

CORRESPONDENCE

Journey of a Thai Taxi Driver and Novel Coronavirus

TO THE EDITOR: The potential human-to-human transmission of the novel coronavirus (SARS-CoV-2) has been shown in multiple reports, including data from 425 patients in Wuhan, China.¹ Local transmission from a Chinese business partner to a German businessman who attended the same meeting has been reported in Munich, Germany.² We describe a taxi driver infected with SARS-CoV-2 in Thailand, potentially from Chinese tourists; the infection appears not to have spread to others.

On January 20, 2020, a 51-year-old male taxi driver had fever, cough, and myalgia and went to a local pharmacy to get unspecified over-the-counter medications. At the time, he was not aware of the emergence of SARS-CoV-2 or the illness it causes (Covid-19). As the symptoms persisted, he decided to visit a private primary care clinic in Bangkok on January 23. The body temperature was 36.8°C (98°F). The clinic physician ordered a throat swab for influenza A and B; the swab was negative for both strains. Additional medications were prescribed for treatment of the patient's symptoms.

From January 24 through 27, the patient was unable to drive the taxi because he felt ill, and he rested at home. On January 28, he presented to a public general hospital in Bangkok. He was classified as a patient under investigation for Covid-19, isolated, and referred to the Bamrasnaradura Infectious Diseases Institute, the national authority responsible for the management of emerging infectious diseases.

On arrival at the institute, the patient had a fever and mild dyspnea. He was admitted to the airborne infection isolation room. Chest radiography showed reticular, patchy infiltration of the left lower lung. Throat and nasopharyngeal swabs that were obtained from the patient tested positive for SARS-CoV-2 on real-time reverse-transcriptase–polymerase-chain-reaction (RT-PCR)

assay performed at two laboratories: the Thai Red Cross Emerging Infectious Diseases Health Sciences Center, Faculty of Medicine, Chulalongkorn University, and the Department of Medical Sciences, Ministry of Public Health.

The patient initially reported that he had no underlying conditions, but hypertension and type 2 diabetes were discovered during the admission. He reported contact with Chinese tourist passengers in his taxi who had had frequent coughing but who wore masks. He had no history of travel to China.

The patient had been in clinically stable condition and was discharged on February 5. His wife, son, and nephew — all of whom lived in the same house as the patient — were asymptomatic and tested negative for SARS-CoV-2 on RT-PCR assay. Throat and nasopharyngeal swabs that were obtained from 10 other close contacts tested negative for SARS-CoV-2 on RT-PCR assay.

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Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

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1. Li Q, Guan X, Wu P, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus–infected pneumonia. *N Engl J Med*. DOI: 10.1056/NEJMoa2001316.

2. Rothe C, Schunk M, Sothmann P, et al. Transmission of 2019-nCoV infection from an asymptomatic contact in Germany. *N Engl J Med*. DOI: 10.1056/NEJMc2001468.

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