COVID-19 and the Global response
Public Dialogue Meeting

13 March 2020

World Health Organization
Uganda

Coronavirus: Chronology of events

- 31 December, China notified World Health Organization of an outbreak of respiratory disease of unknown origin
- First cases reported from a seafood and animal market in Wuhan, China.
- On 7th January 2020, Chinese government identified the novel coronavirus (COVID -19) as the cause of the outbreak in Wuhan city.
- 21st January 2020, WHO confirmed human to human transmission of COVID -19.
- 30th January 2020, The World Health Organization (WHO) Director General, declared the current 2019-nCoV outbreak as a Public Health Emergency of International Concern (PHEIC) due to its wide spread in several countries.
- 11 March 2020 WHO Director General characterized COVID 19 as PANDEMIC

Novel Coronavirus (COVID 19)

- Coronaviruses are primarily diseases of animals; humans become infected due to close contact with animals.
- COVID - 19 is a new virus and was never previously identified in humans.
- 80% of the infections are mild to moderate respiratory diseases among humans
- Person-to-person transmission occurs through close contacts and droplets from infected persons.
- While all age groups are at risk, most of the current infections are among persons older than 15 years.

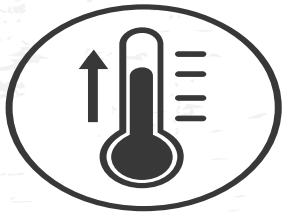
Coronavirus Epidemiology

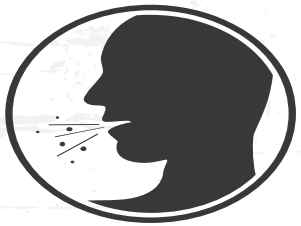
- **How are coronaviruses spread?**

Human coronaviruses are usually spread through droplets (coughing) and close personal unprotected contact with an infected person (touching, shaking hands). However, there is still a lot that is unknown about the novel coronavirus but WHO is monitoring the evolution of the outbreak.

- **What are the symptoms?**

Signs and symptoms are typically respiratory symptoms and include fever, cough, shortness of breath, and other cold-like symptoms.





COVID-19 and Influenza: a brief comparison

COVID-19 is less infectious than influenza but leads to more serious illness and death

SIMILARITIES

- Both cause mild to severe respiratory disease and death.
- Spread by contact, droplets and fomites.
- Preventative measures the same: hand hygiene, respiratory etiquette, social distancing

DIFFERENCES

- Influenza spreads faster than COVID-19**:** influenza has a shorter **incubation period** and shorter **serial interval** (time between successive cases)
- **Transmission of virus before symptoms** is a major driver of spread for influenza, not for COVID-19 virus
- The **reproductive number** is 2-2.5 for COVID-19 virus, 1-1.8 for pandemic influenza
- **Children** are commonly infected with influenza. Children are less infected and less affected by COVID-19.
- **Severe illness and death** seem to be more common in COVID-19

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Characteristics of COVID-19 compared to other viruses

Disease	Reported cases (n)	Deaths reported (n)	Case fatality ratio %	R0
Seasonal influenza (1)	3-5 million (severe)	290,000-650,000	0.1	1.3
SARS	8098	774	9.5	2.2 - 3.7
MERS (2)	2494	858	35	<1
COVID-19 (3)	75,204	2009	2	1.4 - 4.9

[1] Global burden estimates of annual epidemics
[2] Data from 2012 till November 2019
[3] Data as of 20 February 2020

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Territories, areas reporting confirmed cases of 2019-nCoV 12 March 2020

