Coronavirus disease (COVID-19)

Situation Report – 129

EF

Highlights

WHO has published an interim guidance on the clinical management of COVID-19. This guidance document is intended for clinicians caring for COVID-19 patients during all phases of their disease.

WHO has published an interim guidance on ethical considerations to guide the use of digital proximity tracking technologies for COVID-19 contact tracing. This document provides guidance to policy-makers and other stakeholders about the ethical and appropriate use of digital proximity tracking technologies for COVID-19.

WHO Regional Director for the Americas, Dr Carissa F. Etienne said the response to the COVID-19 pandemic in the Region of the Americas must include chronic disease care, as 1 in 4 people are at increased risk of poor outcomes from COVID-19 due to underlying noncommunicable diseases.

In today's 'Subject in Focus' below, key changes in the Clinical Management Guidance for COVID-19 are explored.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally

Africa

Americas

Eastern Mediterranean

Europe

South-East Asia

Western Pacific

Subject in Focus: Clinical case management

The updated Clinical Management Guidance for COVID-19 was published on 27 May 2020.This guidance has been significantly expanded to ensure quality care and meet the needs of front-line clinicians caring for patients with COVID-19.

The guidance was updated with the following new sections: the COVID-19 care pathway, treatment of acute and chronic infections, management of neurological and mental manifestations, noncommunicable diseases, rehabilitation, palliative care, ethical principles, and reporting of death. The remaining sections have been substantially expanded.

- One of the key changes in the guidance is the recommendation to discontinue transmission-based precautions (including isolation) and release from the COVID-19 care pathway for symptomatic patients 10 days after symptom onset, plus an additional three days without symptoms (without fever and respiratory symptoms). In addition, it is important to note that, limited, published and pre-published information provides estimates on viral shedding of up to nine days for mild patients and up to approximately three weeks in hospitalized patients. There are also reports that patients can remain consistently polymerase chain reaction (PCR) positive for many weeks, or even test PCR positive days/weeks after a negative test, though preliminary evidence suggests that this is not infectious virus.
- Treatment of acute co-infections:
    - For suspected or confirmed mild COVID-19 cases, the use of antibiotic therapy or prophylaxis should not be used.
    - For suspected or confirmed moderate COVID-19 cases, antibiotics should not be prescribed unless there is clinical suspicion of a bacterial infection.
- Prevention of complications:
    - In patients (adults and adolescents) hospitalized with COVID-19, pharmacological prophylaxis should be used, such as low molecular weight heparin (e.g. enoxaparin), according to local and international standards, to prevent venous thromboembolism, when not contraindicated. For those with contraindications, use mechanical prophylaxis (intermittent pneumatic compression devices).

