Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Research during SARS-CoV-2 pandemic: To "Preprint" or not to "Preprint", that is the question

Investigación durante la pandemia de SARS-CoV-2: "Preprint" o no "Preprint", esa es la cuestión

Dear Editor:

Since its declaration as a Public Health Emergency of International Concern on 30 January 2020 by the World Health Organization,[1] the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has represented a major challenge for healthcare systems worldwide.

Several scientific reports about its epidemiology, clinical course, laboratory testing, treating support, or management guidelines, have been published. A quick search with the term *COVID* returns a result of 5355 publications in *Pubmed/MEDLINE* and a total of 2093 preprints collected in *medRxiv* and *bioRxiv*, between December 2019 and April 23, 2020. These considerably significant data represents one represents one of the greatest problems of scientific novelties, especially in the case of pandemics like the one we are experiencing: the lack of scientific consensus. Generating this number of studies brings with it a considerable amount of confusion, making the stratum of society that does not have the tools to identify scientific characteristics or critical reading ability especially vulnerable.

In the scientific system, the publication of results is essential. Sometimes, this process is tedious and slow, but it ensures rigor. The *peer review* system, which has been in operation since 1782, is the preferred method of assessing the quality of a scientific publication. Although we do not have a much more efficient selection method that implies "scientific quality",[2] in some cases, the appearance of preprints, early versions of a study, help speed up this process. The benefits of having scientific results before they go through peer review are not in discussion. But what happens with people that are not used to distinguishing between a preprint and a consolidated paper? Great part of the society, even a science-educated society, is taking results published in preprint databases as scientific facts.

An example of this is what is happening with the hydroxychloroquine as a treatment for SARS-CoV-2 infection.[3] The emergence of things around these results has fueled the belief that this is an effective medication when, in fact, we do not know for sure. Likewise, overdose of clinical guidelines and reviews (considered the top of the evidence-based medicine pyramid) of the different aspects of the disease, with 426 publications in *Pubmed/MEDLINE*, is overwhelming. Do we really know as much as for this publication volume?

In these times, the need to publish is a fact. The competition between publications is fierce and wild. Editors are required more and more publications, imposing culture in the scientific world of "publish or die". On the other hand, because a retraction is often considered an indication of wrongdoing, many researchers are understandably sensitive when one of their papers is questioned. That stigma, however, might be leading to practices that undermine efforts to protect the integrity of the scientific literature.[4]

All this situation, together with the climate of concern experienced by society, can lead to the use of preprints as a throwing weapon in argumentation, where social networks and the media represent the common thread of this set of opinions and emotions. Although they could represent an advance and improvement, putting themselves at the service of scientific publication, it can be a double-edged sword generating a state of "misinformation". Twitter, for example, is a social network that attracts the attention of scientists for its potential to improve its prestige and the scope of its work.[5] Despite the service's efforts to control the quality of information, the network has become a sink for confusing and not very rigorous information. This is a problem because it sometimes blurs the line between what are scientific facts and what are untested hypotheses.

Without a doubt, the SARS-CoV-2 pandemic has begun to influence the way we understand and do science. It is clear that there is a need to generate more knowledge and scientific applications to develop remedies and diagnoses, but this should not be at any price. Responsible action by governments, citizens, the health system and the scientific community is required in order to promote a more international and collaborative quality science. Let us not lose our critical spirit.

Disclosures

There was no conflict of interest and the author has nothing to declare. This research does not involve human participants.

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Clinical characteristics of 11 asymptomatic patients with COVID-19

Características clínicas de 11 pacientes asintomáticos con COVID-19

Dear Editor:

In December 2019, a novel coronavirus that occurred in Wuhan, China, has spread to all over the world. The disease was named coronavirus disease 2019 (COVID-19) and the virus was designated as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by WHO. Person-to-person transmission has been demonstrated and the main infection source was the patients who with COVID-19. Respiratory droplet transmission is the main route of transmission, and it can also be transmitted through contact.[1] SARS-CoV-2 has high pathogenicity and transmissibility, being more infectious than MERS-CoV and SARS-CoV.[2] Therefore, the Chinese government has implemented the most stringent control measures, and effectively reduced the spread of the epidemic. The vast majority of patients with COVID-19 presented with fever and cough, but we found that some patients were infected with SARS-CoV-2 without any symptoms. Here, we reported 11 asymptomatic patients were found in Guizhou Province. They were laboratory-confirmed positive for the COVID-19 virus by testing RNA of the pharyngeal swab samples.