SITUATION IN NUMBERS
total and new cases in last 24 hours

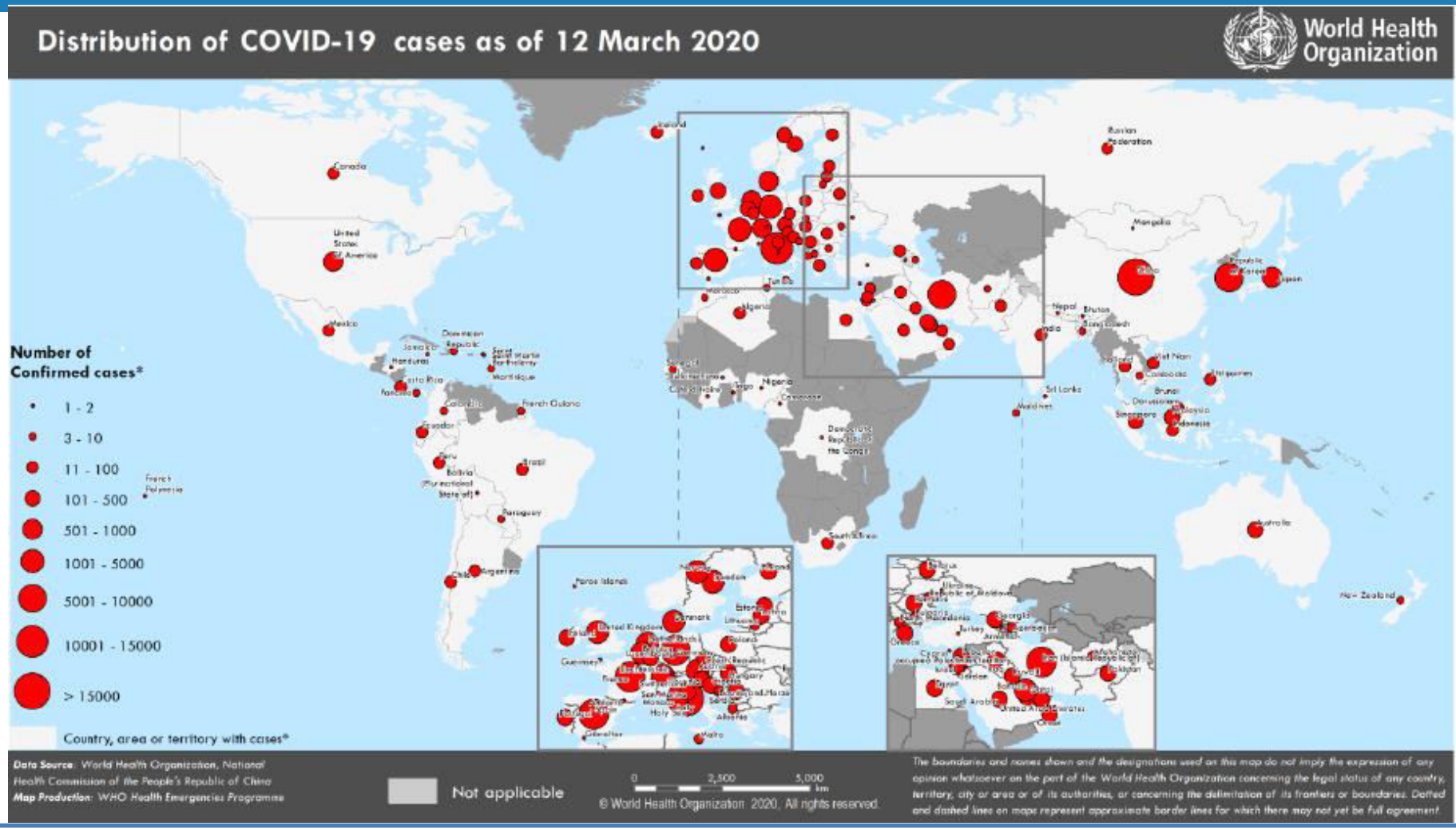
Globally
125 048 confirmed (6729 new)
4613 deaths (321 new)

China
80 981 confirmed (26 new)
3173 deaths (11 new)

Outside of China
44 067 confirmed (6703 new)
1440 deaths (310 new)
117 countries/territories/ areas (4 new

