



# COVID-19 Pandemic

**Member States Information Session**

20 August 2020

# WHO Risk Assessment

(last reviewed as of 28 July)

Overall risk
Global
Very High

## Potential impact to human health?

- ~20% severe illness, 4% CFR, 0.6% IFR, but high variability by country
- Increased risk of severe disease and death among elderly and those with co-morbidities
- Vulnerable populations particularly at risk
- Interruptions of routine services, vaccinations, and other control programs creating potential for increase in other diseases

## Likelihood of spread?

- Transmission acceleration in some countries/regions
- Spread to susceptible populations as PHSM are loosened
- HCW infections in face of PPE shortages
- Anticipated increased spread among highly vulnerable populations
- Further evidence needed on factor affecting transmission

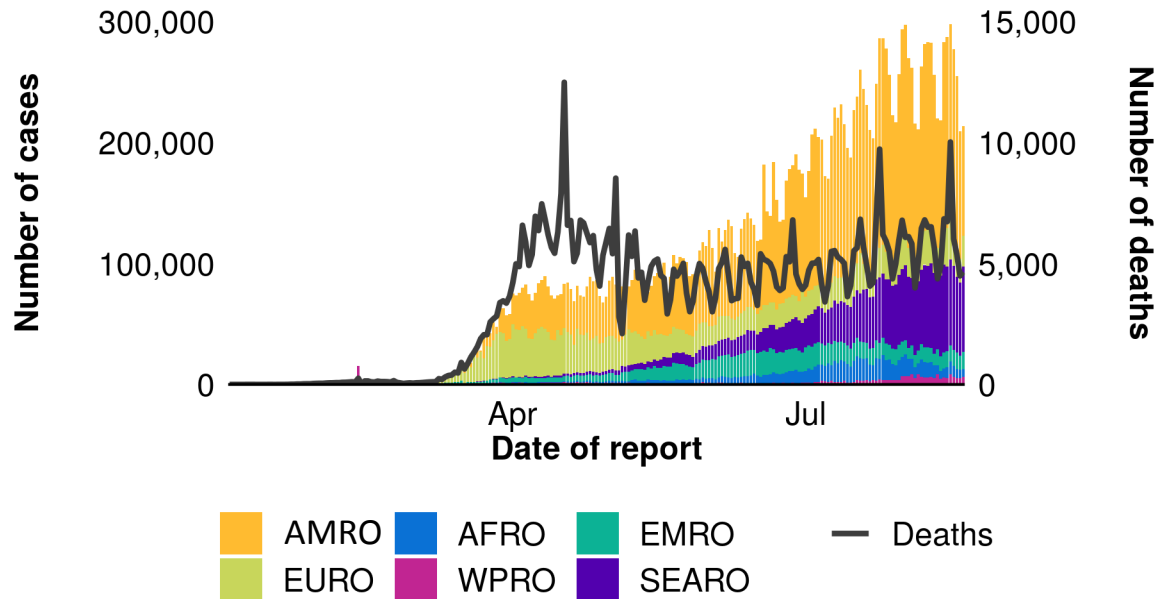
## Likelihood of insufficient control capacities?

- Shortages of staff and equipment
- High case load overwhelming healthcare systems
- Variable implementation of PHSM
- Long-term implementation of some PHSM not sustainable

# Global situation

(as of 19 August 10H CEST)

- **Previous 24 hours:**  
213,391 new confirmed cases.  
4,644 new deaths.
- **Cumulative:**  
21,989,366 confirmed cases.  
775,893 deaths.

