

Coronavirus disease (COVID-19)

Situation Report – 130

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Highlights

WHO has published a [surveillance protocol for SARS-CoV-2 infection among health workers](#). This is a technical tool that countries can use to better understand the characteristics and exposure risks of health workers infected with COVID-19.

WHO Director-General Dr Tedros, in his regular [media briefing](#), stated the Solidarity Response Fund activities related to COVID-19, while work and be fully aligned with the

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Members of the Polio Eradication Initiative at WHO Regional Office for the Eastern Mediterranean are supporting the [training of health workers to respond to COVID-19 in Sudan](#).

[WHO is using the experience of health professionals, police staff and prisoners in Italy to inform guidance](#) on preparedness, prevention and control of COVID-19 in prisons and other places of detention.

[Community pharmacists are key players in the COVID-19 response](#) and should be aware of what steps to take if they suspect or see signs of COVID-19. The WHO Regional Office for Europe has published [technical guidelines](#) on practical ways in which health systems can better respond to COVID-19.

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: Controlling the spread of COVID-19 at ground crossings

WHO has recently published a document on [controlling the spread of COVID-19 at ground crossings](#).

Unlike airports and maritime ports, ground crossings often constitute informal passages between two countries without a physical structure, barriers, or borders. Moreover, ground crossings may contribute to the international spread of disease. Travellers and people living and working on and around borders are particularly vulnerable to this threat.

Some countries systematically inspect travellers, conveyances and cargo passing formal ground crossings, while others allow the relatively free movement across borders, as regulated by bilateral or regional agreements. The communities living on and around ground crossings vary according to size and density. For many people living in these communities, cross-border movement represents a daily necessity for work, trade, family visits, schooling, healthcare services, religious activities, and other reasons. However, in places where national authorities are unable to fully monitor formal and informal ground crossings, health measures to control public health risks may be difficult to implement.

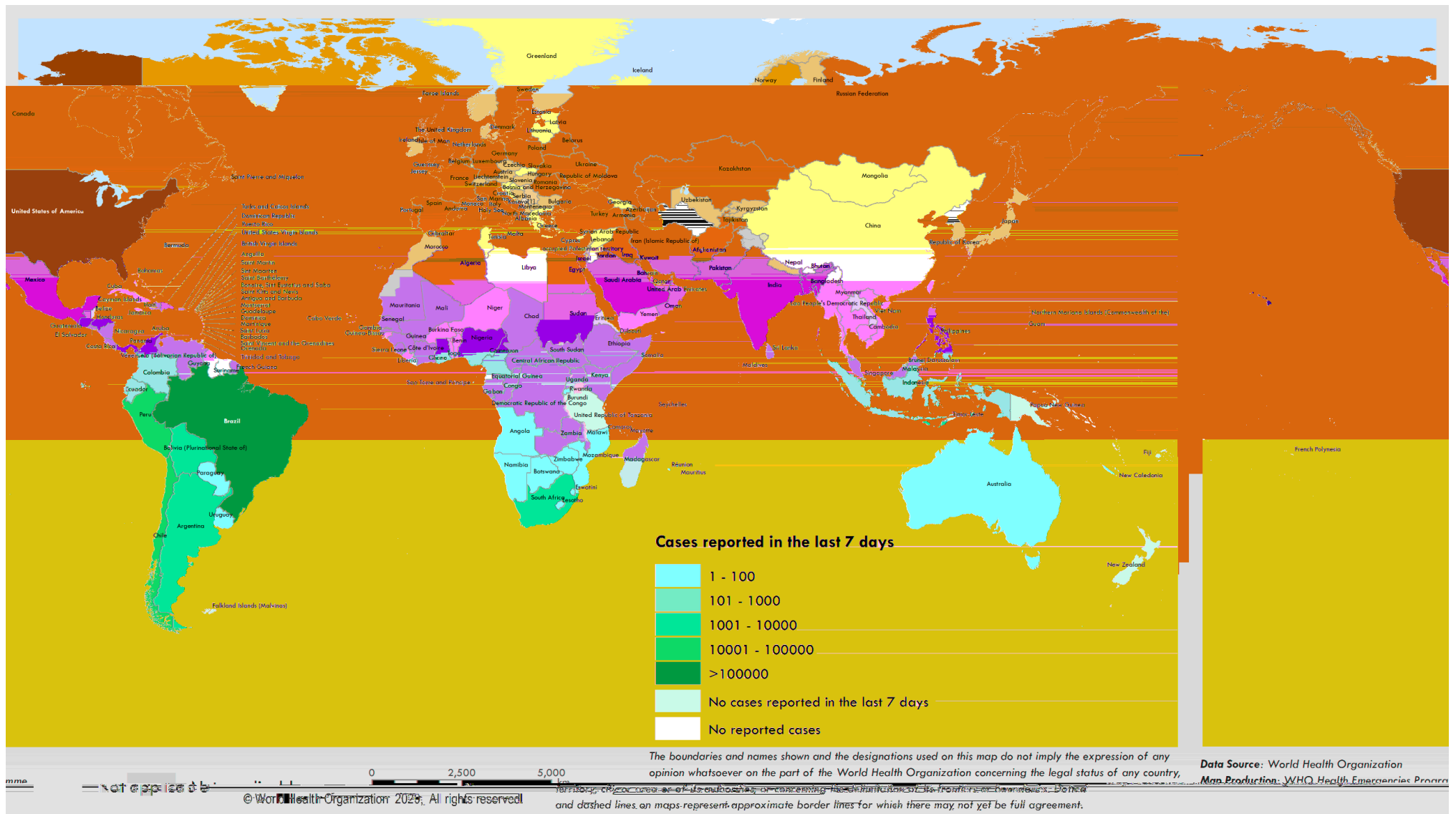
The objectives of this guidance are to advise countries on how to reduce the spread of COVID-19 resulting from travel, transportation, and trade on and around ground crossings by: 1) Identifying priority ground crossings and communities; and 2) Scaling up preparedness and control measures at these locations.