WHO RISK ASSESSMENT

China	Very High
Regional Level	Very High
Global Level	Very High



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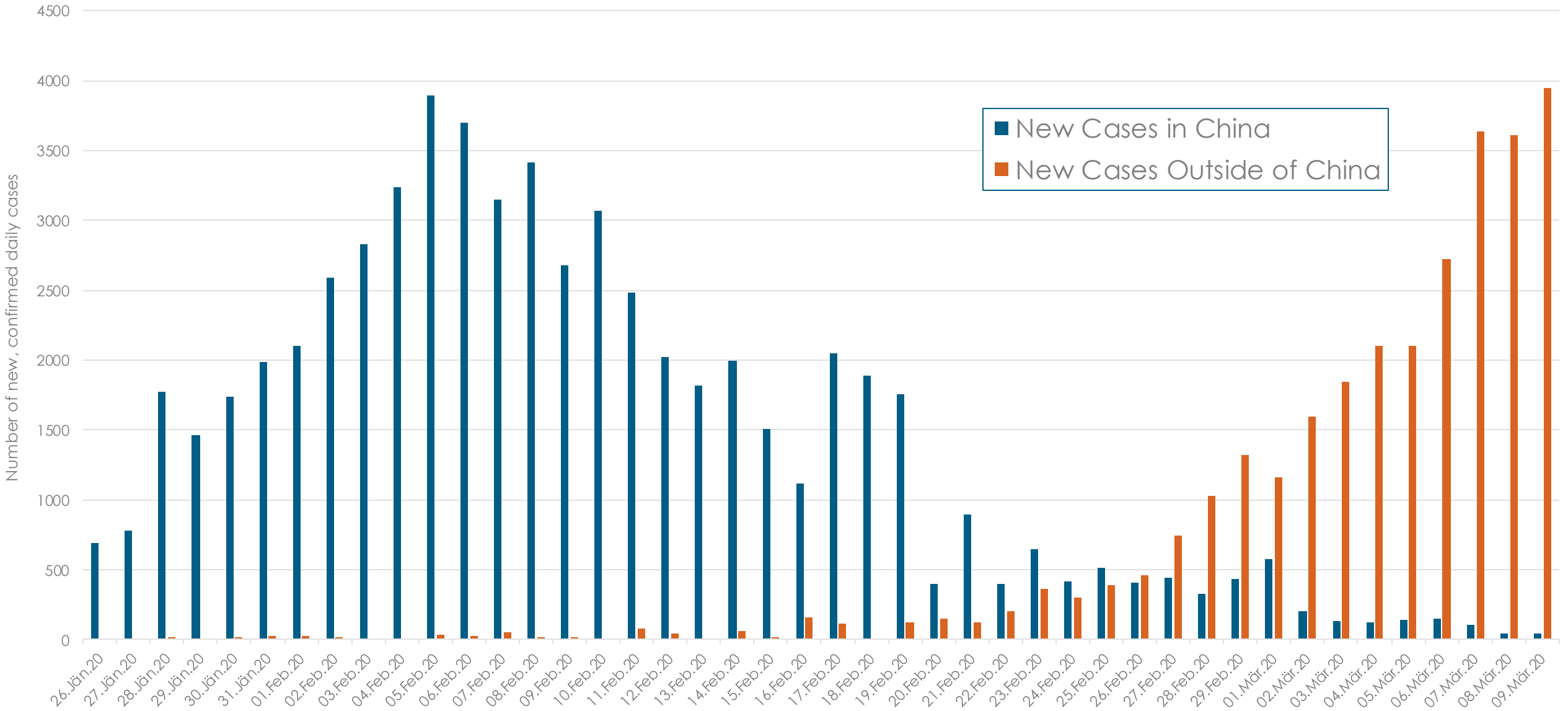
New Cases of COVID-19 since 1 February 2020



Update on clinical features in COVID-19: New study published

1,099 patients with laboratory-confirmed COVID-19 across 552 hospitals in 30 provinces of China.

Signs and symptoms when being admitted to hospital	% of patients
Cough	67.8
Fever	43.8
Fatigue	38.1
Sputum production	33.7
Shortness of breath	18.7
Aches and pains (myalgia)	14.9
Low white blood cell count	83.2

Median age of patients: 47 years (IQR 35 – 58)

Median incubation period: 4 days (IQR 2 – 7)

3.5% were healthcare workers

40.9% had no abnormalities on chest X-ray at time of hospital admission

Median duration of hospitalization: 12 days (Mean 12.8 days

88.7% of patients developed fever during their hospital stay.

Clinical Characteristics of Coronavirus Disease 2019 in China. Wei-Jie Guan et al. New England Journal of Medicine, February 28, 2020
DOI: 10.1056/NEJMoa2002032