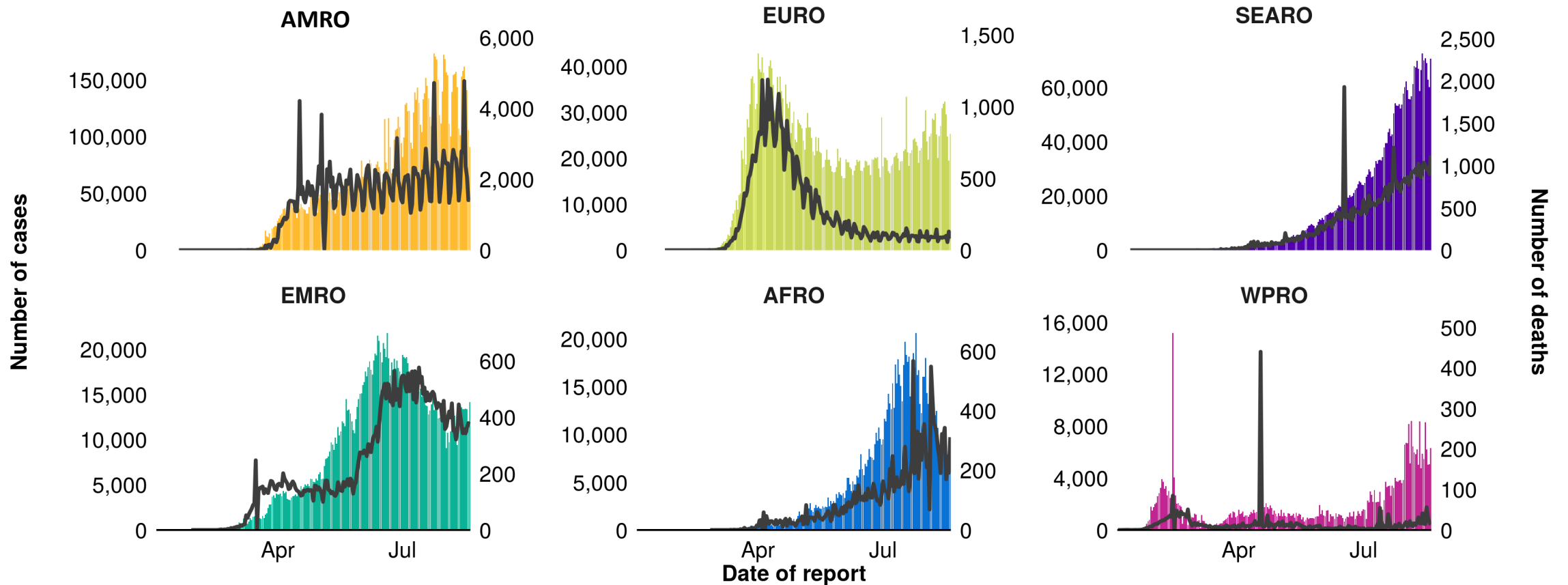


- **Countries with the highest number of new cases in previous 24 hours**

Country		New Cases	Total Cases	New Deaths	Total Deaths
India		64,531	2,767,273	1,092	52,889
United States of America		39,125	5,393,138	509	169,508
Brazil		19,373	3,359,570	684	108,536
Colombia		8,328	476,660	275	15,372
Peru		5,547	541,493	200	26,481
Russian Federation		4,828	937,321	117	15,989
Philippines		4,739	169,213	6	2,687
Iraq		4,576	184,709	82	6,036
Argentina		4,557	299,126	127	5,877
Mexico		3,571	525,733	266	57,023

# Epidemic curve by region


(as of 19 August 10H CEST)



Cases depicted by bars; deaths depicted by line. Note different scales for y-axes.

# New Weekly Epidemiological Update

- Available from:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
- Latest (daily) data available on WHO Global COVID-19 Dashboard at <https://covid19.who.int>

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## Coronavirus disease (COVID-19)

### Situation Report – 204

Data as received by WHO from national authorities by 10:00 CEST, 11 August 2020

**Highlights**

Nearly 20 million cases of COVID-19 have now been recorded. WHO Director-General Dr Tedros stressed that behind these statistics there is a great deal of pain and suffering. He emphasized that ‘There are two essential elements to addressing the pandemic effectively. Leaders must step up to take action and citizens need to embrace new measures... My message is crystal-clear: suppress, suppress, suppress the virus.’

Dr Tedros sent a message of solidarity to the people of Beirut in the aftermath of the massive explosion which killed over 150 people, injured more than 6000 and made over 300 000 people homeless. ‘To the people of Beirut, the health workers and emergency workers on the ground, our thoughts are with you and we will continue to support you’, he said. WHO has sent surgical and major trauma supplies and personal protective equipment worth US\$1.7 million, as well as providing support to mitigate the impact of COVID-19, address psychosocial needs and facilitate the rapid restoration of damaged health facilities. WHO has issued an appeal for US\$76 million in support of this work.

A large shipment of medical respirators, medical masks, goggles and gowns – worth €1.1 million – was recently delivered to the Republic of Moldova. The shipment was funded by the European Union and procured by WHO to help health care workers respond effectively and safely to the COVID-19 pandemic.

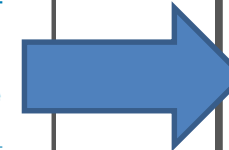
Young people have an important role to play in the COVID-19 pandemic, both in terms of reducing transmission and in engaging in the response. Tomorrow we celebrate International Youth Day. This is explored in the ‘Subject in Focus’ below.


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**Situation in numbers (by WHO Region)**

Total (new cases in last 24 hours)

<b>Globally</b>	<b>19 936 210 cases (216 033)</b>	<b>732 499 deaths (4 268)</b>
Africa	903 249 cases (7 553)	16 985 deaths (272)
Americas	10 697 832 cases (106 903)	390 850 deaths (2 277)
Eastern Mediterranean	1 657 591 cases (13 232)	43 878 deaths (445)
Europe	3 606 373 cases (21 315)	217 278 deaths (267)
South-East Asia	2 691 452 cases (58 679)	54 633 deaths (956)
Western Pacific	378 972 cases (8 351)	8 862 deaths (51)



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## Coronavirus disease (COVID-19)

### Weekly Epidemiological Update 1

Data as received by WHO from national authorities, as of 10am CEST 16 August 2020

For the latest data and information on COVID-19, please see:

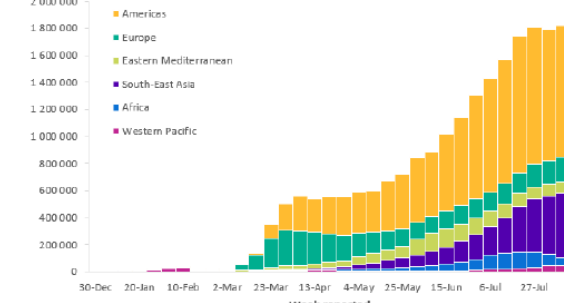
- [WHO COVID-19 Dashboard](#)
- [Rolline updates on COVID-19](#)
- [WHO COVID-19 Weekly Operational Update](#)

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**Global epidemiological situation**

For the week ending 16 August, over 1.8 million new COVID-19 cases and 39 000 new deaths were reported to WHO. This brings the cumulative total to 21.2 million confirmed COVID-19 cases including 761 000 deaths (Figure 1). In the past seven days, the number of reported daily cases rapidly increased with an average of 260 000 cases and 5 500 deaths.

