

Such measures are about as convincing as an organized crime boss who launches a “Start Snitching” campaign. The hostility to transparency and fear of speaking out baked into the fabric of Xi Jinping’s China can’t be thrown away for one crisis. Transparency is not a window that can be opened and shut at the state’s will when it finds it useful. Brave calls for transparency by Chinese media aside, the Chinese government’s habits of opaqueness, concealment, and distrust of the public will impede attempts to control the outbreak.

The central government authorities may truly want transparency—if only so that they themselves know what’s going on. But they don’t want it across the board: only on this one specific issue. And the repression of speech and distortion of data in China aren’t a matter of a singular central will. It’s mostly carried out by local officials, who have the most to lose if people can complain freely about mistakes or cover-ups. In a public health crisis, that could have fatal consequences. For instance, it’s unclear whether it’s deliberate policy or simply an overwhelmed system, but numerous reports testify to bodies being cremated in Wuhan without the death being recorded as a coronavirus fatality, which has made it highly difficult to tell just how lethal the virus is.

To be sure, the men responsible for covering up the initial outbreak—the online monitors who stifled the doctors’ comments (originally posted to a relatively private group chat); the police who threatened them; and the local government officials who signed off on their harassment or detention—will be punished at the central government’s insistence, if only to appease public anger. But there’s a perverse injustice, given that they were following the expected standards of the party-state.

Under ordinary circumstances, in fact, their behavior would have, from the party’s perspective, been laudable. Hundreds of similar incidents play out every day across China as part of a program of “stability maintenance” that officially costs the country around \$200 billion a year, more than double the figure of a decade ago. (That figure includes some policing activities that would be normal in any

country, but it also excludes much of the apparatus of control, such as the domestic United Front programs that look to co-opt non-party groups into serving the party's purposes.)

The kind of repression that occurred in Wuhan didn't even need any special conspiracy behind it to specifically cover up the coronavirus.

The kind of repression that occurred in Wuhan didn't even need any special conspiracy behind it to specifically cover up the coronavirus.

Rumormongering—a euphemism for drawing attention to potential sources of social or political scandal—has been a priority of the authorities since 2013, especially online. Most of the time, of course, it's over far smaller matters than an epidemic: a police killing, a polluting factory, a hospital turning away a dying child. The monitoring of messages for destabilizing information intensified in 2017, when the administrators of chat groups began to be held accountable for content posted by any user, allowing the authorities to leverage the power of self-censorship. For Wuhan's police, threatening people for posting information that might cause trouble, true or false, was as routine and automatic an action as a traffic arrest. The local government authorities tipping the national media off about the story showed their bosses they had the situation under control.

The public is well aware of what the score is. For years, the government has signaled that the fate of whistleblowers isn't a happy one. This is not a new habit; take Shuping Wang and Gao Yaojie, the heroic doctors who exposed the illicit blood sales and subsequent AIDS crisis in Henan in the 1990s. Both of them faced years of persecution as a result, even after the state admitted they were right; both were forced to take refuge in the United States. Activists like Tan Zuoren, who attempted to document the corruption that led to the collapse of supposedly reinforced school buildings during the Sichuan earthquake of 2008, were put in prison.

Despite all this, between around 2000 and 2012, the Chinese internet developed its own watchdog culture, particularly over local corruption. Journalists often shared information from scandals, backed by a public keen to haul greedy officials over the coals. Crackdowns were relatively rare, and there were those within the party itself who saw this kind of monitoring as a useful tool to engage the public in the work of maintaining some accountability. All that ended in 2012-2013, as a concerted campaign against some of the most prominent watchdogs, combined with sweeping new online restrictions, signaled the end of any tolerance for outside monitoring. By the end of 2013, Weibo, the most popular social media site for such stories, had seen its traffic drop by 70 percent. In the next few years, that campaign broadened to a mass crackdown on human rights activists, lawyers, and anyone else who dared to monitor officials' business, even as it was joined by a sweeping purge within the party of supposedly corrupt figures, who also happened to be Xi's political foes. Humiliating TV confessions became a normal part of evening broadcasts.

The Wuhan Virus Could Hurt the Party's Legitimacy

Local authorities are taking a bigger hit than the central government.

Even now, arrests and threats continue throughout China for spreading so-called rumors about the virus. Some of that is directed against genuine misinformation, but some of it is simply the state's usual crushing of any perceived dissent. Any potential whistleblowers eyeing up that WeChat hotline, for

instance, have to be very aware that the app requires them to sign up with their real government ID numbers.

To speak up, citizens need to believe not only that they won't be punished now but that local authorities won't remember them and take vengeance later. Given the record, that's unlikely. Take the village of Wukan, once heralded for resisting corrupt local officials in 2011. By 2016, the villagers involved in the protests had been picked off one by one, and the local government was more repressive than ever. The state has a long memory and keeps records.

It's true that Chinese reporting has enjoyed a rare spring and that media has been doing brilliant and honest work from inside Wuhan itself and elsewhere. (See this compiled list in Chinese, put together by the reporter Shen Lu.) But such flourishing has happened after disasters in the past, such as the Tianjin explosions of 2015 and the high-speed rail crash in Wenzhou in 2011, and it has always been short-lived.

There's no real new transparency. Instead, the old red lines have been temporarily erased in the wake of disaster, and the many talented and frustrated journalists in China are able to quickly occupy the new space created—until the authorities decide what can and cannot be said and the lines are drawn again. In the case of the coronavirus, the disruption may be such that the freedom lasts longer than usual—but it's still ultimately temporary. Officials, on the other hand, persist unless unlucky enough to be scapegoated; as some sardonically noted this week, the man in charge of the port area of Tianjin that exploded is now a prominent member of the Hubei government.

Actual, lasting openness would need watchdogs outside the party-state itself. It would need a media environment where the censor's pen doesn't hover over every piece of copy filed. It would need protections for whistleblowers and an independent judiciary able to enforce those protections. It would need a willingness to let control slip out of the party's hands and to bear the consequences. None of this is remotely likely in the foreseeable future. That means the Chinese people will be left in darkness about what their institutions are doing—until something else slithers out of the shadows that endangers them all.

CHINA SAYS THERE'S NO RISK OF A COVID-19 OUTBREAK IN XINJIANG CAMPS. DON'T BELIEVE IT.

Jewher Ilham and Munawwar Abdulla – 02/28/20

When the coronavirus outbreak hit international headlines, Uyghurs in the diaspora took to social media to raise concerns about the potential for mass outbreaks and deaths in China's vast network of internment camps in their occupied homeland. Their demands were for: 1) the World Health Organization to send a delegation to the region to evaluate the spread of the virus; 2) international pressure on China to close the camps and release the millions of detained people in response to the dangers posed by the new epidemic; and 3) medical supplies and other humanitarian support to the region. Earlier this week, China responded to the campaign with an absurd but predictable statement in the *Global Times*.

Calling the campaign an effort to "slander China's policies," a spokesperson for the regional government only confirmed fears by asking: "As all of the trainees have graduated, how could there have been risk for large-scale infection?"

In December, China claimed to have released the more than 1 million Uyghurs and other persecuted peoples detained in "vocational training centers" as part of its campaign to "eradicate ideological viruses." Shohrat Zakir, the chairman of the Uyghur region, told the press that everyone in the camps had "graduated" and were out and living "happy lives." China has not offered any evidence to support that claim and continues to deny its persecution of the Uyghurs despite the mounting evidence. What we have seen instead is a large number of internees simply being transferred to other forms of detainment.

The recently published Karakax List, the third in a series of leaks of Chinese government documents, presents the strongest evidence of China's "system of targeted cultural genocide that arguably rivals any similar attempt in the history of humanity," according to Dr. Adrian Zenz, an expert on China's ethnic policies.

The Karakax List confirms evidence from other sources – including journalists, camp survivors, human rights organizations, and previously leaked Chinese government documents – that suggests those so-called "vocational training centers" are actually prison-like camps that serve as the battleground for China's war on Uyghur identity. While attempting to refute authenticity the Karakax List, *China Daily* seems to have inadvertently confirmed it by releasing a video of one of the people on the Karakax List whose name was not publicly disclosed as part of the leak.

With the camps, China has created nearly perfect conditions for the novel coronavirus, officially dubbed COVID-19, to rapidly spread and exacerbate the current global public health crisis. Human rights monitors and survivors report the camps are overcrowded, extremely unhygienic, and rife with abuse.

Survivors say they have been subject to starvation, sleep deprivation, rape, and other forms of physical and psychological abuse. One survivor told us lice outbreaks and infectious diseases such as tuberculosis were common in the Urumqi camp where she was detained for nearly 15 months.

The announcement of COVID-19 outbreaks in prisons in Shandong, Zhejiang, and Hubei provinces increases concerns about the vulnerability of those subjected to the vast network of camps and prisons in the Uyghur region.

When the virus hits the camps, it will likely spread more quickly than it has been spreading on the Princess Diamond docked in Japan. More than 700 of the 3,711 people aboard the luxury cruise ship have been infected despite serious efforts to contain the virus and treat the infected. Two of the passengers died Wednesday. Given the deplorable conditions in the camps and lack of adequate medical care, the scale of infections and deaths will likely be much higher, affecting thousands if not millions in the Uyghur region.

The statement published in the *Global Times* claims China is prioritizing the “safety and health of all ethnic groups.” That hasn’t been the case in Wuhan – ground zero for the coronavirus outbreak – and it certainly isn’t the case in the Uyghur region.

The death of Dr. Li Wenliang, the whistleblower punished by Chinese authorities for trying to raise alarm about the coronavirus, is a prime example of China’s blatant failure to prioritize public health. Li warned his colleagues on social media in late December about the coronavirus and was subsequently detained for “spreading false rumors.” He was forced to sign a document of admission stating he had “seriously disturbed social order” before he was released.

The regional government spokesperson also claims China is taking a “highly responsible and transparent attitude” to “disclose” information about the outbreak on a daily basis. However, China’s delayed reporting of the outbreak, efforts to silence whistleblowers like Dr. Li and citizen journalists, and its recent expulsion of three *Wall Street Journal* reporters from Beijing all contradict that claim. Instead, it demonstrates the unreliability of the limited information coming from Chinese authorities.

Chinese authorities have confirmed 76 cases of coronavirus and two related deaths in the Uyghur region, but the numbers are likely much higher given China’s record of downplaying and outright dismissing the grave situation there.

Radio Free Asia reported in early February that Chinese officials had quarantined nearly 100 Wuhan residents in a hotel in the city of Atush, where the spread of the coronavirus is being treated as a “state secret.” Local officials recently confirmed the infection of a 75-year-old Uyghur man residing near Ghulja City.

The spread of the virus in multiple cities across the region and the reports that people locked inside their homes for over a week are starving suggest that China is not doing enough to “intensify precise prevention and control,” do a “good job in scientific treatment,” or “[secure] supplies,” as it claims in the *Global Times*. If China is as serious about prioritizing public health as it claims, it should allow international health agencies and humanitarian groups into the Uyghur region to provide assistance with prevention and treatment efforts. The fact that it has not done so belies its stated intentions.

The *Global Times* article also confirmed that China has suspended public congregations and increased the management of generally crowded places such as bus stations, airports, and certain business establishments. But what about the camps?

The rhetorical question posed in the beginning of China's statement suggests Chinese authorities realize the risk of "large-scale infections" in the camps but have decided to continue denying China's mass detention campaign rather than address the apparent and serious public health issue in the region.

China is able to continue to issue outrageously false statements such as the one published in the *Global Times* because the international community has continuously failed to hold the Chinese regime accountable for its crimes against humanity in the Uyghur region.

When news of the camps broke in 2017, the international community was slow to respond. Experts now estimate China has detained more than 1 million and as many as 3 million Uyghurs and other indigenous peoples over the past three years. China's campaign of mass detention and surveillance is still very much in effect today. Uyghurs in the diaspora are still struggling to secure information about the state of their loved ones in the camps.

We cannot afford to wait for leaks and reports on the mass outbreaks of coronavirus and related deaths in the camps before sounding the alarm and demanding action. The international community – health and human rights organizations, governments, and international institutions – must collaborate to engage China directly on this issue and demand action as part of the global response to a coronavirus pandemic.

The Chinese government has strategically cultivated a false attitude of hypersensitivity on the Uyghur issue to influence the behavior of foreign governments and international institutions. The fear of antagonizing China has limited foreign actors' ability to engage China on human rights and humanitarian issue like the mass internment camps in the Uyghur region.

World leaders and international institutions like the United Nations and its World Health Organization must overcome that misguided fear and not compromise their values and global human security to appease China. They must exert serious pressure on the Chinese government to allow independent delegations unfettered access to the region including the internment camps to evaluate the current spread of the virus and coordinate necessary measures to prevent an epidemic there.

NATIONAL SECURITY COUNCIL PRESS GUIDANCE CORONAVIRUS

2.24.2020 (v1)

Top Lines

- President Trump continues to take decisive action to minimize the risk of the spread of the in the United States.
- Since taking office, President Trump has been clear. His top priority is the safety of the American people.
- The Secretary of the Department of Health and Human Services has declared that coronavirus presents a Public Health Emergency in the United States.
- The United States continues to encourage China to work with the international public health community with the highest levels of transparency.
- It is likely that we will continue to see more cases in the United States in the coming days and weeks, including some limited person-to-person transmission.
- The immediate risk to the American public at this time is low, and we are acting swiftly here in the United States to keep that risk to the American public low.
- The situation is dynamic and has the potential to change very quickly, we are preparing mitigation strategies that could be necessary if the situation does change.
- We are working with state and local authorities, and the private sector to elevate our preparedness efforts so we're ready to mitigate the spread of the virus if it becomes necessary to do so in the United States.
- It is important for state, local, and tribal leaders to understand their authorities and responsibilities related to mitigation activities.

Status of New Confirmed Cases

- The total number of infections in the United States is 35 patients in eight states, AZ, CA, IL, WA, MA, WI, TX, and NE.
- Of the 35 confirmed cases in the United States
- 14 were the result of travel in Wuhan Province, China
- Of this number, 2 were the result of person-to-person spread, both of whom had close, prolonged contact with a returned traveler from Wuhan
- 3 confirmed cases were among passengers repatriated from Wuhan, China on State Department Chartered Flights
- 18 confirmed cases were among passengers aboard the *Diamond Princess*, who were repatriated from Japan on February 16, 2020.
- It is likely that we will continue to see more cases in the United States in the coming days and weeks, including some limited person-to-person transmission.

Economic Impact

- First and foremost, this is a human tragedy

- The President has taken decisive action to contain the virus in the United States and this is where we are currently focused
- Markets on February 24th, 2020 were responding to events occurring outside of the United States, where the virus is spreading in countries outside of China.
- The United States economy is resilient.
- We've had very positive mid-month surveys and they did not reflect any major supply chain problems.
- We will continue to be monitor the market, but given the strength of the United States economy we remain encouraged about the future.

Task Force

- On January 29, 2020 President Trump announced the formation of the President's coronavirus Task Force.
- The Task Force is led by Secretary of Health and Human Services Alex Azar and is coordinated through the National Security Council.
- The Task Force is composed of subject matter experts from the White House and several United States Government agencies.
- The Task force also includes some of the Nation's foremost experts on infectious diseases.
- The Task Force will lead the Administration's efforts to contain the spread of the virus, while ensuring that the American people have the most accurate and up-to-date health and travel information.
- The Task Force will also ensure close coordination with State and local officials.

Assistance to China

- The United States continues to encourage China to work with the international public health community with the highest levels of transparency.
- We are pleased that the WHO team has arrived in China.
- The WHO must insist that China be transparent and fully cooperative, as they would with any other country, including the United States.
- The WHO team includes experts from the United States.
- For additional information on the team's composition or work, we refer you to the World Health Organization.
- The United States' original offer included experts with the following skill sets:
- Virologists, immunologists, and experts on clinical trial design and execution from the National Institute of Allergy and Infectious Diseases.
- An expert in animal model development and Middle East Respiratory Syndrome (MERS) medical counter measures from the United States Department of Health and Human Services (HHS), Biomedical Advanced Research and Development Authority.
- Experts in vaccinology, immunology, respiratory viruses, epidemiology, and anti-viral drug and vaccine development from the Centers for Disease Control and Prevention.
- These U.S. experts have extensive experience working with the World Health Organization (WHO) on a range infectious disease outbreaks and epidemics including Ebola, avian influenza, and Severe Acute Respiratory Syndrome (SARS).

- Starting in early January—before the WHO Director General Tedros arrived in China—the U.S. Centers for Disease Control and Prevention were working informally with their Chinese counterparts to better understand the situation and offer assistance
- The United States has facilitated the delivery of life-saving medical supplies donated by U.S. companies and charitable organizations to teams responding to the epidemic in China.

Death of Dr. Li Wenliang

- We join the people of China and the broader international community in mourning the loss of Li Wenliang, a courageous doctor and truth-teller who lost his life in a terrible battle with Novel Corona Virus.
- We offer our sincere condolences to his wife and family.

Xinjiang

- The United States is concerned about a potential outbreak in Xinjiang where ethnic and religious minority groups are held in detention.
- Those detained in Xinjiang cannot take basic measures to protect themselves against the spread of coronavirus.

Wuhan—Repatriation Flights

- There have been a total of five charter flights to evacuate Americans from Wuhan back to the United States.
- The U.S. Government has evacuated more than 800 people from Wuhan. The charter flights also delivered more than 17 tons of medical and other humanitarian supplies donated by the American people.
- The first charter flight departed Wuhan on January 28th 2020, and two subsequent flights departed on February 4, 2020.
- All passengers were screened for symptoms multiple times by both U.S. and Chinese authorities prior to boarding.
- Medical professionals continuously monitored the health of all passengers throughout the flights.
- Upon arrival, all passengers were subject to CDC screening, health observation, and monitoring requirements.
- Beginning January 31st, 2020 passengers were made subject to a 14 day mandatory quarantine to ensure they're provided proper medical care and health screening.
- This mandatory quarantine period included time passengers have already spent at March Air Reserve Base for those on the charter that arrived On January 28th.
- Our goal is to complete health screening activities in a manner that safeguards the health and safety of all passengers and the people of the United States.
- We thank all passengers and their families for their cooperation, patience, and understanding.
- We thank state and local officials for their support.

Cruise Ship in Japan—Repatriation Flights

- The U.S. government chartered flights that departed Yokohama to the United States on Sunday, February 16, 2020.
- All travelers on these flights were screened for symptoms prior to departure and subjected to CDC screening, health observation, and monitoring requirements.
- Passengers were monitored and evaluated by medical and public health personnel every step of the way, including before takeoff, during the flight, and after arrival in the United States.
- Passengers developing symptoms were placed in isolation aboard the aircraft and referred to appropriate medical care upon landing.
- This is a rapidly evolving situation as we learn more about this virus.
- The U.S. Government is taking these measures to fully assess, care for, and protect these repatriated Americans their loved ones, and their communities
- We are deeply grateful to the government of Japan for their extraordinary care and hospitality and their assistance facilitating the care and return of our citizens.

Why Didn't the US Government Repatriate these Passengers Earlier?

- This is a rapidly evolving situation and we're using the most current information available to drive decision making.
- We appreciate the flexibility of the U.S. passengers on the Diamond Princess.
- The U.S. Government is chartering these flights to minimize the risks to the health of the U.S. passengers going forward

Cruise Ship in Japan—Restricted Travel

- The Japanese government started the disembarkation process from the Diamond Princess on February 19, 2020.
- We understand that not all passengers will disembark at once and that this process could occur over the coming days.
- As per the previous notification on February 16, 2020, CDC concluded there is a high risk that the passengers and crew on the Diamond Princess have been exposed to coronavirus.
- To limit the risk of spreading the disease, the United States Government is implementing travel restriction on individuals that were on the Diamond Princess and potentially exposed to coronavirus.
- These restrictions will prevent passengers and crew, including U.S. citizens, from travelling to the United States for at least 14 days following disembarkation.
- CDC provided additional guidance and communications to all passengers.
- This is a rapidly evolving situation as we learn more about this virus.
- We are deeply grateful to the government of Japan for their extraordinary care and hospitality and their assistance facilitating the care and return of our citizens.

