

Coronavirus disease (COVID-19)

Situation Report 146

EF

Highlights

The investigation of a cluster of COVID-19 in Beijing associated with a wholesale market continues. As of 14 June, 16:00 (CEST+6), Chinese authorities reported a total of 77 cases since 11 June, including 2 linked cases in Liaoning Province. See below for more information and [press statement](#) issued on 13 June.

World Elder Abuse Awareness Day takes place every year on 15 June as designated by the United Nations General Assembly. [It is believed that abuse towards older people has risen significantly during the COVID-19 pandemic.](#) This makes a compelling case for [World Elder Abuse Awareness Day's](#) call for decision-makers to develop universally applicable normative standards for the protection of older people.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	7 690 708 cases (137 526)	427 630 deaths (4 281)
Africa	167 566 cases (6 312)	3 998 deaths (131)
Americas	3 711 768 cases (73 243)	199 252 deaths (2 812)
Eastern Mediterranean	758 551 cases (20 910)	16 640 deaths (380)
Europe	2 398 779 cases (19 821)	188 001 deaths (533)
South-East Asia	455 439 cases (16 091)	12 526 deaths (400)
Western Pacific	197 864 cases (1 149)	7 200 deaths (25)

Surveillance

Update on a cluster of COVID-19 in Beijing, People's Republic of China

After 56 days of no reported confirmed COVID-19 cases or asymptomatic infections in Beijing, People's Republic of China, a local case of COVID-19 with no known travel history or contact with a case was reported on 11 June.

WHO published a [press release](#) summarizing the event as of 13 June.

From 11-14 June (as of 18:00 CEST+6 14 June), 77 symptomatic laboratory-confirmed cases have been identified related to this cluster in Beijing, including two cases who travelled to Liaoning Province. An additional 46 laboratory confirmed cases, reported without symptoms, have been identified through active screening in the area. The initial symptomatic cases were identified from presentation at six fever clinics and most of the initial cases were linked to the Xinfadi Market in Beijing.

Preliminary investigations continue and as of 14 June, WHO is aware of 40 environmental samples from the Xinfadi market, which have tested positive for SARS-CoV-2 using molecular tests (RT-PCR). Genetic sequencing from humans and environmental samples is ongoing and WHO encourages the release of these sequences as soon as possible. WHO understands that genetic sequences will be released as soon as possible once further laboratory analyses are completed.

Chinese officials have informed WHO of ongoing investigations into the source of the cluster as well as the extent of the current infection among contacts and others who have visited markets in recent weeks.

WHO recommends that thorough investigations continue to better understand the source of the cluster (exploring multiple hypotheses) and the extent of infection.

All identified cases are currently isolated and receiving care, depending on clinical presentation, and contacts of all cases, including those without symptoms, are being followed up and tested.

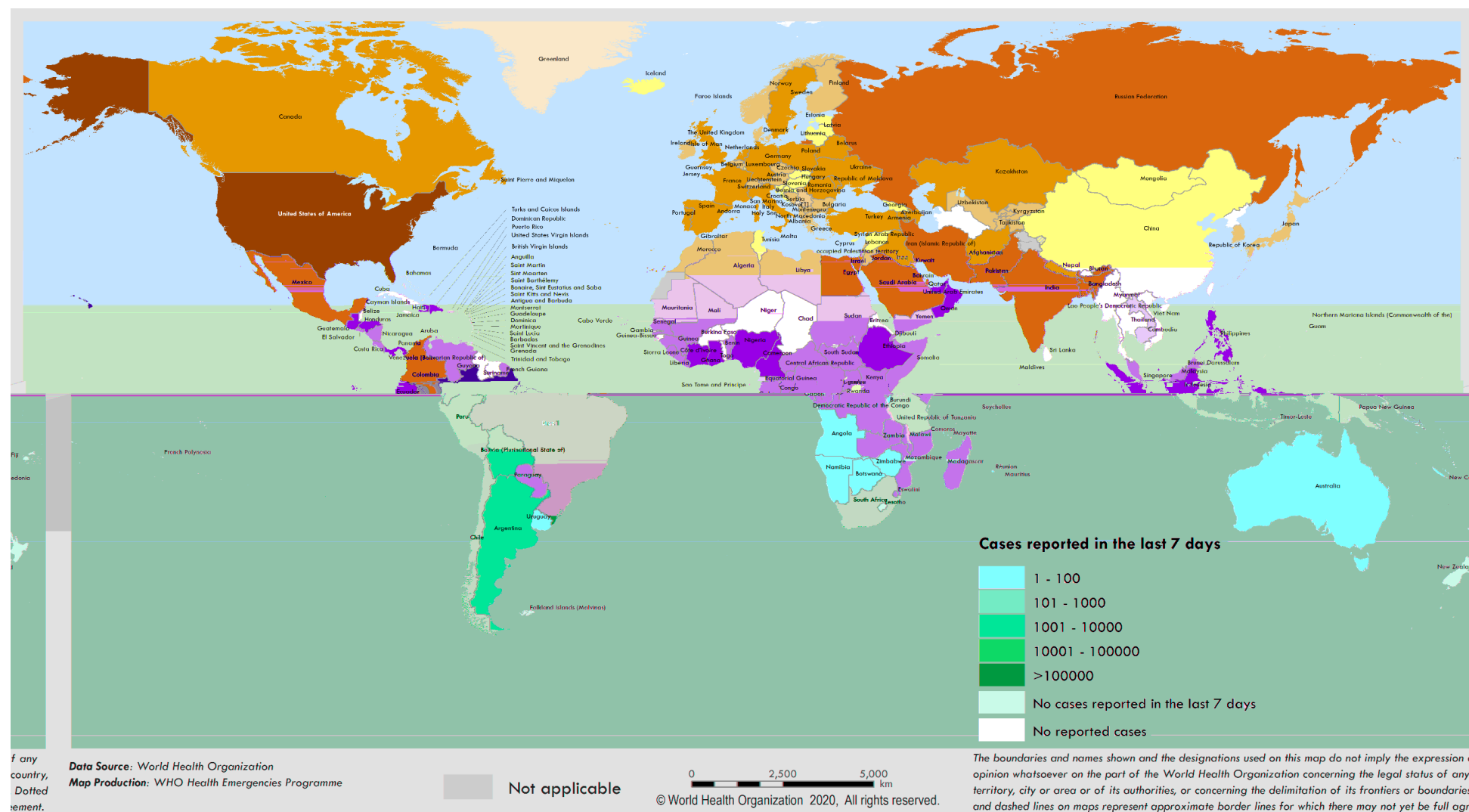
The public health response by Chinese officials includes:

- Tracing and monitoring of close contacts of all laboratory confirmed cases (regardless of the development of symptoms).
- Six wholesale food markets in Beijing have fully or partially closed operations.
- Those working in Xinfadi Market, those living in the surrounding residential compounds, and those who have visited the Xinfadi Market in the preceding weeks are being traced and will undergo testing.
- Under the Emergency Response framework, some of the local measures that were relaxed had been re-implemented in Beijing.
- Enhanced screening measures implemented at points of entry.

WHO is closely monitoring the situation and is in close contact with national authorities in China.

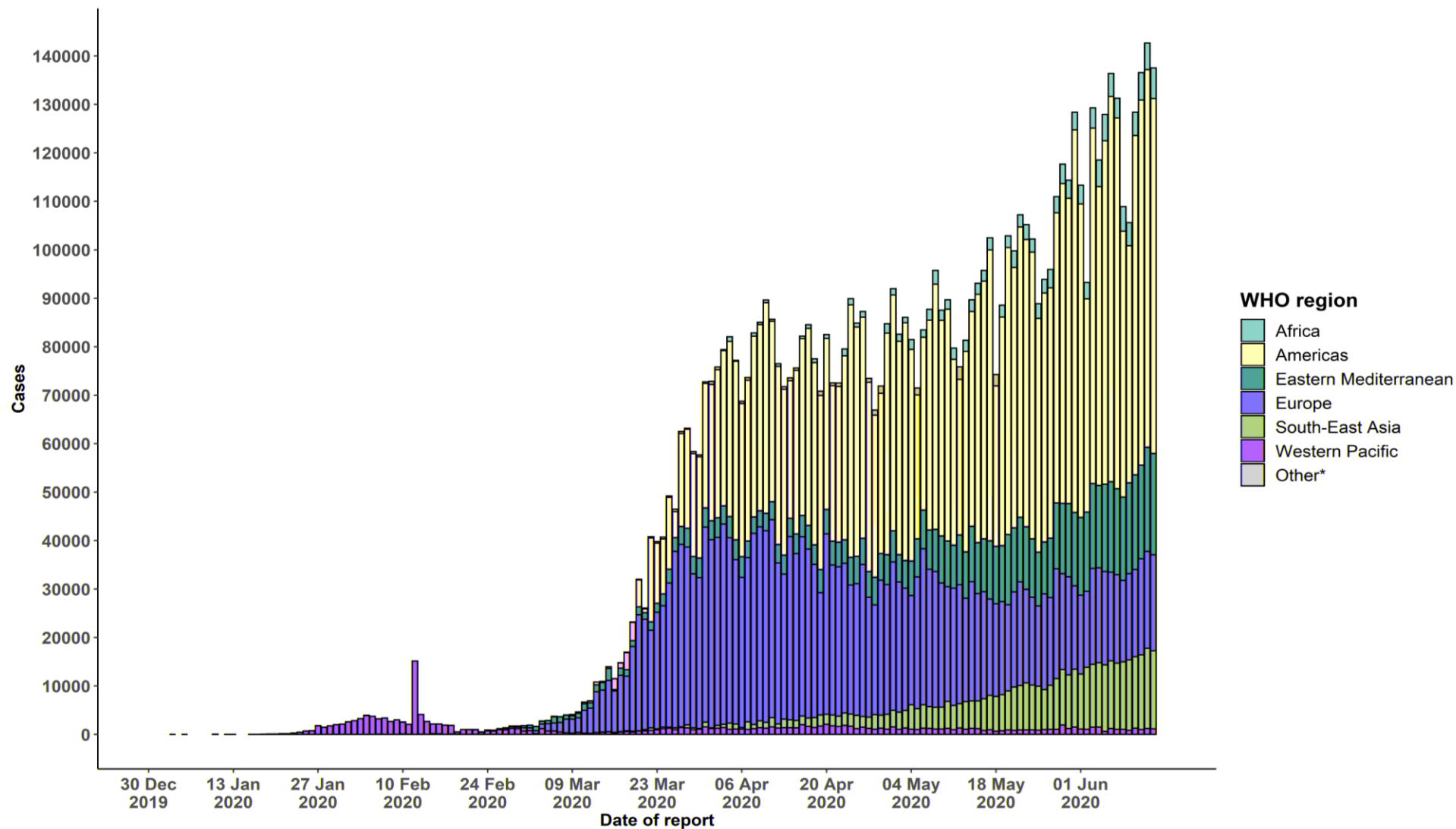
Surveillance

Figure 1. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 08 June to 14 June**



**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 through 14 June**



**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, 14 June 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 Coronavirus Disease \(COVID-19\) 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

A 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](#) and [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 and may be revised as new information becomes available. and. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. 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

- None