**Figure 1: Number of COVID-19 cases reported weekly by WHO region, 30 December to 16 August 2020\***

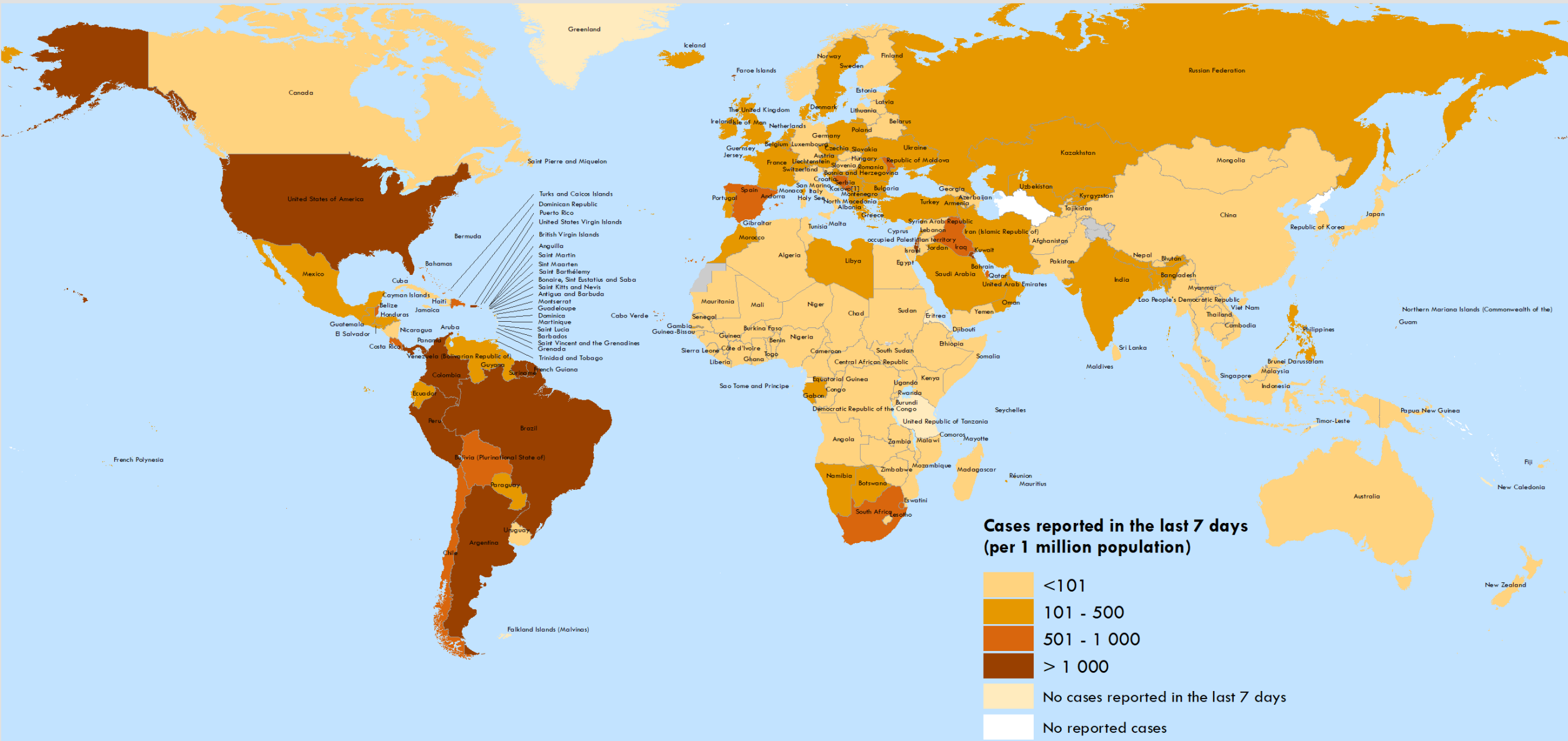


**\*\*See data table and figure notes.**

The WHO Region of the Americas remains the most affected region in the past seven days, accounting for 53% of all newly confirmed cases and 75% of reported deaths. The South-East Asia Region continues to report an increase in cases and is currently the second most affected region. While the number of

# COVID-19 cases reported in the last 7 days per 1 million population

(From 10 August 2020, 10:00AM to 16 August 2020, 10:00AM (CEST))



