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Timely research papers about COVID-19 in China

The 2019 novel coronavirus disease (COVID-19; previously known as 2019-nCoV) outbreak that originated from Wuhan, Hubei province, China, at the end of 2019 was declared a public health emergency of international concern on Jan 30, 2020, by WHO.¹ As a newly appearing infectious disease, COVID-19 garnered great research interest. According to a recent report

in *Nature*,² at least 54 academic papers about COVID-19 were published in English-language journals by Jan 30, 2020.

We searched major Chinese databases including the China National Knowledge Internet and WANFANG Data. As of Feb 3, 2020, just 23 Chinese-language papers on COVID-19 were published. These publications mainly focused on epidemiology, clinical features of COVID-19, and the structure or genetics of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Many of the research papers about COVID-19 in international journals were written by researchers in China, which led to great concerns because these findings cannot directly benefit frontline health professionals and policy makers because of the language barrier. It is critical for health science to be published in English-language journals to facilitate communication and enable global coordination and timely epidemic response. However, some media were concerned that Chinese researchers within academic organisations concentrated on publishing papers in prestigious international journals but paid inadequate attention to epidemic prevention of COVID-19 and neglected to disseminate their findings within Chinese-language journals.^{3,4} A recent statement by the Ministry of Science and Technology of China also encouraged researchers to focus their efforts on epidemic prevention and to publish their results in Chinese.⁵

The emphasis on publishing clinical research in English helps to facilitate knowledge exchange between Chinese scientists and the rest of the world. We hope the research community will make efforts to disseminate all findings relevant to the outbreak of COVID-19 in Chinese in addition to English publishing outlets.

For example, clinical research papers about COVID-19 and SARS-CoV-2 in any *Lancet* journal were translated into Chinese, and these translated Articles

were provided rapidly to the public in China free of charge.

Broad dissemination in both Chinese and English will accomplish the goals of communicating timely and crucial findings to the international scientific community, while also disseminating this information to health-care workers on the frontline who need to understand the epidemiological and clinical features of COVID-19. This strategy will improve effective control strategies to ultimately contain the virus and protect the health of the public.

We declare no competing interests. Y-TX, WL, QZ, YJ, W-WR, and L-NZ contributed equally to this Correspondence.

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Minimise nosocomial spread of 2019-nCoV when treating acute respiratory failure

The three flu pandemics of the 20th century, in 1918, 1957, and 1968,¹ caused millions of deaths, mainly from acute respiratory failure. More recently, outbreaks of the severe acute respiratory syndrome coronavirus, in 2002, and the Middle East respiratory syndrome coronavirus, in 2012, have been characterised by human-to-human transmission and high incidence of acute respiratory failure. The growing alarm for the novel coronavirus (2019-nCoV) spreading from China brings back the spectre of the rapidly diffusing pandemics of the past.²

Non-invasive ventilation is an effective and common treatment for patients with mild to moderate acute respiratory failure.³ It is associated with mortality reduction compared to either spontaneous breathing or mechanical ventilation by endotracheal tube as supported by several randomised trials.⁴ Emergency departments and intensive care units are increasingly applying non-invasive ventilation.³ When used to treat acute respiratory failure, non-invasive ventilation is applied to the patient mainly by face mask or helmet.³

Since coronavirus diffusion takes place by droplet transmission,² aerosolisation during hospital procedures like intubation or bronchoscopy might represent a big concern, exposing other patients and health-care staff to an increased risk of infection, as during

the flu pandemic.¹ Aerosolisation with nosocomial amplification of the infection can also potentially happen around the face mask during non-invasive ventilation, as demonstrated in different simulation studies.⁵ Accordingly, the efficacy and safety of non-invasive ventilation during viral pandemic infection are still debated. However, during pandemics, the number of intensive care unit beds for mechanical ventilation through tracheal intubation could rapidly become insufficient,¹ whereas non-invasive ventilation can be offered also outside the intensive care unit.⁴

To increase safety during non-invasive ventilation, use of a helmet as a non-invasive ventilation interface can be considered to avoid aerosolisation when the helmet is connected to the ventilator without air dispersion through a spring-valve; unfortunately, a helmet costs more than most face masks. Accordingly, when facing a patient with acute respiratory failure of suspected viral nature (and, above all, during pandemics), we recommend the adoption of helmets and avoidance of face masks as the non-invasive ventilation interface. Moreover, we suggest that manufacturers should develop cheap and safe non-invasive ventilation interfaces to be used during viral pandemics.

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2019-nCoV, fake news, and racism

The novel coronavirus (2019-nCoV) outbreak has had a significant impact on global health. As a neighbour country to China, Japan has been heavily affected by the spread of 2019-nCoV. As of Feb 10, 2020, 161 people (including 135 passengers and crew members on a cruise ship quarantined in Yokohama, Japan) have been confirmed to have the 2019-nCoV infection in Japan—the second largest number followed by mainland China.^{1,2} The emergence of misinformation and racism against patients and Chinese visitors are also reaching critical levels.

On Jan 29, 2020, one Japanese social media outlet uploaded the news story *Will the Tokyo 2020 Olympics be suspended?*,³ citing an article in *Süddeutsche Zeitung*.⁴ However, the original article just referred to ongoing communication between the International Olympic Committee and WHO, and there was no reference to the possibility of suspending the Olympic Games in Tokyo in 2020.

In addition, the excess demand for surgical masks among the general public is a serious concern. Many people rushed to the pharmacy to purchase them, which has lowered provision for medical facilities including emergency and critical care centres.⁵

Furthermore, fake news has led to xenophobia towards patients and Chinese visitors. On Jan 24, 2020, misinformation that "Chinese passengers from Wuhan with fever slipped through the quarantine at Kansai International Airport" was disseminated through multiple social media channels.⁶ Although Kansai International Airport promptly denied the fact, discrimination against Chinese



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