

New Coronavirus (2019-nCoV or Covid-19) in France: medical information, thoughts and practical advice

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WARNING: since this article was written, the situation in France (and in the world) has changed qualitatively and knowledge about Covid-19 infection has progressed. The general political framework of the analysis remains largely valid, however the pandemic is engaged internationally and the spread of the virus in France could not be durably blocked. Attempts are now being made to slow its progression.

Moreover, medical authorities now consider that the virus is not transmitted by air, but only by “droplets” (sputters...) received directly or indirectly (by touching them on a support, then by bringing one’s hands to one’s face (mouth and nose - it only affects the lungs). The part concerning masks should be reworked accordingly, although the advices remain generally relevant.

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This article was written initially for a French audience. Practical information has been changed to make it more relevant to at least part of the English speaking readership.

To date, there is no epidemic of the new coronavirus (2019-nCoV, renamed Covid-19) in France, only a limited number of people are affected. However, the evolution of the disease remains difficult to predict at the international level. In this article, I intend to offer some general information, highlight some health issues, provide links and gather recommendations issued by the competent services. [\[1\]](#)

World situation

Close to 30 countries and territories are affected. The expansion of the Covid-19 coronavirus is therefore international, although uneven across continents and regions. Europe is one of the affected areas. However, only in China is there a real epidemic for the moment. It is not yet possible to predict what the future progression of the disease will be.

Situation in France

According to the Ministry of Health, there were eleven “proven” cases of contamination by Covid-19 in France as of 10 February. Five patients (British) were in the Alpine resort of Contamines-Montjoie, where they had been infected during the visit of a fellow countryman returning from Singapore. It was feared that the disease could have spread locally. Screening operations were carried out, but no further cases were detected. [2]

The condition of one of the patients, a Chinese tourist, was worrying – his treatment was delayed due to a misdiagnosis, but he is also an elderly person very susceptible to pneumopathy and his death was announced 15 February. He is the first person to die of Covid-19 outside Asia. Four others are now cured. The six others, who are hospitalized in isolation, are not considered to be a cause for concern.

So, for the time being, the answer to the question “what to do” is: nothing special. Cases are extremely rare and there is no epidemic.

It is all the more important to stress this because an anxiety-provoking climate, fostered for a time by media coverage, has given rise to explosions of racist behaviour, in this case against people with an East Asian profile. It maybe even more the case in Britain than in France [3] It is obviously important to combat such behaviour systematically.

Another point of clarification: the coronavirus only survives for a few hours (2 or 3?) on an inert (i.e. not living tissue) and dry surface. Packages arriving from China cannot therefore be infected (any more than cooked food – however in case of infection avoid raw or lightly cooked meat).

It is reasonable to be worried about the issue of the new coronavirus because the course of the disease is unpredictable and it will take time for vaccines to be developed. And the effectiveness of the response to a possible epidemic depends on the *quality of the public health service throughout the country*, which is in crisis, particularly as a result of government-imposed austerity policies. We will come back to this point in the light of what the history of the epidemic in China teaches us in this area.

Before doing so, let us look back at some concrete information.

Symptoms

Symptoms of a new coronavirus infection combine fever, cough, shortness of breath and difficulty breathing (other conditions may have similar symptoms).

When these symptoms are present, unless there are communication difficulties, people are asked NOT to go to hospital emergency departments to avoid the risk of infection, but to call health emergency numbers (111 in the United Kingdom).

After making a phone call, do not leave your home (or the place where you are) while waiting for health services to come if your condition is considered problematic.

Measures to prevent the spread of the disease

These are the same as for any infectious disease transmitted by air (and secondarily by the touch), and not, for example, as a result of a mosquito bite, such as dengue fever. Close and prolonged contact is required. **If there is a risk of infection**, the following measures are particularly important:

- Information quickly disseminated to the general population.
- Blow your nose in a disposable tissue, do not throw it on the ground, but in a place where it will not be touched by another person. Do not spit on the ground.
- Sneeze into your sleeve (not your hands), cover your mouth and nose when coughing or sneezing (disinfect your hands afterwards, if necessary).
- Wash hands regularly and thoroughly with soap and water. Hand sanitizer gel is also very effective. Washing hands is best if they are soiled, otherwise gel is easier to use frequently.
- When you have not washed your hands, do not put your fingers on your face (mouth, nose, eyes) – not easy!. A mask can help avoid it, even when it does not protect against infection (surgical mask)
- Maintain a distance of at least one metre (or two?) from other people. [\[4\]](#)

Eventually, wear gloves and mask, but which one?

The question of masks

There are two types of masks.