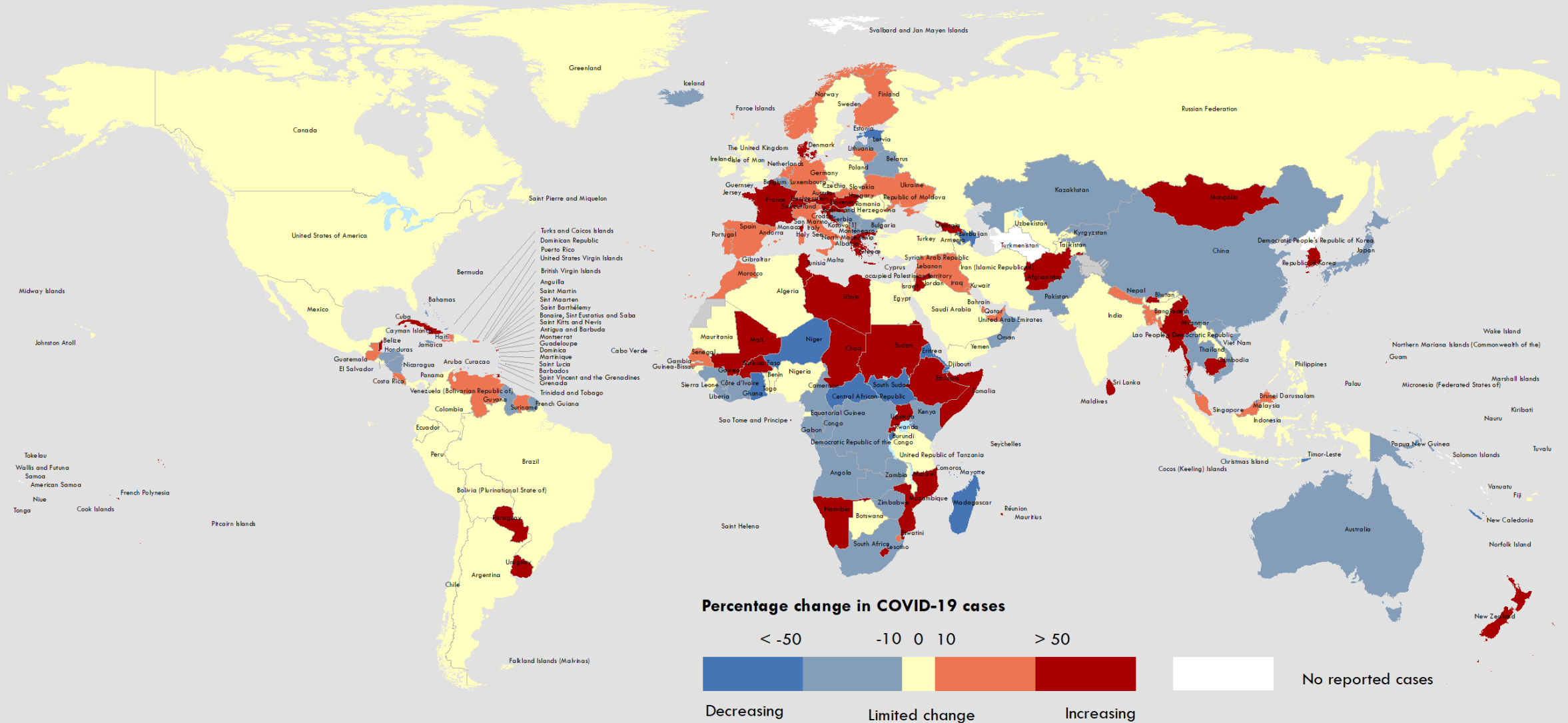
**Data Source:** World Health Organization,  
United Nations Population Division (population prospect 2020)  
**Map Production:** WHO Health Emergencies Programme

Not applicable

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# Percentage change in COVID-19 cases over the last seven days relative to the previous seven days (as of 16 August 2020 10:00AM CEST)



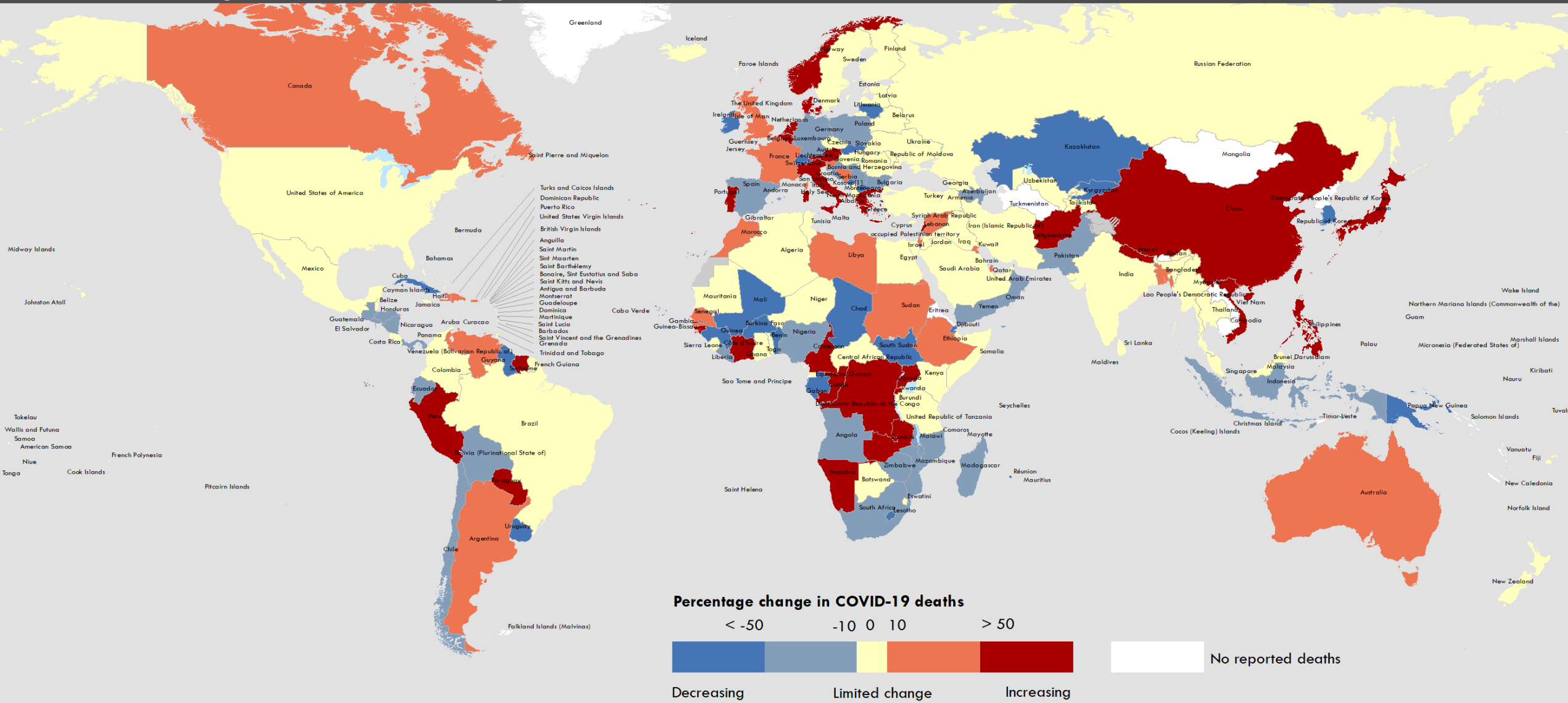
Data Source: World Health Organization  
 Map Production: WHO Health Emergencies Programme

