

Coronavirus disease 2019 (COVID-19)

Situation Report – 45

Data as reported by national authorities by 10AM CET 05 March 2020

HIGHLIGHTS

- Five new countries/territories/areas (Bosnia and Herzegovina, Gibraltar, Hungary, Slovenia, and occupied Palestinian territory) have reported cases of COVID-19 in the past 24 hours.
- In anticipation for an increase in the number of COVID-19 cases, the South-East Asia Region is preparing to roll out rapid response activities by engaging with communities, procuring personal protective equipment (PPE), and ensuring laboratories have the capacity to test for COVID-19 or ship samples to global referral laboratories. More information can be found [here](#).
- The WHO Director-General emphasized the importance of implementing a comprehensive approach to mitigate the impact of COVID-19. Educating the population, expanding surveillance, caring for patients, and strengthening preparedness systems are key to interrupting transmission. The WHO Director-General's remarks can be found [here](#).
- WHO's initiative called the WHO Network for Information in Epidemics (EPI-WIN) leverages all communications platforms to amplify evidence-based information. EPI-WIN has identified trusted sources and engaged with these "trust chains". More information can be found in the Subject in Focus.

SITUATION IN NUMBERS

total and new cases in last 24 hours

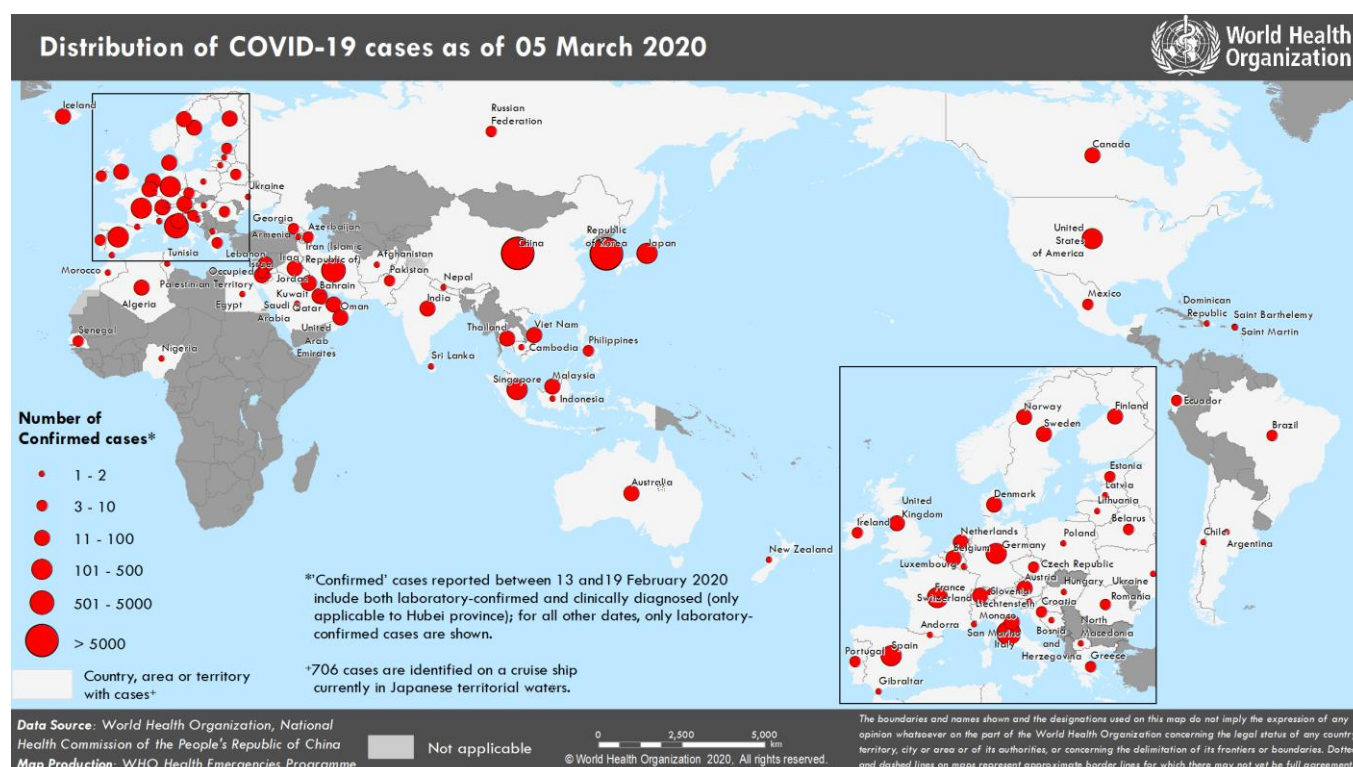
95 324 confirmed (2232 new)

80 565 confirmed (143 new)
3015 deaths (31 new)

14 759 confirmed (2089 new)
85 Countries/territories/
areas (5 new)
266 deaths (53 new)

China	Very High
Regional Level	Very High
Global Level	Very High

Erratum: Total cases, new cases and total deaths for Australia have been corrected.

