EPI·WiN

WHO Information Network for Epidemics

World Health Organization

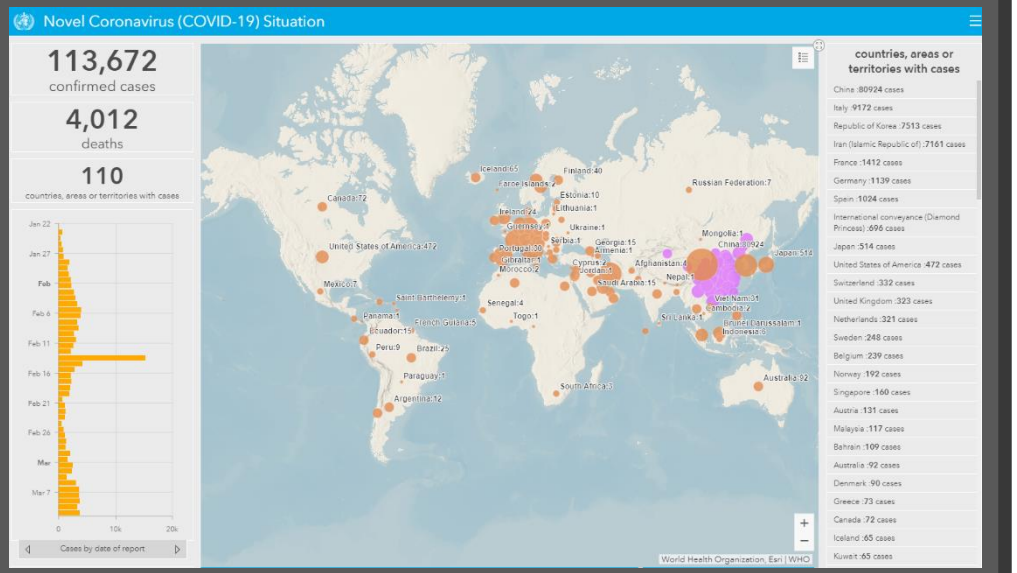
Coronavirus disease (COVID-19)

2019 - 2020

Update #15 10.03.20

10/03/2020

Current Situation



Source: WHO Situation dashboard
https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd

Cases by country/territory/area (as of 10 March 6am Gva)

Globally, between 31 Dec 2019 - 10 Mar 2020

- 113,672 confirmed cases
- 4,012 deaths

China

- 80,924 confirmed cases
- 4,794 severe cases
- 3,140 deaths

Outside China

- 32,748 cases from 109 countries/states/territories and 1 international conveyance
- 872 deaths

- 2 countries reported no cases within past 14 days: Nepal, Sri Lanka

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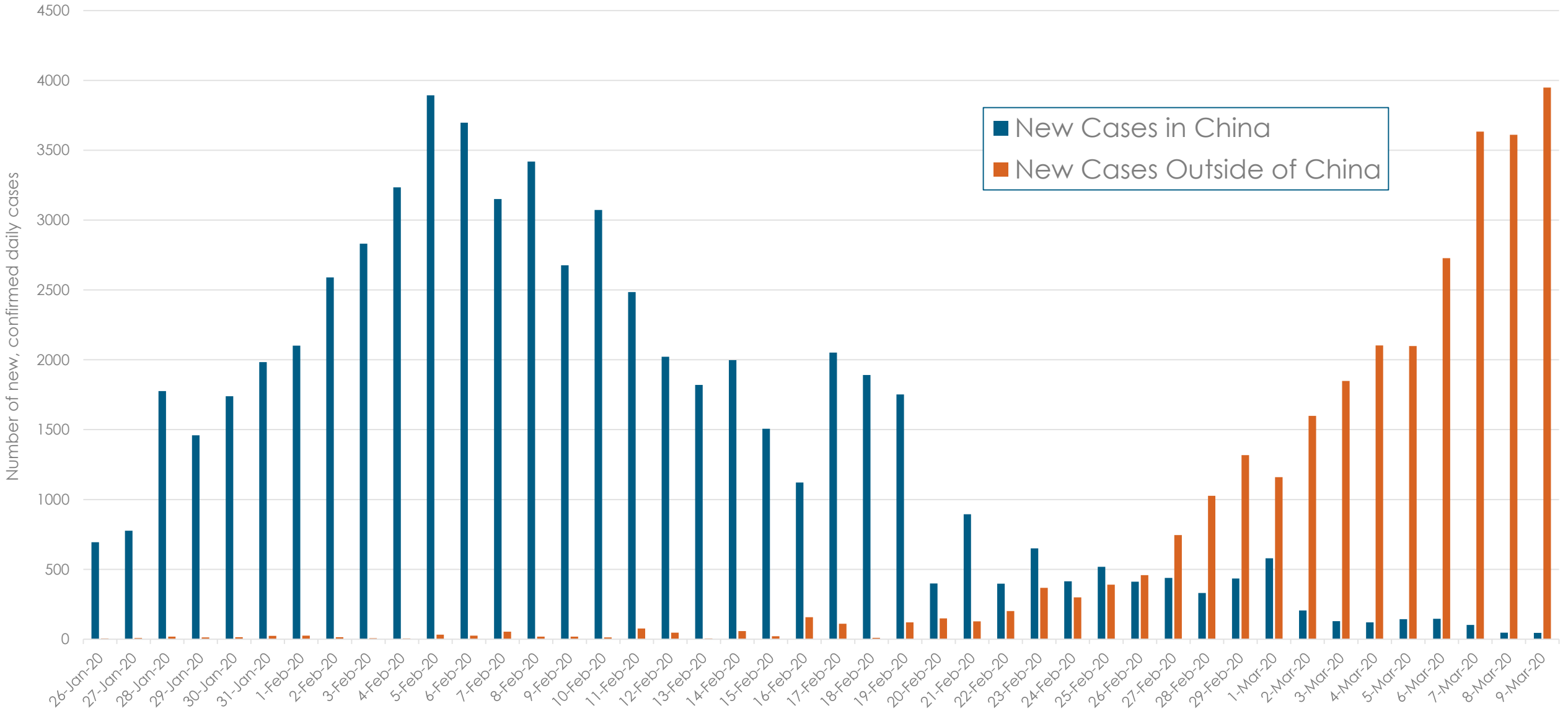
New Cases of COVID-19 since 1 February 2020