Not applicable

0 2,750 5,500 km  
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# Percentage change in COVID-19 deaths over the last seven days relative to the previous seven days (as of 16 August 2020 10:00AM CEST)



Data Source: World Health Organization  
 Map Production: WHO Health Emergencies Programme

Not applicable

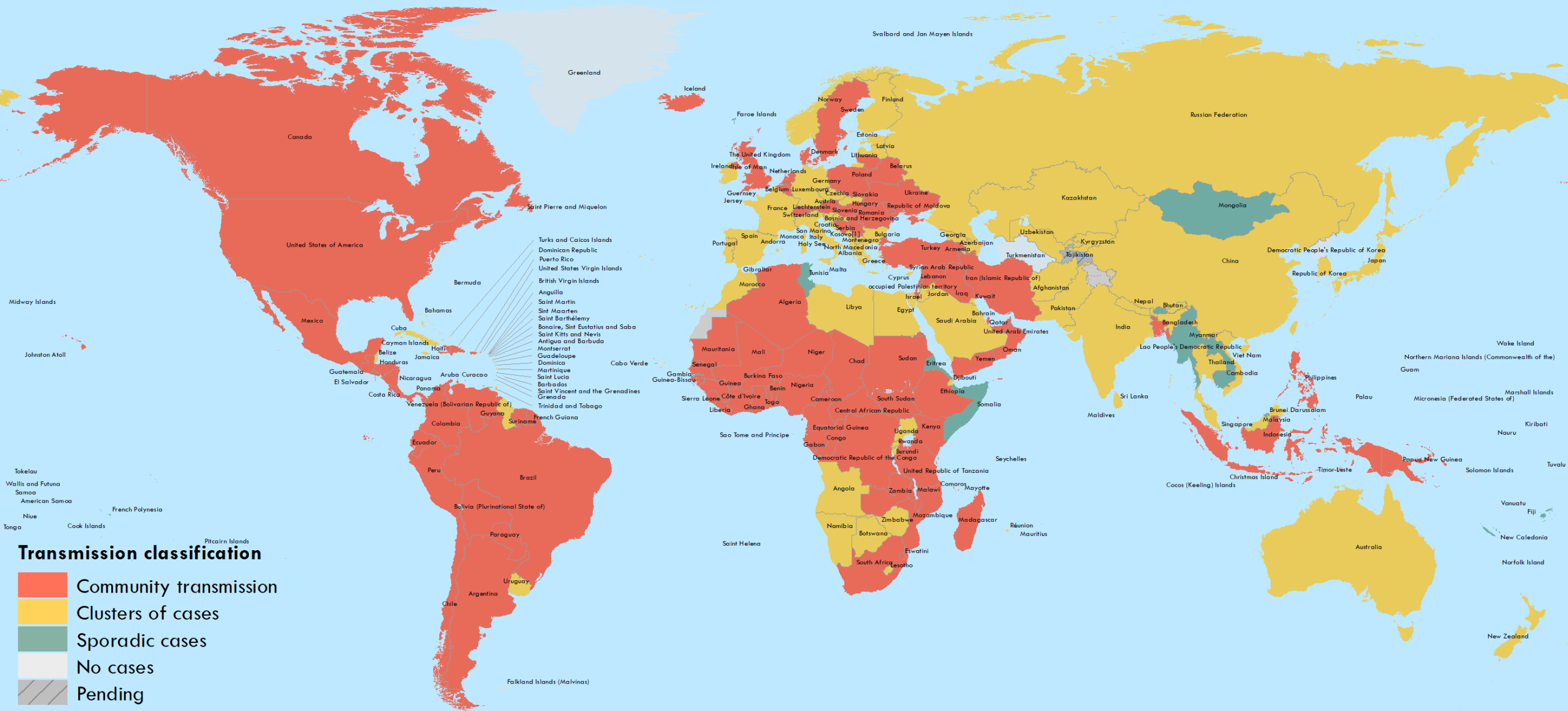
0 2,500 5,000 km  
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# COVID-19 transmission classifications