Updated Travel Advisories—Cruise Ship

- U.S. citizens should reconsider travel by cruise ship to or within Asia.
- U.S. citizens traveling by ship may experience delays or complications resulting from travel restrictions and quarantines implemented by local authorities.
- While the U.S. government has successfully evacuated hundreds of our citizens in the previous weeks, repatriation flights should not be relied upon as an option for U.S. citizens under the potential risk of quarantine by local authorities.

- U.S. citizens should evaluate the risks associated with choosing to remain in an area that may be subject to quarantine and take the appropriate proactive measures.
- Passengers who plan to travel by cruise ship should contact their cruise line companies directly for further information and continue to monitor the [Travel.state.gov](https://www.travel.state.gov).

Updated Travel Notice—Republic of Korea and Japan

- CDC elevated its travel alert to level 2, which advises U.S. travelers to practice enhanced precautions
- The Republic of Korea and Japan are experiencing sustained community transmission.
- Because older adults and those with chronic medical conditions may be at higher risk for severe disease, people in these groups should discuss travel with a healthcare provider and consider postponing nonessential travel.

Updated Travel Notice—Italy

- CDC elevated its travel alert to level 1, which advises U.S. travelers to practice basic steps to protect themselves from the spread of the virus
- Italy is experiencing increased community transmission.
- The CDC does not recommend canceling or postponing travel to Italy.

Shipping of CDC CORONAVIRUS Diagnostic Test Kits Begins

- A CDC-developed laboratory test kit to detect coronavirus began shipping February 7th, 2020 to select qualified U.S. and international laboratories.
- Distribution of the tests will help improve the global capacity to detect and respond to coronavirus.

CORONAVIRUS Diagnostic Test Kit Inconclusive Results

- CDC has identified an issue associated with the manufacturing of one of the three controls used in the verification process of the coronavirus diagnostic test, leading to inconclusive test results in small number of cases.
- CDC appreciates the quick identification of this issue by our state and local public health partners during the verification process.
- CDC is addressing this issue and will ship remanufactured kits to labs as soon as they are ready.

What CDC are Doing

- CDC has a multi-layered, cross-agency public health response to protect the American public.
- Airport screening – facilitates enhanced identification of ill travelers
- Educating the public and medical community – facilitated detection of potential cases within the United States
- CDC has activated its Emergency Operations Center and begun using public health measures, including enhanced entry screening, as part of our aggressive public health response strategy.
- Based on evolving information from China, CDC has reassessed the current entry screening strategy and will now expand advanced screening capacity and directed flights arriving from China to one of 11 U.S. airports.

What FEMA is doing

- FEMA is providing support to HHS as HHS leads the response to coronavirus, including: incident management, resource planning, and Federal interagency coordination.
- Additionally, FEMA remains postured to support HHS with consequence management to anticipate any potentially necessary mitigations consistent with the U.S. Pandemic Crisis Action Plan.
- This ongoing planning effort is similar to the experience with SARS/MERS (both variations of coronavirus) in the past.

Immigration and Nationality Act (INA) 212(f) Presidential Proclamation and 14-Day Quarantine

- On January 31st, the President signed a Presidential Proclamation using his authority pursuant to Section 212 (f) of the Immigration and Nationality Act suspending the entry into the United States of foreign nationals who pose a risk of transmitting coronavirus.
- As of 5 p.m. EST, Sunday, February 2, 2020 the U.S. Government has implemented temporary measures to increase our abilities to detect and contain coronavirus proactively and aggressively.
- Any U.S. citizen returning to the U.S. who has been in Hubei province in the previous 14 days will be subject to up to 14 days of mandatory quarantine, to ensure they're provided proper medical care and health screening.
- 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 at a select number of ports of entry up to 14 days of monitored self-quarantine to ensure they've not contracted the virus and do not pose a public health risk.
- As a result, foreign nationals, other than immediate family of U.S. citizens and permanent residents, who have traveled in China within the last 14 days, will be denied entry into the United States.
- These actions will decrease the strain on public health officials screening incoming travelers, expedite the processing of U.S. citizens returning from China, and ensure resources are focused on the health and safety of the American people.
- We realize these measures could provide added stress and prolong travel times for some individuals
- Public health and security experts agree these measures are necessary to contain the virus and protect the American people.

International Engagement

- We are concerned by the ongoing coronavirus outbreak, and are closely monitoring the situation with our international partners.
- The White House has briefed more than 100 officials from more than 70 nations, including representatives from Africa and the Indo-Pacific region.
- These engagements allowed some of our Nation's most preeminent experts to share what we know about the virus, what we are doing, and provide recommendations about how our international partners can best prepare responses in each of their countries.
- Increased volume of air traffic between Africa and China, compared with the 2002-2003 SARS outbreak, underscores our sense of urgency in helping our African partners.

- Global health security is a top priority for the United States, as shown by our unparalleled support to public health in Africa, including \$85 billion in the President's Emergency Plan for AIDS Relief (PEPFAR) funding since 2003.
- Various African countries are taking measures, including suspending flights, to prevent an outbreak of coronavirus on the continent.
- We will continue to share information with our allies and partners to ensure the best possible international preparedness for the ongoing global health emergency.

Administration Engagement with the Scientific Community

- The White House Office of Science and Technology Policy (OSTP) is coordinating with the National Security Council (NSC) as well as Federal agencies who are taking robust action to minimize the spread of coronavirus.
- The Trump Administration works closely with the scientific community to ensure U.S. grant-funded science, research data, and peer-reviewed publications are readily available in times of global health emergency.
- .
- The Trump Administration has engaged the science and research community to better understand animal, human, and environmental transmission of coronavirus. This will aid the global health community to be better prepared for any future outbreaks.
- The White House Office of Science and Technology Policy has asked the National Academies of Science to provide additional subject matter expert support.

Biodefense Strategy

- Last year, President Trump made biodefense a priority and implemented the first ever National Biodefense Strategy to improve speed of action in situations like this, and we are seeing that strategy pay dividends now.
- CDC is accessing additional funding for the most urgent and immediate needs including surge support for ports of entry, enhanced laboratory capacity, and technical assistance.

Federal Funding

- The Administration is actively deploying necessary resources and instructing agencies to prioritize coronavirus response activities as they develop plans for spending funds available in FY 2020.

Funding Deployed

- On January 25, 2020 HHS notified Congress of its intent to use the CDC Infectious Diseases Rapid Response Reserve Fund to combat the virus, providing the Administration with \$105 million in immediate emergency funding.
- The Administration annually deploys nearly \$900 million dollars nationwide to state and local governments for public health and medical system emergency planning and response.

- HHS' Public Health Emergency Preparedness (PHEP) program and the Hospital Preparedness Program (HPP) provide vital resources to ensure communities and medical systems can effectively respond to infectious disease outbreaks
- PHEP has \$675 million and HPP received \$276 million available in FY 2020 to help communities prepare for emergencies such as this.

Funding Available

- The Administration is prepared to tap into other sources across the Federal government to support efforts to contain the virus, which include:
- HHS's Public Health and Social Services Emergency Fund (Strategic National Stockpile, Biomedical Advanced Research and Development Authority, Project Bioshield, and Hospital Preparedness Program)
- CDC's Public Health Preparedness and Response, Emerging and Zoonotic Infectious Diseases, and Immunization and Respiratory Diseases funds
- The National Institutes of Health's National Institute of Allergy and Infectious Diseases
- The Department of State's Emergencies in the Diplomatic and Consular Services and Global Health Programs
- USAID's Global Health Programs and International Disaster Assistance
- In addition, on February 2, 2020 HHS preemptively notified Congress that it may need to use its transfer authority to deploy an additional \$136 million to HHS agencies leading the response on the ground.

FY 2021 Budget

- FY 2021 begins in October 2020. The Administration will work with Congress in the coming months to identify and prioritize any additional funding needs.
- The FY 2021 Budget prioritizes funding for CDC's infectious disease, global health, and emergency preparedness activities for a total of \$4.3 billion, \$135 million over FY 2020, including \$50 million for the Infectious Diseases Rapid Response Reserve Fund.
- The Budget also requests \$675 million for CDC's PHEP program to further help state and local governments' public health emergency preparedness and response operations.
- The Budget also requests \$25 million to replenish USAID's Emergency Reserve Fund to rapidly respond to infectious disease outbreaks.

HONG KONG'S CORONAVIRUS RESPONSE LEADS TO SHARP DROP IN FLU CASES

Nicolle Liu, Financial Times – 03/05/20

Hong Kong's extreme measures to combat the spread of the coronavirus, including school closures and working from home, have brought an early end to the winter flu season, suggesting they might also be effective against the new disease, say experts.

Data provided by the government's Centre for Health Protection show the incidence of infection with influenza had fallen to less than 1 per cent by the end of February, marking an end to the winter flu season, which normally extends to the end of March or into April.

"A similar pattern happened in 2003 during Sars. All respiratory infection diseases were down between March to September compared to 2002," said David Hui, a respiratory disease expert from the Chinese University of Hong Kong.

"Influenza spread is one of the markers [of the coronavirus containment] as the same principles of avoiding droplets and social contacts apply."

Ho Pak-leung, a leading microbiologist at the University of Hong Kong, said data showed the flu season had shortened from an average of 98.7 days to 34 days this year.

He said the sharp fall was probably due to the widespread adoption of personal hygiene measures including washing hands and wearing face masks. He also pointed to measures to minimise contact between people.

Hongkongers are particularly compliant with public health measures because the 2002-2003 Sars outbreak, which claimed almost 300 lives in the territory, is still fresh in many people's minds. Hong Kong has instituted a partial lockdown. Schools and universities have been closed since the middle of January; employees have been encouraged to work from home; public sports facilities and museums have been shut; and residents told to avoid large gatherings.

The territory has also closed most of its border crossings with mainland China and ordered arrivals from the mainland to self-quarantine for 14 days.

However, experts warned it was too early to be complacent. "Hong Kong is doing a pretty good job now," said Prof Hui. "But it still depends on the situation in China; we are not sure whether there will be a second wave when people are returning to work." Hong Kong had reported 105 confirmed coronavirus cases by Thursday of which two have died. Read more about the impact of coronavirus The latest figures as the outbreak spreads How markets woke up to the threat How dangerous is the coronavirus and how does it spread?

I LIVED THROUGH SARS AND REPORTED ON EBOLA. THESE ARE THE QUESTIONS WE SHOULD BE ASKING ABOUT CORONAVIRUS.

Caroline Chen, ProPublica – 03/05/20

For concerned civilians and journalists covering the coronavirus, the figures and projections can be overwhelming, frightening or confusing. Here's what reporter Caroline Chen is focusing on to keep things as accurate and clear as possible.

I grew up in Hong Kong and was 13 when SARS swept through the city, infecting about 1,750 people and killing nearly 300. As a teenager, the hardest part was being stuck at home and missing my friends. I only started to pay attention to the daily death toll after my parents decided that's what would dictate when I could go back to school. But the experience shaped me. I picked up personal hygiene habits, like pressing elevator buttons with my knuckles. And I developed a deep respect for front-line medical workers, many of whom labored around the clock until they, too, succumbed.

That was only my first experience with an outbreak.

In 2014, I was a rookie reporter on the Bloomberg News health desk helping to cover the growing Ebola crisis in West Africa when we got word that the U.S. had its first diagnosed patient. My editor looked down his row of reporters and his eyes fell on me, the one with no familial obligations. "Hey Caroline," he said, "want to go to Dallas today?" The experience gave me a deeper look into how governments and scientists grapple with a fast-moving, deadly target. I learned about contact tracing as I tagged along with CDC disease detectives. A colleague and I delved deep into how the government's cumbersome contracting process delayed the development of a possible treatment for Ebola. I later covered Zika, reporting on Florida's lonely fight against the virus, as Congress gave the state little assistance.

Every time, I've seen the same gaps emerge in the public's understanding of what's really happening. On one side, I have epidemiologists and lab directors explaining to me, in excruciating detail, nuanced models and technicalities, like how PCR assays work. On the other side, I see oversimplified headlines and misleading statistics touted by government officials.

Now I'm on ProPublica's coronavirus reporting team, speaking to dozens of sources every day, from epidemiology experts and worried medical workers to members of the public, who are not sure what to take from the headlines they're seeing. ProPublica specializes in accountability journalism, and our goal is to find out what's happening and let the public know of any shortfalls in emergency response.

Are you a public health worker, medical provider, elected official, patient or other COVID-19 expert? We're looking for information and sources. Help make sure our journalism is responsible and focused on the right issues.

Here's what you need to know:

Testing Is Still Limited

On Tuesday, after days of growing clamor to make more testing available, Vice President Mike Pence announced that the administration was issuing new guidance that "will make it clear that any American can be tested" for COVID-19, the disease caused by the virus, and said that 2,500 kits would be sent out this week, an equivalent of 1.5 million tests.

Lifting restrictions on testing criteria is a much-needed step, but if your takeaway was that hundreds of thousands of Americans will be able to walk into doctors' offices by Friday and immediately get tested, you'd be wrong.

It doesn't matter if boxes upon boxes of kits are available if labs are struggling to set up the tests or are short on staff to run them. At the end of the day, what I want to know (and I imagine, what everyone wants to know) is how many *people* can be tested. That's the unit that I am pressing public health officials and lab directors for when I interview them.

Here are some basics that may be useful to keep in mind: The CDC test kits can be thought of somewhat like a Blue Apron meal kit; there's some assembly required before a lab can begin testing. It's not like a protein bar, ready to eat straight out of the wrapper.

As of Wednesday, the Association of Public Health Laboratories, which represents public health labs across the United States, told me that each CDC test kit can run about 700 specimens. Note the "about" — you might have heard that each CDC test kit can run 1,000 specimens. That's also true, but labs use up a certain amount of material in the process of setting up the kit and also to ensure that all the results from actual patient samples are accurate. So that's where the "about 700" number is coming from.

None of those numbers, so far, are in units of what I care about — patients. We're still talking about samples and specimens. APHL says the labs are running two specimens per patient, to double-check the result. So that means you actually can only test 350 people per kit.

Reporters, if an official gives you a number that's in samples, I urge you to follow up.

Instead of asking: How many test kits do you have?

Ask this: How many samples are you running per patient?

So that's the kits. Let's turn to staffing.

APHL told me on Wednesday that each public health lab can run about 100 samples per day. One hundred public labs received test kits from the CDC. When they're all up and running, they'll have a cumulative capacity of 10,000 samples a day. Remember, since we care about patients and not samples, divide by two. That's 5,000 patients a day. (As of Thursday morning, 67 labs were taking patient samples, so that would come out to 3,350 patients a day.)

Many experts say we need far more testing capacity. A former FDA commissioner, Dr. Scott Gottlieb, told me that he'd like everyone with an influenza-like illness who tests negative for the flu to be able to get tested for COVID-19, which, given that we're still in the midst of flu season, means a massive ramp-up would be required. In order to do that, the U.S. urgently needs academic medical centers to also come on board. Under pressure to expand capacity, the FDA loosened restrictions on Saturday to allow academic hospital labs to start testing. Some have.

You can read more about that here. Testing giants Quest and LabCorp are also aiming to be online next week, which will help tremendously.

I urge reporters to keep labor capacity in mind when talking to their local labs.

Instead of asking: How many samples can you run?

Ask this: How many samples is your lab testing per day right now? How about at maximum capacity? How many hours does it take to get a result?

One last thing that's good to know: There are commercial manufacturers at work to create off-the-shelf versions of these tests — the microwavable meal equivalent, if you will. But those companies have not given a precise timeline. Last week, Cepheid, a manufacturer based in California, told ProPublica it's targeting the second quarter of this year for the release of its test.

The Death Rate Is Only an Estimate

The mortality rate is an awfully squishy number that's being reported as if it's a stone-cold fact. On Tuesday, a number of headlines trumpeted that the World Health Organization was saying the death rate was 3.4%. Some hand-wringing ensued over how this number was higher than the previous estimate of 2%.

Here's what WHO Director General Tedros Adhanom Ghebreyesus said: "Globally, about 3.4% of reported COVID-19 cases have died." Let's zoom in on the word "reported." The WHO puts out a daily situation report that you can find here. It defines confirmed as "a person with laboratory confirmation of COVID-19 infection." As of Tuesday, the total number of deaths reported globally (3,112) as a fraction of the total number of confirmed cases reported globally (90,869) was 3.4%.

Here's the problem, though. That denominator is *laboratory-confirmed* cases. As we know, in the U.S., it's pretty hard to get tested right now. In fact, based on this definition, as of Wednesday night, the U.S. mortality rate based on CDC numbers — 9 reported deaths and 80 *laboratory-confirmed* cases — was 11%. You know that's bogus. You know that's because there's not enough data, the denominator is pitifully small and we need to be testing a whole lot more people.

Over the last few weeks, many more countries have realized that the coronavirus has hit their shores. Some, like South Korea, are doing tons of testing and generating lots of data. Others, like the U.S., aren't, as ProPublica has reported. The rate will also depend, country by country, on demographics (this virus is more deadly to the elderly) and resources (like ventilators). It's not surprising that the global mortality rate based on confirmed cases might fluctuate for a while.

When most people talk about fatality rates, they're thinking: *If I get this, will I die?* The only way to actually answer that question is to know how many people have been infected, and for now, that's nearly impossible. As Marc Lipsitch, an infectious disease epidemiologist at Harvard's T.H. Chan School of Public Health points out, deaths are the most obvious and easy thing to catch, whereas infected people who stay at home and those with no symptoms are incredibly hard to account for. That tends to skew the fatality rate higher, especially earlier on in an epidemic.

What we do know for now is that it's more deadly than the seasonal flu, which generally kills far fewer than 1% of those infected, and less deadly than a disease like SARS, which killed about 10% of those infected during the outbreak in 2002-3.

When I write about the mortality rate, I try to use caveats like "estimated" or "scientists understand it to be around" so readers understand it's not fixed in stone.

Instead of saying: The mortality rate is X%.

Say this: Scientists estimate the mortality rate is X%, based on the information they have.

Be Careful with Projections

Another slippery number out there is what's known as the basic reproduction number, R_0 (pronounced R-naught). It's a measure of contagion, the average number of people who will catch the disease from a single infected person. For similar reasons as above, this number is currently a moving target, as more data is gathered from around the world. So far, estimates have largely been in the range of 2 to 3.

What this means for reporters is that if someone tries to say something like, there's going to be X number of cases by a certain date, that can't be a hard and fast number. I'd want to know what assumptions were used to calculate that forecast. What was the R_0 presumed? How about the serial interval, the duration between the onset of symptoms between one case and its secondary cases? Tweaking either of those numbers by just a bit can result in very different forecasts, which you can see by playing around with this [interactive tool](#) by the University of Toronto.

Generally, I shy away from putting a projection in a headline, where any hope of nuance might be lost, but if I have to, a range is safer than a single number that readers might interpret as somehow immutable.

Furthermore, as of early March, there are many fundamental questions about the novel coronavirus that scientists still don't fully understand. For example, while it's clear that the primary method of transmission is via droplets, drops of fluid from the mouth or nose emitted when an infected person coughs or sneezes, it's not clear if it can transmit as an aerosol, meaning it is airborne and floats around (this is considered to be unlikely). It's also not conclusive if the virus can be spread by infected people before they present any symptoms.

Instead of asking: How many cases will there be at X point in time?

Ask this: What assumptions were used to calculate your prediction? What's the upper and lower range of your projection?

Information Is Changing Quickly and May Soon Be Out of Date

One last thing I'd like to add: Even more so than usual, things are moving quickly. I've been on interviews where the information I was given was outdated — as in *just plain wrong* — by the time I filed my draft 12 hours later. This is, of course, terrifying as a reporter. So I'm trying my best to put information like “as of Wednesday morning” alongside facts and figures in my stories, and I'm encouraging my sources to update me as often as they can.

OK, but How Do I Protect Myself?

Over the last two days, I've gotten numerous DMs over Twitter from concerned members of the public, asking me what they should do to be safe. Honestly, this breaks my heart and speaks to a failure of local health officials to educate them. I'm having the same conversations over and over again, so I thought I'd share some of my thoughts here. I'm not a medical professional, so this is not medical advice.

