

Coronavirus disease 2019 (COVID-19)

Situation Report 23

Data as reported by 12 February 2020*

HIGHLIGHTS

- No new countries reported cases of COVID-19 in the past 24 hours.
- WHO has published key considerations for repatriation and quarantine of travellers in relation to COVID-19. More information can be found [here](#).
- The UN activated a Crisis Management Team (CMT) on the COVID-19 outbreak, to be led by WHO. The WHO Director-General nominated Dr Mike Ryan, Executive Director of WHO Health Emergencies Programme as the Crisis Manager. The CMT brings together WHO, OCHA, IMO (International Maritime Organization), UNICEF, ICAO, WFP, FAO, the World Bank and several departments of the UN Secretariat. It held its first meeting yesterday via teleconference. This mechanism will help WHO focus on the health response while the other agencies will bring their expertise to bear on the wider social, economic and developmental implications of the outbreak. Additional members will be included depending on the evolution of the outbreak and its impact globally.
- WHO has prepared a list of [Q&A](#) on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV

SITUATION IN NUMBERS

total and new cases in last 24 hours

45 171 confirmed (2068 new)

44 730 confirmed (2022 new)

8204 severe (871 new)

1114 deaths (97 new)

441 confirmed (46 new)

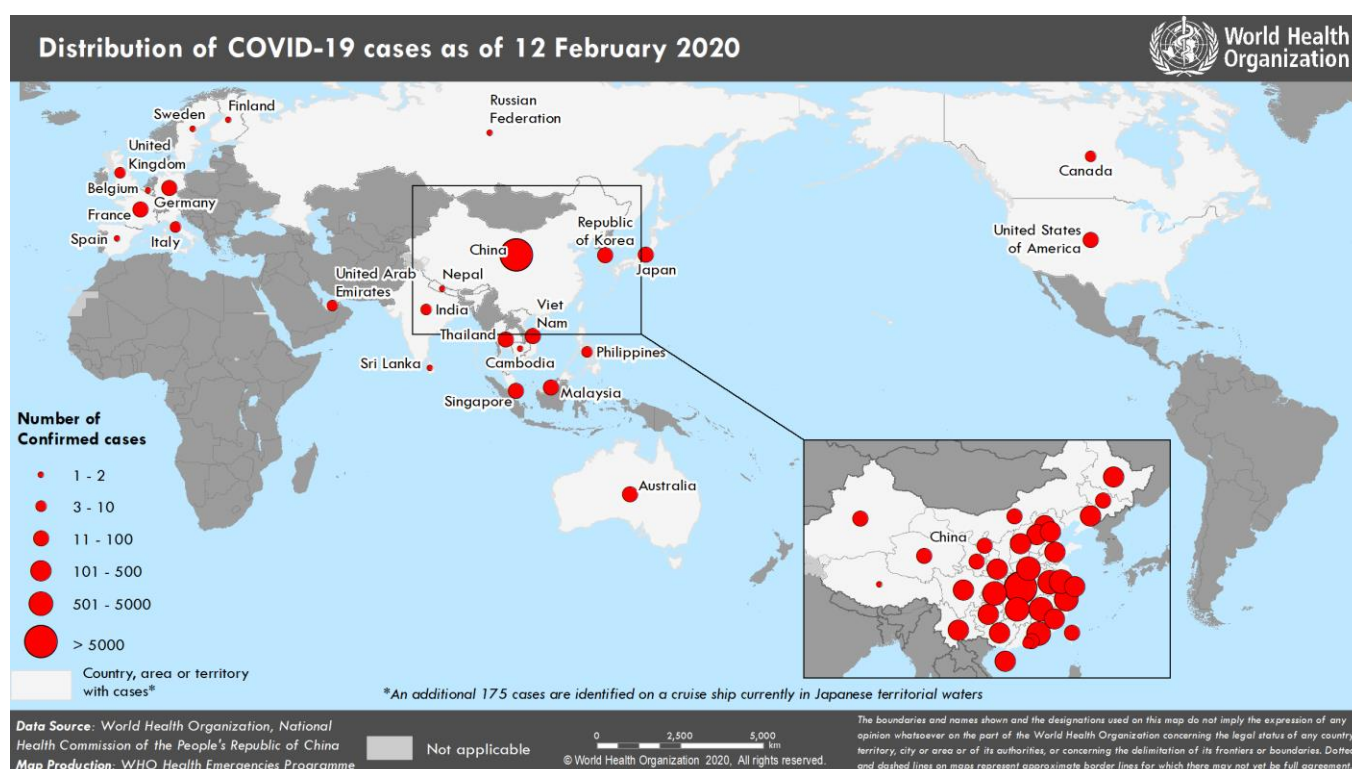
24 countries

1 death

China Very High

Regional Level High

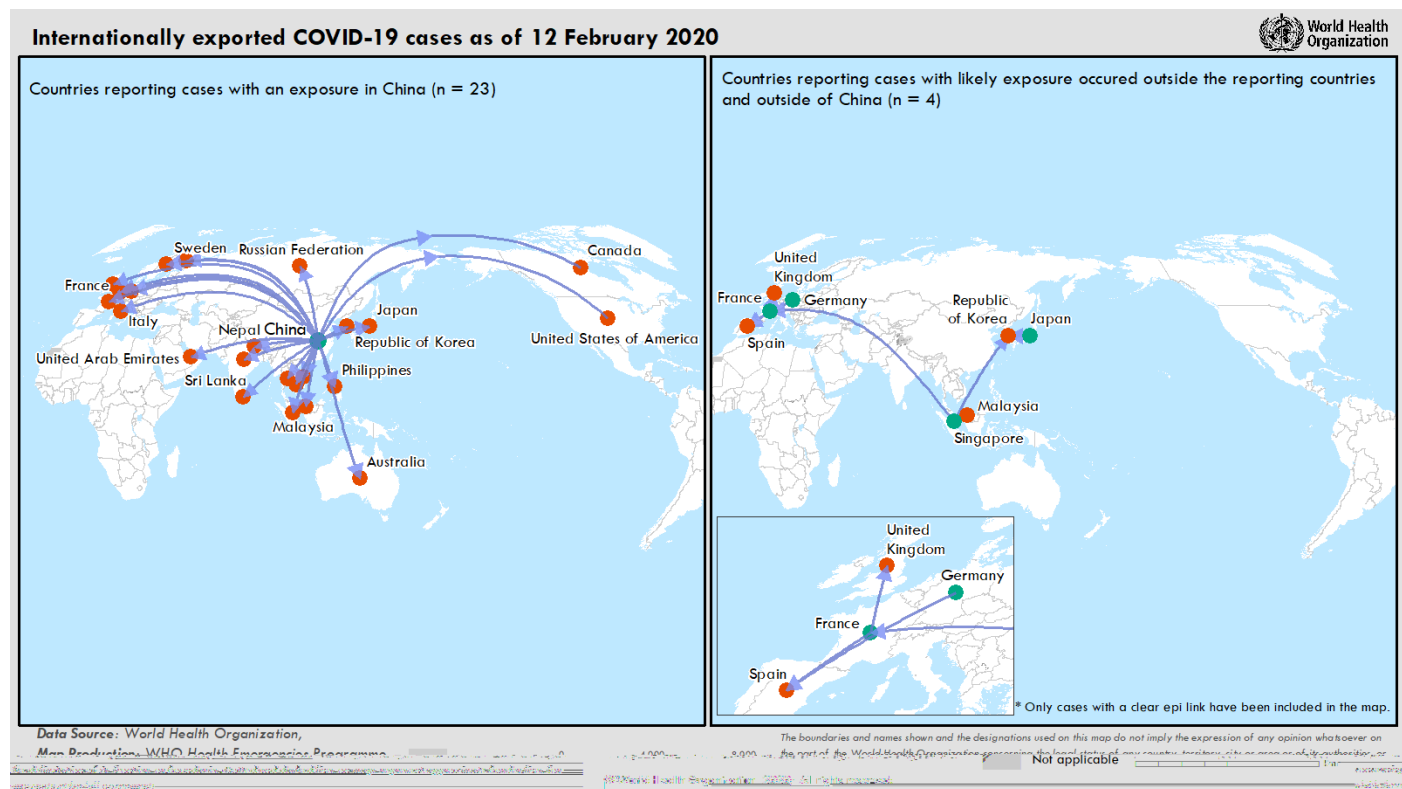
Global Level High



*The situation report includes information provided by national authorities as of 10 AM Central European Time

TECHNICAL FOCUS: Internationally exported COVID-19 cases

Excluding China, there are 24 countries reporting cases of COVID-19. Among these 24 countries, 23 report cases with an exposure in China. In addition, 11 of these 23 countries report cases attributed to local transmission inside the reporting country. Four of the 24 countries report cases where likely exposure occurred outside the reporting country and outside of China. Among these four reporting countries the most likely countries where exposure occurred were France, Germany, Japan and Singapore (see map below). All transmissions occurred within known defined clusters.