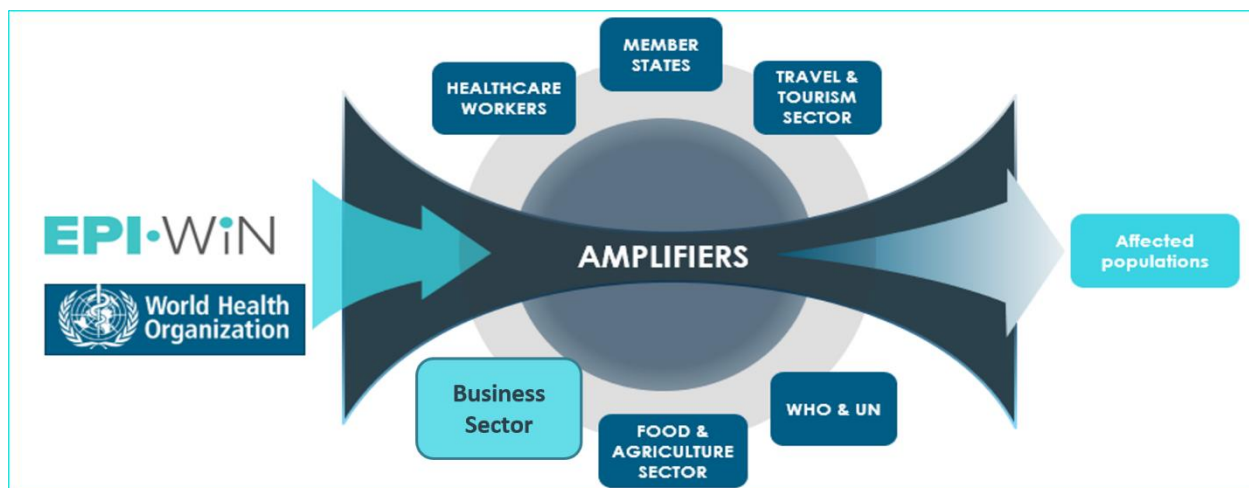


SUBJECT IN FOCUS: INFODEMICS

Infodemics are an excessive amount of information about a problem, which makes it difficult to identify a solution. Infodemics can spread misinformation, disinformation and rumors during a health emergency. Infodemics can hamper an effective public health response and create confusion and distrust among people. To manage infodemics, WHO has developed an innovative communication initiative called the WHO Network for Information in Epidemics (EPI-WIN).

During emergencies demand for information is high, there are often many unknowns and people will seek information from sources and individuals and entities they trust. WHO, through EPI-WIN, has identified such trusted sources and engaged them not only as amplifiers of accurate, timely information, but also as advisers on the kind of information that their constituents need and urgently want to see.

Information exchange takes place through regular engagement calls with these “trust chains”. EPI-WIN leverages all communications platforms available to it and partners with these trusted channels to amplify evidence-based information tailored to different audiences, answering pertinent questions as the event unfolds and linking them to additional response assets.



Such a “trust chain” has been established around the world of work. Workers spend approximately one-third of their adult lives at work. Because of this, employers and businesses can serve as amplifiers of trusted information about COVID-19 for employees. Employers in both private and public sector are asking how to protect their staff, contractors and customers from COVID-19. Employees associations and trade unions are also seeking information on how WHO policies, guidance and recommendations can be implemented in their workplace settings.

Working with the World Economic Forum, EPI-WIN has established networks with the key business sectors and public enterprises likely to be impacted by COVID-19 and future epidemics. These have been grouped into networks of Healthcare & Health Workers, Travel & Tourism, Food & Agriculture and International Mass Gatherings. Within each network, there are multi-national enterprises, professional associations and UN specialized bodies representing sectors that employ tens of millions of people and account for many billions of dollars in economic activity.