Start by knowing yourself. Are you elderly or immunocompromised? Young and healthy? Your risk varies depending on your personal profile. If you're concerned about your health, I encourage you to talk through your fears with your doctor. I'm 29; I know there's little chance that this virus would kill me given the information I've seen. (In data published last month by the Chinese CDC, out of more than 72,000 diagnosed cases, 8.1% were 20-somethings, and the fatality rate in that age bracket was 0.2%.) That said, given my personal medical history and tendency to get bronchitis, I would really prefer not to get infected.

So how does that translate into action? Here have been my personal choices so far. I'm still flying; I just got off a plane to attend a reporting conference in New Orleans. (I would not attend a conference in the Seattle area, however, given how signs are pointing to widespread community transmission.) I don't see how being on a plane increases my personal risk any more than being on the New York City subway. That said, I am not shaking any hands at this conference, and I'm ramping up my hygiene game: washing my hands more frequently and encouraging my colleagues to do so as well.

I'm aware of the possibility that I may need to work from home in the near future, if I or my husband get sick, or if there's an explosion of cases in New York City and social distancing measures are encouraged. So we are slowly but methodically picking up a little bit of extra food with every grocery run (for our two cats as well!), just so that we'd have enough at home if we need to be indoors for a few weeks. I'm not panicked, nor should you be. I'd encourage you to check on your neighbors — especially the older ones, or those with young children, and see if you can pick up some additional groceries for them.

Even if we have to stand a little farther apart from one another, the best way to get through this is with a bit of extra compassion to bridge the gap.

WHAT DOES BEIJING BELIEVE ABOUT THE CORONAVIRUS?

James Palmer, Foreign Policy – 03/04/20

China wants to convince the world that things are getting back to normal. But it's also tacitly endorsing conspiracy theories.

Welcome to *Foreign Policy's* weekly China Brief. The highlights this week: China's government says things are getting back to normal, but Beijing's coronavirus lockdown is tightening, South Korea's outbreak is now the worst beyond mainland China, and questions remain about the number of asymptomatic cases.

What to Make of China's Virus Messaging

As the coronavirus spreads globally, China is keen to convince the world that things are getting back to normal within its borders. But the message that all is well is undercut by the tightening lockdown in Beijing, where streets remain empty and many offices and factories are required to have no more than 30 percent of their employees physically at work at any given time. For Chinese officials, protecting the party leadership from infection is clearly the highest priority. Deaths in Beijing appear to matter more than deaths elsewhere, so the response there is a telling vision of what the government really believes about the virus.

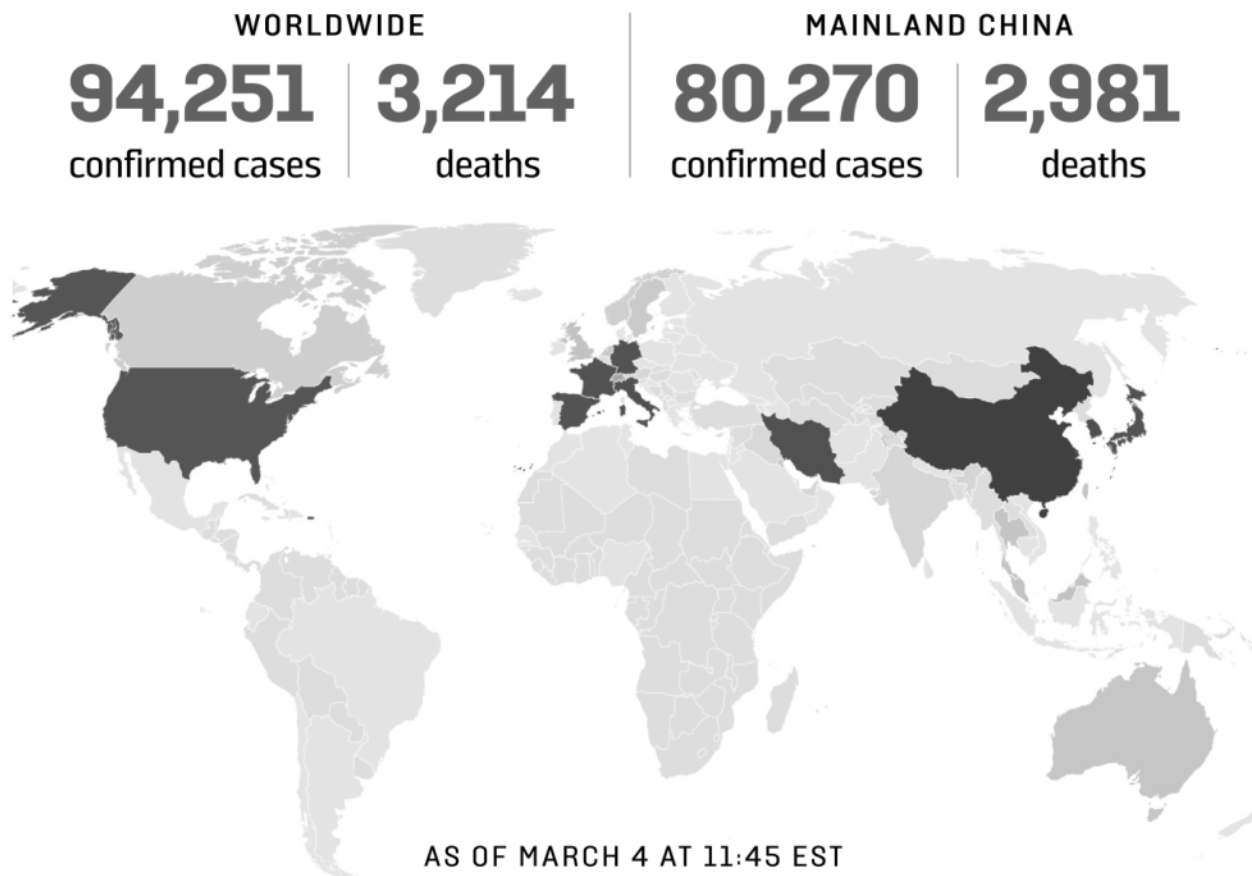
The economic outlook in China remains dire. The services sector may be hit just as hard as manufacturing, with new data showing an all-time low in consumer confidence. The figures look very bad, especially considering that long delay times caused by inactivity are still factored into the index as a sign of positive growth—usually, delays are the result of busy factories. There is little sign of recovery yet, and migrant workers are still stranded and unlikely to return to work anytime soon.

Data faking. The government pressure to show that business activity is resuming has produced surreal scenes, with some local officials ordering factories to turn on machines to make it look like production is taking place and reporting fictitious data to top officials. Such distortion is a part of the Chinese system that the central government is well aware of but finds hard to fight. What's critical: Similar distortions are likely taking place with the coronavirus epidemic data itself.

Propaganda push. The Chinese government has shifted toward tacitly endorsing conspiracy theories that blame the United States for the coronavirus. On Monday, I wrote about the theories being circulated—not censored—on social media. Today, the Ministry of Foreign Affairs spokesperson Zhao Lijian said during a press conference that though the first cases were detected in China, it's not clear that the virus originated in China.

China wants to promote itself as the savior—not the cause—of the virus. It is even looking to fund an alternative to the World Health Organization to push that idea.

Mapping the coronavirus outbreak: Follow our daily updates on the epidemic and how it is affecting countries around the world [here](#).



What We're Following

South Korean outbreak grows. With over 5,000 coronavirus cases, South Korea is officially the hardest-hit country outside of mainland China. But its government is trying a very different approach, relying on civil society and voluntary cooperation instead of lockdowns. South Korea has deployed state power against members of the religious cult at the center of the outbreak to get them to hand over information. South Korea's data is far more transparent than China's, making it difficult to compare the two cases.

How many asymptomatic cases are there? China's official figures leave a major unanswered question: How many asymptomatic cases of the virus are there, and is the country recording them properly? Asymptomatic patients are not included in the tally of cases, and the Chinese government claims that they are only 1.5 percent of total infections. But figures from Japan and South Korea suggest the real figure may be closer to between 10 and 20 percent, and data obtained by the media outlet *Caixin* suggests that Chinese provinces are fixing the real figures.

Why aren't migrant workers returning to work? China's quarantine measures have put anyone who travels under the eye of the state, which is the last place the average rural worker—often without official ID—wants to be. For those migrating for factory work, the risks are increased: It is difficult to find accommodation, there is chance of being quarantined for weeks without income, and health care access

is limited. Plus, the crowded living conditions for most workers are like a petri dish. It's no wonder people are staying in the villages.

A decline in enrollment. U.S. colleges have relied on income from Chinese students for decades. But with U.S. visas harder to come by and the coronavirus restricting travel, continued enrollment is looking shaky. The number of Chinese students in the United States was falling before the virus. The outbreak has already resulted in some courses that aimed at mainlanders being slashed entirely.

Tech and Business

Digital quarantine. China has rolled out a color-coded quarantine system across the country, with citizens' movements now restricted by an opaque algorithm and shared between the government and the e-commerce giant Alibaba. This type of system could end up staying in place and being used for other purposes beyond the virus outbreak. As the United States showed after 9/11, governments are reluctant to roll back security measures once enforced. But China's new measures could be full of errors, as Yuan Yang reports for the *Financial Times*.

Airline impacts. China's shady Hainan Airlines, already facing financial difficulties, has been taken over by a special government group amid the coronavirus outbreak. Hainan is likely the first of many: China has had a recent air travel boom, and airlines are the primary victims of travel fears. The virus is already hitting the global industry, with bookings falling sharply worldwide last week following a downturn in Asia.

Real estate plummets. Since Wuhan's quarantine began on Jan. 23, home sales in China have plummeted by 90 percent compared with the same time last year. Nobody is moving house, nobody is looking for new office space, and nothing is being built. That's a big problem, because every Chinese company of scale is really a real estate company: Firms from airlines to film studios tie up their wealth in property.

What We're Reading

"Medicine," by Lu Xun

This short story is a taste of the past from the man often considered China's greatest 20th-century writer, the reform-minded cynic and doctor Lu Xun. Illness and its treatment is a recurring theme in his work. "Medicine" is about a couple seeking a cure for their son, who has tuberculosis, in an executed revolutionary's blood. The story was published in 1919—at the height of the Spanish flu outbreak that cost 20 million lives worldwide, including millions in China. Read it in Julia Lovell's complete translation of Lu's work.

MADE IN CHINA: CORONAVIRUS CHAOS COULD HAVE BEEN AVOIDED

Patrick Mendis and Joey Wang, National Interest – 03/07/20

“If the officials had disclosed information about the epidemic earlier, I think it would have been a lot better. There should be more openness and transparency.”

Given the absolute power of the Communist Party of China (CPC), the Wuhan authorities have controlled the dissemination of information for the fear of possible impacts on social order and political stability. It was hardly a surprise, therefore, that the CPC has been willing to mortgage the health of its citizens during this coronavirus debacle for the preservation of the system.

Indeed, while China has responded faster to the coronavirus epidemic than its SARS outbreak in 2002–03, the CPC has overlooked the inherent failure in its system as the authorities have continued to silence and punish those who deviate from official orthodoxy and reality. Even with the lessons of the SARS disaster, demonstrating the need for greater openness and responsibility, China has committed the same mistakes while expecting a different outcome.

The Heavenly Messenger

The first mistake was shooting the messenger. Dr. Li Wenliang—a young ophthalmologist at the Central Hospital of Wuhan—had first shared his concerns on December 31, 2019, with a group of colleagues on WeChat. At the time, the coronavirus had not yet been identified. Li then warned his co-workers of the SARS-like symptoms that his patients were exhibiting, and encouraged them to adopt stricter measures to prevent contaminations in their hospitals.

This had all privately been shared to alert his colleagues. However, once screenshots began to circulate, they came to the attention of his superiors at the hospital. Li’s reward for this simple act of professional vigilance was an order from the hospital authorities to write a letter of self-criticism. The local police also paid him a visit in the middle of the night, where they accused him of being one of eight people who had been spreading “false information” and who had “gravely disturbed social order.”

Finally, Li was forced to respond affirmatively to the questions: “Can you stop your illegal behavior?” and “Do you understand you’ll be punished if you don’t stop such behavior?” His answers were signed and sealed by affixing his red thumbprint to the police report. With this restraining order, the virus was then allowed to continue spreading unabated for several more weeks. This pointed to the second mistake.

The Mandate of the Party

Setting the stage for the perfect storm, the city of Wuhan had been preparing its annual mass banquet. To celebrate the twentieth anniversary, local organizers had attempted “to break a world record for the largest number of dishes served.” The significance of this event cannot be overstated. For at least three weeks prior to the banquet on January 18, 2020, Wuhan authorities had been informed of the virus spreading in the city.

The SARS experience and common sense would have dictated taking immediate measures to protect public health. Instead, Wuhan authorities did the unthinkable: issuing orders to suppress the news and covering-up the gravity of the outbreak. Even after the World Health Organization (WHO) had declared

a global health emergency on January 30, media outlets such as Xinhua were instructed to give the news of the coronavirus a positive spin and avoid mentioning the WHO declaration. By this time, the pathogen had already spread well beyond China.

One reason for the suppression of the news—as reported by the Financial Times—was that the mayor of Wuhan had declined the advice of health experts out of concern that measures to contain the disease “may hurt the local economy and social stability.” This decision would have two escalatory effects. First, it accelerated the virulence of the virus, given the sheer number of people in close proximity. Second, it facilitated the spread of the virus around the world. The conclusion of the banquet ended with an exodus of some five million people from the city, which helped to transport the virus beyond Hebei province and Chinese national borders.

By January 29, the number of cases of the coronavirus had already risen to 7,700 cases worldwide and 170 deaths in China. The figures were likely very conservative, given the shortage of medical test kits at that time. On the same day, China’s Supreme Court finally recognized that the Wuhan police should have been more “tolerant” of those sounding the alarm than accusing them of rumor-mongering. This was a lame gesture to the clear recognition of the facts on the ground. This points to the third mistake.

The Mandate of Heaven Works

With the cover-up having now failed, China is slowly and begrudgingly admitting to the inadequacies of its critical response. The advance team from the WHO has only able to enter China as recently as February 10, and it is still unclear when the full WHO mission will deploy, or the latitude they will have to investigate the origins of this infection. The US Centers for Disease Control (CDC)—one of the world’s most respected organizations and the most experienced first responders—has not even been invited to assist in the investigation.

To this degree of restriction and censorship, not to mention the potential threats to public health beyond the national borders, there has been a massive outcry not only over the silencing of Li Wenliang, but the government’s mishandling of the entire crisis. In this context, one can only tremble at the thought of the estimated one million Chinese Uyghurs in the so-called “vocational training centers” or internment camps in the Xinjiang province. The exiled World Uyghur Congress had sounded the alarm over the risk of spreading the virus inside the camps. According to the Chinese official media, there are only 55 cases reported in Xinjiang.

Even if not actually complicit, the WHO at the very least must share some of the blame for the speed of the response. According to the Washington Post, even as the virus was spreading through Wuhan in January, the WHO’s Director General Dr. Tedros Adhanom Ghebreyesus was praising the “transparency” of the Chinese response, and giving the general impression that “China has got this.”

Advice to the Party

The CPC keeps a vice-like grip on what is seen and heard in the country. In China, controlling the narrative is the sine qua non of Beijing’s success of its leadership. Contagious diseases are, however, indifferent to religious and political ideologies. At a certain critical mass, the message is simply too ubiquitous to ignore or cover-up. To this point, it is reminiscent of the maxim—often been attributed to

the nineteenth century German philosopher Arthur Schopenhauer—that “All truth passes through three stages: First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as self-evident.”

At this juncture, the best possible policy prescription can only look to the message of scientific truth and the messenger who ultimately had to pay for this crisis with his life. In an interview with the New York Times before he died, Li offered this advice: “If the officials had disclosed information about the epidemic earlier, I think it would have been a lot better. There should be more openness and transparency.”

CORONAVIRUS: WUHAN DOCTOR SPEAKS OUT AGAINST AUTHORITIES

Lily Kuo, The Guardian – 03/11/20

A doctor in Wuhan has spoken out after seeing several of her colleagues die from the coronavirus, criticising hospital authorities for suppressing early warnings of the outbreak in an interview censors have been trying to erase from the internet.

In an interview with the Chinese magazine, Renwu, or People, Ai Fen, director of the emergency at Wuhan Central hospital, said she was reprimanded after alerting her superiors and colleagues of a Sars-like virus seen in patients in December.

Now that the virus has claimed more than 3,000 lives inside China, including four doctors at her hospital, one of which was the whistleblower ophthalmologist Li Wenliang, Ai has joined other critics risking their jobs, as well as detention, to speak out about conditions in Wuhan.

“If I had known what was to happen, I would not have cared about the reprimand. I would have fucking talked about it to whoever, where ever I could,” she said in the interview.

Since Tuesday, Ai’s interview has been posted and quickly deleted from Chinese social media sites. Renwu has removed the article and Ai could not be reached over the phone. Internet users have moved quickly to save the article, posting screenshots of it.

On 30 December, after seeing several patients with flu-like symptoms and resistant to usual treatment methods, Ai received the lab results of one case, which contained the word: “Sars coronavirus.” Ai, reading the report several times, says she broke out into a cold sweat.

She circled the words Sars, took a photo and sent it to a former medical school classmate, now a doctor at another hospital in Wuhan. By that evening, the photo had spread throughout medical circles in Wuhan, where it was also shared by Li Wenliang, becoming the first piece of evidence of the outbreak.

That night Ai said she received a message from her hospital saying information about this mysterious disease should not be arbitrarily released in order to avoid causing panic. Two days later, she told the magazine, she was summoned by the head of the hospital’s disciplinary inspection committee and reprimanded for “spreading rumours” and “harming stability”.

The staff were forbidden from passing messages or images related to the virus, she said. All Ai could do was ask her staff to wear protective clothing and masks – even as hospital authorities told them not to. She told her department to wear protective jackets under their doctor coats.

“We watched more and more patients come in as the radius of the spread of infection became larger,” she said, as they began to see patients with no connection to the seafood market, believed to be the source of the first cases.

Meanwhile, Chinese officials were still insisting there was no reason to believe the virus was being passed between people. “I knew there must be human to human transmission,” Ai said.

On 21 January, the day after Chinese officials finally confirmed there was human to human transmission of the virus, the number of sick residents coming to the emergency room had already reached 1,523 in a day – three times the normal volume.

In the interview, Ai described moments that she will never forget: an elderly man staring blankly at a doctor giving him the death certificate of his 32-year-old son, or a father who was too sick to get out of the car outside of the hospital. By the time she walked to the car, he had died.

Once, when she arranged for the transfer of a man's mother-in-law to in-patient care, the man took a moment to thank Ai. The mother-in-law died upon arrival. "I know it was only a few seconds but that 'thank you' weighs heavily on me. In the time it took to say this one sentence, could a life have been saved?"

Over the last two months, Ai said she has also seen many of her colleagues fall sick and four die from the virus. One of those was Li Wenliang, whose death prompted an unprecedented wave of national anger and mourning.

Early on during the outbreak, public security officials in Wuhan said eight people had been punished for "spreading rumours". It is not clear if Li was one of those and Ai said her reprimand came from her hospital. Still, several friends have asked Ai if she was one of those whistleblowers.

"I am not a whistleblower," Ai told Renwu. "I am the one who provided the whistle."

QUARANTINED WUHAN RESIDENTS SHOUT 'FAKE, FAKE' FROM THEIR WINDOWS AT CHINESE VICE PREMIER TO COMPLAIN ABOUT BEING NEGLECTED DURING CORONAVIRUS OUTBREAK

Emilia Jiang, Daily Mail – 03/06/20

Quarantined residents have been captured on camera yelling 'fake, fake' at a group of Beijing officials as they said authorities had neglected their daily needs.

Sun Chunlan, the Chinese Vice Premier, was leading the government team while touring the isolated complex in Qingshan District of Wuhan yesterday.

The officials were there to examine the anti-coronavirus operations carried out by local authorities, according to Chinese media.

The compound residents can be heard in a video shouting 'people are paying for overpriced food' and 'it's all fake' from their flat windows.

The quarantined residents claimed that the local authorities had pretended to deliver fresh vegetables and meat to them, according to reports.

Some could be heard yelling 'formalism', a term that has been used frequently in China to criticise ineffective measures taken by government representatives for the sake of their images.

The coronavirus-ravaged city has been under lockdown since January 23.