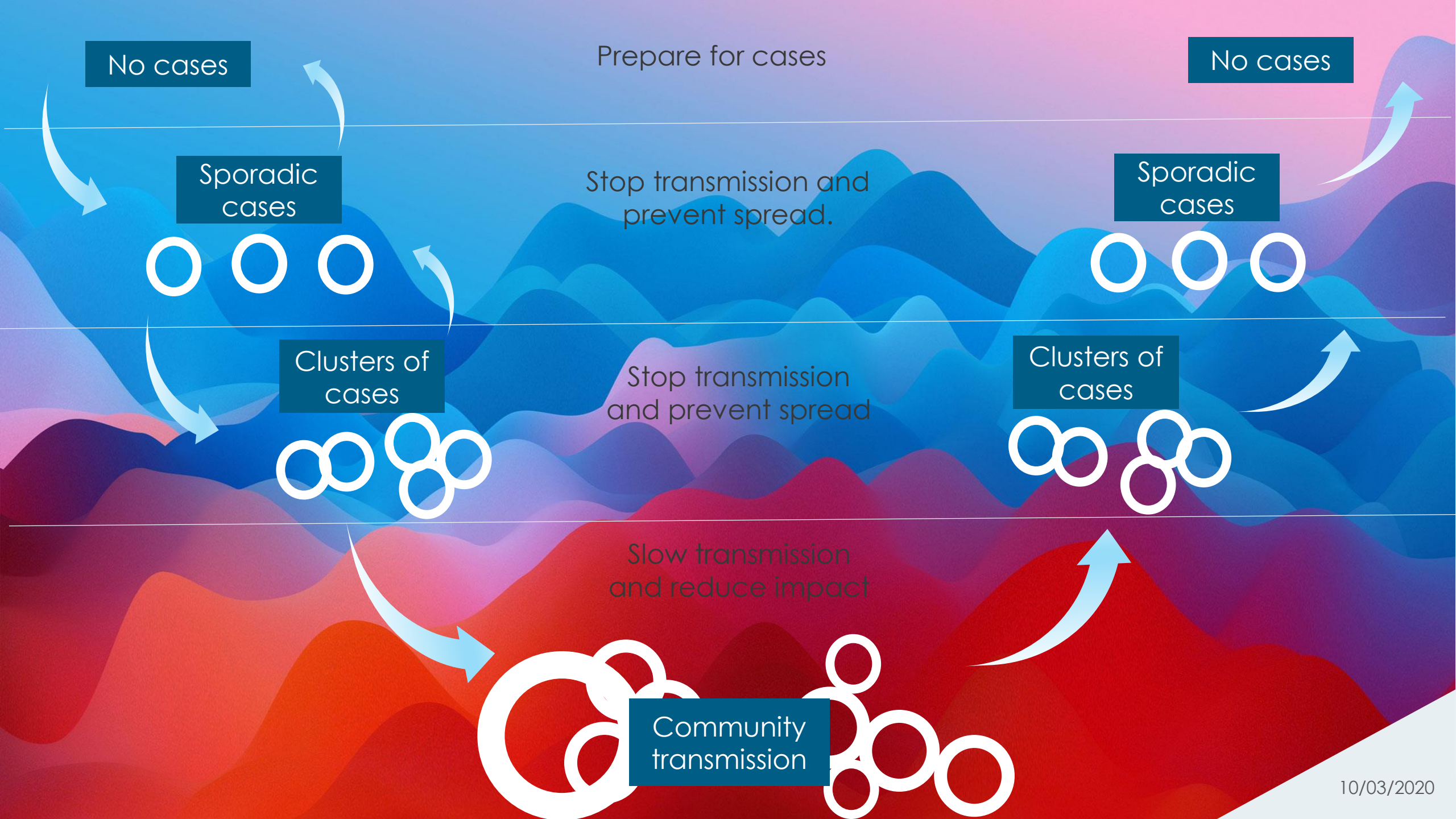
Critical preparedness, readiness and response actions for COVID-19

