

Coronavirus disease (COVID-19)

Situation Report – 127

EF

Highlights

WHO Director-General Dr Tedros, in his regular <u>media briefing.</u>
hospitals in 35 countries are actively recruiting patients and nearly 3500 patients have been the safety and efficacy of four drugs and drug combinations against COVID-19.

The WHO Regional Office for Europe along with the European Centre for Disease Prevention and Control (ECDC), said that they will continue to <u>repurpose their influenza surveillance</u> <u>systems to also detect the COVID-19 virus</u>.

Facing an unprecedented global demand for essential COVID-19 medical supplies, WHO is working with partners to help secure supplies to assist the most vulnerable countries. This is Subject in Focus, below.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	5 404 512 cases (99 780)	343 514 deaths (1 486)
Africa	83 044 cases (3 042)	2 214 deaths (94)
Americas	2 454 452 cases (59 157)	143 739 deaths (2 267)
Eastern Mediterranean	438 900 cases (11 068)	11 293 deaths (129)
Europe	2 041 705 cases (16 569)	173 213 deaths (-1 215**)
South-East Asia	210 273 cases (9 066)	6 140 deaths (188)
Western Pacific	175 397 cases (878)	6 902 deaths (23)

^{**} Details for this negative number can be found in Annex 1 under 'Country, territory, or area-specific updates and errata'

Subject in Focus: COVID-19 Supply Chain Systems

Progress Updates

Unprecedented global demand for personal protective equipment (PPE), diagnostic tests and biomedical equipment required for the COVID-19 response has created acute market shortages eam is working

with WFP, UNICEF and other UN agencies, donor partners and NGOs to approach the market with the collective voice of the UN to negotiate with manufacturers to help secure life-saving supplies to assist the most vulnerable countries.

In recent weeks, OSL with the support of purchasing consortia has procured large volumes of PPE, testing supplies and clinical care equipment for allocation and delivery to low- and middle-income countries facing the greatest difficulties accessing these critical supplies.

The diagnostics consortium has procured 4 million manual polymerase chain reaction (PCR) tests and 3 million sample collection kits for allocation to 135 countries.

The biomedical consortium has procured and allocated to 41 countries 4,000 oxygen concentrators, along with additional quantities of accessories and consumables (including oxygen cannulas, venturi masks, filters and other items). First deliveries are expected in the coming two weeks. WHO is also preparing to purchase additional biomedical equipment for allocation to countries in June, including concentrators, ventilators, pulse oximeters and patient monitors.

With support from the PPE consortium, WHO is preparing to ship more than 70 million medical masks, 3 million gowns, 28 million gloves, 15 million N95 Respirators, 1 million goggles and 9 million face shields to 126 countries.

COVID-19 Supply Portal

WHO encourages Member States to submit requests for supplies through the COVID-19 Supply Portal, a tool to enable national authorities and all implementing partners supporting COVID-19 national plans to request critical supplies. The Portal may be accessed through the COVID-19 Partners Platform, which provides guidance and instructions on the use of the Portal.

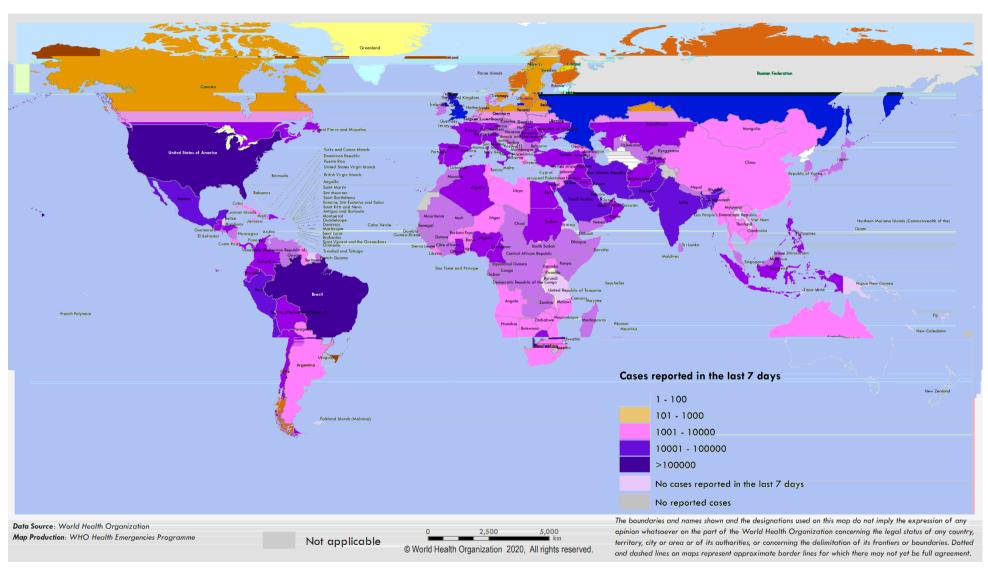
An updated version of the Supply Portal was launched last week, with new features that:

- enable supplying agencies to list supplies.
- add a comments feature
- of all requests submitted within one country; designed for country teams and government.
- ned for regional offices and HQ.