On February 11, the government enforced tighter quarantine measures on all residential complexes, with no one allowed to enter or leave. Local supermarkets have also stopped selling goods to individuals.

Communities in Wuhan are in charge of purchasing and delivering daily essentials to their residents.

Sun Chunlan has called for 'an in-depth investigation' to address the issue today, according to Ding Xiangyang, a spokesperson from the State Council.

When addressing the heckling, Ding Xiangyang said: 'You have all seen the little videos on social media.'

The Chinese Vice Premier has also urged efforts at the community level in containing the COVID-19 epidemic and ensuring the daily supplies for Wuhan residents, the state media Xinhua reported.

Sun Chunlan has been put in charge of the central government's epidemic-control work in Wuhan since the epidemic broke out, according to Chinese media.

The disease, formally known as COVID-19, has infected over 80,500 people in China including 3,042 deaths.

Worldwide, more than 100,000 people have been diagnosed and 3,400 coronavirus patients have died.

Italy reported 41 deaths from the virus yesterday, bringing the death toll to 148, the second highest outside of China.

The total number of cases in the UK has reached 116 yesterday as the Department of Health confirmed the first coronavirus death on home turf last night, believed to be a woman in her 70s from Berkshire with underlying health conditions.

CHINA PUSHES BACK AS CORONAVIRUS CRISIS DAMAGES ITS IMAGE

Steven Lee Myers, The New York Times – 03/06/20

The country is appealing for sympathy while attacking those who blame its leadership for making the situation worse.

BEIJING — When the coronavirus epidemic began its relentless march around the world, China's diplomats reacted harshly toward countries that shut their borders, canceled flights or otherwise restricted travel.

Italy was overreacting when it did so, Qin Gang, a vice minister of foreign affairs, told his counterpart in February. The United States was stoking fear and panic, a spokeswoman, Hua Chunying, said. "True feeling shines through in hardship," she said back then.

Now China is doing the same, undercutting its own diplomatic efforts to win sympathy and support by imposing travel restrictions that it once called unnecessary. They include 14 days of quarantine for travelers from Italy, Iran, South Korea and Japan. Almost everyone flying into Beijing faces a similar fate, regardless of departure point.

"They have a toolbox that only seems to have a hammer," said Jörg Wuttke, the president of the European Chamber of Commerce in China, who is now himself in quarantine in his Beijing home after returning from Europe last Friday.

The epidemic is first and foremost a public health crisis, having already caused more than 3,000 deaths, but for China, it has become a challenge to its standing at home and abroad, too. China faces a torrent of suspicion from other countries that could undermine its ambitions of becoming a global economic and political power.

China is now hitting back — it has expelled foreign journalists, attacked displays of racism, hinted that other governments are responding too slowly, and suggested that the virus originated elsewhere. The government has hailed friendly countries that sent supplies or stayed open to Chinese travelers and has also itself sent shipments of aid.

To the Communist Party's critics, the epidemic has confirmed the harshest critiques of the flaws in its governance, including its intensifying authoritarianism under its leader, Xi Jinping, and its reflex for secrecy and obfuscation. With flights from around the world canceled, the near-isolation of the country could well compound the anger that has already boiled over at home, especially if the epidemic has a lasting effect on trade and tourism.

It has inflamed relationships that were already tense, like that with the United States, but also strained those with friendlier countries such as Russia. China has urged countries to work together, but lashed out at the United States and others, at least in part, it seems, to deflect public anger at home.

"The epidemic is a lost opportunity for China to rebuild some good will with America and other countries," Susan L. Shirk, chairwoman of the 21st Century China Center at the University of California, San Diego, wrote in an email.

“Beijing is playing geopolitics with the epidemic,” Ms. Shirk wrote. “The domestic propaganda is hostile to the U.S. and emphasizing the superiority of the Chinese system and the wisdom of Xi Jinping.”

The intensity of the outbreak forced China to go on the defensive early, especially as the government failed to explain the delays in warning the public about the threat of the coronavirus, especially in Wuhan, the city where it began.

“Well, this is a new virus,” China’s foreign minister, Wang Yi, said in an interview with Reuters in February when asked about the delays. “So naturally it takes time for people to gain more understanding and knowledge about it. The same has happened in other countries.”

The epidemic has sparked a wave of xenophobia and anti-Chinese racism in Japan, Vietnam, Australia and countries in Europe and elsewhere, where some are asking if their economies are too dependent on China. Even Russia, which has grown closer and closer to Beijing, was among the first to shut its border and stop issuing visas, and China’s ambassador, Zhang Hanhui, complained about the treatment of Chinese on Moscow’s buses.

Around the world, the epidemic has been met with news coverage that questioned China’s public health standards, its one-party control and its suppression of dissent. Some Trump administration officials and members of Congress have argued that the crisis should force a more decisive reset in relations with China.

Chinese diplomats have pushed back. They attacked the displays of racist sentiment and, more broadly, tried to refute criticism of how the country has handled the outbreak.

China’s embassy in Berlin slammed the German newsmagazine Der Spiegel for a cover photograph that showed a man in a protective suit and mask, with the headline “Made in China.”

“Epidemic outbreaks must not be used as an excuse for discrimination and xenophobia,” the embassy’s statement said.

In the case of The Wall Street Journal, China’s Ministry of Foreign Affairs went further, expelling three journalists from the newspaper’s Beijing bureau over a headline on an opinion-page essay: “China Is the Real Sick Man of Asia.”

The Trump administration retaliated this week by announcing that it would cap the number of Chinese employees in the United States at five major state media organizations, including Xinhua and CGTN. That, in turn, prompted new accusations of hypocrisy from Ms. Hua, the Foreign Ministry spokeswoman, and a hint of still more tit-for-tat moves. “Now the US kicked off the game,” she wrote on Twitter, “let’s play.”

Ms. Hua’s use of Twitter, which is blocked in China, is a feature of a newly aggressive form of public diplomacy that has taken shape in the last year — and that is being put to the test now. Where China’s diplomats have long stuck closely to scripted responses couched in protocol, she and some of her colleagues have pushed back against critics, at times combatively.

Another Foreign Ministry spokesman, Zhao Lijian, even gave some credence this week to suggestions swirling on the internet that the coronavirus did not come from China by saying no one yet knew the origin for sure.

“They are trying very hard to fight both the diplomatic damage the virus has caused and the domestic damage this has done to Xi Jinping,” said Xiao Qiang, a researcher at the School of Information at the University of California, Berkeley, and editor of China Digital Times.

Now that the rate of new infections and deaths in China has slowed, officials are trying to portray the country as the world’s leader in the fight against the coronavirus. The Central Propaganda Department is even publishing a book — in several languages — praising Mr. Xi’s role in guiding the country through the crisis, however premature a declaration of victory might seem at this point.

At a briefing in Beijing on Thursday, officials highlighted the assistance China is now providing other countries. That includes sending coronavirus test kits to Pakistan, Japan, Iran and other countries. China’s Red Cross flew a team of volunteer experts to Iran, which has been particularly hard hit. It also chartered a flight to bring back Chinese citizens from Iran — a step it harshly criticized the United States for doing from Wuhan in January.

China’s Foreign Ministry is keeping score. Ma Zhaoxu, a vice minister of foreign affairs, said on Thursday that 62 countries had donated masks or protective clothing.

Myanmar provided rice, Sri Lanka tea. Mongolia donated 30,000 sheep, a gift that coincided with an official visit last week by its president, Khaltmaagiin Battulga. (Mr. Battulga and his delegation returned to their country and went into quarantine as a precaution.)

Mr. Zhao, the ministry’s spokesman, noted that 170 leaders had made supportive statements. Officials also repeatedly cite remarks by senior officials of the World Health Organization, who have praised the country’s response.

Rush Doshi, director of the China Strategy Initiative at the Brookings Institution in Washington, said that China’s effort to rewrite the narrative — by donating test kits and sending other aid — could pay off.

“If they provide public goods, this is going a long way, and these narratives are meant to help to accelerate that process,” he said. “And I think they may be successful at it if they are really going to show in a big way they are on the ground in a place like Iran, making a difference.”

China could also benefit from the shift in focus to other hot spots, especially in Italy. Fernando Simón, the head of Spain’s coordination center for health alerts and emergencies, told a news conference that “we have to progressively think that China is not the highest risk zone.”

Others, though, are skeptical that China can easily rebound from the taint of the epidemic.

“Resentment against China in Europe is palpable,” Mr. Wuttke of the European Chamber of Commerce said. He then referred to Mr. Xi’s signature Belt and Road investment strategy to unite the world through infrastructure and commerce, saying that this was “not the Belt and Road people hoped for. Tragic.”

LIGHTS ARE ON BUT NO ONE'S WORKING: HOW LOCAL GOVERNMENTS ARE FAKING CORONAVIRUS RECOVERY

Yuan Ruiyang and Isabelle Li, Caixin Global – 03/04/20

Local companies and officials are fraudulently boosting electricity consumption and other metrics in order to meet tough new back-to-work targets as the spread of Covid-19 in China wanes, a Caixin investigation has found.

As new coronavirus cases in China slowed in recent weeks, local governments in less-affected regions pushed companies and factories to return to work, typically by assigning concrete targets to district officials. Company insiders and local civil servants told Caixin that, under pressure to fulfill quotas they could not otherwise meet, they deftly cooked the books.

Leaving lights and air conditioners on all day long in empty offices, turning on manufacturing equipment, faking staff rosters and even coaching factory workers to lie to inspectors are just some of the ways they helped manufacture flashy statistics on the resumption of business for local governments to report up the chain.

Electricity consumption data has regularly been used as a proxy for the business resumption rate when reporting to Beijing, and to the public.

The East China province of Zhejiang has been lauded as a prime example of the nation's industrial recovery from the coronavirus outbreak by China's top economic planner, which reported on Feb. 24 that its work resumption rate was more than 90%.

Nevertheless, a civil servant in one district of the provincial capital, Hangzhou, told Caixin that from Saturday plants were instructed to leave their industrial equipment idling for the whole day, while offices were told to keep computers and air-conditioners running, when Beijing began checking the resumption rate by examining power consumption figures.

Caixin has chosen not to name the district to protect the identity of the civil servant, who could face repercussions for revealing the information publicly. But reached by phone, one company insider in the district said they saw such directives in multiple corporate WeChat groups. Another said they received the order too, but their operations had already resumed two weeks prior, and its production lines were in normal operation by Feb. 29. Another executive said they were not informed of the electricity use target, and said they were running at about one-fifth of normal capacity, with only a small proportion of machines in use.

Hangzhou's target was for corporate electricity consumption that day to hit 75% of what it was on Jan. 8, and that it should return to at least 90% of that by March 10.

The real resumption rate in one industrial park in Hangzhou over the weekend was 40%, the civil servant estimated, far below the 75% target.

The district official pointed out China is further subsidizing electricity costs as a way to incentivize businesses to resume, and said many companies would rather waste a small amount of money on power than irritate local officials.

Insiders told Caixin that in some cases, rather than giving companies direct targets, local governments assigned quotas to local district officials who were then directly responsible for meeting them. Those officials would regularly visit the companies, prodding them to resume production in the guise of expressing “care and support.” That pressure is likely what drove them to switch on their machines.

Zhejiang Provincial Government Deputy Secretary-General Chen Guangsheng boasted to press on Feb. 24 that a segment of manufacturing plants in Zhejiang reported a work resumption rate of 98.6%, and service enterprises 95.6%. More than 99% of the coastal province’s companies with annual export value above \$10 million had resumed business, the provincial leader said.

A company in Wenzhou, a major commercial center in the same province, confirmed it had received a designated power consumption target equal to half of the level before the outbreak, and had been running its air conditioners all day long to meet the goal.

Zhejiang is not the only place where the reality on the ground is said to deviate from government figures.

In the small industrial city of Botou, some 230 kilometers (143 miles) south of Beijing, Caixin found factories reported by the local government to have reopened their doors had not in fact resumed production.

The head of one told Caixin that despite reports up the chain, the local government’s unwillingness to risk an outbreak meant it had not actually restarted. “The local government still forbids factories to actually resume work,” the executive said. “We have returned to the offices, but production has not resumed at all.”

He further said the Botou government asked him to falsely report the number of employees who had returned to work, and even went so far as to directly coach workers about how to lie if they received calls from inspectors.

Prolonged suspension of production had led to the loss of technicians and business orders, he added, because some of the company’s peers in other parts of China had resumed manufacturing ahead of them.

Replying to Caixin’s request for comment on Monday, the Botou government said at least 228 enterprises in the Botou area had resumed business, but some companies might have said they did not because while they were registered as having resumed, they may not have been prepared to immediately commence production. They said companies were permitted to resume normal business after reporting to the local government, but could only begin operation after officials confirmed virus control measures were in place.

A source in a smaller enterprise in Botou told Caixin companies have been allowed to resume production after meeting certain virus containment requirements, but face the further logistical issues as many rural roads remain blocked. Without a way to get raw materials in and send products out, there’s not much point in businesses returning to production.

Open data from Baidu Maps shows overall traffic flow inside the Botou city over the weekend was still less than half of the average last year, after two weeks of slow recovery starting from Feb. 18.

HUMAN RIGHTS ACTIVIST 'COULD FACE MONTHS OF TORTURE IN SECRET DETENTION' AFTER DEMANDING PRESIDENT XI STEP DOWN OVER 'CORONAVIRUS CATASTROPHE'

Daily Mail – 03/09/20

An outspoken activist who openly called Chinese President Xi 'not clever enough' and demanded the leader step down over 'the coronavirus catastrophe' could be facing months of torture in secret detention, human rights groups have warned.

Xu Zhiyong, a former law lecturer, has allegedly been charged with 'inciting state subversion' after being detained on February 15.

The 47-year-old is being kept in a classified location and at 'serious risk' of torture and ill-treatment, according to experts.

Mr Xu was detained after publishing a series of blog posts criticising the Communist Party's response to the coronavirus outbreak that has now killed more than 3,110 people in the country and at least 3,893 worldwide.

Police at Dongxiaokou station in Beijing told Xu's sister on Saturday that he had been moved to 'residential surveillance in a designated location', Hua Ze, a human rights activist in close contact with Xu's relatives, told AFP.

This is a form of extrajudicial detention lasting up to six months where detainees are denied access to lawyers and relatives, and are vulnerable to torture and coercion, according to activists.

Hu Jia, a veteran Chinese rights activist, said police threatened Xu's sister.

Police told her 'she was not allowed to visit him due to outbreak prevention and control measures, and would not be allowed to visit even after the outbreak subsided', Mr Hu said.

'We don't know where he is being detained or which exact department is handling his case, which makes it hard to give him legal assistance.'

'Residential surveillance in a designated location' is often arbitrarily used by the Chinese authorities to silence people who are critical of government leaders, especially of President Xi Jinping, according to Patrick Poon, a researcher at Amnesty International.

Mr Poon added: 'The provision's justification is that allowing lawyers' visit might interfere with the police's investigation.

'As nobody except for the police would know where the person is detained. It's de facto incommunicado detention, and thus secret detention, which violates international human rights law.

'Without access to a lawyer of the person's choice or their family, the person can be subject to torture and other ill-treatment.'

Mr Poon voiced his concerns over Mr Xu's safety.

'Xu has been imprisoned in the past. We are very worried if he would be formally charged and given a long sentence again. It will have a chilling effect on other activists in China.'

Dr Sophie Richardson, the China director at Human Rights Watch, said she was outraged to learn that 'people across China have once again lost one of their best defenders'.

Dr Richardson commented: 'Anyone held in RSDL (residential surveillance in a designated location) is at serious risk of torture or ill-treatment.

'The UN's Committee on Torture has been sufficiently concerned about the lack of protections in RSDL that it has called on the Chinese authorities to abolish the practice.'

Speaking of the Mr Xu's alleged charge, Dr Richardson said 'inciting state subversion' is usually used on people 'who not only irk the authorities, but also do so in a way that makes those authorities want to keep those people from talking to friends, family, counsel, or the outside world'.

Mr Poon claimed that it was 'very likely' that Xu's detention is related to his articles criticising President Xi and the government's handling of the coronavirus outbreak.

In one of the blogs, published on February 4, Mr Xu urged President Xi to resign over a number of issues including the coronavirus outbreak, the China-US trade war and the Hong Kong protests.

He wrote of President Xi: 'I don't think you are an evil person, you are just not clever enough. So hereby I urge once again. Mr Xi Jinping, please step down – it is also the wish of many people.'

The author added: 'A competent political leader is steadfast and sees opportunity in crisis. But each time you are faced with a major crisis, you are at a loss what to do.'

The article went on: 'The coronavirus epidemic in Wuhan saw infected people from December 1. By the end of December, hospitals in Wuhan were already filled to the brim.

'Police reprimanded and threatened eight doctors. China Central Television Station (state broadcaster) refuted the rumours. Authorities teamed up to cover up the truth.

'At least, when the Chinese Center for Disease Control and Prevention published the genome sequencing of the virus on January 12, you should have known [of the outbreak], but you held up approving the releasing of the truth, which caused an epidemic to break out, bringing a catastrophe to the entire country.

'The lesson drawn from 2003 [SARS outbreak] is still in sight, don't you have any sensitivity?'

Dongxiaokou police declined to comment on Xu's case.

Xu's girlfriend, feminist and labour rights activist Li Qiaochu, has also been in police detention since February 16.

'These two cases are closely related. As far as we understand, police have placed both Xu and Li under residential surveillance and charged them with subversion of state power,' said Mr Hu.

'Inciting subversion of state power' is a vague charge frequently used against dissidents and political activists, which carries a maximum sentence of 15 years in prison.

The prominent lawyer and activist co-founded the New Citizens' Movement, a civil rights group that has called for constitutional reform and anti-government corruption.

Xu was sentenced to four years in jail in 2014 for 'gathering crowds to disrupt public order'.

Since late last year, Chinese police have detained several lawyers and human rights activists who attended a secret meeting in Fujian in early December, according to Hua.

These included the lawyer and democracy activist Ding Jiayi, another member of the New Citizens' Movement.

Xu attended the gathering and went into hiding before he was finally detained by police in Guangzhou.

BEIJING WEIGHS CHINESE ALTERNATIVE TO WHO IN RESPONSE TO CORONAVIRUS PUBLIC RELATIONS DISASTER

Zachary Evans, National Review – 03/04/20

A state-sponsored Chinese think tank is evaluating international opinion on the formation of the country's own alternative to the World Health Organization (WHO), in response to the public relations disaster caused by the Wuhan coronavirus outbreak.

An employee of the think tank, CNPC Economics & Technology Research Institute, wrote that the institution was considering the establishment of a China-based health organization comparable to the WHO. The employee then asked members of the Sino-Israel Global Network & Academic Leadership, an Israeli non-profit dedicated to forming closer ties with China, how the non-profit would view such a development.

“According to our analysis, the situation of coronavirus around the world is urgent, therefore, we consider that perhaps the world needs a leadership country/organization coordinating all the countries affected in fighting against coronavirus, just like the leadership role of U.S. in W.H.O.,” the employee wrote in a message obtained by *Axios*.

China has been struggling to contain the fallout from the outbreak of COVID-19, which originated in the city of Wuhan. The government has recently attempted to take control of the public narrative by branding China's response as a possible model for other countries to follow, including the U.S.

China has over 80,000 confirmed cases of the illness with almost 3,000 deaths. Beijing has faced withering criticism from its own citizens over the government's handling of the outbreak, including Wuhan authorities' decision to punish several doctors who warned of the outbreak. One of those doctors, Li Wenliang, later died after contracting the coronavirus.

HOW IT ALL STARTED: CHINA'S EARLY CORONAVIRUS MISSTEPS

Jeremy Page, Wenxin Fan, Natasha Khan, Wall Street Journal – 03/06/20

WUHAN—It was on Dec. 10 that Wei Guixian, a seafood merchant in this city's Hua'nán market, first started to feel sick. Thinking she was getting a cold, she walked to a small local clinic to get some treatment and then went back to work.

Eight days later, the 57-year-old was barely conscious in a hospital bed, one of the first suspected cases in a coronavirus epidemic that has paralyzed China and gripped the global economy. The virus has spread around the world and sickened more than 100,000.

