TO THE EDITOR: The emergence and spread of a novel coronavirus (2019-nCoV) from Wuhan, China, has become a global health concern. Since the detection of the coronavirus in late December 2019, several countries have reported sporadic imported cases among travelers returning from China. We report one family cluster of 2019-nCoV originating from a Chinese man.

On January 22, 2020, a 65-year-old man with a history of hypertension, type 2 diabetes, coronary heart disease for which a stent had been implanted, and lung cancer was admitted to the emer-

![Figure 1. Radiographs of the Father’s Chest.](image)

Shown are chest radiographs obtained at admission (Panel A) and on day 3 (Panel B), day 5 (Panel C), and day 6 (Panel D) after admission.
On admission to the hospital, the man transcription–polymerase-chain-reaction (RT-PCR) ed positive for 2019-nCoV on real-time reverse-
and live animals are sold) in Wuhan.

Assays. On admission to the hospital, the man transcription–polymerase-chain-reaction (RT-PCR)

transcriptome experiments have identified several viruses in live animals as potential reservoirs of 2019-nCoV. However, sequencing of strains from the two patients to ascertain the transmission of 2019-nCoV from the father to son has not been performed. The son's condition was stable after January 23.

This family had traveled to four cities across Vietnam using various forms of transportation, including planes, trains, and taxis. A total of 28 close contacts have been identified, and symptoms of an upper respiratory infection have not developed in any of them. This family cluster of 2019-nCoV infection that occurred outside China4 arouses concern regarding human-to-human transmission.

The couple's healthy 27-year-old son had lived in Long An, a province 40 km southwest of Ho Chi Minh City, since October 2019. He had not traveled to a region where 2019-nCoV was spreading, and he had not had any known contact with any person returning from such a region. On January 17, he met his father in Nha Trang in central Vietnam and shared a bedroom with his parents for 3 days in a hotel room that had an air conditioner. On January 20, a dry cough and fever developed in the son. He also reported having had vomiting and loose stools one time before the admission. This suggests that the incubation period for 2019-nCoV may have been 3 days or less in this case. When the son presented at Cho Ray Hospital with his father on January 22, his illness, characterized by a fever (39°C), was recognized and he was immediately isolated. Chest radiographs and other laboratory examinations in this patient showed no abnormalities except for an increased level of C-reactive protein (13.9 mg per liter). Real-time RT-PCR assays for influenza A and B viruses and nonstructural protein 1 antigen rapid tests for dengue viruses were negative in both the father and son. A throat swab in the son was positive for 2019-nCoV. His father was thought to be the source of infection. However, sequencing of strains from the two patients to ascertain the transmission of 2019-nCoV from the father to son has not been performed. The son's condition was stable after January 23.

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