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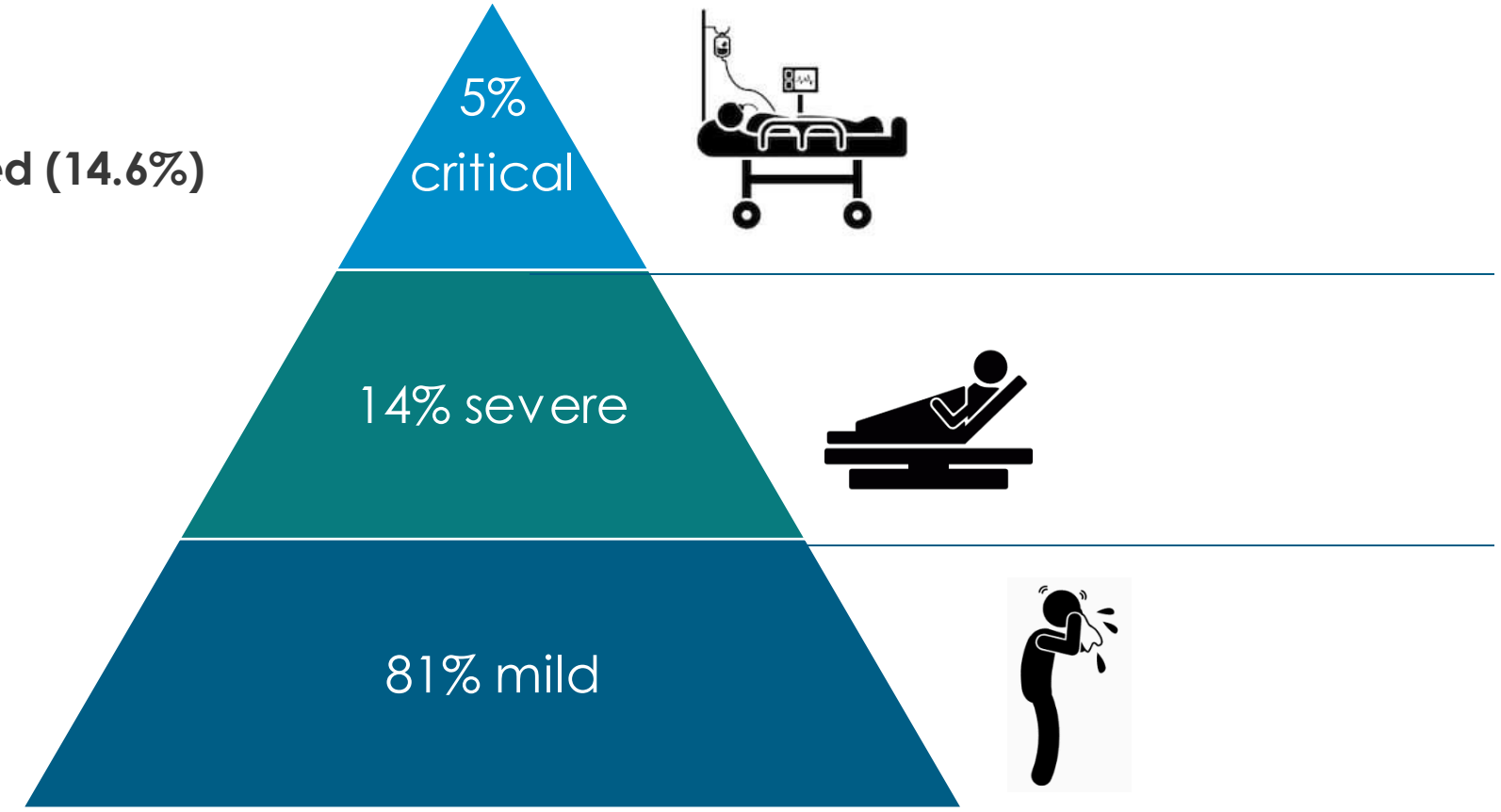
Largest, most recent study from China CDC (n=72,314)

- **44,672 confirmed (61.8%)**
- **16,186 suspected (22.4%)**
- **10,567 clinically-diagnosed (14.6%)**
- **889 asymptomatic (1.2%)**
- **Distribution**
  - **81% mild**
  - **14% severe**
  - **5% critical**
  - **2.3% fatal (CFR)**



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Source: China CDC Weekly submitted 14.02.20

Age distribution of COVID-19 in the Republic of Korea as of March 2, 2020. (total 4,212)

		Confirmed cases	(%)	Deceased	(%)	Cfr
Total		4,212	(100.0)	22	(100.0)	0.5
Age group	0-9	32	(0.8)	-	-	-
	10-19	169	(4.0)	-	-	-
	20-29	1,235	(29.3)	-	-	-
	30-39	506	(12.0)	1	(4.5)	0.2
	40-49	633	(15.0)	1	(4.5)	0.2
	50-59	834	(19.8)	5	(22.7)	0.6
	60-69	530	(12.6)	6	(27.3)	1.1
	70-79	192	(4.6)	6	(27.3)	3.1
	Above 80	81	(1.9)	3	(13.6)	3.7

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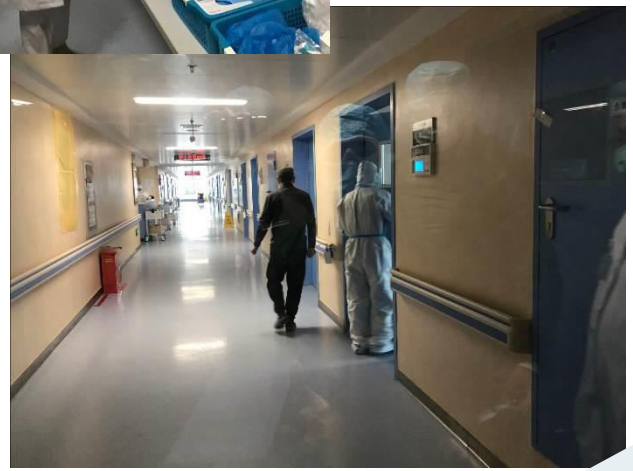
Republic of Korea – Age distribution (as of 2 March 00h, total 4,212)

