To the Editor: Since December 2019, an outbreak of infection with the novel coronavirus (SARS-CoV-2) has developed in Wuhan, China, and has spread to several countries, typically by travelers returning from China.1,2 Of the 3 million Taiwanese persons who work in China, and has spread to several countries, typically by travelers returning from China.1,2 Of the 3 million Taiwanese persons who work in China,
2000 work in Wuhan, so the risk of imported SARS-CoV-2 infection to Taiwan from China is high. As of January 29, there were 7 confirmed imported cases of infection with SARS-CoV-2 to Taiwan. We identified a case of locally transmitted infection in Taiwan from a wife to her husband.

On January 25, 2020, a 52-year-old woman with a history of type 2 diabetes presented with fever to an emergency department in central Taiwan. She was admitted to the hospital because of suspicion of pneumonia associated with SARS-CoV-2 infection. She had lived in Wuhan from October 21, 2019, to January 20, 2020. She returned to Taiwan from Wuhan on January 20 on an airplane. On the same day, a throat swab was obtained from another passenger on that flight; that passenger was confirmed to have the first known imported case of SARS-CoV-2 infection in Taiwan when the swab was found to be positive for the virus on January 21.

Fever and myalgia developed in the woman on January 25, a total of 5 days after she returned to Taiwan from Wuhan. She reported that she did not have cough, dyspnea, chest pain, or diarrhea. Chest radiography showed diffuse infiltrates in the bilateral lower lungs (Fig. 1A). Assays to detect influenza viruses and a respiratory panel to detect adenovirus, human rhinovirus, parainfluenza virus, respiratory syncytial virus, Bordetella pertussis, Chlamydia pneumoniae, and Mycoplasma pneumoniae were all negative. A throat swab was positive for SARS-CoV-2 on real-time reverse-transcription–polymerase-chain-reaction (RT-PCR) assays on January 27;4, this was the fifth confirmed imported case of Covid-19 (the illness caused by SARS-CoV-2 infection) in Taiwan.

On day 1 of hospitalization, the patient received supportive therapies, and oseltamivir and levofloxacin were added as empirical therapy on day 3 of hospitalization after SARS-CoV-2 was detected on RT-PCR. Cough, rhinorrhea, and sore throat developed on day 5, and chest radiography revealed progressive diffuse interstitial opacities and consolidation in the bilateral parahilar areas and lower lung fields (Fig. 1B). She continued to receive supportive therapy with oseltamivir and levofloxacin, but she did not receive oxygen therapy. As of February 11, she remained hospitalized, but her vital signs were stable and she was not receiving oxygen therapy.

The patient’s 50-year-old husband is a music producer who works primarily at home in Taiwan. He reported that he had not traveled to any region where SARS-CoV-2 transmission was known to be occurring and that he had no known contacts with anyone returning from such a re-
The New England Journal of Medicine

TO THE EDITOR: In a multicenter, randomized, controlled trial, the investigators who conducted the Hip Fracture Evaluation with Alternatives of Total Hip Arthroplasty versus Hemi-Arthroplasty (HEALTH) trial (Dec. 5 issue) compared the results of total hip arthroplasty with hemiarthroplasty in elderly patients with displaced femoral neck fractures. The results should be interpreted with caution. First, patient outcomes were analyzed within 24 months after surgery. Considering that implant survivorship in hip arthroplasty generally starts to diverge 10 years after surgery, such a short-term follow-up does not allow for appreciation of the ultimate outcomes of the procedures. It is not surprising that the authors observed such analogous postoperative outcomes in this short-term postoperative period. Second, recent studies have highlighted a similar 3-month cost with both procedures and have indicated an increased risk of reoperation after the conversion of hemiarthroplasty to total hip arthroplasty as compared with primary total hip arthroplasty and revision surgery. These findings beg the question of which procedure is more clinically and economically effective. In sum, further comparisons of long-term ultimate outcomes with in-depth cost-effectiveness analyses are needed to illustrate the best treatment choice for selected patients with hip fracture.

Liang Gao, M.D.
Saarland University Medical Center
Homburg, Germany
lianggao22@gmail.com

Zhihua Han, M.D.
Shanghai General Hospital
Shanghai, China

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Total Hip Arthroplasty or Hemiarthroplasty for Hip Fracture

TO THE EDITOR: In a multicenter, randomized, controlled trial, the investigators who conducted the Hip Fracture Evaluation with Alternatives of Total Hip Arthroplasty versus Hemi-Arthroplasty (HEALTH) trial (Dec. 5 issue) compared the results of total hip arthroplasty with hemiarthroplasty in elderly patients with displaced femoral neck fractures. The results should be interpreted with caution. First, patient outcomes were analyzed within 24 months after surgery. Considering that implant survivorship in hip arthroplasty generally starts to diverge 10 years after surgery, such a short-term follow-up does not allow for appreciation of the ultimate outcomes of the procedures. It is not surprising that the authors observed such analogous postoperative outcomes in this short-term postoperative period. Second, recent studies have highlighted a similar 3-month cost with both procedures and have indicated an increased risk of reoperation after the conversion of hemiarthroplasty to total hip arthroplasty as compared with primary total hip arthroplasty and revision surgery. These findings beg the question of which procedure is more clinically and economically effective. In sum, further comparisons of long-term ultimate outcomes with in-depth cost-effectiveness analyses are needed to illustrate the best treatment choice for selected patients with hip fracture.

Liang Gao, M.D.
Saarland University Medical Center
Homburg, Germany
lianggao22@gmail.com

Zhihua Han, M.D.
Shanghai General Hospital
Shanghai, China

DOI: 10.1056/NEJMc2001573

Local transmission of SARS-CoV-2 infection occurred in this couple in Taiwan. So far, no secondary case from this couple has been identified.

Ying-Chu Liu, M.D.
Ching-Hui Liao, M.D.
Chin-Fu Chang, M.D.
Chu-Chung Chou, M.D., Ph.D.
Yan-Ren Lin, M.D., Ph.D.
Changhua Christian Hospital
Changhua City, Taiwan
h6213.lac@gmail.com

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