For almost three weeks, doctors struggled to connect the dots between Ms. Wei and other early cases, many of them Hua'nán vendors. Patient after patient reported similar symptoms, but many, like her, visited small, poorly resourced clinics and hospitals. Some patients balked at paying for chest scans; others, including Ms. Wei, refused to be transferred to bigger facilities that were better-equipped to identify infectious diseases.

When doctors did finally establish the Hua'nán link in late December, they quarantined Ms. Wei and others like her and raised the alarm to their superiors. But they were prevented by Chinese authorities from alerting their peers, let alone the public.

One of the first doctors to alert Chinese authorities was criticized for “spreading rumors” after sharing with a former medical-school classmate a test result showing a patient had a coronavirus. Another doctor had to write a self-criticism letter saying his warnings “had a negative impact.”

Even after Chinese President Xi Jinping personally ordered officials to control the outbreak on Jan. 7, authorities kept denying it could spread between humans—something doctors had known was happening since late December—and went ahead with a Chinese Lunar New Year banquet involving tens of thousands of families in Wuhan.

China has rejected any criticism of its epidemic response, saying it bought time for the rest of the world. Mr. Xi told 170,000 officials in a teleconference on Feb. 23 that the country's leadership acted swiftly and cohesively since the beginning.

A Wall Street Journal reconstruction paints a different picture, revealing how a series of early missteps, dating back to the very first patients, were compounded by political leaders who dragged their feet to inform the public of the risks and to take decisive control measures.

Last week, Zhong Nanshan, one of China's most highly regarded epidemiology experts and the leader of the National Health Commission's task force on the epidemic, said officials had identified a coronavirus by Dec. 31 and took too long to publicly confirm human-to-human transmission. If action had been taken earlier, in December or even early January, “the number of sick would have been greatly reduced,” he said.

Although doctors worked hard to identify the disease quickly, they were hobbled by a health-care system that, despite huge improvements in the past 15 years, often leaves working-class people like Ms. Wei with insufficient access to general doctors and with crippling hospital bills.

When doctors did learn enough to sound the alarm, their efforts were stymied as the crisis became enmeshed in politics, both at the local and national level.

It now appears that, based on a speech by Mr. Xi published in a Communist Party magazine in February, he was leading the epidemic response when Wuhan went ahead with New Year celebrations despite the risk of wider infections. He was also leading the response when authorities let some five million people leave Wuhan without screening, and when they waited until Jan. 20 to announce the virus was spreading between humans.

As a result, the virus spread much more widely than it might have by the time Beijing locked down Wuhan and three other cities on Jan. 23, in the biggest quarantine in history. Those and other later measures appear to have slowed the spread within China's borders, but the global consequences of the early missteps have been severe.

"A lot fewer people would have died" in China had the government acted sooner, said Ms. Wei, in an interview on Feb. 16. She is now fully recovered and back home in the two-bedroom apartment she has barely left for almost two months. Her daughter, infected in mid-January, was still in a field hospital, she said.

China's government information office, its National Health Commission and local authorities in Wuhan and the surrounding province of Hubei didn't respond to requests for comment.

Precisely how and when the epidemic began remains a mystery, as does the identity of the first person infected—Patient Zero. The dominant theory is that the virus originated in a bat and jumped to humans via other live, or dead, wild animals, probably sold in the Hua'nán market.

Epidemiologists who have studied the case data say the virus could have first jumped from an animal to a human as early as October or November, and then spread among individuals who either never got noticeably sick or didn't seek medical care.

What is clear is that by the second week of December, several Hua'nán workers were falling sick with similar symptoms, including fever, coughing, fatigue and aching limbs. Even at that initial stage, there were indications that it was spreading to people with no market exposure—a signal of human-to-human transmission.

Wuhan's government announced last month that the first confirmed case was a person surnamed Chen who fell sick on Dec. 8 but had fully recovered and been discharged from the hospital. The person denied going to the Hua'nán market, it said.

Wu Wenjuan, a doctor at Wuhan's Jinyintan Hospital, which specializes in infectious diseases and handled many of the early cases, confirmed in a phone interview that among the earliest cases were four people in the same family, including a 49-year-old Hua'nán market vendor and his father-in-law. The vendor got sick on Dec. 12, while the father-in-law, who had no exposure to the market, fell ill seven days later, according to a study by Chinese disease control researchers.

Ms. Wei, the market vendor who fell sick on Dec. 10, first sought help at a small private clinic across the street from her home.

For two consecutive days, she went there to take antibiotics through an intravenous drip, a treatment popular among Hua'nán workers because it was cheap and relatively quick. "It's pretty effective for ordinary colds," she said. "There's always a line inside."

December

Dec. 8: Symptoms onset for first confirmed case, according to Wuhan government

Dec. 10: Wei Guixian falls ill; start of increasing numbers of patients tied to Hua'nán market.

Dec. 29: Growing indications of person-to-person contagion.

Dec. 30: Doctors share concerns of contagion with colleagues, spurring reprimands and censorship.

Dec. 31: Officials announce pneumonia outbreak linked to Hua'nán market and inform WHO.

By Dec. 12, however, her condition didn't improve. She rushed to the midsize Wuhan Red Cross Hospital, also near the market.

There, she recalls, a middle-aged doctor informed her that her symptoms were compatible with bronchitis. She was sent home with medicine and told not to worry. After that, she went back to the private clinic for more antibiotics. None had any effect.

She took a turn for the worse. On Dec. 16, unable to work and barely able to speak, she showed up at the emergency room of Xiehe Hospital but was sent home, and got a bed in a respiratory ward there only two days later, after one of her daughters helped make an appointment with a specialist.

She recalls seeing her daughters in tears before she lost consciousness. The older one "would touch me every so often, afraid I would pass away," she said.

When Ms. Wei came around three days later, she was barely able to move, but remembers one doctor surnamed Kong telling her, around Dec. 21, that two other workers from Hua'nán market were at Tongji Hospital, another major one in Wuhan.

"He said your illness is really serious," she recalled.

By Dec. 21, there were about three dozen people showing similar symptoms who would later be identified as confirmed or suspected coronavirus cases, according to a study released on Feb. 18 from China's Center for Disease Control and Prevention, or CDC.

At the time, though, doctors had yet to establish the common link between them.

Zhang Jinnong, the head of Xiehe Hospital's emergency department, said he doesn't recall treating Ms. Wei, but remembers the first Hua'nán patients coming in between Dec. 10 and 16.

Early January

Jan. 1: Hua'nán market closed.

Jan. 1: A doctor alerts hospital of person-to-person transmission, reprimanded for rumor.

Jan. 1: Wuhan police publicly reprimand eight people for spreading rumors, widely covered on national TV.

Jan. 2: Government-run laboratory identifies coronavirus and maps genome but doesn't publicly announce it.

Jan. 5: Shanghai public health center maps genome, privately urges control measures.

Jan. 6: China's CDC activates emergency response, not publicly announced.

Jan. 7: President Xi takes charge of response, not publicly disclosed until February.

He said he was relatively unconcerned at first, because there were no signs of the virus spreading between people. "Back then, I wasn't afraid at all—I was even relaxed," Dr. Zhang said in a phone interview. "The early stages made us drop our guard."

Some doctors also didn't realize at first that they were treating patients from the market, making it less likely they would discern a pattern.

Another local hospital, Wuhan Central, received its first coronavirus case, a 65-year-old man with a fever but no other symptoms, on Dec. 16, although doctors didn't know it then, said Ai Fen, who runs the emergency department there, in an interview on Feb. 18.

A CT scan revealed infection in both his lungs, but antibiotics and anti-flu drugs wouldn't shift it. Only after he was transferred to another hospital did staff there learn that he worked at Hua'nán, Dr. Ai said.

It would be another 11 days before doctors started to make the connection between the Hua'nán cases. Dr. Ai was among the first.

On Dec. 27, she received a second patient with similar symptoms, and ordered a laboratory test. By the following day, she had seen seven cases of unexplained pneumonia, four affiliated with the Hua'nán market, including a vendor's mother.

This could be a contagious disease, she remembers thinking to herself.

She informed the hospital's leadership on Dec. 29, and it notified the China CDC's district office, which said it had heard similar reports from elsewhere in Wuhan, according to Dr. Ai.

Mid-January

- Jan. 9: Chinese officials announce coronavirus outbreak.
- Jan. 12: Chinese officials share genome.
- Jan. 14: National Health Commission holds national meeting on fighting virus, not publicly disclosed until February.
- Jan. 15: Health officials say human-to-human transmission risk is low.
- Jan. 18: Tens of thousands of families participate in Wuhan's Lunar New Year banquet. Millions later travel out of Wuhan.
- Jan. 20: President Xi makes first public statement; government task force chief announces person-to-person transmission.

- Jan. 23: Wuhan and other areas quarantined.

A doctor at the Hubei Hospital of Integrated Traditional Chinese and Western Medicine had also raised the alarm on Dec. 27, state media would report later.

On Dec. 30, Dr. Ai got the results for the laboratory test she ordered. It said “SARS coronavirus,” the same kind of virus that had killed 774 people world-wide after emerging in China in 2002.

Terrified, she immediately told her superiors. She also circled the result with a pink marker pen and sent a photo to a medical-school classmate, together with a video clip of lung scans from another patient.

That photo and video became the first evidence to be leaked to the public after they were passed to another doctor at Wuhan Central, Li Wenliang, whose death from the virus in February would trigger an outpouring of grief and anger at Chinese authorities.

In a group posting on the WeChat messaging app that afternoon, Dr. Li told more than 100 of his medical-school classmates “7 SARS cases confirmed at Hua’nan Seafood Market” and said the patients were “quarantined in the Emergency Department of our hospital.”

One person warned that the chat group could be censored. Dr. Li responded with an update: “coronavirus confirmed, and type being determined.” And he added “Don’t leak it. Tell your family and relatives to take care.”

By that night, the information was circulating widely on social media, until government censors swung into action.

Hospital officials called Dr. Li to reprimand him. In a self-criticism letter confirmed by the Journal, he wrote that the leak “had a negative impact” on the National Health Commission’s efforts to investigate the outbreak.

Meanwhile, evidence of human-to-human transmission was mounting.

Lü Xiaohong, a doctor at Fifth Hospital in Wuhan, became alarmed on Dec. 25 when she heard that medical staff at two hospitals had been quarantined after being infected with an unidentified form of viral pneumonia, she told the China Youth Daily newspaper.

Early in the morning on Jan. 1, another patient arrived at Dr. Ai’s department from the Red Cross Hospital, where Ms. Wei was briefly treated nearly three weeks earlier. The owner of a private clinic near the market had become seriously sick after treating several patients suffering from fever.

Fearing her colleagues could be infected the same way, Dr. Ai once again alerted hospital authorities on Jan. 1, and ordered her own department to put on masks.

That night, the hospital’s discipline department summoned her for a chat the next day. She was criticized for “spreading rumors,” according to Dr. Ai. She tried to argue that the disease could be contagious. They said her action caused panic and “damaged the stability” of Wuhan.

The hospital’s leadership also banned staff from discussing the disease in public or via texts or images, Dr. Ai said. Eight days later, a nurse in her department started to feel sick, and it was later confirmed she

was infected by the coronavirus. By early March, three doctors at the hospital had died from the infection.

After warnings from local hospitals, the Wuhan office of the China CDC did a retrospective search for similar pneumonia cases with links to the Hua'nán market. It found several more, and reported those results on Dec. 30 to the national CDC headquarters, which sent a team of nine experts to Wuhan the next day.

The World Health Organization said its China office was informed on Dec. 31. Wuhan health authorities also issued the first official public statement on the outbreak that day, announcing 27 cases of suspected viral pneumonia related to the Hua'nán market.

"The investigation so far has not found any obvious human-to-human transmission or infection of medical staff," the statement from the Wuhan branch of the National Health Commission said. "The disease is preventable and controllable."

Medical authorities in Wuhan, meanwhile, were trying to get as many as possible of the suspected cases transferred to Jinyintan, the hospital that specializes in infectious diseases, where staff had built dedicated quarantine areas, fearing the virus could spread between humans.

Zhang Li, a Jinyintan doctor, said she remembers receiving 15 patients from other hospitals on Dec. 30, and putting them in an empty, newly renovated area far from the children she was treating for flu. As more arrived, she separated Hua'nán workers from those who lived nearby, and checked if other hospitals' medical staff were infected, but was told none was.

"I was on alert because this was a new pneumonia and because I'd dealt with SARS," she said in a phone interview last week, adding that most early patients recovered well. "That also misled us."

Among those transferred to Jinyintan was a 41-year-old man who regularly shopped at the Hua'nán market and had gone to his local clinic after developing a fever and coughing up blood on Dec. 23, his wife said in an interview on Feb. 18.

He had been in Tongji Hospital since Dec. 27. After doctors there took a chest scan, they began to wear masks and protective gear, and placed him in quarantine, his wife said. He was put in an almost empty ward at Jinyintan on Dec. 31.

Overnight, about 40 patients arrived—all with the same symptoms, and all with a connection to the Hua'nán market.

CORONAVIRUS: CHINA'S FIRST CONFIRMED COVID-19 CASE TRACED BACK TO NOVEMBER 17

Josephine Ma, South China Morning Post – 03/13/20

- Government records suggest first person infected with new disease may have been a Hubei resident aged 55, but 'patient zero' has yet to be confirmed
- Documents seen by the Post could help scientists track the spread of the disease and perhaps determine its source

The first case of someone in China suffering from Covid-19, the disease caused by the novel coronavirus, can be traced back to November 17, according to government data seen by the *South China Morning Post*.

Chinese authorities have so far identified at least 266 people who were infected last year, all of whom came under medical surveillance at some point.

Some of the cases were likely backdated after health authorities had tested specimens taken from suspected patients.

Interviews with whistle-blowers from the medical community suggest Chinese doctors only realised they were dealing with a new disease in late December.

Scientists have been trying to map the pattern of the early transmission of Covid-19 since an epidemic was reported in the central China city of Wuhan in January, two months before the outbreak became a global health crisis.

Understanding how the disease spread and determining how undetected and undocumented cases contributed to its transmission will greatly improve their understanding of the size of that threat.

According to the government data seen by the *Post*, a 55 year-old from Hubei province could have been the first person to have contracted Covid-19 on November 17.

From that date onwards, one to five new cases were reported each day. By December 15, the total number of infections stood at 27 – the first double-digit daily rise was reported on December 17 – and by December 20, the total number of confirmed cases had reached 60.

On December 27, Zhang Jixian, a doctor from Hubei Provincial Hospital of Integrated Chinese and Western Medicine, told China's health authorities that the disease was caused by a new coronavirus. By that date, more than 180 people had been infected, though doctors might not have been aware of all of them at the time.

By the final day of 2019, the number of confirmed cases had risen to 266, On the first day of 2020 it stood at 381.

While the government records have not been released to the public, they provide valuable clues about how the disease spread in its early days and the speed of its transmission, as well as how many confirmed cases Beijing has recorded.

Scientists are now keen to identify the so-called patient zero, which could help them to trace the source of the coronavirus, which is generally thought to have jumped to humans from a wild animal, possibly a bat.

Of the first nine cases to be reported in November – four men and five women – none has been confirmed as being “patient zero”. They were all aged between 39 and 79, but it is unknown how many were residents of Wuhan, the capital of Hubei and the epicentre of the outbreak.

It is possible that there were reported cases dating back even earlier than those seen by the *Post*.

According to the World Health Organisation’s website, the first confirmed Covid-19 case in China was on December 8, but the global body does not track the disease itself but relies on nations to provide such information.

A report published in medical journal *The Lancet* by Chinese doctors from Jinyintan Hospital in Wuhan, which treated some of the earliest patients, put the date of the first known infection at December 1.

Dr Ai Fen, the first known whistle-blower, told *People* magazine in an interview that was later censored, that tests showed that a patient at Wuhan Central Hospital was diagnosed on December 16 as having contracted an unknown coronavirus.

Accounts by other doctors seem to suggest the medical community in Wuhan became aware of the disease in late December.

Previous reports said that although doctors in the city collected samples from suspected cases in late December, they could not confirm their findings because they were bogged down by bureaucracy, such as having to get approval from the Chinese Centre for Disease Control and Prevention, which could take days. They were also ordered not to disclose any information about the new disease to the public.

As late as January 11, Wuhan’s health authorities were still claiming there were just 41 confirmed cases.

CHINESE DIPLOMAT ACCUSES US OF SPREADING CORONAVIRUS

Joyce Huang, Voice of America – 03/13/2020

Tensions between the U.S. and China may re-escalate after officials of both countries hurled verbal attacks at each other about the origin of the coronavirus, observers say.

In his Thursday tweets, Zhao Lijian, a spokesperson of China's Ministry of Foreign Affairs (MOFA), accused the U.S. of spreading the virus to the city of Wuhan in Hubei province, the epicenter of China's coronavirus outbreak.

The Chinese diplomat first posted a video clip in which Robert Redfield, director of the U.S. Centers for Disease Control and Prevention (CDC), told a congressional hearing Wednesday that some deaths from coronavirus have been discovered posthumously in the U.S.

Zhao then tweeted, "the U.S. CDC director was caught red-handed. When did patient zero emerge in the U.S.? How many people had he infected? What's the name of the hospital?"

An explanation

"It's possible that the U.S. military brought the virus to Wuhan. The U.S. has to be transparent and make public its figures. The U.S. owes us an explanation," he added.

Zhao's comments echoed a rumored conspiracy, widely circulated in China, that U.S. military personnel had brought the virus to China during their participation of the 2019 Military World Games in Wuhan last October.

That conspiracy theory followed suspicion raised by U.S. Senator Tom Cotton and others that the virus had originated from the Wuhan P4 lab, a high-security biochemical lab affiliated with the Chinese Academy of Sciences.

Cover-up

Zhao's comments also came one day after U.S. National Security Adviser Robert O'Brien asserted an initial cover-up of the virus in China "cost the world community two months" and exacerbated the global outbreak.

In response to O'Brien's claim, another MOFA spokesman, Geng Shuang, Thursday called it a "smear on the Chinese government and its people. It is immoral, irresponsible and of little help to the U.S.'s own fight against the outbreak."

No scientists have determined the source of the virus.

On Friday, the *South China Morning Post* newspaper cited China's government records saying the first person suffering from the disease can be traced to November 17, although "patient zero" in China has yet to be confirmed. The government records cited by the newspaper could help scientists track the spread of the disease and perhaps determine its source, it added.

Mixed reaction

Zhao's comments drew a whirlwind of mixed reaction on Twitter.

Some people, apparently from China, agreed with Zhao's assessment, while others called him a "shame."

"When will the U.S. stop escaping reality? This is outrageous," Lin Shaojing wrote in response to Zhao's tweet.

Many more, however, disagreed.

"A MOFA spokesman made such a conspiracy to confuse the public ... Shame on you," Heatherm Huang tweeted.

"Why not look into the Wuhan P4 Lab? It's possible that the lab leaked the virus to the downtown area. The lab needs to be transparent and make public its figures. The lab owes us an explanation," he added.

Another Twitter user named Cheryl also questioned, "if it were the U.S. which spread the virus, why did you help cover it up, shift the blame to the bat and reprimand whistleblower doctors? Do you also wish the Chinese dead?"

The verbal attacks between officials of both governments will do nothing but harm U.S.-China relations, which are already bad, said Jean-Pierre Cabestan, political science professor at Hong Kong Baptist University.

The professor said Zhao's accusation is groundless and doesn't make sense, although he said he doubted the U.S., caught up in its own fight against the virus, would respond.

Shifting blame

Zhao's narratives likely suggest China is trying to shift the blame, since public resentment toward the leadership's mishandling of the outbreak hasn't subsided, he said.

"So, one answer is to ... certainly accusing the U.S. of being responsible of everything [so] as to call on the people to point to another threat and enemy for diversion of the people's resentment," Cabestan said.

Also, the Communist leadership is likely divided over how to ease public anger as state censors have recently eased their controls by having left some media reports critical of the government uncensored for a short period of time, according to the professor.

Those include a report about Ai Fen, director of Wuhan Central Hospital's emergency department, who called herself the one giving out whistles as she is actually the first to sound the alarm by sharing a diagnostic report with colleagues including the deceased whistleblower doctor Li Wenliang.

In the report, Ai spoke out against local authorities to detail how she was reprimanded and forced to shut up. But she regretted that she hadn't been brave enough to speak up.