SURVEILLANCE

Hubei	5917	33366	11295	1068
Guangdong	11346	1219	135	1
Zhejiang	5737	1131	263	0
Henan	9605	1135	538	8
Hunan	6899	946	135	2
Anhui	6324	889	79	4
Jiangxi	4648	844	155	1
Jiangsu	8051	543	62	0
Chongqing	3102	505	428	3
Shandong	10047	497	71	1
Sichuan	8341	436	432	1
Heilongjiang	3773	378	171	8
Beijing	2154	352	218	3
Shanghai	2424	306	177	1
Fujian	3941	272	74	0
Hebei	7556	251	43	2
Shaanxi	3864	225	367	0
Guangxi	4926	222	248	1
Yunnan	4830	154	89	0
Hainan	934	145	206	3
Shanxi	3718	124	65	0
Guizhou	3600	131	53	1
Liaoning	4359	111	287	0
Tianjin	1560	106	328	2
Gansu	2637	86	18	2
Jilin	2704	83	57	1
Inner Mongolia	2534	60	11	0
Xinjiang	2487	59	31	0
Ningxia	688	58	31	0
Hong Kong SAR	745	49	0	1
Qinghai	603	18	0	0
Taipei and environs	2359	18	0	0
Macao SAR	66	10	0	0
Xizang	344	1	0	0

¹ [China Statistical Yearbook - 2019](#)

National Bureau of Statistics of China, 1 October 2019

² Number of individuals under investigation for COVID-19 as of 12 Feb 2020. This category is not cumulative.

	China [†]	44 730 (2022)				1114 (97)
	Singapore	47 (2)	22 (0)	25 (2)	0 (0)	0 (0)
	Japan	28 (2)	24 (2)	4 (0)	0 (0)	0 (0)
	Republic of Korea	28 (0)	13 (0)	12 ^{§§} (0)	3 (0)	0 (0)
	Malaysia	18 (0)	15 (0)	3 ^{††} (0)	0 (0)	0 (0)
	Australia	15 (0)	15 (0)	0 (0)	0 (0)	0 (0)
	Viet Nam	15 (0)	8 (0)	7 (0)	0 (0)	0 (0)
	Philippines	3 (0)	2 (0)	0 (0)	1 (0)	1 (0)
	Cambodia	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
	Thailand	33 (0)	23 (0)	6 (0)	4 (0)	0 (0)
	India	3 (0)	3 (0)	0 (0)	0 (0)	0 (0)
	Nepal	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
	Sri Lanka	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
	United States of America	13 (0)	11 (0)	2 (0)	0 (0)	0 (0)
	Canada	7 (0)	6 (0)	0 (0)	1 (0)	0 (0)
	Germany	16 (2)	2 (0)	14 (2)	0 (0)	0 (0)
	France	11 (0)	5 (0)	6 (0)	0 (0)	0 (0)
	The United Kingdom	8 (0)	1 (0)	7 ^{***} (0)	0 (0)	0 (0)
	Italy	3 (0)	3 (0)	0 (0)	0 (0)	0 (0)
	Russian Federation	2 (0)	2 (0)	0 (0)	0 (0)	0 (0)
	Spain	2 (0)	0 (0)	2 [§] (0)	0 (0)	0 (0)
	Belgium	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
	Finland	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
	Sweden	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
	United Arab Emirates	8 (0)	6 (0)	1 (0)	1 (0)	0 (0)
	International conveyance (Japan)	175 ^{**} (40)	0 (0)	1 (1)	174 (39)	0 (0)

*Case classifications are based on [WHO case definitions](#) for COVID-19.

Location of transmission is classified based on WHO analysis of available official data and may be subject to reclassification as additional data become available.

[†]Confirmed cases in China include cases confirmed in Hong Kong SAR (49 confirmed cases, 1 death), Macao SAR (10 confirmed cases) and Taipei and environs (18 confirmed cases).

^{**}Cases identified on a cruise ship currently in Japanese territorial waters.