EPI-WIN is also working with WHO’s Department of Occupational Safety and Health and their counterpart; global trade unions through the International Labor Organization (ILO)’s Bureau of Workers Activities (ACTRAV) and the International Trade Union Council (ITUC) which brings together affiliated trade union bodies that represent 210 million workers in 163 countries.

The engagement with trade unions has allowed many concerns to be raised around issues that could impact upon the effectiveness of public health policies and interventions aimed at containing the COVID-19 epidemic. These include issues such as infection prevention and rights of public-facing workers in health, social care and retail sectors; safe staffing levels when sickness absences may lead to fewer workers facing potentially unsafe increases in workload; income protection for those isolated, self-isolating or requiring time off work because of school/transport closures; and discussions with employers on remote working and flexible working patterns. EPI-WIN also works closely with the WHO Health Workforce Department that collaborates with approximately 80 global healthworker associations.

This is just one example of a “trust chain”. Others have been developed around healthcare workers, travel and tourism, faith-based organizations, large event organisers and others. Please visit the EPI-WIN [website](#) for more information and to view advice.

SURVEILLANCE

Hubei	5917	134	67	31	67466	2902
Guangdong	11346	0	0	0	1350	7
Henan	9605	0	0	0	1272	22
Zhejiang	5737	2	1	0	1215	1
Hunan	6899	0	0	0	1018	4
Anhui	6324	0	0	0	990	6
Jiangxi	4648	0	0	0	935	1
Shandong	10047	0	0	0	758	6

Beijing	2154	1	10	0	418	8
Shanghai	2424	0	17	0	338	3
Hebei	7556	0	0	0	318	6
Fujian	3941	0	0	0	296	1
Guangxi	4926	0	0	0	252	2
Shaanxi	3864	0	0	0	245	1
Yunnan	4830	0	2	0	174	2
Hainan	934	0	1	0	168	
	3600	0	0	0	146	2
Tianjin				0	136	
	3718	0		0	133	0
				0	125	1
Hong Kong SAR						

0

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Republic of Korea	5766	438	35	3	Local transmission	0
Japan	317	33	6	0	Local transmission	0
Singapore	110	0	0	0	Local transmission	1
Australia	57	14	2	2	Local transmission	0
Malaysia	50	0	0	0	Local transmission	1
Viet Nam	16	0	0	0	Local transmission	21
Philippines	3	0	1	0	Imported cases only	29
New Zealand	2	0	0	0	Imported cases only	2
Cambodia	1	0	0	0	Imported cases only	37
Italy	3089	587	107	27	Local transmission	0
France^^	282	73	4	0	Local transmission	0
Germany	262	66	0	0	Local transmission	0
Spain	198	47	1	1	Local transmission	0
the United Kingdom^^	89	38	0	0	Local transmission	0
Switzerland^^	56	20	0	0	Local transmission	0
Norway	56	23	0	0	Local transmission	0
Netherlands	38	10	0	0	Local transmission	0
Austria	37	13	0	0	Imported cases only	0
Sweden	35	11	0	0	Local transmission	0
Iceland	26	10	0	0	Imported cases only	0
Belgium	23	15	0	0	Local transmission	0
San Marino	16	8	0	0	Local transmission	0
Israel	15	3	0	0	Local transmission	0
Denmark	10	2	0	0	Local transmission	0
Croatia	9	0	0	0	Local transmission	1
Greece	9	2	0	0	Local transmission	0
Finland	7	0	0	0	Local transmission	2
Portugal	7	5	0	0	Local transmission	0
Belarus	6	5	0	0	Local transmission	0
Czechia	5	0	0	0	Imported cases only	1
Romania	4	0	0	0	Local transmission	1
Azerbaijan	3	0	0	0	Imported cases only	4
Georgia	3	0	0	0	Imported cases only	4
Russian Federation	3	0	0	0	Imported cases only	2
Bosnia and Herzegovina	2	2	0	0	Local transmission	0
Estonia	2	0	0	0	Imported cases only	1
Hungary	2	2	0	0	Imported cases only	0
Ireland	2	0	0	0	Imported cases only	1
Andorra	1	0	0	0	Imported cases only	2
Armenia	1	0	0	0	Imported cases only	3
Latvia	1	0	0	0	Imported cases only	2
Lithuania	1	0	0	0	Imported cases only	6
Luxembourg	1	0	0	0	Imported cases only	3
Monaco	1	0	0	0	Under investigation	4