This guidance has been developed in line with [building at ground crossings and cross-border collaborations](#), and [respond to COVID-19](#). The target audience of this guidance includes: 1) the International Health Regulations (IHR 2005) National Focal Points (IHR NFP); 2) authorities responsible for implementing the IHR at ground crossings; 3) representatives of government and nongovernmental organizations and their partners at ground crossings; and 4) public health professionals involved in disease surveillance, communication, emergency preparedness and response, animal health and environmental health at ground crossings and in nearby communities.

This guidance is divided into the following sections: identification of priority ground crossings, and key preparedness activities for those crossings and nearby communities. It also covers legal enforcement and planning, surveillance, interviewing and managing sick travellers with suspected COVID-19, acute emergency response during mass movement across the border, supplies of infection and control equipment and material, risk communication, cross border collaboration, and risk monitoring and adapting health measures as trends change.

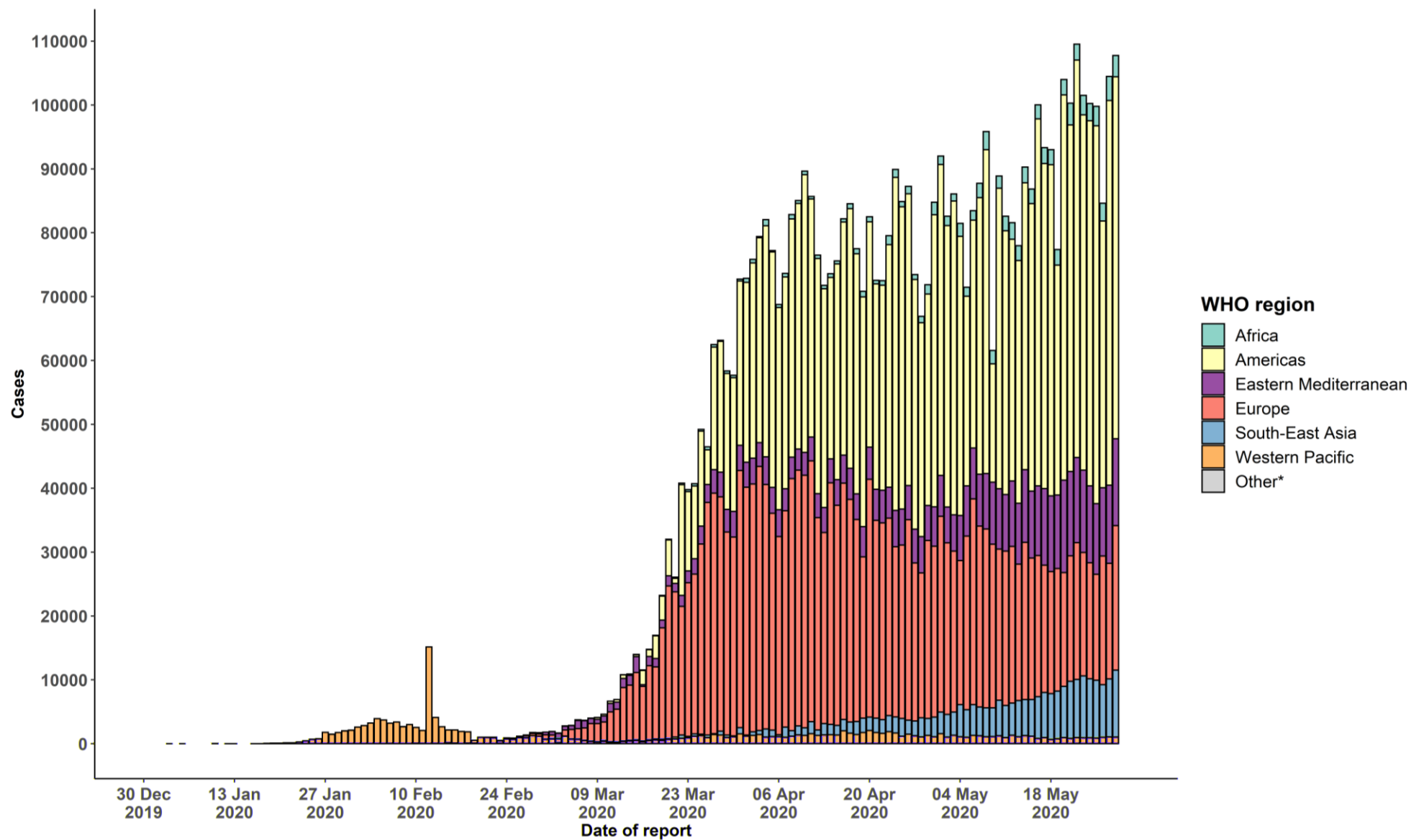
Surveillance

Figure 3. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 23 May to 29 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 29 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, 29 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 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 manufatures 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 [1]. 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.

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similar status.

Country, territory, or area-specific updates and errata

- **Update 29 May 2020, Venezuela:** Counts adjusted retrospectively by national authorities: 34 cases have been excluded.