One of the 11 patients was a 6-year-old child, and the rest were young or middle-aged (27–56 years old, Table 1). Of 11 patients, 6 were male and 5 female. 2 male had hypertension and 1 female had a history of breast carcinoma (Table 1). 5 patients had a history of exposure in Wuhan, and all of them were isolated at home after return. 2 of the 5 patients were in isolation, and their relatives (without history of exposure to Wuhan) developed symptoms and were diagnosed. They were subsequently diagnosed with COVID-19. The other 3 patients returned to Guizhou province from Wuhan with their relatives and were then isolated at home. Some of their relatives developed fever or cough and were diagnosed with COVID-19. None of these 3 patients showed any symptoms at admission and during admission. Therefore, we cannot determine whether their relatives' infections originated from them. After returning from Wuhan, 1 of the 5 patients had been solitary isolated without infecting others.

6 of the 11 patients had no history of exposure to Wuhan and were all clustered cases. They had a history of close contacts with relatives or colleagues diagnosed with COVID-19, so it is difficult to determine whether they are the index patient. The lymphocytes of 11 patients were not significantly decreased. 6 of the 11 patients had abnormal CT findings, mainly showed ground-glass opacities. The other 5 patients had normal chest CT. All patients' blood cells, liver function, renal function, coagulation function and high-sensitivity C-reactive protein were in normal range. None of the 11 patients developed severe pneumonia as of March 5, 2020, and 4 patients showed typical symptoms (fever, cough, fatigue, etc.) during hospitalization. Generally, these asymptomatic patients were mildly ill as compared to those reported in Wuhan, Hubei.[3]

On January 24, The Lancet reported a familial cluster of SARS-CoV-2 infection.[4] In this family, there was an asymptomatic child presenting with no fever, respiratory tract or gastrointestinal symptoms, but with ground glass lung opacities on chest CT. Subsequently, asymptomatic patients appeared in many Chinese cities, in which majority having an epidemiological history. A recent report suggested that an asymptomatic carrier was able to transmit the SARS-CoV-2 to another person in Germany.[5] In our report, 2 patients were the index patient and transmitted virus to their relatives. Hence, asymptomatic persons have become a potential

Table 1
summary of asymptomatic patients.

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11
Gender	Male	Female	Male	Female	Female	Female	Male	Male	Male	Male	Female
Age (years)	56	6	37	40	45	27	26	29	55	40	30
Expoure to Wuhan	Yes	No	Yes	Yes	No	No	Yes	No	No	Yes	No
Comorbidity	Hypertension	None	None	Breast carcinoma	None	None	None	None	None	Hypertension	None
Chest CT	Bilateral	Normal	Bilateral	Bilateral	Normal	Normal	Normal	Right	Right	Bilateral	Normal
Lymphocytopenia (10^9/L; normal range 1.1–3.2)	1.14	2.81	2.68	1.66	1.60	1.27	1.62	2.74	0.9	1.12	2.2
Fever, cough and other symptoms	No	No	No	No	No	No	No	No	No	No	No
Infect others	Relatives	[a]	[a]	Relatives	[a]	[a]	[a]	[a]	[a]	[a]	[a]
Confirmed time or onset time	7 days after leaving Wuhan	6 days after contacting with confirmed person	11 days after leaving Wuhan	8 days after leaving Wuhan	5 days after contacting with confirmed person	8 days after contacting with confirmed person	5 days after leaving Wuhan	4 days after contacting with confirmed person	10 days after contacting with confirmed person	10 days after leaving Wuhan	12 days after contacting with confirmed person

[a] Unknown information that cannot be obtained.