North Macedonia	1	0	0	0	Imported cases only	7
Poland	1	0	0	0	Imported cases only	1
Slovenia	1	1	0	0	Imported cases only	0
Ukraine	1	0	0	0	Imported cases only	1
Liechtenstein	1	0	0	0	Imported cases only	1
Gibraltar	1	0	0	0	Imported cases only	1
Thailand	47	4	1	0	Local transmission	0
India	29	23	0	0	Local transmission	0
Indonesia	2	0	0	0	Local transmission	3
Nepal	1	0	0	0	Imported cases only	41
Sri Lanka	1	0	0	0	Imported cases only	38
Iran (Islamic Republic of)	2922	586	92	15	Local transmission	0
Kuwait	58	2	0	0	Imported cases only	0
Bahrain	49	0	0	0	Imported cases only	2
Iraq	36	5	2	2	Imported cases only	0
United Arab Emirates	27	0	0	0	Local transmission	1
Oman	15	3	0	0	Imported cases only	0
Lebanon	13	0	0	0	Local transmission	2
Qatar	8	0	0	0	Imported cases only	1
Pakistan	5	0	0	0	Imported cases only	2
Egypt	2	0	0	0	Imported cases only	3
Morocco	2	1	0	0	Imported cases only	0
Saudi Arabia	2	1	0	0	Imported cases only	0
Afghanistan	1	0	0	0	Imported cases only	9
Jordan	1	0	0	0	Imported cases only	2
Tunisia	1	0	0	0	Imported cases only	2
occupied Palestinian territory	4	4	0	0	Imported cases only	0
the United States	129	21	9	3	Local transmission	0
Canada	30	0	0	0	Local transmission	1
Ecuador	7	0	0	0	Local transmission	1
Mexico	5	0	0	0	Imported cases only	3
Brazil	3	1	0	0	Imported cases only	0
Argentina	1	0	0	0	Imported cases only	1
Chile	1	0	0	0	Imported cases only	1
Dominican Republic	1	0	0	0	Imported cases only	3
Saint Martin	2	0	0	0	Under investigation	2
Saint Barthélemy	1	0	0	0	Under investigation	2
Algeria	12	7	0	0	Local transmission	0
Senegal	4	3	0	0	Imported cases only	0
Nigeria	1	0	0	0	Imported cases only	6
International	706	0	6	0	Local transmission	3

conveyance (Diamond Princess)						

[^] Numbers include both domestic and repatriated cases

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

Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

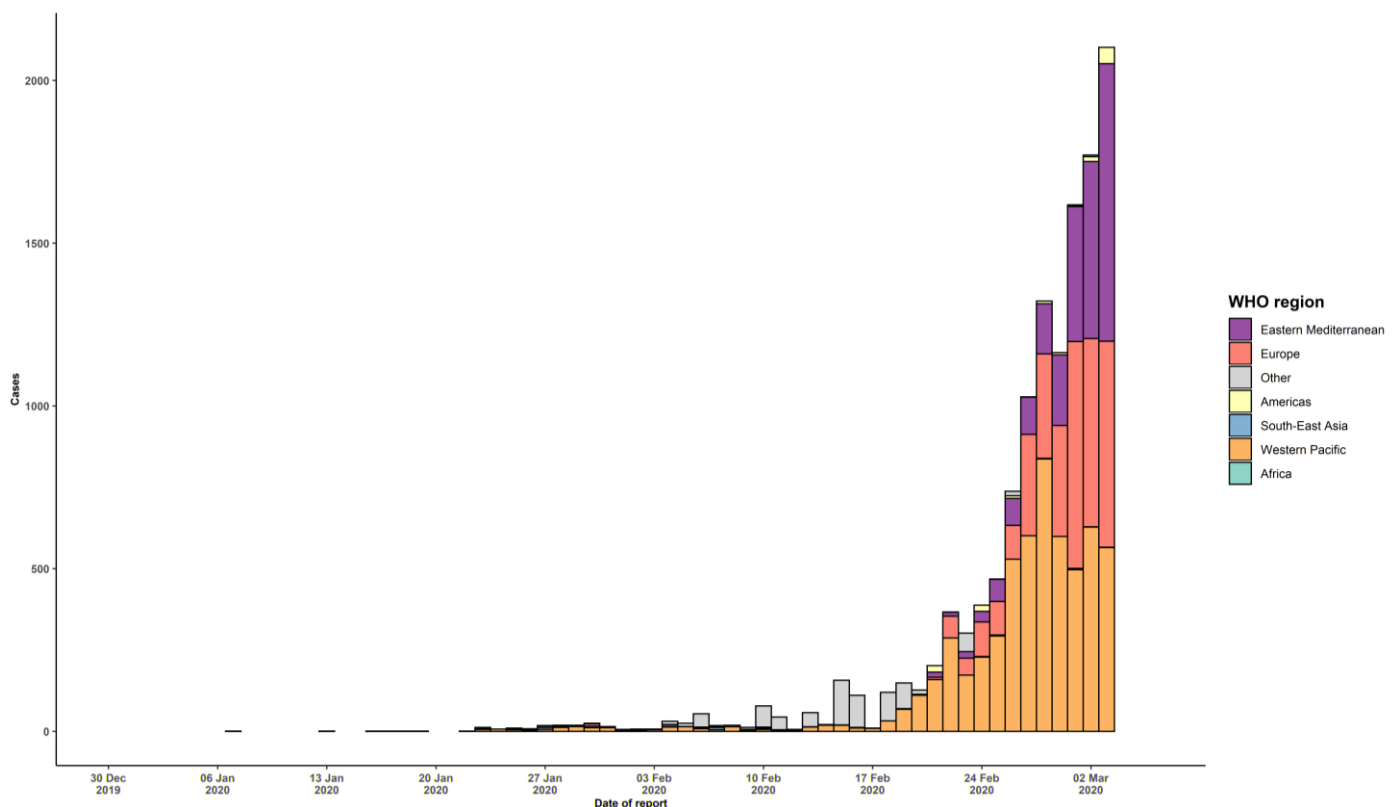
Terms:

- is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- indicates locations where the source of infection is within the reporting location.
- indicates locations where all cases have been acquired outside the location of reporting.
- indicates locations where type of transmission has not been determined for any cases.
- indicates locations where interruption of transmission has been demonstrated (details to be determined)

**"Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

^{^^}Reduced from prior situation reports due to separation of territories, and Liechtenstein from Switzerland

Erratum: Total cases, new cases, and total deaths for Australia have been corrected.



WHO's strategic objectives for this response are to:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread*;
- 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 COVID-19, 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 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 is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, mathematical modelling, diagnostics and virology, clinical care and treatment, infection prevention and control, and risk communication. WHO has issued interim guidance for countries, which are updated regularly.
- WHO has prepared a [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 the R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- WHO has developed online courses on the following topics: [A general introduction to emerging respiratory viruses](#), including novel coronaviruses (available in [Arabic](#), [English](#), [French](#), [Chinese](#), [Spanish](#), [Portuguese](#), and [Russian](#)); [Critical Care of Severe Acute Respiratory Infections](#); and [Health and safety briefing for respiratory diseases - ePROTECT](#) (available in [English](#) and [French](#)); [Infection Prevention and Control for Novel Coronavirus \(COVID-19\)](#) (available in [English](#) and [Russian](#)); [Critical Care Severe Acute Respiratory Infection](#) (available in

[English](#) and [French](#)); and [COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response](#).

- WHO is providing guidance on early investigations, which are critical 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 COVID-19, 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>. One such protocol is for the investigation of early COVID-19 cases and contacts (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 COVID-19 infection detected in any individual country, to inform the development and updating of public health guidance to manage cases and reduce the potential spread and impact of infection.

RECOMMENDATIONS AND ADVICE FOR THE PUBLIC

If you are not in an area where COVID-19 is spreading, or have not travelled from an area where COVID-19 is spreading, or have not been in contact with an infected patient, your risk of infection is low. It is understandable that you may feel anxious about the outbreak. Get the facts from reliable sources to help you accurately determine your risks so that you can take reasonable precautions (See [Frequently Asked Questions](#)). Seek guidance from WHO, your healthcare provider, your national public health authority or your employer for accurate information on COVID-19 and whether COVID-19 is circulating where you live. It is important to be informed of the situation and take appropriate measures to protect yourself and your family (see [Protection measures for everyone](#)).

If you are in an area where there are cases of COVID-19 you need to take the risk of infection seriously. Follow the advice of WHO and guidance issued by national and local health authorities. For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal. Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease (See [Protection measures for persons who are in or have recently visited \(past 14 days\) areas where COVID-19 is spreading](#)).

CASE DEFINITIONS

WHO periodically updates the [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#) document which includes case definitions.

For easy reference, case definitions are included below.

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- A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See [situation report](#)) of COVID-19 disease during the 14 days prior to symptom onset.

OR

- B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR

- C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease

(e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

A suspect case for whom testing for COVID-19 is inconclusive.

- Inconclusive being the result of the test reported by the laboratory

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Link for lab page: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>