As of 13 August 2020



Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme

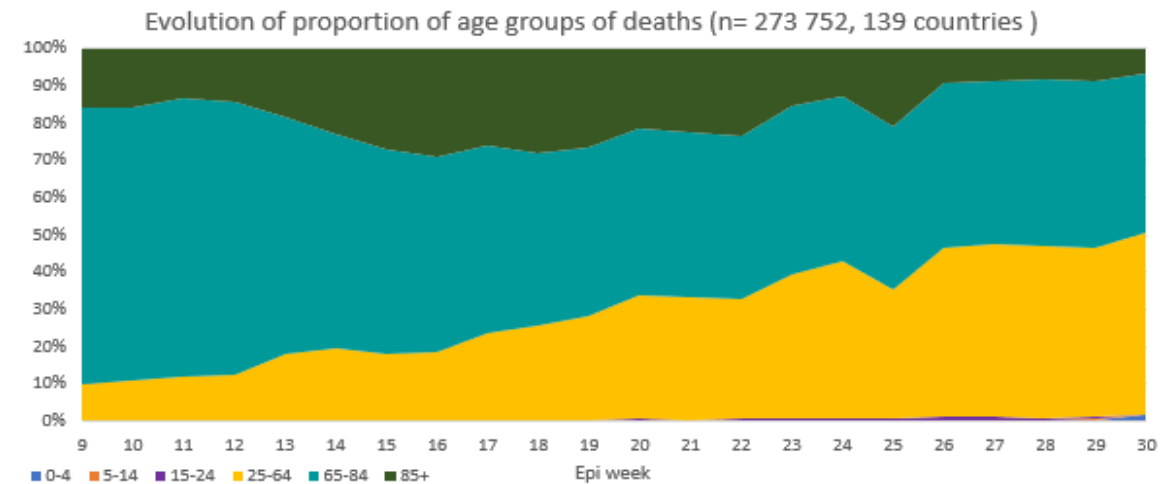
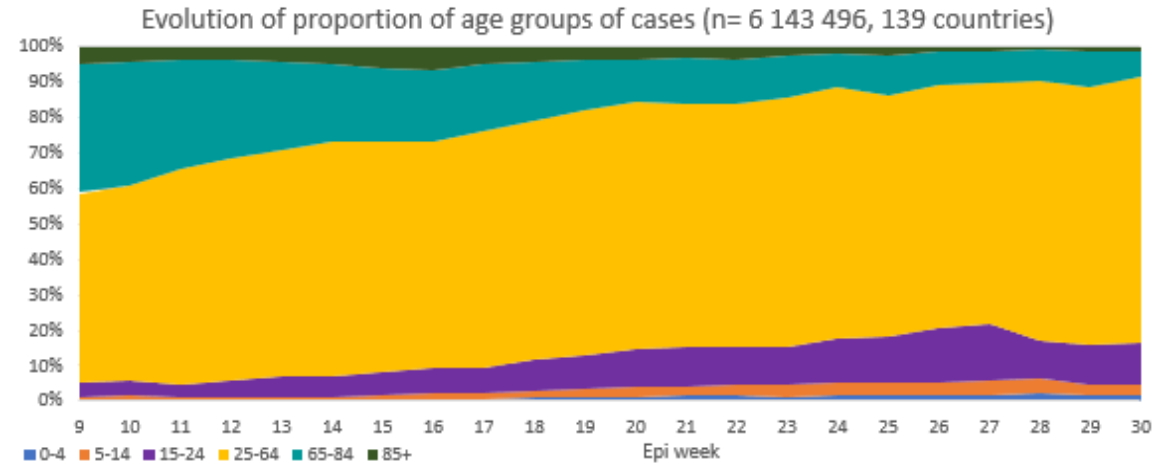
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# Age and gender distribution of cases and deaths

(source: WHO case report form (CRF) and weekly surveillance, data as of 30 July 10H CEST)

Gender	Female	Male
Cases (n= 5 911 819)	47 %	53%
Deaths (n=242 751)	40%	60%

Age groups	Cases	Deaths
0-4	1.2%	0.1%
5-14	2.5%	0.2%
15-24	9.6%	0.1%
25-64	64.0%	23.4%
65-84	19.4%	56.0%
85+	3.4%	20.2%




# Revised Surveillance Guidance

- Revised case definitions
- Emphasis on weekly aggregate reporting by Member States\* on key variables:
  - Cases and deaths (confirmed and probable)
  - Age and sex breakdowns
  - Infections in healthcare workers
  - Transmission classification

\* Some MS in PAHO and EMRO will continue submitting case-based data and these will be aggregated

Public health surveillance for COVID-19

Interim guidance  
7 August 2020



World Health Organization

**Background**

This document summarizes current WHO guidance for public health surveillance of coronavirus disease 2019 (COVID-19) in humans caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This guidance combines and supersedes two earlier documents: [Global surveillance guidance for COVID-19 caused by human infection with COVID-19 virus](#), [Interim guidance](#) and [Surveillance strategies for COVID-19 human infection](#), [Interim Guidance 10 May 2020](#).

This document should be read in conjunction with the WHO guidance on [preparedness, readiness and response activities](#), and [contact tracing](#) for COVID-19.

Updated information and other guidance on COVID-19 can be found on the WHO [COVID-19 website](#).

