

## COVID-19 Infection in Beijing

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### EDITORIAL

Since the first case of a novel coronavirus (COVID-19) infection pneumonia was detected in Wuhan, China, a series of confirmed cases of the COVID-19 were found in Beijing. We analyzed the data of 262 confirmed cases to determine the clinical and epidemiological characteristics of COVID-19 in Beijing.

We collected patients who were moved by Beijing Emergency Medical Service to the assigned clinics. The data on segment, epidemiological, clinical, research center test for the COVID-19 infection, indicative grouping, bunch case and result were acquired. Moreover we looked at the attributes among serious and normal affirmed cases which including gentle cases, no-pneumonia cases and asymptomatic cases, and we likewise analyzed the highlights between COVID-19 and 2003 SARS.

By Feb 10, 2020, 262 patients were moved from the clinics across Beijing to the assigned emergency clinics for extraordinary treatment of the COVID-19 contaminated by Beijing crisis clinical assistance. Among of 262 patients, 46 (17.6%) were serious cases, 216 (82.4%) were normal cases, which including 192 (73.3%) gentle cases, 11(4.2%) non-pneumonia cases and 13 (5.0%) asymptomatic cases individually. The middle period of patients was 47.5 years old and 48.5% were male. 192 (73.3%) patients were inhabitants of Beijing, 50 (26.0%) of which had been to Wuhan, 116 (60.4%) had close contact with affirmed cases, 21 (10.9%) had no contact history. The most widely recognized indications at the beginning of sickness were fever (82.1%), hack (45.8%), exhaustion (26.3%), dyspnea (6.9%) and migraine (6.5%). The middle hatching time frame was 6.7 days, the timespan between ailment beginning and seeing a specialist was 4.5 days. As of Feb 10, 17.2% patients have released and 81.7% patients stay in medical clinic in our examination, the casualty of COVID-19 contamination in Beijing was 0.9%.

Based on this examination, we gave the proportion of the COVID-19 disease on the serious cases to the mellow, asymptomatic and non-pneumonia cases in Beijing. Populace was commonly powerless, and with a generally low casualty rate. The measures to forestall transmission was fruitful at beginning phase, the following stages on the COVID-19 contamination ought to be centered around early confinement of patients and isolate for close contacts in families and networks in Beijing.

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