To date, the Portal has received 117 requests from 47 countries.

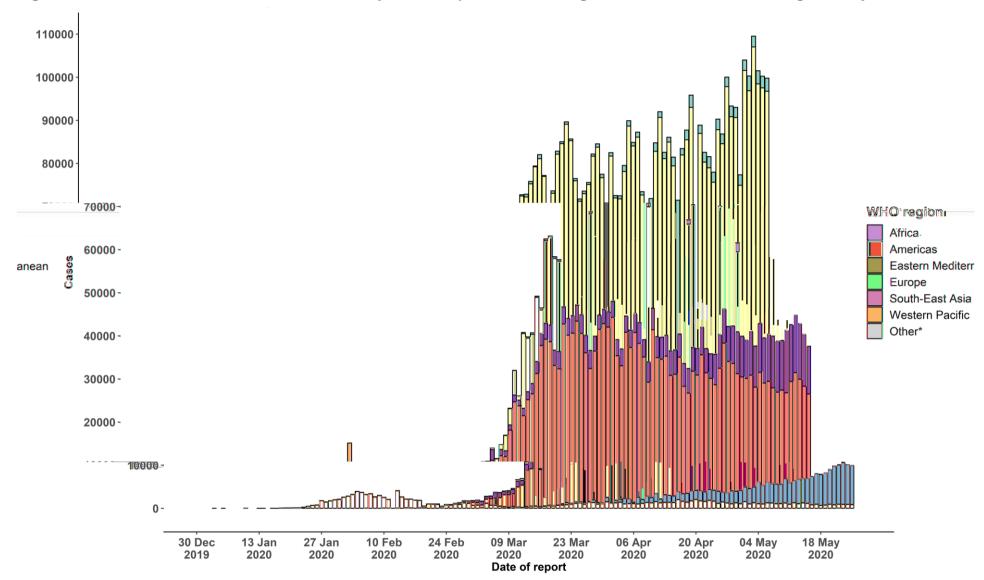
Surveillance

Figure 1. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 20 May to 26 May**



^{**}See Annex 1 for data, table and figure notes.

Figure 2. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December 2019 through 26 May 2020**



^{**}See Annex 1 for data, table and figure notes.

Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths, by WHO region. Data as of 10 AM CEST, 26 May 2020**

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^{**}See Annex 1 for data, table and figure notes.

Technical guidance and other resources

- To view all technical guidance documents regarding COVID-19, please go to this webpage.
- Updates from WHO regional offices

WHO AFRO
 WHO EMRO
 WHO EURO
 WHO WPRO

- Research and Development
- Online courses on COVID-19 and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- WHO Health Emergency dashboard
- Weekly COVID-19 Operations Updates

Recommendations and advice for the public

- Protect yourself
- Questions and answers
- Travel advice
- <u>EPI-WIN</u>: tailored information for individuals, organizations and communities

Case definitions

WHO periodically updates the <u>Global Surveillance for human infection with coronavirus</u> <u>disease (COVID-19)</u> document which includes surveillance definitions.

Definition of COVID-19 death

COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

Further guidance for certification and classification (coding) of COVID-19 as cause of death is available here.

Annex 1: Data, table and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at global level.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Counts reflect laboratory-confirmed cases and deaths, based on <u>WHO case</u> <u>definitions</u>, unless stated otherwise (see Country, territory, or area-specific updates and errata), and include both domestic and repatriated cases.

Other*: includes cases reported from an international conveyance (Diamond Princess).

Due to the recent trend of countries conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, WHO will now display such data as . This will aid

readers in identifying when such adjustments occur. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Additional table notes

- ¹ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis, may be revised as new information becomes available, and are based on the highest category reported. Differing degrees of transmission may be present within countries/territories/areas. Categories:
- No cases: with no confirmed cases
- Sporadic cases: with one or more cases, imported or locally detected.

- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures.
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel lab surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area.
- Pending: transmission classification has not been reported to WHO.

ii similar status.

Country, territory, or area-specific updates and errata

- **Update 26 May 2020, Ireland:** Counts adjusted retrospectively by national authorities: 2 deaths were excluded.
- **Update 26 May 2020, São Tomé and Príncipe:** Counts adjusted retrospectively by national authorities: 9 cases were excluded.
- **Update 26 May 2020, French Polynesia:** The last three publications (on 23 May, 24 May and 25 May) attributed 29 cases from an international commercial vessel to French Polynesia. This has been updated.
- **Update 26 May 2020, Spain:** Counts adjusted retrospectively by national authorities: 372 cases and 1918 deaths were excluded.
- **Update 26 May 2020, Slovenia:** Counts adjusted retrospectively by national authorities: 40 cases have been excluded.