Natural history

- at diagnosis: approx. 80% are mild/moderate; 15% severe; 5% critical
- progression: approx. 10-15% of mild/moderate cases become severe, and approximately 15-20% of severe become critical
- average times:
  - from exposure to symptom onset is 5-6 days after infection;
  - from symptoms to recovery for mild cases is 2 weeks;
  - from symptoms to recovery for severe cases is 3-6 weeks;
  - from symptoms onset to death is from 1 week (critical) to 2-8 weeks.
  - truly asymptomatic infection appears to be rare (e.g. 1-3%)
- an estimated 75% of 'asymptomatic' cases soon progress to disease
- children tend to have milder disease than adults; although COVID was less frequent in children & we did not see onward transmission from children, this may be an artifact due to school closures & other factors

Infection, prevention and control



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Virology

- virus shedding is highest early in the course of disease (vs. SARS shedding which peaks at least 5 days post onset)
- virus shedding can be detected in the 24-48 hours prior to disease onset
- virus can be isolated from stool but there is no epidemiologic evidence of fecal-oral transmission
- virus shedding usually continues for 7-12 days in mild/moderate cases, and for >2 weeks in severe cases

Contact monitoring and case finding

Transmission scenarios for COVID-19

Countries could experience 1 or more of the following scenarios at the subnational level:

Transmission scenarios		Aim
No cases	No reported cases	**Preparedness** Stop transmission and prevent spread
Sporadic cases	One or more cases, imported or locally acquired	**Preparedness** Stop transmission and prevent spread
Clusters of cases	Most cases of local transmission linked to chains of transmission	**Containment** Stop transmission and prevent spread
Community transmission	Community transmission; cases without an epidemiologic link are common	**Mitigation** Slow transmission and reduce impact

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Priority areas of work

1. Emergency response mechanisms
2. Risk communication & public engagement
3. Case finding, contact tracing and management
4. Surveillance
5. Public health measures (hand hygiene, respiratory etiquette and social distancing)
6. Laboratory testing
7. Case management
8. Infection prevention and control
9. Societal response (business continuity plans and whole-of-society approach)

https://www.who.int/docs/default-source/coronaviruse/20200307-cccc-guidance-table-covid-19-final.pdf?sfvrsn=1c8ee193_10

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Treatment and care of the patients of coronavirus

- Over 60,000 patients have successfully recovered on supportive treatment and monitoring.

- Currently no licensed vaccine or anti viral medications

THE FACTS

It is possible for people of any age to be infected with COVID-19.

People with pre-existing medical conditions, like high blood pressure, diabetes, or heart or lung disease are more at risk of severe disease

Older adults are more at risk of severe COVID-19 disease

Risk of severe COVID-19 disease gradually increases with age over the age of 40 years.

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Key advice for older adults and people with pre-existing conditions

- When you have visitors to your home, exchange “1 metre greetings”, like a wave, nod, or bow.
- Ask visitors and those you live with to wash their hands.
- Regularly clean and disinfect surfaces in your home, especially areas that people touch a lot.
- If someone you live with isn’t feeling well (especially with possible COVID-19 symptoms), limit your shared spaces.
- If you become ill with symptoms of COVID-19, contact your healthcare provider by telephone before visiting your healthcare facility.
- Make a plan in preparation for an outbreak of COVID-19 in your community/workplace.
- When you go out in public, follow the same preventative guidelines as you would at home.
- Stay up to date using information from reliable sources.

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Protective measures

Protect others from getting sick

When coughing and sneezing **cover mouth and nose** with flexed elbow or tissue

Throw tissue into closed bin immediately after use

Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick

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Protect others from getting sick

Avoid close contact when you are experiencing cough and fever

Avoid spitting in public

If you have fever, cough and difficulty breathing **seek medical care early** and share previous travel history with your health care provider