Meanwhile, Shi Yinhong, an international relations professor at Beijing's Renmin University, downplayed Zhao's accusation, saying the U.S. government shouldn't overreact to Zhao's personal comments.

"Up to date, the Chinese government hasn't made any statements or, in any official occasions, accused the U.S. military of having had brought the disease to China. The Chinese government has never said so," the professor said.

"We'd rather believe that this gentleman made the comments in his personal capacity and through his personal Twitter account. His views thus are of no significance," he added.

Shi urged the U.S. government and its politicians not to be overly concerned, saying both countries should focus their efforts on fighting the disease and bolstering their own economies.

U.S. SUMMONS CHINESE ENVOY OVER BEIJING'S CORONAVIRUS COMMENTS

Humeyra Pamuk and David Brunnstrom, Reuters – 03/13/2020

WASHINGTON (Reuters) - The U.S. State Department summoned the Chinese ambassador to the United States on Friday to protest against comments by Beijing suggesting the U.S. military might have brought the coronavirus to Wuhan, as tensions between the two global powers over the outbreak intensified.

David Stillwell, the top U.S. diplomat for East Asia, delivered a very “stern representation” to China’s ambassador Cui Tiankai, a State Department official said, adding that Beijing’s envoy was “very defensive.”

The State Department official, who spoke on condition of anonymity, said China was seeking to deflect criticism of its role in “starting a global pandemic and not telling the world.”

“Spreading conspiracy theories is dangerous and ridiculous. We wanted to put the government on notice we won’t tolerate it for the good of the Chinese people and the world.”

Defense Department Spokeswoman Alyssa Farah wrote on Twitter on Friday that “the Communist Party of China has chosen to promulgate false & absurd conspiracy theories about the origin of COVID-19 blaming U.S. service members. #ChinaPropaganda”

The virus, also called COVID-19, has infected 138,000 people worldwide and killed more than 5,000.

China’s embassy did not respond to requests for comment.

Despite the signs of tension, U.S. President Donald Trump praised Beijing on Friday for its “data sharing”.

Asked by a reporter during a White House news conference about “odd narratives” being offered by some Chinese officials, Trump appeared to brush off any concern, saying he had read one article on the subject, but that he did not think it was representative of his discussions with Chinese President Xi Jinping.

Trump, who in a national address this week called the outbreak a “foreign virus” that started in China, added: “They know where it came from, we all know where it came from.”

SECRETARY MICHAEL R. POMPEO WITH STEVE DOOCY, JEDEDIAH BILAH, AND STEVE HEGSETH OF FOX AND FRIENDS

Interview Transcript, State.gov, 3/6/2020

SECRETARY POMPEO: *"This is a truly breathtaking action by an unaccountable political institution masquerading as a legal body. It is all the more reckless for this ruling to come just days after the United States signed a historic peace deal on Afghanistan, which is the best chance for peace in a generation. The United States is not a party to the ICC, and we will take all necessary measures to protect our citizens from this renegade, unlawful, so-called court."*

QUESTION: Well, the ICC is the International Criminal Courts probe into alleged war crimes. The man speaking there yesterday on tape, Secretary of State Mike Pompeo. We've got him live on the couch today. Good morning to you, sir.

SECRETARY POMPEO: Good morning. Good morning, Steve. Good morning, everyone.

QUESTION: What are you talking about right there?

SECRETARY POMPEO: So Pete, you served. We have lots of young men and women who served in Afghanistan, and not only our military but intelligence warriors and diplomats who served there. Now you have this crazy, renegade body sitting in The Hague, Netherlands, who wants to come after them for actions that the American people wanted them to undertake.

QUESTION: Right.

SECRETARY POMPEO: It's wrong, it's deeply troubling, and I want everyone to know that the United States under President Trump is going to do everything we can to make sure that they never come after any of you.

QUESTION: I mean, the idea of the International Criminal Court was rogue regimes, dictators, others massacring people. Some people saw, though, that these international bodies can turn and can turn against you, and that's precisely what's happened here. They want to prosecute Americans who went to Afghanistan as war criminals.

SECRETARY POMPEO: Pete, when the President talks about these institutions, these international institutions just wandering off the mandate that they have, the things that they were intended to do, I think the whole world can see this isn't what the ICC was set up for. It was about rogue regimes.

QUESTION: Yep.

SECRETARY POMPEO: Not institutions like America. When somebody gets it wrong here, we hold our own accountable. We always have. We always will. We are not going to let them take on all the young men and women who went and served America. And we're going to – we will make sure that this doesn't happen. The American people should have confidence in President Trump on this.

QUESTION: There will be no prosecutions of American soldiers?

SECRETARY POMPEO: We're going to make sure that this – this thing they call a court, which is really a political body that we believe has now had a disinformation campaign run at them, we're not going to let them take on Americans.

QUESTION: Secretary, I want to ask you about the Taliban peace deal. I have been very skeptical of whether or not this will be successful, whether it will have a positive impact at all. There has been a surge in violence following the peace deal. What do you make – what can you tell the American people who are sitting at home and saying, you know what, you can't make a peace deal with the Taliban given their history and given the way that they behaved, this is going to go nowhere? What's your response to that?

SECRETARY POMPEO: So this is a historic opportunity for the United States and for the Afghan people. And your point about violence, violence is actually significantly down. The American people don't think – spend much time thinking about the fact that on an average day over the last years there have been between 80 and a hundred violent incidents across Afghanistan. This is common. This is recurring. It is a difficult place.

President Trump has seized the moment. Look, we're not naive. We all know who the Taliban are and what they have done to America. But it's time. It is time to seize this opportunity. We did what President Obama had tried to do, which was to get the Taliban to make a public break with al-Qaida. The very reason we went there, the reason we went there after this city was attacked, was to go destroy al-Qaida. We've largely taken it down. Al-Qaida is a shadow of its former self. It's now time to turn the corner to make sure that we never are attacked again from Afghanistan, and we can do that, but reduce our cost, reduce our risk.

We've got your friends who are on their fourth, fifth, six, seventh tour in Afghanistan. We can do better by the American people. We can reduce that risk, reduce our cost, and still keep America safe.

QUESTION: And Mr. Secretary, for the people who say look, the President is crazy for doing that, he ran on this. He ran on getting us out of Afghanistan and trying to figure a way out. And he's had three years to figure things out. At this point, it looks like this is the best chance.

SECRETARY POMPEO: The President gave me two missions. Mission one: reduce our cost, reduce our risk, bring our kids home. Second: do everything we can to make sure that America is never again attacked from the soil in Afghanistan. But we all know, right, the risk of terrorism isn't just in Afghanistan. It's in lots of places in the world. We have to make sure we get the balance right. We can do this from Afghanistan with a smaller footprint, with a smaller force, and we will accomplish each of those two missions sets that the President gave to me.

QUESTION: Mr. Secretary, you've talked about it being conditions-based. There is a timeline ascribed to the agreement as well. We're seeing the Taliban turn their guns on the Afghan Government, and the hope is that the Afghan Government can survive. Will America be involved in propping up the Afghan Government against the Taliban should they – because when I was there, we already saw how powerful the Taliban is. Underneath the surface and publicly with violent attacks, the Taliban is going after the Afghan Government. What if that dynamic changes?

SECRETARY POMPEO: So Pete, first thing. One of the reasons the Taliban entered into this agreement is because President Trump let us unleash on them. So over the last two and a half years we have been taking it to the Taliban under President Trump. It's why they came to us and said we want to have a chance for a different course in Afghanistan.

Second, we have the full right that if the Afghan Government is attacked, to defend. You know we have Americans serving alongside many Afghan forces in the field, so it's often the case that there'll be Americans co-located there. We have the right. This is a conditions-based movement.

President Trump – we're committing to this. We're committed to having the Afghan Government, the Afghan people, get to the negotiating table for the first time in 20 years and begin to plot a path forward for a better Afghanistan.

QUESTION: But the ball's in their court. I mean, we're not going to intervene ultimately two, three years from now if the Afghan Government can't defend itself. This is an Afghan issue.

SECRETARY POMPEO: That's right. But President Trump has also made clear that if two years from now or five years from now there is a threat to the United States of America, we're going to come right back at it.

QUESTION: *Shifting over to the coronavirus, many Americans deeply concerned about the spread of this virus and want to have confidence that the administration is taking it seriously, taking proper steps. Can you reassure the public in any way on that?*

SECRETARY POMPEO: *So this is a complicated challenge. The Wuhan virus that began at the end of last year is something that this administration is taking incredibly seriously. The State Department has been very involved from the beginning when we worked diligently to get hundreds of Americans out of Hubei province, out of Wuhan, and get them back to the United States safely.*

TRUMP'S NATIONAL SECURITY ADVISER SAYS CHINA 'COVERED UP' CORONAVIRUS

Morgan Chalfant, The Hill – 03/11/2020

White House national security adviser Robert O'Brien on Wednesday criticized China's response to the coronavirus as a cover up and said that Beijing cost the global community two months to respond to the outbreak.

"Unfortunately, rather than use best practices, this outbreak in Wuhan was covered up," O'Brien said in remarks at the Heritage Foundation. "There's lots of open source reporting from Chinese nationals that the doctors involved were either silenced or put in isolation ... so the word of this virus could not get out."

"It probably cost the world community two months to respond," O'Brien continued.

O'Brien appeared to be referring to reports about Li Wenliang, a Wuhan doctor who tried to raise alarm about the coronavirus outbreak, being targeted by police in an effort to silence him.

The virus, which originated in Wuhan, the capital of China's Hubei province, has now spread to more than 100 countries and territories and sickened upwards of 1,000 people in the United States.

O'Brien said that if China had been cooperative at the beginning of the outbreak, the World Health Organization and Centers for Disease Control and Prevention (CDC) could have had teams on the ground in China earlier to analyze the virus's sequence.

"I think we could have dramatically curtailed what happened in China and what's now happening across the world," O'Brien said.

O'Brien's remarks came as the Trump administration faces scrutiny over its response to the virus, particularly with respect to a delayed rollout of tests for the disease.

O'Brien commended President Trump's decision to suspend air travel from China, which he said "bought the United States six to eight weeks to prepare for the virus." He also praised the work of Dr.

Deborah Birx, the State Department's global AIDS coordinator who has been moved to the White House to help lead the Trump administration's response to the coronavirus.

"This is a complicated issue," O'Brien said. "Pandemic and epidemics are some of the greatest challenges we face as a country. I think we have done a good job responding to it."

O'Brien said the U.S. is doing its best to work with China now in order to respond to the global outbreak of COVID-19, the disease caused by the coronavirus, and urged the public to heed CDC advice about washing their hands, staying home if they feel sick and engaging in some "social distancing."

The White House official's remarks echoed those of other administration officials who have sharply criticized China over its response to the outbreak in recent days.

Secretary of State Mike Pompeo said in a CNBC interview last week that China had put the U.S. "behind the curve" in responding to the virus.

"Remember, this is the Wuhan coronavirus that's caused this, and the information that we got at the front end of this thing wasn't perfect and has led us now to a place where much of the challenge we face today has put us behind the curve," he told CNBC on Friday.

"That's not the way infectious disease doctors tell me it should work. It's not the way America works with transparency and openness and the sharing of the information that needs to take place," the secretary of State continued.

Pompeo and other Republicans have faced some backlash over their labeling of the virus as the "Wuhan" or "Chinese" coronavirus, with Chinese officials criticizing the label this week.

CDC Director Robert Redfield said Tuesday it was wrong to refer to the coronavirus as a "Chinese coronavirus," noting while it first emerged in China it has since severely impacted countries such as South Korea, Italy and China.

US STATE DEPARTMENT SUMMONS CHINESE AMBASSADOR CUI TIANKAI AMID ANGER OVER BEIJING CORONAVIRUS COMMENTS

Robert Delaney, *South China Morning Post*, 3/14/2020

The US government summoned Chinese Ambassador Cui Tiankai to the State Department on Friday to protest Beijing's suggestion that the US military brought the coronavirus to China.

The assistant secretary of state for the Bureau of East Asian and Pacific Affairs, David Stilwell, gave a very "stern representation" of the US government's position on the matter to Cui, who was "very defensive", according to a State Department spokesman. "No threats, just frank diplomatic discourse."

"China is seeking to deflect criticism for its role in starting a global pandemic and not telling the world," the spokesman said. "Spreading conspiracy theories is dangerous and ridiculous. We wanted to put the government on notice we won't tolerate it for the good of the Chinese people and the world."

Amid escalating accusations from officials and politicians in China and the US, Chinese foreign ministry spokesman Zhao Lijian posted a series of tweets late on Thursday and early Friday suggesting that the virus, which causes the potentially deadly illness Covid-19, may have been spread by the United States military.

Zhao's allegation was apparently linked to the US Army's participation in the international Military World Games held in Wuhan in October, which drew competitors from more than 100 countries.

Recriminations over which country bears the most responsibility for the Covid-19 pandemic began after reports that whistle-blowing ophthalmologist Li Wenliang was reprimanded by Chinese public security officers for "spreading rumours" about the contagion in an online chat group.

The "rumours" that sparked the backlash from law enforcement officials were lab reports shared by Li suggesting that the new contagion was spreading in his home city of Wuhan, seen as the epicentre of the coronavirus outbreak. Li died on February 6 after contracting the virus.

Last week, US Secretary of State Mike Pompeo referred to the coronavirus on several occasions as the "Wuhan virus", ignoring pleas from Beijing and world health officials for the public to avoid using names for the disease that could incite xenophobia and racial discrimination.

Cui was caught up in another contretemps involving unfounded accusations last month.

Senator Tom Cotton, a Republican from Arkansas, suggested that the spread of the novel coronavirus might have been an unintended consequence of an alleged Chinese biological warfare programme.

When Cui was asked about the claim in a CBS interview and called the speculation "dangerous", Cotton said that there was a virology lab on Wuhan's outskirts and that the onus was on the Chinese government to disprove his assertion.

The Wuhan Institute of Virology, which houses China's only level four biosafety laboratory, the highest-level classification for labs that study the deadliest viruses, is more than 30km (18.6 miles) from the epicentre of the coronavirus outbreak.

Cotton later acknowledged that there was no evidence that the coronavirus originated in the laboratory.

"We don't have evidence that this disease originated there, but because of China's duplicity and dishonesty from the beginning, we need to at least ask the question to see what the evidence says," he said last month.

The scientific community – including infectious disease experts who have evaluated the genetic sequencing of the novel coronavirus – has dismissed the conspiracy theory, saying there is no evidence the virus was engineered.

China's embassy in Washington did not immediately respond to a query sent to them after regular business hours.

From:	"Buangan, Richard L" (b)(6)@state.gov>
To:	Feith, David (b)(6)@state.gov>
CC:	Keshap, Atul (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>; Masonis, Melinda J (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>
Subject:	RE: CLEARANCE REQUEST: WIV/COVID Origins Statement
Date:	Wed, 13 Jan 2021 12:25:47 +0000

David,

(b)(6)

Richard

From: (b)(6)@state.gov>
Sent: Tuesday, January 12, 2021 9:59 PM
To: Buangan, Richard L (b)(6)@state.gov>; (b)(6)@state.gov>
Cc: Yu, Miles (b)(6)@state.gov>; Ortagus, Morgan D (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>; Feith, David (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Keshap, Atul (b)(6)@state.gov>; Masonis, Melinda J (b)(6)@state.gov>
Subject: Re: CLEARANCE REQUEST: WIV/COVID Origins Statement

Hi Richard & Co,

Thanks for your note.

(b)(5)

(b)(5)

(b)(5)

Please make these edits and send me a clean copy for final review.

Many thanks,

(b)(6)

Sent from my iPhone

On Jan 12, 2021, at 8:11 PM, Buangan, Richard L (b)(6)@state.gov> wrote:

Hi (b)(6)

Below is (b)(5) Miles and David (b)(5)

(b)(5)

The text is pasted below for easy viewing.

Thanks,

Richard

Background

(b)(5)

(U) EAP will work with SPOX on rollout plan of this statement

(b)(5)

(b)(5)

Recommendation

(b)(5)

(b)(5)

(b)(5)

###

Withheld pursuant to exemption

(b)(5)

<EAP Declass Memo (003).docx>

Sender:	"Buangan, Richard L" (b)(6)@state.gov>
Recipient:	Feith, David (b)(6)@state.gov>; Keshap, Atul (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>; Masonis, Melinda J (b)(6)@state.gov>; (b)(6)@state.gov>; (b)(6)@state.gov>

From:	"Feith, David" (b)(6)@state.gov>
To:	Ortagus, Morgan D (b)(6)@state.gov>
CC:	Buangan, Richard L (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>
Subject:	FW: Wuhan statement
Date:	Wed, 13 Jan 2021 15:24:28 +0000

Morgan, (b)(5)

Welcome your review if possible of course, sorry for delay. Thanks as ever.

SENSITIVE BUT UNCLASSIFIED

From: Feith, David

Sent: Wednesday, January 13, 2021 9:46 AM

To: Yu, Miles (b)(6)@state.gov>; Eckels-Currie, Kelley (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>

Cc: (b)(6)@state.gov>

Subject: RE: Wuhan statement

Team (with (b)(6) cc'ed) –

Sharing this DRAFT memo, including statement and fact sheet text, which makes a marriage of Mary and Kelley's versions. This isn't yet final because I want this group's review, and I'm also sending it to Amb. Bremberg given his familiarity with WHO/HHS world. Also pasted below.

Appreciate your read. Thanks much.

--
(b)(5)

Withheld pursuant to exemption

(b)(5)

From: (b)(6)@state.gov>

Sent: Wednesday, January 13, 2021 7:48 AM

To: Feith, David (b)(6)@state.gov>

Cc: Yu, Miles (b)(6)@state.gov>; Eckels-Currie, Kelley (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>

Subject: Re: Wuhan statement

Great. Please send me the final draft when it's ready to read.

Sent from my iPhone

On Jan 13, 2021, at 7:39 AM, Feith, David <FeithD@state.gov> wrote:

Many thanks all. The (b)(6) and Kelley

(b)(5)

Thanks again all, really appreciate everyone's collaboration here in difficult circumstances.

+ Richard.

--

David Feith
Deputy Assistant Secretary
Bureau of East Asian and Pacific Affairs (EAP)
U.S. Department of State

(b)(6)

(b)(6)@state.gov

On January 13, 2021 at 7:21:02 AM EST, (b)(6)@state.gov> wrote:

Good morning.

(b)(5)

Sent from my iPhone

On Jan 13, 2021, at 6:41 AM, Yu, Miles (b)(6)@state.gov> wrote:

(b)(5)

Dr. M Miles Yu
Office of the Secretary
Department of State
Washington, DC

(b)(6)

Send from my iPhone

On Jan 13, 2021, at 1:34 AM, Eckels-Currie, Kelley (b)(6)@state.gov> wrote:

Take a look at the attached. There's still some duplicative language in here, but I want to get your feedback on the overall approach.

K

Kelley E. Currie
Ambassador-at-Large
Secretary's Office of Global Women's Issues (S/GWI)
Department of State
Washington DC 20520

(b)(6)

<COVID declass draft S statement MY DF CB.docx>

Sender:	"Feith, David" (b)(6)@state.gov>
Recipient:	Ortagus, Morgan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>; Stilwell, David R (b)(6)@state.gov>

From:	"Feith, David"
To:	Stilwell, David R (b)(6)@state.gov>; Atul Keshap (Colombo) (b)(6)@state.gov (b)(6)@state.gov>; Fritz, Jonathan D (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>
Subject:	FW: Wuhan statement
Date:	Wed, 13 Jan 2021 14:47:21 +0000

Latest.

SENSITIVE BUT UNCLASSIFIED

From: Feith, David

Sent: Wednesday, January 13, 2021 9:46 AM

To: Yu, Miles (b)(6)@state.gov>; Eckels-Currie, Kelley (b)(6)@state.gov>; Buangan, Richard L (b)(6)@state.gov>

Cc: (b)(6)@state.gov>

Subject: RE: Wuhan statement

Team (with (b)(6) cc'ed) –

Sharing this DRAFT memo, including statement and fact sheet text, (b)(5) (b)(6) (b)(5)

(b)(6) This isn't yet final because (b)(5)

(b)(5) Also pasted below.