What is new in this new version:

- Revision of suspected and probable case definitions to integrate increased knowledge on the clinical spectrum of COVID-19 signs and symptoms and consider situations where testing is not available to all
- Updated approaches to surveillance including environmental and serological surveillance for SARS-CoV-2
- Revision of variables included in weekly surveillance to fit with new case definition and objectives of surveillance (that is, inclusion of probable cases, health care workers cases and updated age groups for reporting cases and deaths)
- Information on the importance of the collection of metadata for the analysis and interpretation of surveillance data
- Recommendations for ending case-based reporting for global surveillance and replacing it with aggregate reporting.

**Purpose of this document**

This document provides guidance to Member States on the implementation of surveillance for COVID-19 and the reporting requirements for WHO.

**Definitions for surveillance**

1. **Case definition**

The case definitions for suspected and probable cases below have been revised to account for updated evidence on the most common or predictive symptoms and clinical and radiographic signs present in COVID-19 as well as known transmission dynamics. The current case definition integrates recent knowledge on signs and symptoms of COVID-19 issued from:

- publications describing the clinical spectrum of COVID-19 among hospitalized (e.g., Guan 2020, Menni 2020) and non-hospitalized (e.g., Spinato 2020; Tostmann 2020, Struyf 2020) COVID-19 patients and WHO [Clinical management of COVID-19](#)
- WHO's and partners' analysis of sensitivity, specificity and predictive value of most described signs and symptoms using surveillance data
- expert consultations with clinicians, radiologists and laboratory scientists connected to global expert networks who supported validation of the definition.

Countries may need to adapt COVID-19 case definitions depending on their local epidemiological situation and other factors. All countries are encouraged to publish adapted definitions online and in regular situation reports and to document periodic updates to definitions that may affect the interpretation of surveillance data.

-1-

<https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.7>

# Health Operations and Technical Expertise

WHO has facilitated the sharing of knowledge and information through:

- Teleconferences with **technical expert networks** – Clinical Management, IPC, laboratory and diagnostics, contact tracing and surveillance, sero-epidemiology – and partners from all sectors
- COVID-19 dedicated Member State Information Sessions, including **Member State presentations on lessons learned**
- **Consultations with the Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH)**
- **Consultations with Global Health Leaders** from all regions
- **GOARN Steering Committee** meetings and weekly operational partner calls
- Publication of **technical guidance/technical reports/scientific briefs, along with communication products, training materials and other information products**



## Technical coordination & support:

- Virtual support
- Missions to 100+ countries

## Innovation in delivering support:

- Case Management Operational Emergency Desk: global multi-disciplinary team supporting countries when needed

# WHO Mission To China : 10 July to 2 August 2020

## Objectives

- Review work and studies conducted to understand the SARS-CoV-2 virus origin
- Identify knowledge gaps
- Develop terms of references for short term studies and for an international multi-disciplinary mission to support the development and conduct of additional studies and investigations into virus origin

## Outcome

- ➔ Proposed studies in 2 phases
  - Phase I studies (short term)
    - Comprehensive epidemiological studies incl. (i) first cases/first circulation through retrospective analysis of surveillance, (ii) in-depth descriptive studies of first notified cases in Wuhan, (iii) analytical epidemiological studies
    - Complemented by animal, products and environmental studies
  - Phase II studies (longer term)
    - Guided and driven by science and results from Phase I studies
    - In-depth epidemiologic, virologic, serologic assessments in humans and animal populations in specific geographic areas or settings as informed by the short-term studies

# WHO global progress and challenges – Surveillance, testing, and contact tracing

- Surveillance performance indicators to monitor transmission:
  - Indicators should be refined and reporting from MS enhanced
- Support on diagnostic testing:
  - National and sub-national testing strategies need to be adapted and strengthened
- Guidance to prepare GISRS for the next influenza season in the COVID-19 context:
  - Concerns around capacity of health systems to cope with influenza and COVID-19
- Additional country support for contact tracing, strengthen RCCE, and training:
  - Country-level implementation of contact tracing needs to be increased

## Country support: Go.Data for contact tracing

- WHO/GOARN Go.Data team has responded to over 450 requests
- Supporting over 55 Go.Data implementation projects worldwide
- Conducting regular virtual trainings and briefings
- Providing user support for epidemiology, analytics, interoperability and IT
- Recently launched Go.Data community of practice <https://community-godata.who.int/>

# WHO Early epidemiological investigations for COVID-19 (Unity Studies)

- 6 generic core protocols developed to address major unknowns and 2 protocols under development
- Country uptake of WHO Unity study protocols
  - 47 Countries have started to implement one or more of WHO Unity study protocols
  - 46 Additional countries intend to implement one or more of the WHO Unity study protocols
- WHO Procurement of molecular and serologic tests
  - 35,820 laboratory tests procured
- Pre-print publications to date
  - Household transmission study in Finland
  - Population-based seroepidemiology studies in British Columbia, Canada; Garmisch, Germany; Sao Paulo, Brazil