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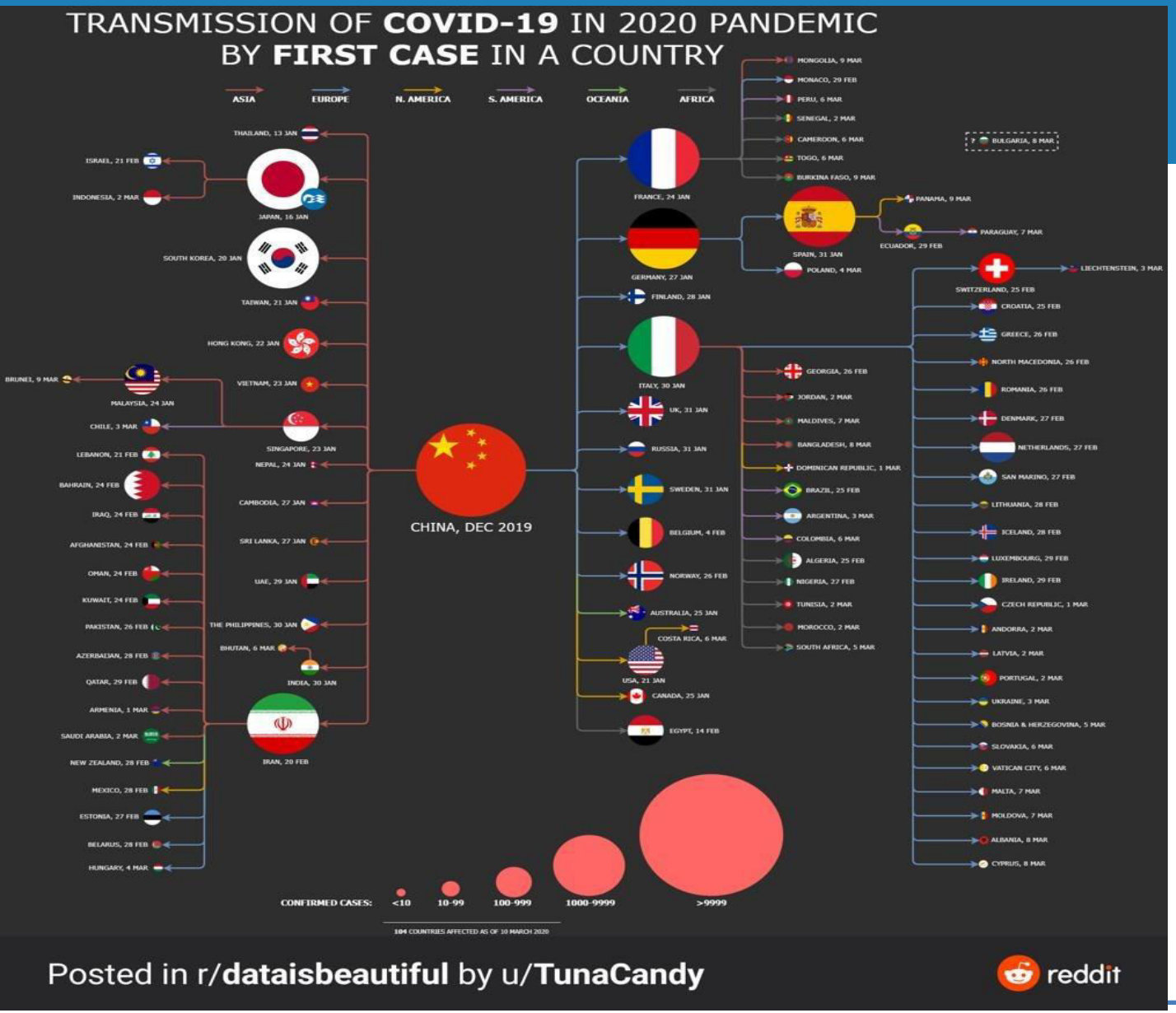
How can I protect myself from infection?

- Avoid unprotected close contact with anyone developing cold or flu-like symptoms and seek medical care if you have a fever, cough and difficulty breathing
- When visiting live markets, avoid direct unprotected contact with live animals and surfaces in contact with animals
- Cook your food and especially meat thoroughly

COVID-19: SOCIAL STIGMA

Evidence clearly shows that stigma and fear around communicable diseases hamper the response

Facts, not fear will stop the spread of novel coronavirus (COVID-19)