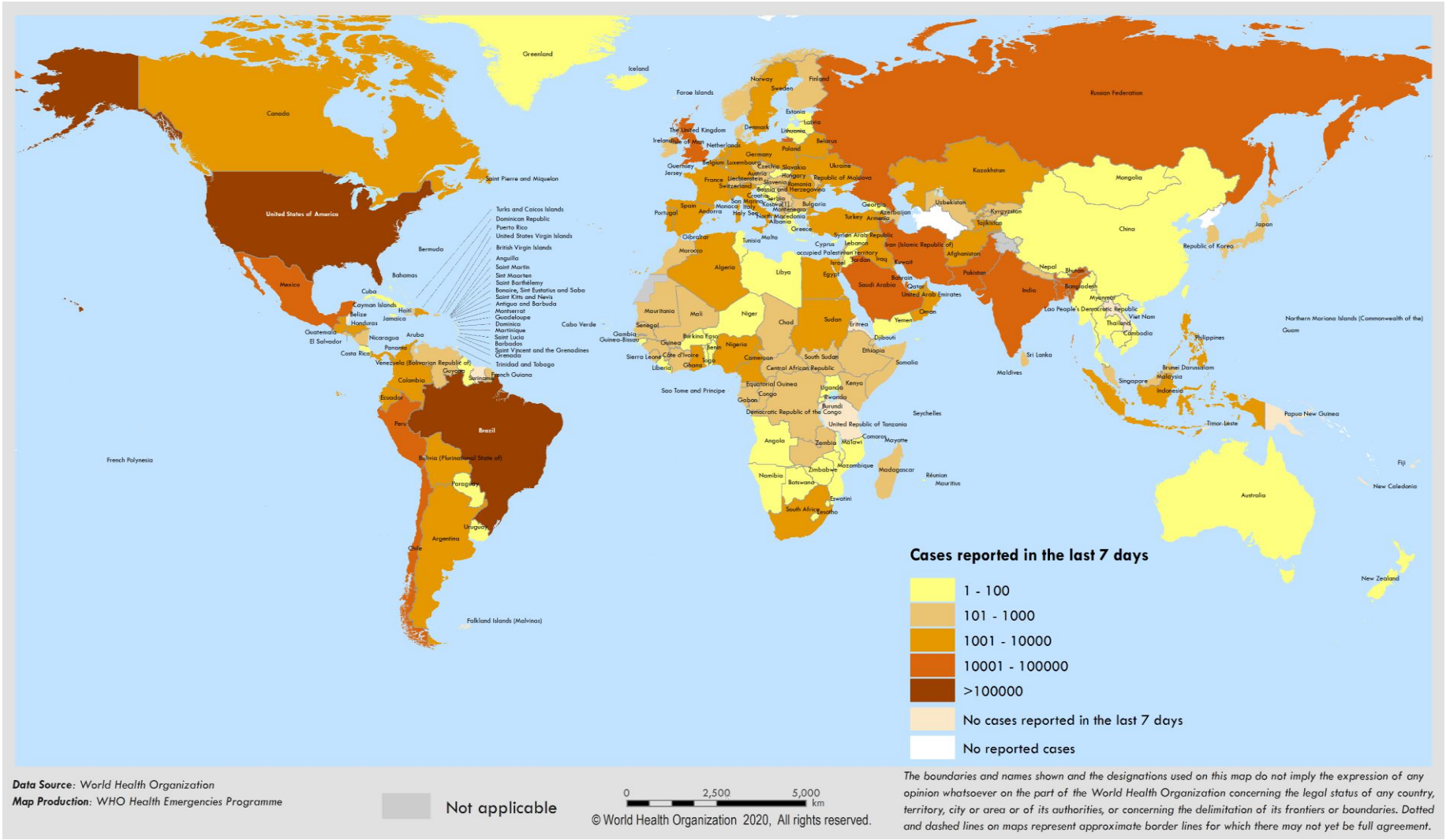
Importantly, key previous recommendations that remain are:

WHO recommends that the listed drugs including antivirals, immunomodulators and other adjunctive therapies should not be administered as treatment or prophylaxis for COVID-19, outside the context of clinical trials.

WHO recommends against the routine use of systemic corticosteroids for treatment of viral pneumonia.