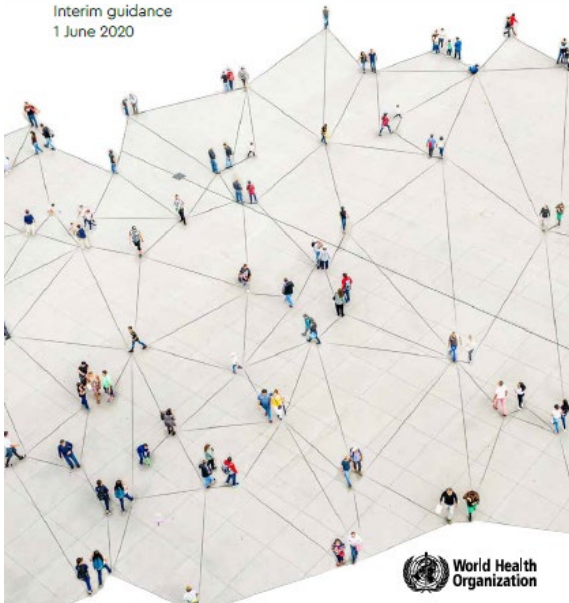
Email: [EarlyInvestigations-2019-nCoV@who.int](mailto:EarlyInvestigations-2019-nCoV@who.int)

Website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations>

# WHO global progress and challenges – Essential Health Services

Maintaining essential health services:  
operational guidance for the  
COVID-19 context

Interim guidance  
1 June 2020



**Balancing the demands of the COVID-19 response with strategic actions to maintain quality essential health services is a major challenge at country level**

- Guidance to **support country implementation of targeted actions at the national, subnational and local levels** to reorganize and maintain access to safe and high-quality essential health services
- Outlines the adaptations needed to keep people safe and maintain continuity of essential health services – prioritizing “health first” in the pandemic response and recovery



# Science driving our understanding

## ➤ Severity

- Natural history and disease progression
- Risk factors for severe disease and death
- Recovery and long term effects
- Mortality (CFR, by population)
- Infection fatality ratio (IFR)

## ➤ Transmission

- The importance of intensity, duration and context of exposures
- Relative contributions of modes of transmission
- Transmission during course of infection
- Settings in which transmission can be amplified
- Extent of infection as measured by seroepidemiology (IgG, IgM, neutralizing antibodies, T-cell)
- At risk groups and underlying conditions
- Transmission among children by age group

# GOVERNANCE

# STRATEGY

# COORDINATION

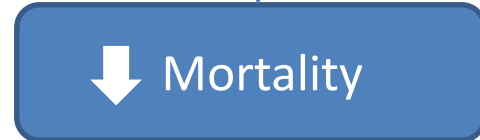
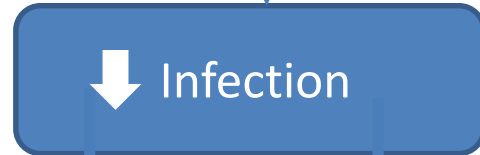
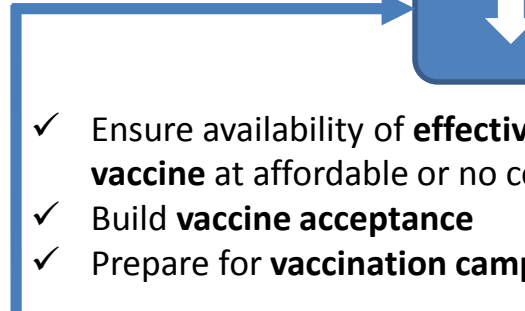
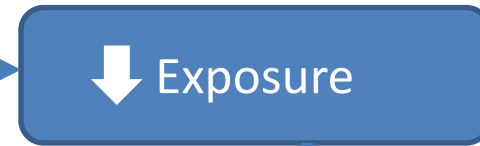
# FINANCING

## *Empower Individuals & Communities for Action*

- ✓ **Communicate with and increase health literacy among communities** on risk reduction
  - Physical distance/avoiding crowds/hygiene/mask use
- ✓ **Engage, support and empower communities** in risk reduction and build trust

## *Save lives*

- ✓ **Early diagnosis and care**
- ✓ **Manage clinical pathways**
  - Triage/Diagnosis/Referral
- ✓ **Maintain/increase health care capacity**
  - Bed capacity/ICU capacity
- ✓ **Enhance trained and protected health workforce**
- ✓ **Ensure availability, supply and pipeline**
  - **PPE, biomedical supplies**
  - **O<sub>2</sub> and therapeutics**



- ✓ Ensure availability of **effective/safe vaccine** at affordable or no cost
- ✓ Build **vaccine acceptance**
- ✓ Prepare for **vaccination campaigns**

## *Suppress Transmission/Reduce Exposure*

- ✓ Detect and test **suspect cases**
- ✓ Investigate **clusters**
- ✓ **Trace** contacts
- ✓ Quarantine contacts
- ✓ Shield **high risk groups**
- ✓ Manage Points of Entry
- ✓ Implement & communicate control measures
  - Limit gatherings
  - Reduce mobility

# KNOWLEDGE

# RESEARCH

# INNOVATION

# Ongoing priorities

1. Continue providing evidence-based guidance
2. Strengthen capacities and systems to suppress transmission, reduce mortality, empower communities and mitigate socio-economic impact
3. Strengthen surveillance, testing capacity and contact tracing systems
4. Maintain essential health services and supplies
5. Strengthen community engagement to address the infodemic and mis/disinformation, and empower individuals and communities for action
6. Advise on proportionate and risk-based travel measures
7. Accelerate research to address unknowns and improve technical knowledge of the virus
8. Diagnostic, vaccine and therapeutic development, equitable access and allocation
9. Prepare for the long-term consequences of the pandemic, engaging all sectors
10. Enhance and sustain political commitment and leadership for response activities that are driven by science, data, and experience. We need national unity and international solidarity