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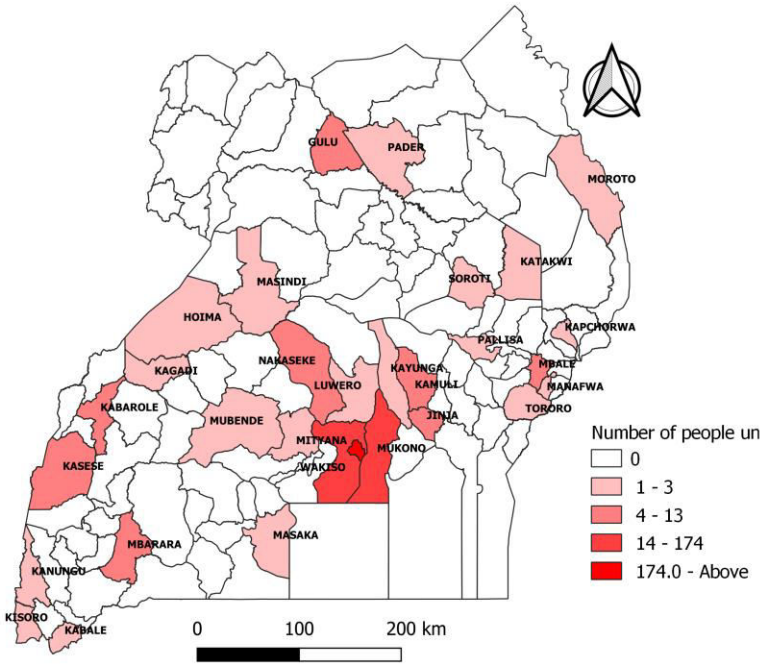
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KASESE
WAKISO
MBARARA
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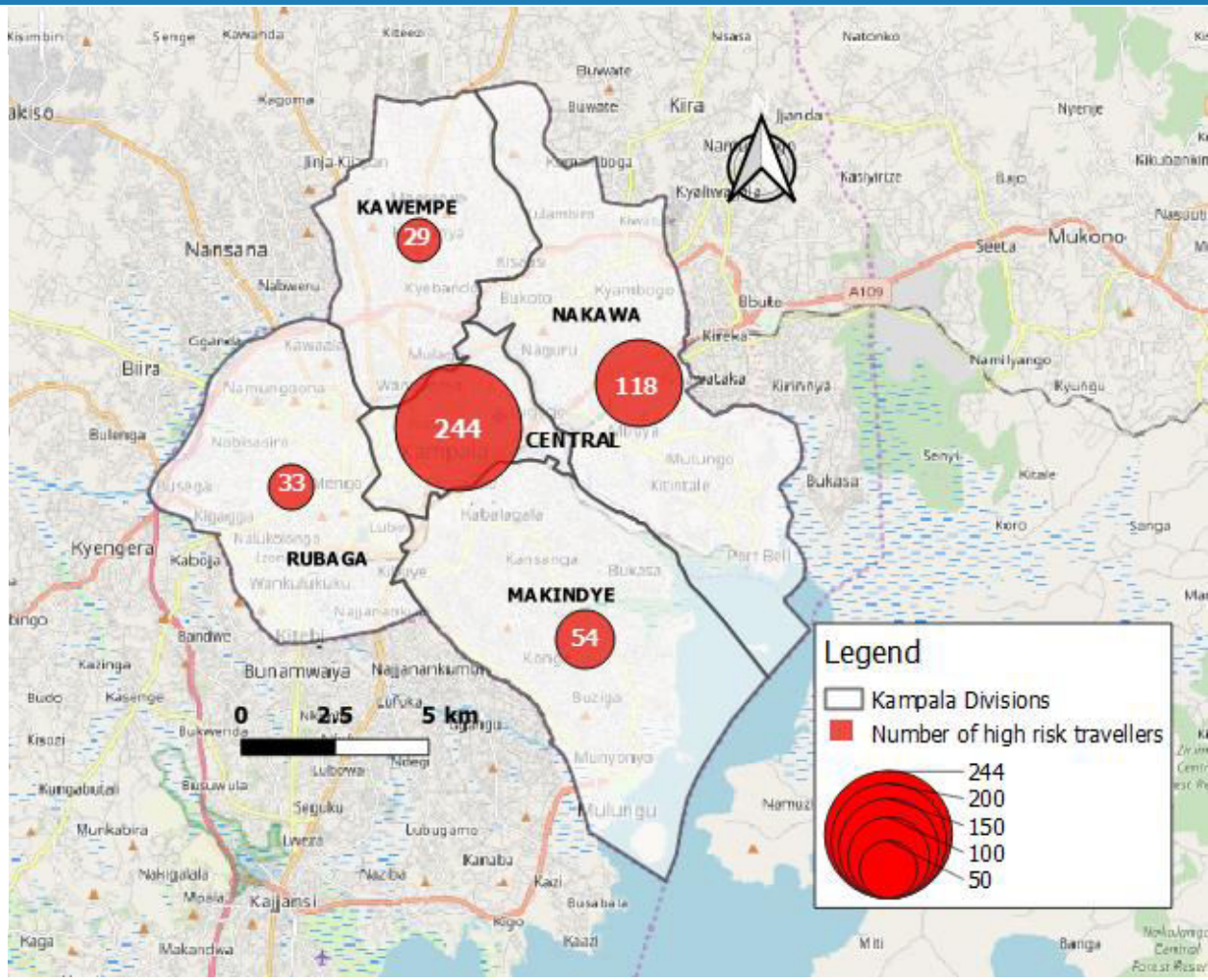
4 - 13
14 - 174
174.0 - Above