The surgical mask This type of *anti-projection* mask is **designed to protect others**. A surgeon, to prevent their sputum from infecting the patient they are operating on. For us, if we are contagious. It is not designed to protect people who are not sick. It prevents the transmission of infectious agents through droplets (saliva...).

There are countries (Japan is often cited) where it is normal to wear a surgical mask as soon as one is infectious (a bad cold, the flu...). It is a civic act of common sense. Unfortunately, elsewhere, this is not customary; so people wearing a mask can be treated as plague-ridden or even insulted (especially, today, if they have an East Asian physique). To top it all off!

Surgical masks can also protect healthy people in certain cases, i.e. transmission of “droplets” (flu and other) and if there is not too close contact with the patient’s secretions. The protection provided by the surgical mask for people who are not sick is never complete, so the other measures mentioned above should be maintained.

The respiratory mask. This type of mask is designed to protect a healthy person. In cases of coronavirus the use of “air” protection masks (FFP2 or N95 type) is recommended, avoiding airborne contamination (fine particles of less than 5 microns). As these masks are much more expensive and fewer in number, they can currently only be used by healthcare personnel.

Disposal of masks. Masks have only a limited duration of effectiveness (8 hours maximum, or less?). Once a mask has been used, it must be disposed of properly, never reused. It should be

thrown away in a dustbin, if possible equipped with a lid and a plastic bag. Disposal is through the household waste stream.

The moist environment of the mask helps to keep viruses alive. A new one is therefore needed at least once a day.

For solidarity, it would be important to send masks in quantity to affected areas, such as Wuhan or Hong Kong, but they are out of stock in France and many other countries. The global shortage is now such that the World Health Organization (WHO) itself is unable to equip all healthcare teams. However, solutions have started to be found, initial initiatives have been taken.

In France, where production has been speeded up, the masks are intended primarily for medical staff (although in very limited numbers). They will be on the front line in the event of an epidemic. Nursing staff in contact with patients need full protective clothing. In countries where epidemics are life-threatening, when the protection of health care workers is not sufficient, contamination and mortality is very high among doctors, nurses, stretcher-bearers, nurses' aides, etc., who are in contact with the sick. This is the case in China. [5]

Coronaviruses and their treatment

Coronaviruses are a large family of viruses found in humans and animals. Those that affect humans can cause a variety of symptoms ranging from the common cold to more serious illnesses, including those affecting the lungs, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

A "new" coronavirus (CoV) is a new strain of coronavirus that has never before been identified in humans. This is the case with Covid-19. It belongs to the same family of viruses as the SARS virus, but it is not the same one.

Because the coronavirus is not a bacterium, it cannot be treated with antibiotics. In the absence of an effective vaccine or antiviral, patients are kept in isolation (quarantine) and symptoms are addressed. The cure rate is very high and the mortality rate very low.

The blockade of a region is a much-discussed measure, considered by many specialists to be ineffective or even counterproductive (including for political reasons). Quarantine for a maximum of 14 days of people who may have been infected is, on the other hand, standard.

For the time being, it appears that an infected person is not contagious until symptoms of the disease appear, which makes it much easier to control its spread. On the other hand, as the pathology is new and still poorly known, we must remain cautious and not eliminate any possibility of future developments.

The dynamics of a Covid-19 epidemic

The Covid-19 has already been "decrypted" and sequenced, making it possible to work on vaccines based on those developed for previous, closely related coronaviruses, such as SARS. However, they are likely to mutate and adapt (like the influenza virus).

China offers the only "database" on which to work to understand the origins and dynamics of the epidemic, a critical issue. However, although Chinese research centres have shared the sequencing

of 2019-nCoV (which allows international vaccine research), the government does not provide a complete and reliable history of the epidemic. This is now known to be fact. [6]

The WHO and the UN have praised the Chinese government's "transparency" and its fight against the epidemic, but here we are leaving the realm of medical information and entering politics. Knowing that Beijing has been anything but transparent, these statements have been roundly criticized. This reminds us that the WHO is an intergovernmental body and is subject to its constraints. Given the importance of its financial contributions, China's weight in international institutions is considerable. This should not be forgotten. The WHO remains, of course, an indispensable medical source in the event of a health alert.

For various reasons, official Chinese data on the history of the infection, the number of sick people, the rate of recovery and the mortality rate are not reliable.

It is possible that a significant number of people affected by a mild form of the disease have not found it necessary to declare themselves ill, deeming their condition to be trivial.

The second reason is political. The government tried for at least a month to conceal the information, throwing whistleblowers into prison, such as Dr Li Wenliang, now deceased after being infected with 2019-nCoV himself (he is celebrated among the population as a hero and martyr). The WHO itself was therefore warned only after a long delay, and then Beijing used all its weight to delay the declaration of an international emergency, especially for fear of the possible economic consequences. Even today, the Chinese regime still prohibits the World Health Organization from working with Taiwan, which is considered a Chinese province.

