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## Invited Commentary

**An Invited Commentary on “World Health Organization declares global emergency: A review of the 2019 novel Coronavirus (COVID-19)”: Emergency or new reality?**


The onset of the novel Coronavirus Disease 2019 (COVID-19) outbreak in Wuhan, China, suggests animal-to-person spread and later person-to-person spread. The complete clinical picture following COVID-19 infection is not yet fully understood. A recent report on over 72,000 COVID-19 cases by the Chinese Center for Disease Control and Prevention showed the case fatality rate was overall 2.3%. The mortality rises to 8% in patients between 70 and 79-years-old, and spikes to 14.8% in those aged 80 and above [1]. Sorhabi et al. give an informative and comprehensive account of the timeline, etiology, symptoms, supportive treatment, and transmission prevention of COVID-19 [2].

The WHO's declaration of COVID-19 to be a Public Health Emergency of International Concern is attributable to the high case fatality rates in China and the global economic effect of COVID-19, which may compound the current ongoing influenza epidemic [3]. Furthermore, there is the potential for higher death rates in countries with vulnerable health systems in resource-limited regions. The ability to control local transmission depends on the application of the principles of rapid identification, prevention, and control, followed by patient isolation, rapid diagnosis, and contact tracing. Some countries remain ill-equipped with limited diagnostic capacity, resulting in delays from suspected case identification to vector confirmation and patient isolation, which increases the risk of disease transmission [4]. Though, 74% of countries in Africa have an influenza pandemic preparedness plan; however, most are outdated and inadequate to deal with a global pandemic such as COVID-19 [5].

Recent epidemics and pandemics (e.g., severe acute respiratory syndrome (SARS), H1N1 pandemic, Middle East respiratory syndrome (MERS), and Ebola) have highlighted the need to reinforce national public health capabilities, including disease-surveillance systems and health care workforce. Pandemic preparedness requires specific training in surveillance, epidemic response, and diagnostic testing. Strengthening health care systems worldwide, particularly in resource-

poor settings, is imperative. Recurrent novel pandemics is our new global reality.

**Provenance and peer review**

Invited Commentary, internally reviewed.

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