KAWEMPE
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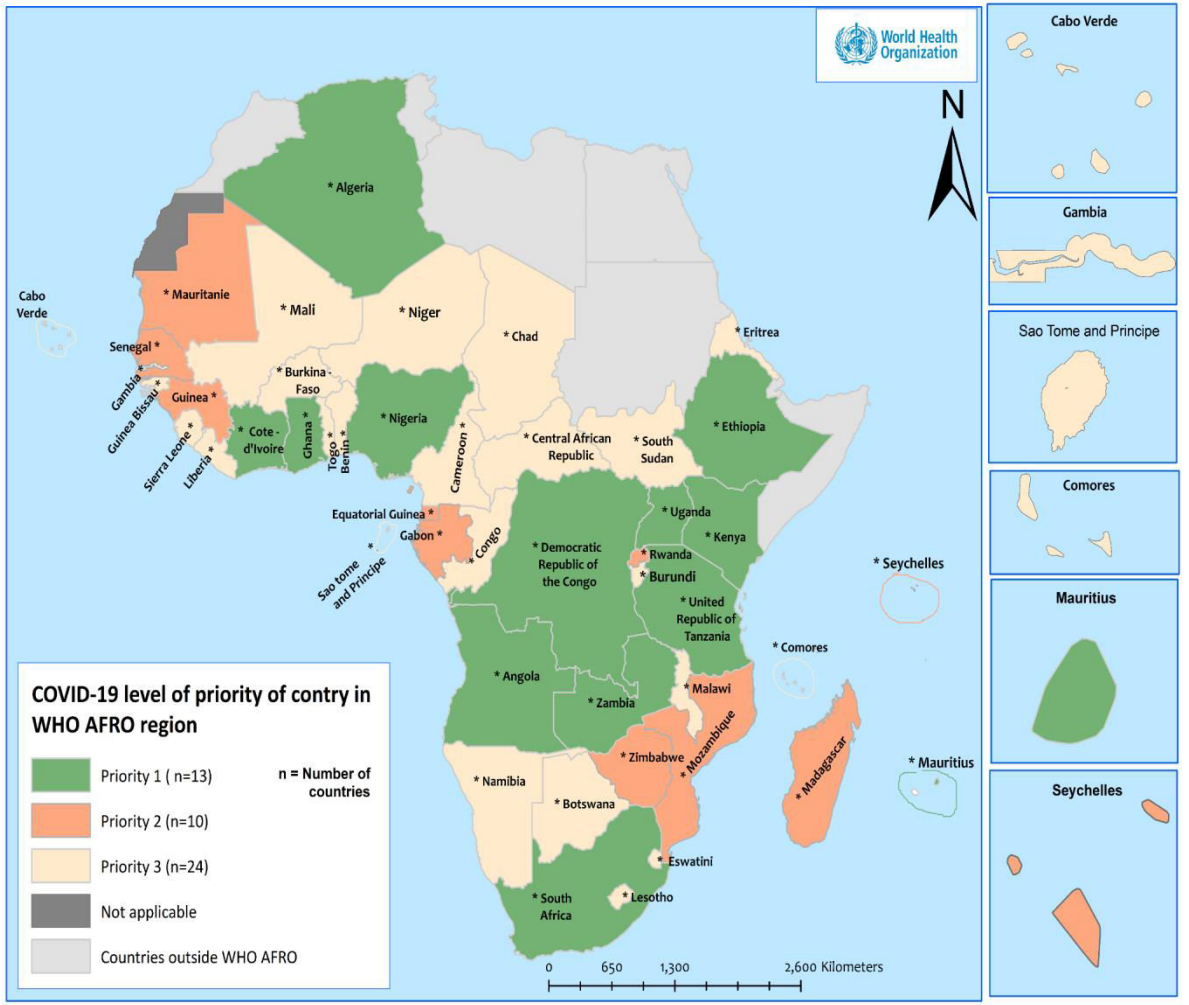
NAKAWA
118
244
CENTRAL
33
RUBAGA
MAKINDYE
54
Nansana
Biira
Kyengera
Bunamwaya
Kira
Mukono
Bukasa
0
2.5
5 km
Legend
Kampala Divisions
Number of high risk travellers
244
200
150
100
50

Prioritization of countries in the region

- **AFRO has categorized the countries into:**
  - **Priority 1:** Algeria, Angola, Cote d'Ivoire, Democratic Republic of Congo, Ghana, Ethiopia, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda and Zambia
  - **Priority 2:** Chad, Eritrea, Equiatorial Guinea, Gabon, Guinea, Madagascar, Mali, Mauritania, Mozambique, Rwanda, Senegal, Seychelles, Togo and Zimbabwe.
  - **Priority 3:** Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic (CAR), Comoros, Eswatini, Gambia, Guines-Bissau, Lesotho, Liberia, Malawi, Namibia, Niger, Sao Tome and Principe, Senegal, Sierra Leone and South Sudan

- **Prioritization criteria**
  - Volume of travelers to and from China
  - IHR core capacities
  - Close links with China – mining/constructions in some countries



THANK YOU