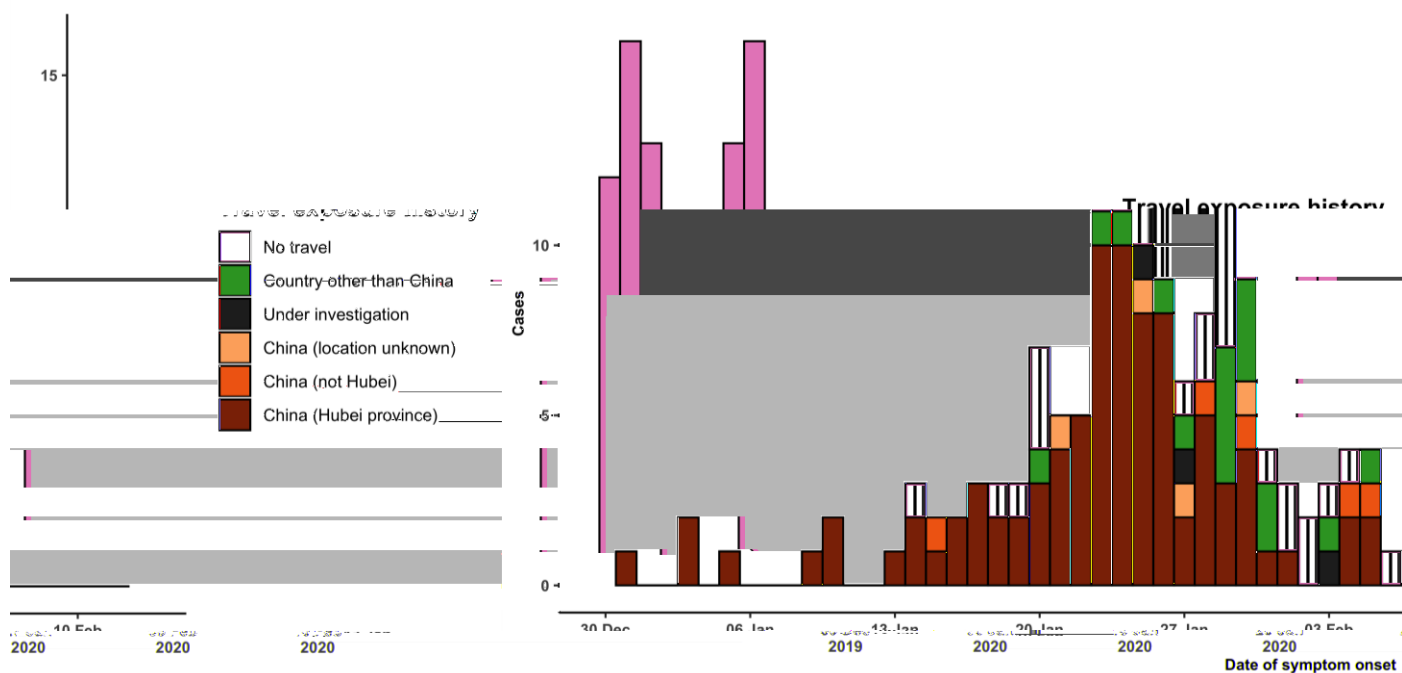
[§]The exposure for 2 cases occurred outside of Spain.

^{***}The exposure for 6 cases occurred outside of the United Kingdom.

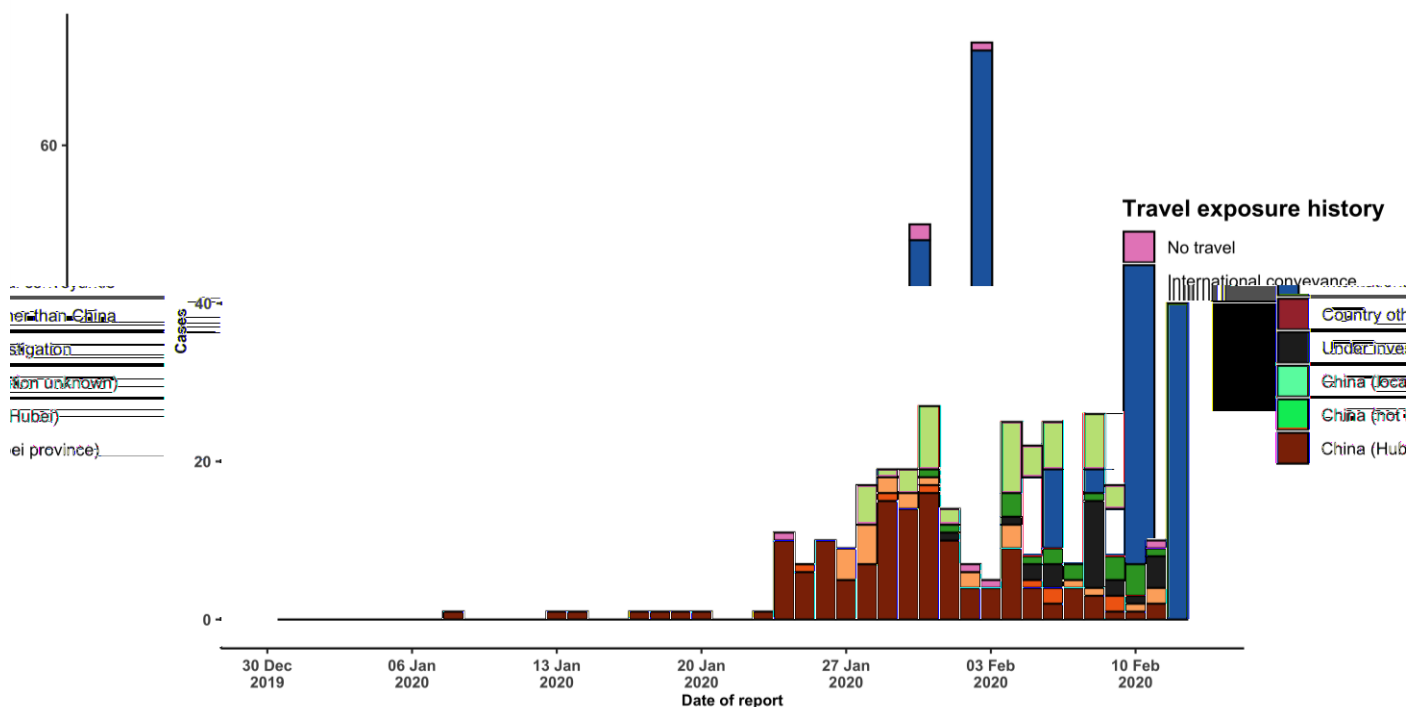
^{§§}The exposure for 3 cases occurred outside of Republic of Korea.

