Dear Editor,

Dr. Li Wenliang (Figure 1) was born on October 12, 1986 in Beizhen (a city in west-central Liaoning province of Northeast China). In 2004, he was accepted to the faculty of Medicine in Wuhan University as a medical student for a 7 year combined bachelor’s and master’s degree program. After graduation in 2011, Dr. Li worked at Eye Center of Xiamen University for three years. In 2014, he started working as an ophthalmologist at Central Hospital of Wuhan, China. Dr. Li was the first person who warned his classmate about the possible outbreak of an unknown disease resembling severe acute respiratory syndrome (SARS) in Wuhan, the capital of central Hubei province of China with a population of 11 million.

A few days later and after an interview with the U.S. news outlet CNN, Dr. Li was called in by Public Security Bureau in Wuhan and reprimanded for spreading rumors and making false statements disturbing the public order (Figure 2). On December 31, 2019, WHO China Country Office was informed by Wuhan authorities of pneumonia cases with unknown etiology in Wuhan. When Dr. Li warned against the coronavirus on December

30, 2019, the new coronavirus had not yet been known.

Figure 1. Dr. Li Wenliang, the first ophthalmologist who warned about the outbreak of COVID-19 disease. Wuhan, China.

Figure 2. The letter of admonition issued by the Wuhan Police Bureau ordering Dr. Li Wenliang to stop “spreading rumors” about “SARS” which this letter has been signed by Li and two officers.

Dr. Li Wenliang became sick on January 7 after treating a patient with undiagnosed COVID-19. The patient was suffering from acute angle-closure glaucoma. At the time of his illness, Dr. Li communicated the following point to Southern Metropolis Daily, a Chinese newspaper: “After I recover, I still...”
want to return to the front line.” He added that “The epidemic is still spreading, and I don’t want to be a deserter.” His condition rapidly aggravated. On January 12, 2020, Dr. Li Wenliang was admitted to intensive care unit at Houhu Hospital District, Wuhan Central Hospital, where he was quarantined, tested and treated for the new virus. He was diagnosed with COVID-19 infection on February 1, 2020.

Dr. Li was married to Fu Xuejie and had a son. They were expecting for their second child but Dr. Li succumbed to disease after being infected with COVID-19 on February 7, 2020 when he was 33 years old. In fact, he joined thousands of other Chinese who died in an outbreak that has now spread across the world. As a tribute to Dr. Li, Wuhan citizens placed flowers and blew whistles at Wuhan Central Hospital where Dr. Li Wenliang Lee worked and eventually died (Figure 3). People all over the world will not forget the doctor who spoke up about COVID-19 disease but was accused of spreading rumor1.

Figure 3. Dr. Li Wenliang eventually died after being infected with the COVID-19 disease in Wuhan, China, on February 7, 2020 (Peace be upon his soul).

Dr. Li Wenliang few days before his death in an interview with The New York Times said “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.”2 On February 6, 2020, WHO posted on Twitter saying that it was “deeply saddened by the passing of Dr. Li Wenliang”, and it also posted that “we all need to celebrate work that he did on COVID-19”. In fact, Dr. Li Wenliang was one of the first people to recognize the outbreak of COVID-19 disease3. Now, doctors, nurses, health care workers as well as health mangers across the world are facing overwhelming pressure, overwork, frustration and are in need of timely mental assistance.

Table 1, based on COVID-2019 situation reports issued by

WHO from December 31, 2019 until March 27, 2020, presents updated information about the last situation of COVID-19.

Table 1: An updated to the last situation of COVID-19 by WHO, December 31, 2019 until March 27, 2020

<table>
<thead>
<tr>
<th>WHO Regions</th>
<th>Confirmed cases of COVID-19</th>
<th>Total deaths</th>
<th>Case Fatality Risk%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Pacific Region</td>
<td>100,018</td>
<td>3,567</td>
<td>3.56</td>
</tr>
<tr>
<td>European Region</td>
<td>286,697</td>
<td>16,105</td>
<td>5.61</td>
</tr>
<tr>
<td>South-East Asia Region</td>
<td>2,932</td>
<td>105</td>
<td>3.58</td>
</tr>
<tr>
<td>Eastern Mediterranean Region</td>
<td>35,249</td>
<td>2,336</td>
<td>6.62</td>
</tr>
<tr>
<td>Region of the Americas</td>
<td>81,137</td>
<td>1,176</td>
<td>1.44</td>
</tr>
<tr>
<td>African Region</td>
<td>2,419</td>
<td>39</td>
<td>1.61</td>
</tr>
<tr>
<td>Globally</td>
<td>509,164</td>
<td>23,335</td>
<td>4.58</td>
</tr>
</tbody>
</table>

The future of COVID-19 disease is still unclear. There is worldwide concern about the COVID-19 as a global public health threat. Currently known evidence for COVID-19 suggests that we are now confronted with the most virulent coronavirus pandemic the world has ever witnessed.

Acknowledgments

We are deeply sad for all the doctors, nurses, health care workers and also health mangers who lost their lives in their combating against this emerging infectious disease, especially Dr. Li Wenliang. Peace be upon their soul. For this reason, we would like to dedicate this article to all of them and also to those who are currently fighting with COVID-19 pandemic all over the world.

References


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