Appreciate your read. Thanks much.

(b)(5)

Withheld pursuant to exemption

(b)(5)

From: (b)(6)@state.gov>

Sent: Wednesday, January 13, 2021 7:48 AM

To: Feith, David (b)(6)@state.gov>

Cc: Yu, Miles (b)(6)@state.gov>; Eckels-Currie, Kelley (b)(5)@state.gov>; Buangan, Richard L (b)(6)@state.gov>

Subject: Re: Wuhan statement

Great. Please send me the final draft when it's ready to read.

Sent from my iPhone

On Jan 13, 2021, at 7:39 AM, Feith, David <FeithD@state.gov> wrote:

Many thanks all. The (b)(6) and Kelley (b)(5)

(b)(5)

Thanks again all, really appreciate everyone's collaboration here in difficult circumstances.

+ Richard.

--

David Feith
Deputy Assistant Secretary
Bureau of East Asian and Pacific Affairs (EAP)
U.S. Department of State

(b)(6)

(b)(6)@state.gov

On January 13, 2021 at 7:21:02 AM EST, (b)(6)@state.gov> wrote:

Good morning... (b)(5)

(b)(5)

Sent from my iPhone

On Jan 13, 2021, at 6:41 AM, Yu, Miles (b)(6)@state.gov wrote:

(b)(5)

Dr. M Miles Yu
Office of the Secretary
Department of State
Washington. DC

(b)(6)

Send from my iPhone

On Jan 13, 2021, at 1:34 AM, Eckels-Currie, Kelley (b)(6)@state.gov wrote:

Take a look at the attached. There's still some duplicative language in here, but I want to get your feedback on the overall approach.

K

Kelley E. Currie
Ambassador-at-Large
Secretary's Office of Global Women's Issues (S/GWI)
Department of State
Washington DC 20520

(b)(6)

<COVID declass draft S statement MY DF CB.docx>

Sender:	"Feith, David"
Recipient:	Stilwell, David R (b)(6)@state.gov; Atul Keshap (Colombo) (b)(6)@state.gov (b)(6)@state.gov; Fritz, Jonathan D (b)(6)@state.gov; Buangan, Richard L (b)(6)@state.gov

UNCLASSIFIED~~SBU~~

MRN: 20 BEIJING 74
Date/DTG: Jan 07, 2020 / 071033Z JAN 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, KPAO, KMDR, CDC, HHS, NIH, CN, PGOV, SENV, PREL
Captions: ~~SENSITIVE~~
Subject: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain

1. ~~(SBU)~~ **Summary and Comment:** China's response to an outbreak of pneumonia cases of unknown origin in Central China's Wuhan city has been marked by increased transparency compared to past outbreaks, such as the 2003 SARS epidemic. While PRC health officials have released timely and open general information about the outbreak, a lack of epidemiologic data – including an “epi curve” (a summary of dates of onset of the illness), characteristics of infected individuals, and other basic epidemiologic information – hinders better risk assessment and response by public health officials. Authorities have also not released information on how they are defining a “case”. Given these gaps in detailed information to-date, and lack of a final confirmed pathogen, the risk to the United States and global health is difficult to assess at this time. However, U.S. CDC and Mission China maintain close contact with PRC health authorities and with the World Health Organization (WHO). Mission China will continue to report on the Wuhan pneumonia outbreak as it develops and additional information becomes available. **End Summary and Comment.**

59 Cases of Pneumonia of Unknown Cause Reported in Wuhan

2. ~~(SBU)~~ As of January 7, the Wuhan Health Commission has reported 59 local cases of pneumonia with unknown cause. (Note: Wuhan, a city of approximately 11 million people, is the capital of Central China's Hubei Province. End note.) According to the Health Commission, some patients are vendors who work in the Huanan Seafood Market, which also sells live exotic animals, including beaver, snakes, porcupines, and deer. The market, which has been sanitized and closed since January 1, 2020, is approximately one square mile in size and located near the Hankou train station, which serves as a transportation hub at the center of China's domestic train routes.

3. ~~(SBU)~~ Patients began showing symptoms between December 12 and 29. Seven patients remain hospitalized in serious condition; the remainder have stable vital signs and there have

been no deaths. 163 contacts are under medical observation with no symptoms. Health officials state there has been no confirmed human-to-human transmission of the disease, and no cases among health workers. Laboratory investigations have ruled out influenza, avian influenza, SARS, MERS, and other common respiratory pathogens, and are awaiting final pathogen results. Continued investigation using nucleic acid testing, virus isolation, and culture is under way. Symptoms include fever, difficulty breathing and chest x-rays showing bilateral lung infiltrates. During an interview with a reporter for the Yanjiang Daily on January 6, the Director of the Wuhan Center for Disease Control and Prevention said they are conducting active and retrospective case finding in medical institutions throughout Wuhan. It is believed that that active case finding and retrospective investigation since the outbreak was reported on December 31 is the primary reason for the increase in the reported cases over the last week from 27 to 59.

4. ~~(SBU)~~ Suspected cases identified in Hong Kong and Singapore involved patients who had been in Wuhan and exhibited symptoms but did not have exposure to the Huanan Seafood Market. Of the suspected cases from Hong Kong with lab results, most tested positive for influenza or other common viruses, with other results pending.

5. ~~(SBU)~~ The U.S. CDC issued a Level 1 Travel Health Notice ([link](#)) on January 6, and is in the process of setting up an incident management structure. A level 1 Notice shares health information with travelers to ensure they are informed and able to travel in the safest way possible. WHO issued a statement on January 5 that it does not recommend any specific measures for travelers, or any travel or trade restrictions.

PRC's Response in Line with WHO International Health Regulations; Additional Epidemiological Information Would be Useful

6. ~~(SBU)~~ PRC officials on December 31, 2019 alerted WHO to the pneumonia outbreak. WHO contacts told Embassy officials that PRC health departments continue to provide information about the outbreak in accordance with WHO's International Health Regulations (IHR). While China has been forthcoming with standard information, WHO contacts note they have not received more detailed and potentially useful information, such as "epi curves" or other epidemiological data. The flow of official PRC information on this outbreak is limited to that coming from the Wuhan Health Commission and National Health Commission. China CDC is referring queries to the three official notices issued to-date by the Wuhan Health Commission.

7. ~~(SBU)~~ The PRC's release of information during the early stages of the outbreak has been regular and stands in contrast to past outbreaks, such as the 2003 SARS epidemic, where officials publicly denied the epidemic despite mounting infections and deaths. In the seven days since the notification to WHO of the current outbreak, the Wuhan Health Commission has issued three official notices, and the interview with the Wuhan CDC Director is publicly available. Additionally, an editor of the China CDC Weekly (launched in November 2019 and modeled after the U.S. CDC's Morbidity and Mortality Weekly Report) informed a U.S. CDC officer that an investigator has been assigned to write a report on the outbreak. Such a report could provide additional epidemiologic data that will be useful for global public health officials to understand the cluster of cases.

8. ~~(SBU)~~ In response to the outbreak, U.S. CDC Director Robert Redfield called China CDC Director George Gao. Director Redfield offered U.S. CDC technical support; however, China CDC has not yet responded to the offer. WHO's China office told us they have daily calls with WHO Geneva and the WHO Western Pacific Regional office to share information on the outbreak. WHO is also preparing to provide technical support to the PRC if requested.

9. ~~(SBU)~~ CG Wuhan and Embassy health contacts have indicated they have been instructed not to discuss the outbreak, beyond normal government information control, and have expressed frustration regarding the lack of internal communication among the medical community. According to a local virologist, authorities will not be permitted to talk about the outbreak and have to rely on international media.

Wuhan On-the-Ground

10. ~~(SBU)~~ CG Wuhan Officers visited Huanan Seafood Market and local hospitals, observing that among the approximately 100 police guards surrounding the large market, most in the area were not wearing masks. ConGen officers also visited the city's main infectious disease treatment facility, Jinyintan Hospital, where staff were observed wearing surgical masks, gloves, gowns, and caps. Guards outside the building were wearing surgical masks. A special reception desk was set up for patients exhibiting pneumonia symptoms. Otherwise, the hospital appeared to be operating normally.

11. ~~(SBU)~~ Contacts tell ConGen Officers that patients in Wuhan are usually diagnosed in clinics, and if they show matching symptoms, are then sent to Jinyintan Hospital. Medical staff have a general questionnaire that includes whether patients have been to the Huanan market or have had contact with sick people from the market. If a patient has fever, a full blood work is done.

12. ~~(SBU)~~ ConGen Officers observed no additional medical screening at metro, train stations, or airports. Aside from the closed market, all observations and reports are that the city is operating normally.

Media and Social Media Reaction in China

13. ~~(SBU)~~ The viral pneumonia cases in Wuhan are widely covered by Chinese media. Reports are factual in nature and cover the three statements released by the Wuhan Municipal Health Commission between December 31 and January 5. A report from Xinhua on January 1 cautioned that false information about the illness was circulating online and warned that spreading rumors and disrupting social order would not be tolerated. The article also stated that eight people were being investigated by public security for spreading rumors.

14. ~~(SBU)~~ On Chinese social media, viral pneumonia in Wuhan has been a hot topic for the past week, with the hashtag #武汉发现不明原因肺炎# ([Wuhan reported mysterious pneumonia](#)) receiving 870 million views with 77,000 discussions to date. However, it's also a heavily censored topic and has not been listed in any trending topics lists on Sina Weibo. Before SARS was ruled out as a cause of the mystery pneumonia by the Chinese government, many netizens

commented that it reminded them of the SARS epidemic of 2003. Most netizen comments express concern and hope that the Chinese government can disclose information whenever possible. Some comments express confidence in the Chinese government's ability to handle the problem.

Embassy Awareness Raising and Preparedness

15. ~~(SBU)~~ In coordination with U.S. CDC, Mission China issued a MASCOT message to the general public on January 7. This message mirrored CDC Watch Level 1 guidance on prevention and actions to take if someone has symptoms and/or has been in direct contact with an infected person. Post has sent a management notice to Mission China mirroring the ACS Mascot message. The MASCOT message also appears on the Mission website. There have been no reports of affected U.S. citizens.

16. ~~(SBU)~~ The Beijing Health Unit has disseminated information on the cases to Mission China regional RMOs/MPs and will have new PCR-based respiratory disease screening capabilities starting January 10. The Health Unit is also preparing for clinical management for any Mission personnel in Wuhan that develop respiratory symptoms and for those that return from Wuhan with respiratory symptoms.

~~SENSITIVE BUT UNCLASSIFIED~~

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Approved By:

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Info:

NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; CIA WASHINGTON DC ROUTINE; PACOM IDHS HONOLULU HI ROUTINE; ATLANTA GA, CDC ROUTINE; CHINA POSTS COLLECTIVE ROUTINE; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE ROUTINE

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MRN: 20 BEIJING 476
Date/DTG: Mar 11, 2020 / 100909Z MAR 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, HHS, CDC, NIH, PGOV, CN, SENV, PREL, AMED, AID, KHIV, KFLU, KFPC, KGHI, KHLS, KSCA, KTB
Captions: ~~SENSITIVE~~
Correction Reason: CORRECTED COPY: Corrected drafter information
Subject: PRC COVID-19 Response Shows Progress and Cracks in China's Emergency Preparedness

1. ~~(SBU)~~ **SUMMARY AND COMMENT.** Prior to the COVID-19 outbreak, PRC health officials expressed growing confidence in China's public health emergency response capabilities following the 2003 SARS outbreak. Health officials regularly praised China's enhanced ability to detect, monitor, and report on infectious diseases. As part of the 2018 Chinese government restructure, the PRC aimed to streamline its public health emergency response to epidemics. Various international and domestic assessments, however, indicated that the PRC still had gaps in its ability to effectively coordinate emergency responses to pandemics and other biological threats. China's response to COVID-19 further confirmed shortcomings in Chinese public health emergency preparedness and raised concerns about the PRC's ability to prevent future outbreaks. **END SUMMARY AND COMMENT.**

Significant Progress in China's Epidemic Emergency Response Since SARS

2. (U) Prior to the COVID-19 virus outbreak, the Chinese government initiated a series of self-reflective changes to its emergency response structure for preventing and controlling infectious diseases. After garnering widespread criticism for its response to the 2003 SARS epidemic, which resulted in 5,327 cases and 348 deaths in China, PRC leadership publicly recognized shortcomings in its management of the outbreak. The PRC subsequently accelerated reforms to improve its infectious disease prevention system and emergency response to epidemics, resulting in significant restructuring and a massive build-up in its capabilities.

3. (U) Within a decade, international experts praised China for its revamped pandemic emergency response system that demonstrated enhanced risk communication, infection prevention, control measures, and clinical management, particularly in its response to the 2013 H7N9 epidemic. From 2003 to 2012, Chinese government annual public health funding increased more than 10-fold from \$1.28 billion to \$17.46 billion RMB. In those 10 years, the

PRC established a nationwide infectious disease surveillance system with over 3,000 outposts, including Chinese Centers for Disease Control and Prevention (China CDC) branches, disease prevention and control laboratories, and public health supervision institutions throughout the country. The PRC's 2006 "National Contingency Plan for Public Health Emergency Response" created an emergency management system that streamlined information flow, promoted interagency coordination, and required timely public notification.

Centralizing and Reforming Management of Public Health Emergencies

4. (U) After the government reshuffle in 2018, the National Health Commission (NHC) was reorganized and granted clear authority over the formulation of infectious disease control and prevention policy to optimize China's response to public health emergencies. Chinese government ministries and provincial authorities were expected to implement NHC guidance at the local and regional level. In contrast, the newly created Ministry of Emergency Management (MEM) assumed responsibility for emergency responses to natural disasters, but also took over workplace safety and certain health functions that slightly overlapped with NHC's responsibilities. According to the "National Contingency Plan for Public Health Emergency Response," however, NHC retained responsibility to lead and coordinate interagency responses to epidemics.

Assessing Epidemic Emergency Preparedness with Chinese Characteristics

5. ~~(SBU)~~ In 2019, the Johns Hopkins Center for Health Security released its Global Health Security Index (GHSI) assessing global emergency preparedness for catastrophic biological risks. The GHSI classified China as "more prepared" for a pandemic than most nations, ranking it 51 out of 195 countries evaluated for health security capabilities. China scored slightly below average in its ability to prevent the emergence of zoonotic diseases. [Note: Most Chinese and international experts agree that COVID-19 is a zoonotic disease. The source remains unknown, but some data have suggested bats or pangolins as the possible origin and intermediary. **End Note.**] However, China received the lowest possible score in the following public health areas that hold major implications for its emergency response during the current COVID-19 outbreak:

- Conducting emergency preparedness and response exercises.
- Linking public health and security authorities for rapid response.
- Overseeing dual-use research involving dangerous pathogens with pandemic potential.
- Carrying out a WHO Joint External Evaluation (JEE) to highlight critical gaps in capacity preparedness. [Note: China has not participated in a JEE, a process which enables countries to determine their gaps and weaknesses in preparing for and responding to infectious disease risks. More than 100 countries, including the United States, have voluntarily completed a JEE. The JEE is a key aspect of implementing the International Health Regulations (IHR), an agreement signed by all WHO member

states, including China, to work together for global health security. The United States has encouraged China to conduct a JEE since 2005 but China has only participated as a technical observer to other country JEEs and has never agreed to conduct their own.

End note.]

6. ~~(SBU)~~ During discussions with U.S. Department of Health and Human Services officials in 2018, NHC Director General of the Health Emergency Response Office Xu Shuqiang admitted that China needed to improve its diagnostic and treatment capabilities. Yet, he confidently asserted that China centered its emergency response system on joint prevention and control mechanisms, web-based reporting, rapid testing, human capacity, and strong interagency coordination. Publishing their own assessment, however, NHC-affiliated medical experts from the Chinese Preventive Medicine Association (CPMA) complained that China had excessively focused on improving medical treatment while failing to develop preventative measures against infectious diseases.

Seeking Truth from Facts: China's COVID-19 Response

7. ~~(SBU)~~ China received mixed reviews over its initial emergency response to COVID-19, ranging from praise from the World Health Organization (WHO) for its "unprecedented" containment efforts, to domestic criticism over delayed risk communication. In reference to the Wuhan lockdown, a senior official at an international humanitarian aid organization told ESTHOff that the PRC initially reacted like it had never dealt with an epidemic, suggesting the primary reasons for its stunted response were a lack of clarity on areas of responsibility following the government reshuffle, and central government intervention. The aid official said the PRC decision to seal off Wuhan on January 23 came too late as 5 million people had already left the city for the Chinese New Year. [Note: Other health officials noted that the containment measures helped slow transmission. Prominent Chinese epidemiologist Zhong Nanshan publicly claimed the number of confirmed COVID-19 cases would have tripled if China had not implemented these severe control measures. The WHO stated that PRC containment measures were "buying the world time" to handle the outbreak. **End Note.**]

8. ~~(SBU)~~ At the beginning of the COVID-19 outbreak, Chinese government ministries appeared slightly confused about their emergency response functions, noted the aid official. NHC and MEM were still adjusting to their new responsibilities, the official observed, and fell short in emergency preparedness and response capabilities. Although the PRC was actively seeking supplies and aid needed to respond to the outbreak, the aid organization said that the NGOs the government designated to receive international donations appeared to be completely oblivious to international standards for making such requests. The aid organization worked closely with the designated NGOs to develop standards for requesting contributions, such as including the type, quantity, and expected expiration dates for medicine and other emergency supplies. The aid official was surprised to find NHC initially scrambling to create clear standard operating procedures for their emergency response. NHC also rushed in setting nationwide standards for personal protective equipment (PPE), medicine, medical equipment, and consumable goods, lamented the aid official.

The Chinese Interagency Art of War against COVID-19

9. ~~(SBU)~~ Despite early challenges, the PRC quickly overcame logistical hurdles and provided a rapid emergency response ensuring that food, donations, and national resources were directed to Wuhan, assessed the senior aid official. After preliminary central government involvement, the NHC clearly took the lead for the emergency response while MEM and other relevant government ministries played a supporting role. MEM Division Director Yin Mingyu, overseeing the Department of International Cooperation and Rescue, told ESTHoff MEM was providing logistical and personnel assistance to transport suspected COVID-19 patients to hospitals. MEM personnel travelled nationwide with NHC-led joint committees to assist factories and companies resume normal operations while providing instruction on health and prevention measures, elaborated Yin.

10. ~~(SBU)~~ The senior aid official spoke highly of the Chinese government's overall interagency coordination and implementation of NHC guidance. She recounted that in a briefing to provide information on China's COVID-19 interagency working group, Chinese Ministry of Commerce (MOFCOM) Department of International Trade and Economic Affairs (DITEA) Deputy Director General Liang Hong had claimed that the PRC General Administration of Customs (GAC) facilitated emergency shipment of goods far quicker than other countries that had experienced far less dire circumstances. In the briefing, Liang said that MOFCOM's DITEA worked with GAC to handle international assistance while ensuring compliance with international standards and controlling market prices. The Ministry of Industry and Information Technology (MIIT) managed medical stockpiles with support from provincial, regional, and municipal officials. [Note: Post received a request from the MEM on February 15 requesting basic information on how the U.S. managed its emergency stockpile system, indicating that the PRC's mechanism had not been fully developed or implemented. End Note.] MIIT also reviewed the quality and compliance of special medicine and emergency equipment from bilateral and multilateral partners.

Criticism of PRC Health Security Capabilities and Transparency

11. ~~(SBU)~~ During its COVID-19 response, China faced internal criticism over its limited health capabilities and international disapproval for its lack of transparency. In a Chinese medical journal, CPMA Chinese medical experts pointed out that China CDC suffered from ongoing staff shortages of infectious disease experts and an outdated IT system for reporting on infectious diseases before the COVID-19 outbreak. ESTH health contacts said that low salaries for China CDC infectious disease experts resulted in retention problems. Dr. Zhong Nanshan publicly expressed dissatisfaction, saying China CDC should be elevated beyond merely a technical branch of NHC. Most Chinese observers agreed that China CDC needed more resources and authority to conduct infectious disease surveillance, report on public health concerns, and engage in policy planning.