^{††}The exposure for 1 case occurred outside of Malaysia.

ERRATUM – Due to a typographical error, the total confirmed cases and death in China were incorrect. It has been corrected here.



Note for figure 2: Of the 441 cases reported outside China, 16 were detected while apparently asymptomatic. For the remaining 425 cases, information on date of onset is available only for the 155 cases presented in the epidemiologic curve.



WHO's strategic objectives for this response are to:

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread from China*;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships.

*This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

PREPAREDNESS AND RESPONSE

- To view all technical guidance documents regarding 2019-nCoV, please go to [this webpage](#).
- WHO is working closely with International Air Transport Association (IATA) and have jointly developed a guidance document to provide advice to cabin crew and airport workers, based on country queries. The guidance can be found on the [IATA webpage](#).
- WHO has developed a protocol for the investigation of early cases (the "[First Few X \(FFX\) Cases and contact investigation protocol for 2019-novel coronavirus \(2019-nCoV\) infection](#)"). The protocol is designed to gain an early understanding of the key clinical, epidemiological and virological characteristics of the first cases of 2019-nCoV infection detected in any individual country, to inform the development and updating of public health guidance to manage cases and reduce potential spread and impact of infection.
- WHO has been in regular and direct contact with Member States where cases have been reported. WHO is also informing other countries about the situation and providing support as requested.
- WHO has developed interim guidance for [laboratory diagnosis](#), [advice on the use of masks during home care and in health care settings in the context of the novel coronavirus \(2019-nCoV\) outbreak](#), [clinical management](#), [infection prevention and control in health care settings](#), [home care for patients with suspected novel coronavirus](#), [risk communication and community engagement](#) and [Global Surveillance for human infection with novel coronavirus \(2019-nCoV\)](#).
- WHO has prepared [disease commodity package](#) that includes an essential list of biomedical equipment, medicines and supplies necessary to care for patients with 2019-nCoV.
- WHO has provided recommendations to reduce risk of [transmission from animals to humans](#).
- WHO has published an [updated advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV](#).
- WHO has activated of R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- WHO has developed an [online course](#) to provide general introduction to emerging respiratory viruses, including novel coronaviruses.
- WHO is providing guidance on early investigations, which are critical to carry out early in an outbreak of a new virus. The data collected from the protocols can be used to refine recommendations for surveillance and case definitions, to characterize the key epidemiological transmission features of 2019-nCoV, help understand spread, severity, spectrum of disease, impact on the community and to inform operational models for implementation of

countermeasures such as case isolation, contact tracing and isolation. Several protocols are available here:

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

- WHO is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, modelling, diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit onward transmission. WHO has issued interim guidance for countries, which are updated regularly.
- WHO is working with global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling.

RECOMMENDATIONS AND ADVICE FOR THE PUBLIC

During previous outbreaks due to other coronavirus (Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), human-to-human transmission occurred through droplets, contact and fomites, suggesting that the transmission mode of the 2019-nCoV can be similar. The basic principles to reduce the general risk of transmission of acute respiratory infections include the following:

- Avoiding close contact with people suffering from acute respiratory infections.
- Frequent hand-washing, especially after direct contact with ill people or their environment.
- Avoiding unprotected contact with farm or wild animals.
- People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).
- Within health care facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.

WHO does not recommend any specific health measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share their travel history with their health care provider.