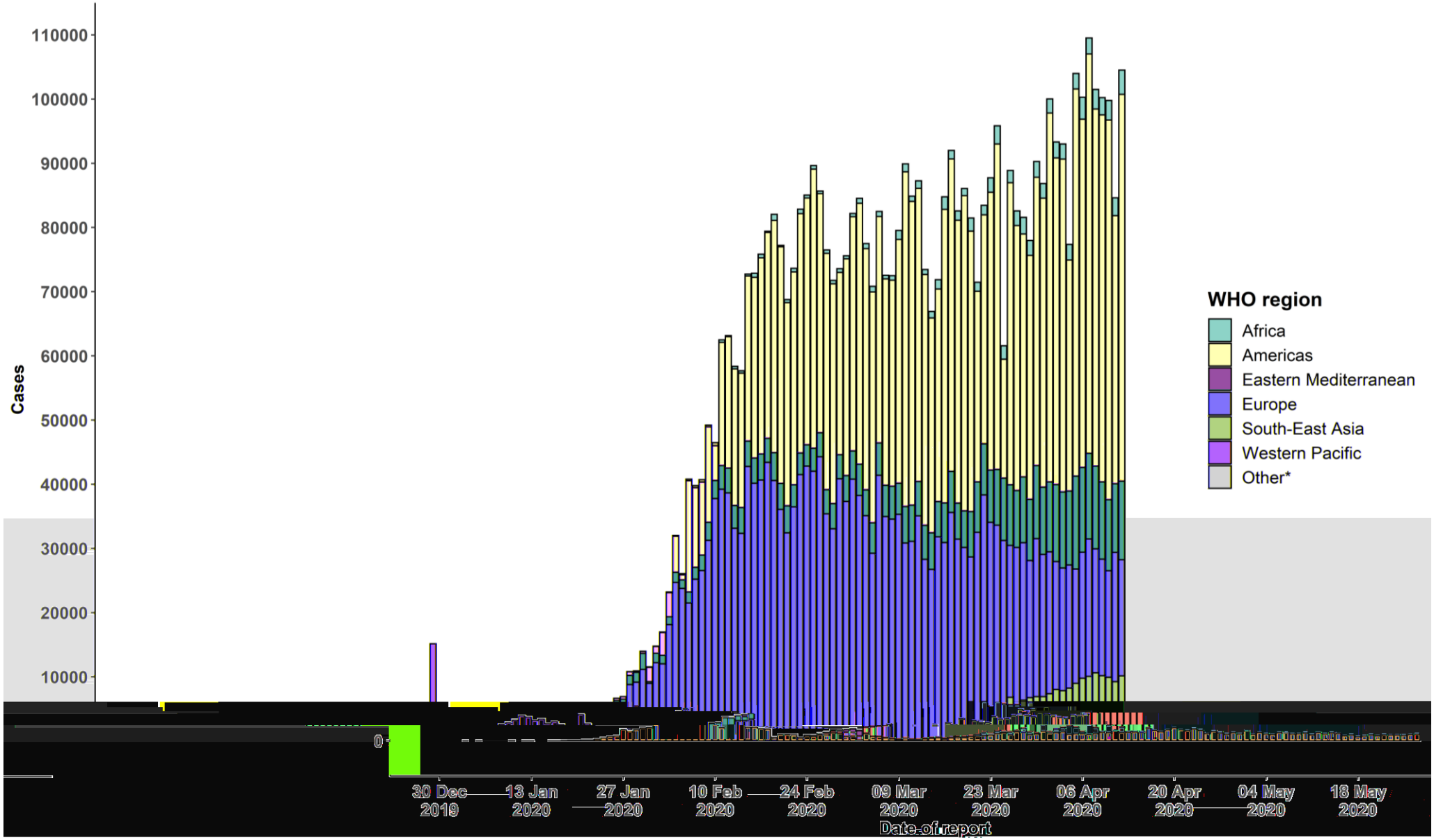
Surveillance

Figure 3. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 22 May to 28 May**



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

Figure 4. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December 2019 through 28 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, 28 May 2020**

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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 PAHO
  - WHO SEARO
  - 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
- EPI-WIN: tailored information for individuals, organizations and communities

Case definitions

WHO periodically updates the Global Surveillance for human infection with coronavirus disease (COVID-19) 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.

The mention of specific companies or of certain manufacturers' products does not imply that 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 WHO case definitions, unless stated otherwise (see Country, territory, or area-specific updates and errata), and include both domestic and repatriated cases.

Other*: includes cases reported from international conveyances.

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 negative numbers in the "new cases" / "new deaths" columns as appropriate. 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

[i] 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 “Territories” include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific updates and errata

- **Update 28 May 2020, Ecuador:** Number of cases adjusted retrospectively by national authorities: 301 cases and 18 deaths have been included.