There are other reasons related to the Chinese health system. Local health centres do not have the trained staff or the technical means to deal with an outbreak of this kind. There are not enough kits to test the sick. State-of-the-art hospitals are private, expensive, and the inequalities in dealing with the disease are very great. Today, the state certainly covers the hospitalization costs for coronavirus victims, but it is still necessary to be officially recognized as such.

In Hubei province, the whole health system is now in crisis. Hospitals being overwhelmed by the coronavirus outbreak cannot any more treat other patients, even when their lives are at risk. [7]

If the alert had been issued as early as November 2019 and measures had been taken immediately, it is possible, even probable, that the risk of an epidemic would have been nipped in the bud. [8]

Protests are growing in China itself and internationally against an authoritarian regime, the social control it exercises, the absence of transparency and the repression of the right of expression. These criticisms are perfectly justified.

The question that must be asked, however, is: do we not have any lessons to learn from the Chinese disaster? Are our "democracies" protected from such mistakes?

Constantly mobilized for more than a year, all categories of medical staff have constantly denounced the collapse of the public health service in France. This is a decisive issue in UK too [9], and in the US [10]

In France, for reasons of incompetence, corruption, subordination to lobbies (Big-Pharma, construction, automobile...), self-protection, judicial stifling, health scandals have followed one another: asbestos, diesel, mediator...

The French authorities have more than once lied, as was the case after the Chernobyl disaster,

pretending that nuclear “cloud” did not reach France. They have knowingly given up the means to follow at risk populations, such as temporary workers in civilian nuclear plants or victims of military nuclear tests. This was again the case during the recent fire at the Lubrizol factory in Rouen: the government refused to carry out massive blood tests, even though the precedent of Seveso (Italy) had shown that this was the only way to be able to subsequently assess the impact of such multiple chemical pollutions.

The “Chinese lesson” is that, in France - and in Britain and elsewhere - the public health service *throughout the country* must be reconsolidated immediately, rather than simply announcing that, in the event of an epidemic, it will have to be “dealt with”. That is to say “dealt with” with a very limited number of negative pressure treatment rooms (in which air can enter, not leave), then isolating patients in hospital rooms and, once the services are overwhelmed, confining the least seriously affected patients ... at home, with their families In all countries the public health system must be able to face epidemics and care for other patients. This is not presently the case.

Rising poverty, inequality and precariousness, and the disintegration of the social fabric, also have an impact on a society’s resistance to epidemics. The increase in international trade favours the spread of contagious diseases. The neo-liberal order is eroding the defence capabilities of our societies in more ways than one.

Pierre Rousset, 15 February 2020

References, sources of information and some links

World Health Organization (WHO) [Coronavirus disease \(COVID-19\) outbreak](#).

[Advice for public](#).

United Kingdom:

Government: [Information for the public](#).

Government: [Travel guidance](#).

National Health Service [Risks and Precautions](#).

P.S.

• Translation and adaptation International Viewpoint, Sunday 16 February 2020:
<http://www.internationalviewpoint.org/spip.php?article6410>

Footnotes

[1] Many articles are posted on ESSF, in French and English, concerning the new coronavirus. They can be found under the keyword [Coronavirus](#).

- [2] Nine cases in the United Kingdom on 12 February ["CMO for England announces ninth case of novel coronavirus"](#).
- [3] See Lucy Campell, *The Guardian* Sunday 9 February 2020, ["Chinese in UK report 'shocking' levels of racism after coronavirus outbreak"](#).
- [4] WHO [Advice for public](#).
- [5] *South China Morning Post*, 14 February 2020 ["Chinese medical staff paying 'too high a price' in battle to curb coronavirus"](#).
- [6] In French: Antoine Banonz, *The Conversation*, 3 February 2020 ["Coronavirus : « La Chine est en état de guerre sanitaire » - Comment Pékin cherche à sauver la face"](#).
- [7] *South China Morning Post*, 12 February 2020 ["China / Society As coronavirus cases get priority in Wuhan hospitals, other patients are losing hope"](#).
- [8] *The Guardian*, Verna Yu, 8 February 2020 ["If China valued free speech, there would be no coronavirus crisis"](#).
- [9] The Kings Fund, 2 December 2019 ["Five reasons why this NHS winter may be different"](#).
- [10] *Bulletin of the Atomic Scientists*, February 12, 2020 ["If the coronavirus outbreak grows, can a strained US health care system keep up?"](#),