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

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


No cases
Prepare for cases
No cases
Sporadic cases
Stop transmission and prevent spread.
Sporadic cases
Clusters of cases
Stop transmission and prevent spread
Clusters of cases
Slow transmission and reduce impact
Community transmission

10/03/2020

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

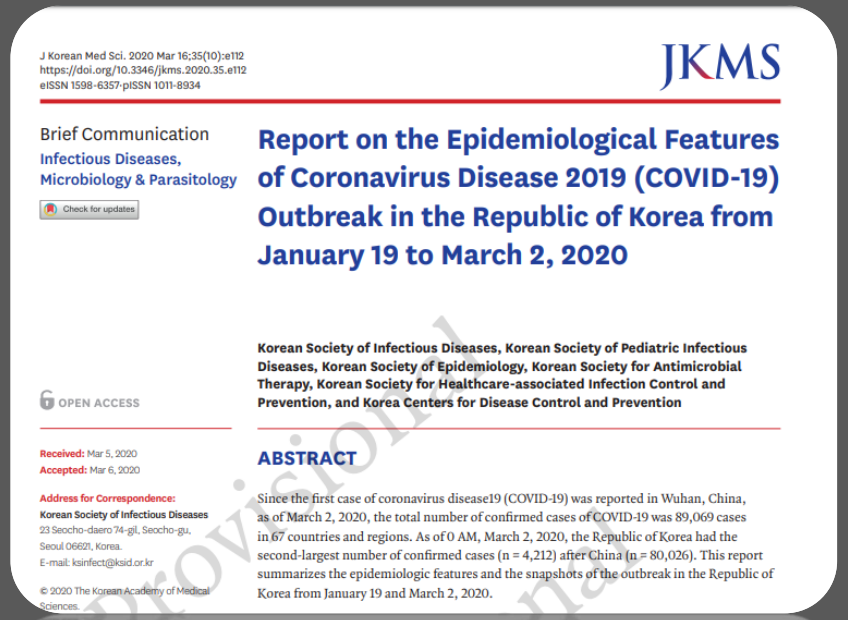
World Health Organization

COVID-19, older adults and other vulnerable groups

World Health Organization

10/03/2020

Report on the Epidemiological Features of Coronavirus Disease 2019 (COVID-19) Outbreak in the Republic of Korea from January 19 to March 2, 2020



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JKMS

Brief Communication
Infectious Diseases, Microbiology & Parasitology

Check for updates

Report on the Epidemiological Features of Coronavirus Disease 2019 (COVID-19) Outbreak in the Republic of Korea from January 19 to March 2, 2020

Korean Society of Infectious Diseases, Korean Society of Pediatric Infectious Diseases, Korean Society of Epidemiology, Korean Society for Antimicrobial Therapy, Korean Society for Healthcare-associated Infection Control and Prevention, and Korea Centers for Disease Control and Prevention

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ABSTRACT

Since the first case of coronavirus disease19 (COVID-19) was reported in Wuhan, China, as of March 2, 2020, the total number of confirmed cases of COVID-19 was 89,069 cases in 67 countries and regions. As of 0 AM, March 2, 2020, the Republic of Korea had the second-largest number of confirmed cases (n = 4,212) after China (n = 80,026). This report summarizes the epidemiologic features and the snapshots of the outbreak in the Republic of Korea from January 19 and March 2, 2020.