12. ~~(SBU)~~ The senior aid official voiced strong concerns over officials' lack of transparency about the number of Chinese citizens requiring urgent medical, food, and financial assistance after the Wuhan lockdown. While the aid official positively assessed the NHC's timely and transparent reporting of COVID-19 cases, the official felt that China's emergency response

completely ignored the need for humanitarian assistance to Chinese citizens stuck in Wuhan. The aid official also noted that they had offered to host a training session for MEM and NHC on emergency response to epidemics, but had never received a response.

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Drafted By:	BEIJING;
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Info:	NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; ATLANTA GA, CDC ROUTINE; DIA WASHINGTON DC ROUTINE; CIA WASHINGTON DC ROUTINE; PACOM IDHS HONOLULU HI ROUTINE; CHINA POSTS COLLECTIVE ROUTINE; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE ROUTINE
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MRN: 20 BEIJING 2226
Date/DTG: Nov 18, 2020 / 180938Z NOV 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: ECON, PGOV, ETRD, PREL, CDC, HHS, FDA, CN, EAGR, FAS, AGR
Captions: ~~SENSITIVE~~
Subject: PRC Claims of COVID Transmission via Cold Chain Food Imports Growing

1. ~~(SBU)~~ **Summary:** Although official PRC data indicate the community transmission of COVID-19 has been largely eliminated in China, there continue to be small-scale outbreaks throughout the country. PRC authorities have implicated imported, refrigerated (i.e., cold chain) food products and packaging as the probable vector for many of these outbreaks, while the World Health Organization and UN Food and Agriculture Organization maintain that transmission of COVID via food products and food packaging is highly unlikely. Some state media appear to be using the alleged transmission via imported food to cast doubt on a Wuhan origin for COVID-19. The PRC has implemented a series of measures purportedly aimed at limiting the spread of COVID via the cold chain, including a system of disinfecting, testing, and tracing cold chain imports. To-date, the PRC has suspended food imports from 99 food companies based in 20 countries due to COVID contamination. Trading partners continue to push the PRC to make its data and analysis on cold chain transmission public, and to be transparent about testing and rules for suspended products. Likeminded contacts in Beijing advocate concerted action through multilateral organizations to push the PRC to provide data the global scientific community can use to evaluate China's claims and take appropriate mitigation measures. **End Summary.**

Science on Cold Chain COVID Transmission Still Emerging

2. ~~(SBU)~~ Following a June 2020 outbreak of COVID-19 linked to the Xinfadi wholesale food market in Beijing (Reference 20 Beijing 1022), Chinese investigators discovered the SARS-CoV-2 virus on a cutting board used for salmon. They concluded the outbreak may have been linked to imported seafood, though virus samples were also found on food products from other parts of the market. In early July, Deputy Director of the PRC State Food Safety Evaluation Center Li Ning stated the evidence indicated there was only a very slight possibility that cold chain food could have been the source of the Xinfadi outbreak. None of the over 80,000 COVID cases previously reported in the PRC had been linked to imported food. Following an October outbreak in Qingdao, a port city on China's eastern coast, which infected 13 people including dock workers and the hospital staff treating them, the Chinese Center for Disease Control and Prevention (China CDC) announced it had detected and isolated live coronavirus on the

packaging of imported frozen fish, and had found virus with the same genetic sequence in infected workers. Until the results of an epidemiologic investigation on the Qingdao cases are made known, it remains unclear whether the workers caught the virus elsewhere and transferred it to the packaging, or whether the packaging itself was the source of the infection. Following the Qingdao outbreak, several subsequent cases of individuals infected with COVID have also been attributed to imported cold chain food, including in Dalian, Tianjin, Chengdu, Yanbian, and Shanghai. Over just the past two weeks, PRC authorities also claim to have detected the SARS-CoV-2 virus on French pork in Xiamen, German pork in Shandong, Indian fish in Shanxi, Argentinian beef in Jiangsu, Brazilian beef in Wuhan, Argentinian pork in Henan, and beef from New Zealand. (Note: New Zealand has disputed the findings. End note.)

3. ~~(SBU)~~ Medical experts outside the PRC note that although Chinese research papers they have seen to-date provide some data supporting the hypothesis that the virus can be transmitted through cold chain products, the evidence is not conclusive. Chinese research on this topic is still preliminary, and it is not possible replicate the results in countries with high rates of community transmission, or in countries that are not routinely performing environmental sampling on imported products. In New Zealand, a country that has also had scattered cases and a low incidence of community transmission, scientists have not found evidence to support the cold chain transmission theory. From the Chinese research findings published so far, it is not clear whether the food on which the virus was found was contaminated as a result of improper handling in the market or somewhere else on the supply chain. It is also not clear whether virus particles on food can be aerosolized to infect people and whether there are also risks to consumers of the products. Thus far, PRC authorities have reported that only workers handling the products have been infected, not consumers. The PRC's aggressive testing campaigns following detection of cases connected to cold chain food products have determined that few workers from affected facilities tested positive. In October, China CDC announced it had found 22 positive samples out of 670,000 cold chain food packaging samples tested. This suggests the likelihood of contracting the virus via cold chain products is very low compared with human-to-human transmission via airborne particles.

PRC Tracing and Testing Based on Weak Sources; Create Uncertain Commercial Conditions

4. ~~(SBU)~~ On November 9, following statements by China CDC and other health authorities that several recent COVID outbreaks in the PRC were linked to cold chain food imports, the State Council issued guidance requiring disinfection, testing, and traceability for all imported cold chain food products. (Note: In practice, it appears that the guidelines are being implemented unevenly at different ports. In a recent cursory review of imported cold chain products at a local grocery store in Beijing, only a small number of products on display were marked to indicate that they met inspection, disinfection, and tracing requirements. End Note.) Companies with products that test positive face import suspensions that the PRC's General Administration of Customs (GACC) calls "temporary," but which in practice have no clear end date. As of mid-November, the PRC had suspended cold chain food imports from some 99 companies based in 20 countries. Though virus samples have not been found on any U.S. imports, GACC has suspended two U.S. poultry facilities from exporting to China based on information reportedly gleaned from the internet about COVID cases among workers in those plants. Contacts from third countries have concurred that PRC authorities seem to be basing decisions to suspend imports from various facilities (whose products had not tested positive) largely on foreign news articles about outbreaks, and exporters have not received clear information on the reasons for the

suspension or the process for re-certification. Exporters could also be negatively impacted by additional costs associated with mandatory disinfecting and tracing of products, and the possibility that importers may become less willing to take the risk of importing food products that could be destroyed or returned should they test positive upon arrival.

State Media Seizes on Narratives that Deflect PRC Responsibility

5. ~~(SBU)~~ No internationally peer-reviewed study supports the hypothesis that the COVID virus can be transmitted through the cold chain. Research published in Chinese scientific journals – notably in a October 27 article by Tsinghua University, China CDC, and the Chinese Academy of Medical Sciences in China’s “National Science Review” –discussed the cold chain theory as a source of possible transmission, but not as a theory for how the virus appeared in China. However, some PRC state media outlets have speculated that the source of the outbreak in Wuhan could have been imported frozen seafood, including the Global Times on November 16 and Xinhua on November 17 (see figure below for a recent example of PRC state media reporting on cold chain transmission). Contacts have argued the narrative of COVID entering China on imported cold chain food could be used by the PRC to obfuscate the origins of the virus and deflect responsibility for its botched early handling of pandemic. One informed PRC media sector contact recently opined to us that a third of China’s population believes COVID originated outside of China, either in the U.S. or a third country.



certified, and companies alleged that some of the PRC information requests were related to corporate trade secrets, not food safety. A Brazilian contact confirmed that despite requests, the PRC has not provided a copy of the test results for the products it claimed tested positive for COVID-19. Additionally, it was unclear whether the virus samples the PRC reportedly found were of live virus or only non-viable fragments of viral RNA, which the interlocutor said was insufficient to confirm the products in question posed an infection risk.

~~SENSITIVE BUT UNCLASSIFIED~~

Signature:	FORDEN
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Drafted By:	BEIJING;
Cleared By:	USTR;
	USDA/APHIS
	HHS/CDC
	PD;
	USDA/FAS
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Approved By:	USDA
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	WHITE HOUSE WASHINGTON DC ROUTINE; PACOM IDHS
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Subject: PRC Making Progress in Race to Develop a COVID-19 Vaccine

1. ~~(SBU)~~ **Summary and Comment:** Chinese biomedical companies CanSinoBIO, Sinopharm and Sinovac Biotech have developed three out of six of the COVID-19 vaccine candidates worldwide that have been approved to begin phase III clinical trials, the final step required by most regulatory organizations to secure official approval for public use. Given the low rate of COVID-19 infection in China, Sinopharm and Sinovac Biotech began phase III clinical trials overseas in July, making them the only two Chinese companies to enter the final phase of human testing for a COVID-19 vaccine. Despite not having yet undergone phase III clinical trials, CanSinoBIO's vaccine candidate received one-year special approval for military use from the Central Military Commission (CMC) Logistic Support Department Medical Services Directorate. Sinopharm also began to vaccinate employees of state-owned enterprises and at-risk members of the Chinese public. Some Chinese public health contacts have expressed uncertainty about the potential effectiveness of Chinese vaccine candidates, speculating the coronavirus may mutate over the fall and winter months making it more resistant to vaccine treatments. While senior PRC officials have vowed to share COVID-19 vaccines as "global public goods" – notably with low- and middle-income countries – experience gained during the 2009 H1N1 pandemic showed that high income countries negotiated advanced orders of vaccines, which crowded out low-income countries from the market. Subsequent donations from high-income countries were only made after they had covered their own populations. It remains to be seen if and how China follows through on donating PRC-produced vaccines to other countries while having to cover its own massive population. **End Summary and Comment.**

Chinese Biomedical Companies Lead in COVID-19 Vaccine Development

2. ~~(SBU)~~ Chinese biomedical companies are making significant progress in global vaccine development efforts to treat COVID-19. According to the World Health Organization, eight out of over twenty vaccines for COVID-19 currently in human clinical trials around the world are

being developed in China. Most of these Chinese vaccine candidates are in phase I and II of clinical trials, although three have already been approved to enter phase III, the final step required by most regulatory organizations to secure official approval for public use. To date, only six vaccine candidates worldwide are in phase III trials. [Note: Phase I trials involve groups ranging from 20 to around 100 patients to check a vaccine for negative side effects. Phase II trials include hundreds of patients who are tested to determine the safety and efficacy of the vaccine. Phase III trials contain thousands of participants who are tested to better understand the effectiveness of the vaccine, the benefits, and the range of possible adverse reactions. End Note.] Four Chinese biomedical companies relied on well-established technology to create inactivated vaccines, which contain killed virus particles meant to induce an immune response in the vaccine recipient. In addition, the People's Liberation Army (PLA) was working with Chinese vaccine developer Walvax Biotechnology to explore new technology that could produce mRNA vaccines using a synthetic version of the genetic code that the coronavirus uses to form proteins designed to induce immunity.

CanSinoBIO Developed the First Chinese Vaccine Candidate

3. ~~(SBU)~~ Chinese biomedical company CanSino Biologics Inc (CanSinoBIO) developed the first vaccine candidate against COVID-19 in China – known as Ad5-nCoV – in collaboration with the Beijing Institute of Biotechnology, which is subordinate to the PLA Academy of Military Science (AMS) Academy of Military Medical Sciences (AMMS). [Note: Ad5-nCoV is a viral vector vaccine that uses a harmless virus called adenovirus type-5 (Ad5) to carry genetic material from the novel coronavirus (nCoV) into the body to induce an immune response. End Note.] PLA Major General Chen Wei, a top epidemiologist and virologist at AMMS who led the phase I clinical trial for Ad5-nCoV, reported the vaccine candidate results were encouraging and had no "serious" side effects, but admitted more research needed to be done. On March 20, Chen was reportedly the first to be injected out of 108 volunteers. Neutralizing antibodies increased significantly among the 108 participants at day 14 and peaked 28 days post-vaccination. [Note: Neutralizing antibodies are part of the body's immune response that protects against infections. End Note.] Moreover, no serious adverse events were noted within 28 days post-vaccination. However, some vaccine recipients reported mild to moderate symptoms including fever (54 percent), while patients also experienced fatigue (44 percent), headaches (39 percent), and muscle pain (17 percent). Results from phase II trials begun in April with 508 participants from Wuhan found that the Ad5-nCoV vaccine was safe and induced significant immune response of neutralizing antibodies at day 28 in the majority of recipients after a single immunization.

4. ~~(SBU)~~ At that time, CanSinoBIO still needed to broaden its testing pool to conduct phase III trials and determine the effectiveness of the vaccine before it could be licensed for public use in China. However, the low rate of COVID-19 infections in China made it difficult to conduct large-scale domestic vaccine trials, stated Chinese public health experts. Consequently, CanSinoBIO partnered with the National Research Council of Canada in May and was preparing to conduct phase III clinical trials of Ad5-nCoV with Canadian volunteers in the near future. CanSinoBio also entered discussions with Russia, Brazil, Chile, and Saudi Arabia about launching phase III human clinical trials among their populations, said CanSinoBio co-founder and executive director Qiu Dongxu on July 11. On August 9, Saudi Arabia announced phase III

clinical trials on around 5,000 people would begin soon using CanSinoBio's vaccine candidate while discussions remain ongoing in the other three countries. Separately, Mexico signed a memorandum with CanSinoBio and Walvax Biotechnology to conduct human testing trials of Ad5-nCoV between September and January 2021, said Mexican Foreign Minister Marcelo Ebrard during an August 11 news conference. On the same day, the PRC National Intellectual Property Administration issued China's first COVID-19 vaccine patent approval to CanSinoBio for Ad5-nCoV. CanSinoBio Executive Director Qiu revealed that 40,000 volunteers would be recruited for upcoming trials and a new factory in China with the capacity to produce 100-200 million doses of COVID-19 vaccines per year by early 2021 was under construction.

Sinopharm and Sinovac Biotech Enter Phase III COVID Trials

5. ~~(SBU)~~ The state-owned China National Pharmaceutical Group (Sinopharm) and Sinovac Biotech began phase III clinical trials overseas in July, making them the only two Chinese biomedical companies to-date to enter the final phase of human testing for a COVID-19 vaccine. Sinopharm Chairman Liu Jingzhen told a state-run media outlet in late May that 180 recipients of Sinopharm's inactivated vaccine candidate, including himself, developed antibodies with a 100 percent protective rate against COVID-19 during phase I clinical trials. Following phase II clinical trials on more than 1,000 volunteers, Sinopharm released an official statement in late June saying the vaccine candidate was safe and effective with adverse reactions far lower than other vaccines undergoing trials. Phase III trials were currently underway in the United Arab Emirates with around 15,000 participants as of July 15 using two different inactivated vaccine types. Sinopharm also announced in late July an agreement with Parana Technology Institute (Tecpar) to begin vaccine trials in Brazil soon. In Bahrain, phase III clinical testing was scheduled to begin on August 10 with 6,000 volunteers over the next 12 months, reported the Bahrain Ministry of Health. Sinopharm announced August 20 that Peru, Morocco, and Argentina approved phase III clinical trials on volunteers in their countries. During a July 22 interview, Sinopharm Chairman Liu estimated phase III trials would be completed in three months. **[Note:** Following completion of the phase III clinical trial, the company would need to apply for regulatory approval before the product would be available to the domestic market. **End Note.]** Partnering with Sinopharm, the Beijing Biological Products Institute and the Wuhan Institute of Biological Products both developed two different inactivated vaccines that were expected to be available by the end of December at the price of RMB 1,000 (USD 144). Sinopharm was also preparing to expand its annual production capacity to a combined 220 million vaccine doses.

6. ~~(SBU)~~ Chinese vaccine developer Sinovac Biotech also produced an inactivated vaccine candidate called CoronaVac that has entered phase III human testing trials and is projected to begin production early next year. **[Note:** During the outbreak of SARS in 2003, Sinovac was the only Chinese firm to enter phase I vaccine trials; however, research ended following the SARS pandemic. Sinovac was able to build on this earlier research given the similarity between COVID-19 and SARS. **End Note.]** Sinovac said phase I and II trials for CoronaVac showed favorable immunogenicity and safety profiles, and no severe adverse events were reported. Sinovac Biotech experts noted that two doses of the vaccine candidate were needed to immunize one person, but observed the reduction of neutralizing antibodies 14 days after the vaccination. **[Note:** There are still knowledge gaps about COVID immunity; however, reduction in

neutralizing antibodies may suggest a possible waning of immunity over time. **End Note.]** Sinovac Biotech had already begun phase III clinical trials by July in Brazil and committed to sharing 60-100 million doses through a collaboration with São Paulo-based Instituto Butantan (Ref A). Sinovac Biotech CEO Yin Weidong disclosed on July 11 that his company was “actively in discussion with several countries” in Asia, including Indonesia, Turkey, and Bangladesh, about conducting phase III trials and was exploring options to carry out human trials in Europe. Since then, the Bangladesh Medical Research Council (BMRC) approved phase III clinical trials on July 22, which were to be conducted by International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) on 4,200 volunteers in seven hospitals specialized in COVID-19 treatment. Indonesian state-owned company Bio Farma also partnered with Sinovac Biotech and began carrying out phase III clinical testing on August 14 that will ultimately involve as many as 1,620 patients in Indonesia. Yin explained that Sinovac Biotech aimed to produce 300 million doses per year.

PRC Authorities Approve Vaccine for Special Use

7. ~~(SBU)~~ Despite not having undergone phase III clinical trials, the Central Military Commission (CMC) Logistic Support Department (LSD) Medical Services Directorate issued one-year special approval for CanSinoBio’s Ad5-nCoV as a “military-specially-needed drug” on June 25. With this special designation and approval, CMC could begin pharmaceutical production of Ad5-nCoV solely for limited military use among Chinese armed forces. **[Note:** Major General Chen Jingyuan, the Director of the CMC LSD Medical Services Directorate, announced during a March 3 press conference that the Chinese military has reported zero cases among its personnel. **End Note.]**

8. ~~(SBU)~~ With approval from the State-owned Assets Supervision and Administration Commission of the State Council, Sinopharm also began inviting employees of state-owned enterprises to take the vaccine. More than 1,000 Sinopharm employees were voluntarily vaccinated without any adverse effect, reported the biomedical company in June. China TravelSky, a Chinese state-owned civil aviation and information technology company, prioritized its research and development (R&D) staff and airport terminal workers for vaccination, but also offered to vaccinate overseas travelers, medical staff members involved in COVID-19 prevention efforts, and residents from medium and high-risk communities in Beijing. Media reports also indicated that PetroChina employees were asked to take the Sinopharm vaccine. Separately, Chinese Center for Disease Control and Prevention (China CDC) Director Gao Fu revealed during a webinar on July 26 that he had been injected with an experimental COVID-19 vaccine. Gao explained, “Everybody has suspicions about the new coronavirus vaccine. If even we didn’t do it, how can we persuade...the public to be vaccinated.” Gao refused to disclose details about the vaccine he took, saying he did not want to appear to be “doing some kind of propaganda.” **[Note:** Gao coauthored a paper in June on an “inactivated” vaccine candidate developed by SinoPharm leading some to speculate he was injected with the same vaccine. **End Note.]** However, a few Chinese public health contacts expressed doubts over the effectiveness of Chinese vaccine candidates, speculating that the coronavirus may mutate over the fall and winter months making it more resistant to vaccine treatments. **[Note:** If this problem were to occur, the impact would not be limited to Chinese vaccine candidates. **End Note.]**

Senior Chinese Leaders Pledge to Share Vaccines

9. (SBU) Chinese Communist Party Chairman Xi Jinping announced on May 18 during a virtual speech to the World Health Organization that China would make its COVID-19 vaccine a "global public good" ensuring it is accessible and affordable in developing countries. Subsequently, PRC Foreign Minister Wang Yi said in late July that China pledged a \$1 billion loan to help Latin American and Caribbean countries access COVID-19 vaccines once available during a virtual conference with his Latin American counterparts. China CDC Director Gao also emphasized during a July 31 virtual seminar that the vaccine needed to be shared in low and middle-income countries unable to afford it. On August 24, Premier Li Keqiang Li stated during the third leaders meeting of the Lancang-Mekong Cooperation (LMC) organization that any Chinese-produced COVID-19 vaccine would be provided to Mekong countries "on a priority basis."

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