Provisional

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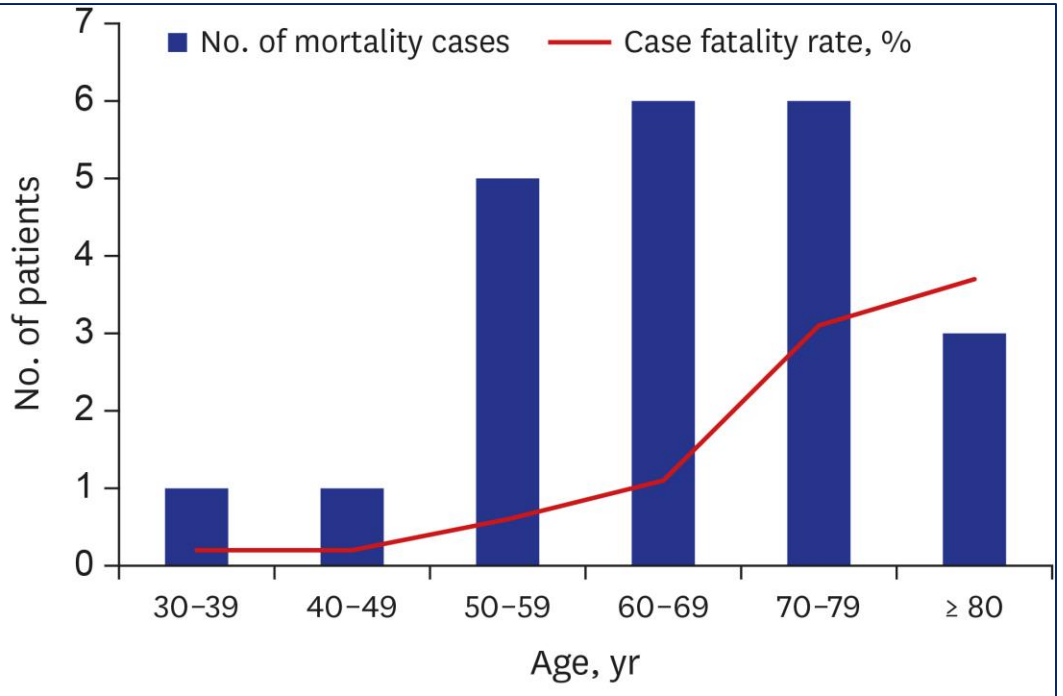
On March 2, of 4,212 confirmed cases, 22 patients have died (0.5%) and 13 patients were male (59.1%). Out of 22 patients, 20 patients (20/22, 90.9%) were 50 or older. The case fatality rate increased with older age. The case fatality rate of persons 50 years or older was higher than that of persons younger than 50 years (1.2% vs. 0.2%).

Report on the Epidemiological Features of Coronavirus Disease 2019 (COVID-19) Outbreak in the Republic of Korea from January 19 to March 2, 2020. J Korean Med Sci. 2020 Mar;35(10):e112. https://doi.org/10.3346/jkms.2020.35.e112

Mortality cases with COVID-19 in the Republic of Korea as of March 2, 2020.



No. of confirmed cases	506	633	834	530	192	81
No. of mortality cases	1	1	5	6	6	3
Case fatality rate, %	0.2	0.2	0.6	1.1	3.1	3.7

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J Korean Med Sci. 2020;35(10):e112. https://doi.org/10.3346/jkms.2020.35.e112

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)

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.

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.
- 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.

World Health Organization

Messages from World Health Organization Department for Mental Health and Substance use

COVID-19: HOW TO ADDRESS 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)

WORDS MATTER

Encourage your team and MOH to use the appropriate terminology: “people who have”, “people who are being treated”, “people who have recovered”, “people who died after contracting” COVID-19

Emphasize the effectiveness of prevention and treatment measures as well as early screening, testing and treatment.

Correct misconceptions through clarifying common myths based on local culture.

Spreading the facts (I)

Social media can be very useful for disseminating accurate information by WHO County Offices Prioritize the collection, consolidation and **dissemination of accurate information** about affected areas, individual and group vulnerability to COVID-19, treatment options and practical information on where to access health care and information using simple language.

Share sympathetic local narratives; we feel closer to people when we hear their stories from them. Amplify the voices, stories and images of people in your country who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery, and are willing to share their story.

Engage social influencers in your country on prompting reflection about people and health care staff who are stigmatized and how to support them.

Spreading the facts (II)

National Center for Disease Control Libya/ Abd el Razak ben Halim

Make sure you **portray different ethnic groups**

Promote **ethical journalism** through working with media that displays content around prevention practices and when to seek health care. Share with media in local language the correct information from WHO resources.

Create a positive tone with the media that shows care and empathy for all and don't blame specific individuals for infecting others. This may create stigma and discrimination.

Stigma towards health staff

Some health workers may experience avoidance by their family or community. Encourage workers to stay connected with loved ones including through digital methods if needed to maintain contact. Turn to colleagues, manager or other trusted persons for social support.

Implement a “hero” campaign **honoring caretakers and healthcare workers** who may be stigmatized. Communicate support and encouragement for those who are on the frontlines of response. Acknowledge the role they play to save lives and keep your loved ones safe through your social media and media statements.

Encourage team leader or managers in a health facility, facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services during stressful times.

The following tools can help you and your team to combat stigma related to COVID-19

Myth buster

Addressing Social Stigma

Coping with stress during COVID-19 outbreak

Mental Health and Psychosocial Aspects of COVID-19