

Coronavirus disease (COVID-19)

Situation Report - 131

Highlights

WHO has published [key planning recommendations for mass gatherings in the context of the current COVID-19 outbreak](#). The document provides guidance on containing risks of COVID-19 transmission associated with mass gathering events.

The UN and WHO have [urged governments around the world](#) to take the mental health consequences of the pandemic seriously, and ensure widespread availability of mental health support. WHO discusses this in a [recently released article](#) and has published [guidelines for communities](#) and a [children's book](#).

An [article](#) released by WHO Regional Office for Europe introduces recently published [technical guidance on preventing and managing the COVID-19 pandemic across long-term care services](#).

WHO has released a [framework for decision-making](#) that proposes a step-wise approach to the assessment of the relative risks and benefits of conducting mass vaccination campaigns in the context of COVID-19 (see '[Subject in Focus](#)' below).

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	5 817 385 cases (116 048)	362 705 deaths (5 017)
Africa	96 902 cases (3 973)	2 482 deaths (55)
Americas	2 677 500 cases (64 408)	154 608 deaths (3 396)
Eastern Mediterranean	489 921 cases (14 502)	12 078 deaths (245)
Europe	2 122 350 cases (19 776)	179 353 deaths (975)
South-East Asia	249 525 cases (11 445)	7 157 deaths (313)
Western Pacific	180 446 cases (1 944)	7 014 deaths (33)

Subject in Focus: Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19

For countries affected by vaccine-preventable diseases and high impact diseases (VPD/HID) and COVID-19 outbreaks, determining the best course of action may be challenging. Countries must weigh the benefits of a safe and effective intervention to reduce mortality and morbidity, against the risks of increasing transmission of a new disease that may burden essential health services. The starting point for such considerations is a risk-benefit analysis that reviews the epidemiological evidence and balances the short- and medium-term public health consequences of implementing or postponing mass vaccination campaigns, against a potential increase in COVID-19 transmission.

In order to support this process, WHO has developed a [document](#) that

- i. outlines a common framework for decision-making for the conduct of preventive and outbreak response campaigns;
- ii. offers principles to consider when deliberating the implementation of mass vaccination campaigns for prevention of increased risk of VPD/HID among susceptible populations; and
- iii. and details the risks and benefits of conducting vaccination campaigns to respond to VPD/HID outbreaks.

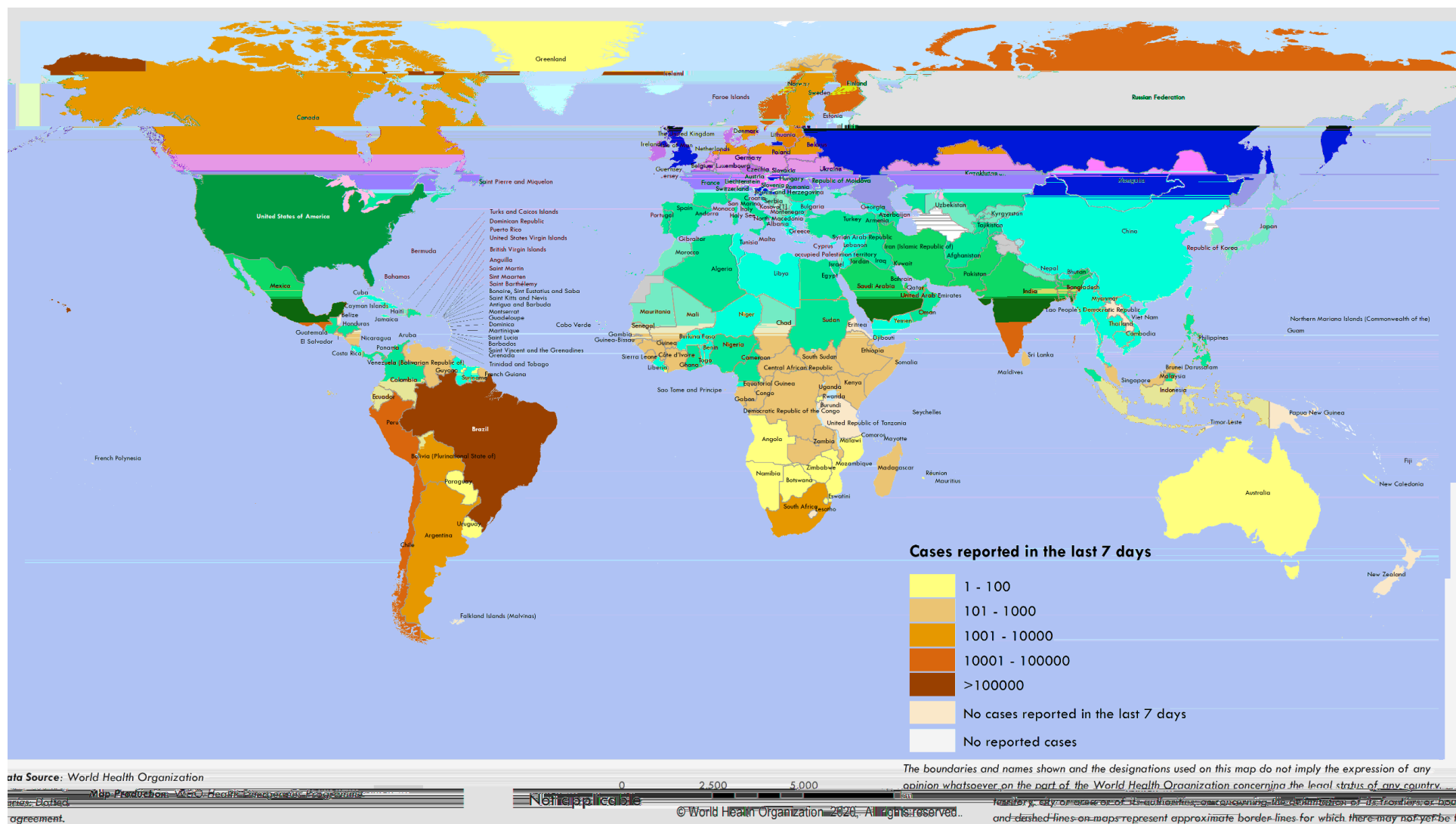
The framework proposes a five steps approach, each accompanied by a set of principles and criteria to consider during the decision-making process:

- Step 1: Assess the potential impact of the VPD/HID outbreak using key epidemiological criteria.
- Step 2: Assess the potential benefits of a mass vaccination campaign and the country capacity to implement it safely and effectively.
- Step 3: Consider the potential risk of increased COVID-19 transmission associated with the mass vaccination campaign.
- Step 4: Determine the most appropriate actions considering the COVID-19 epidemiological situation.
- Step 5: If a decision is made to proceed with a mass vaccination campaign, implement best practice.

The document also provides recommendations on how to safely organize a mass vaccination campaign, including the organization of vaccination sites and specific recommendations for vaccinators.

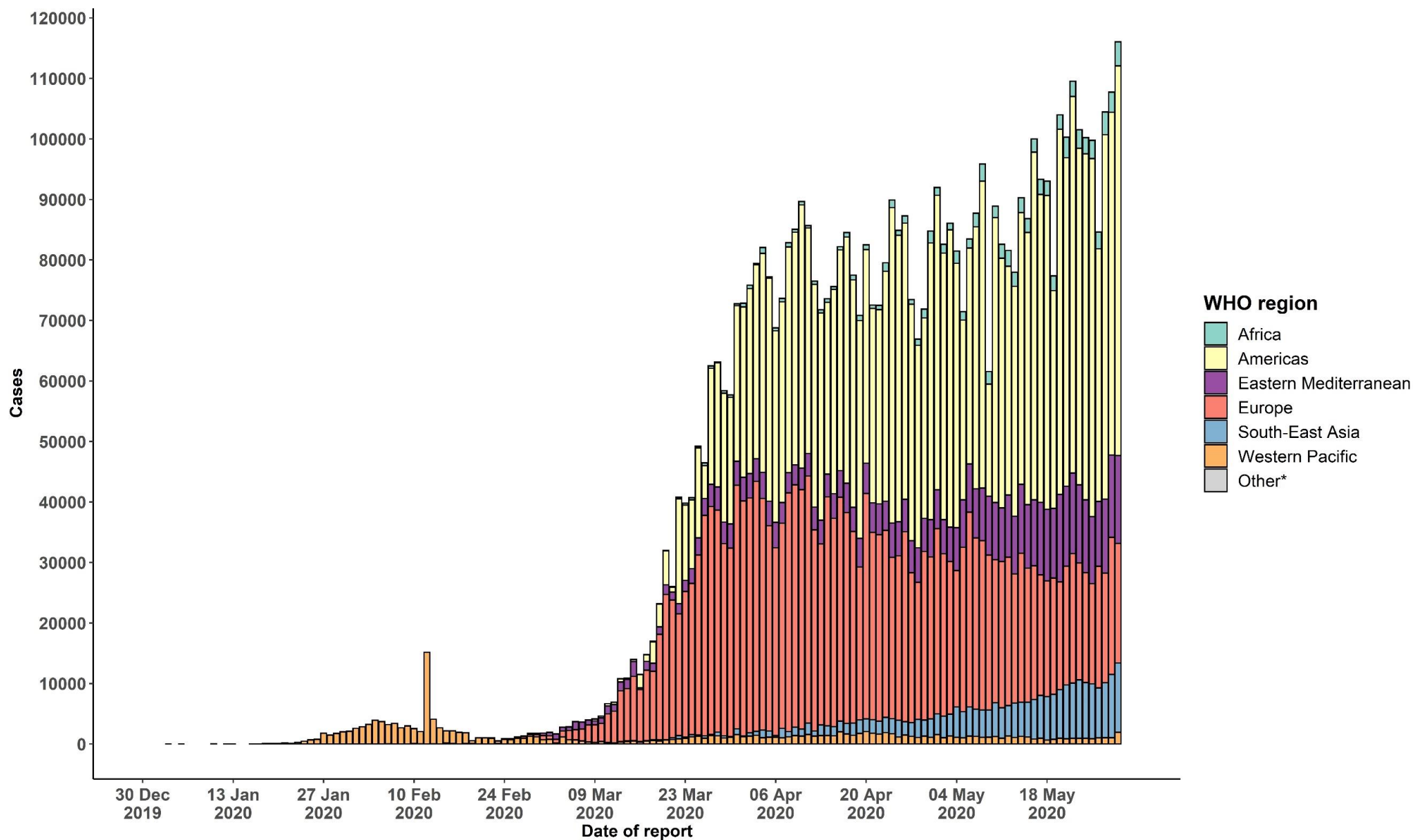
Surveillance

Figure 1. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 24 May to 30 May**

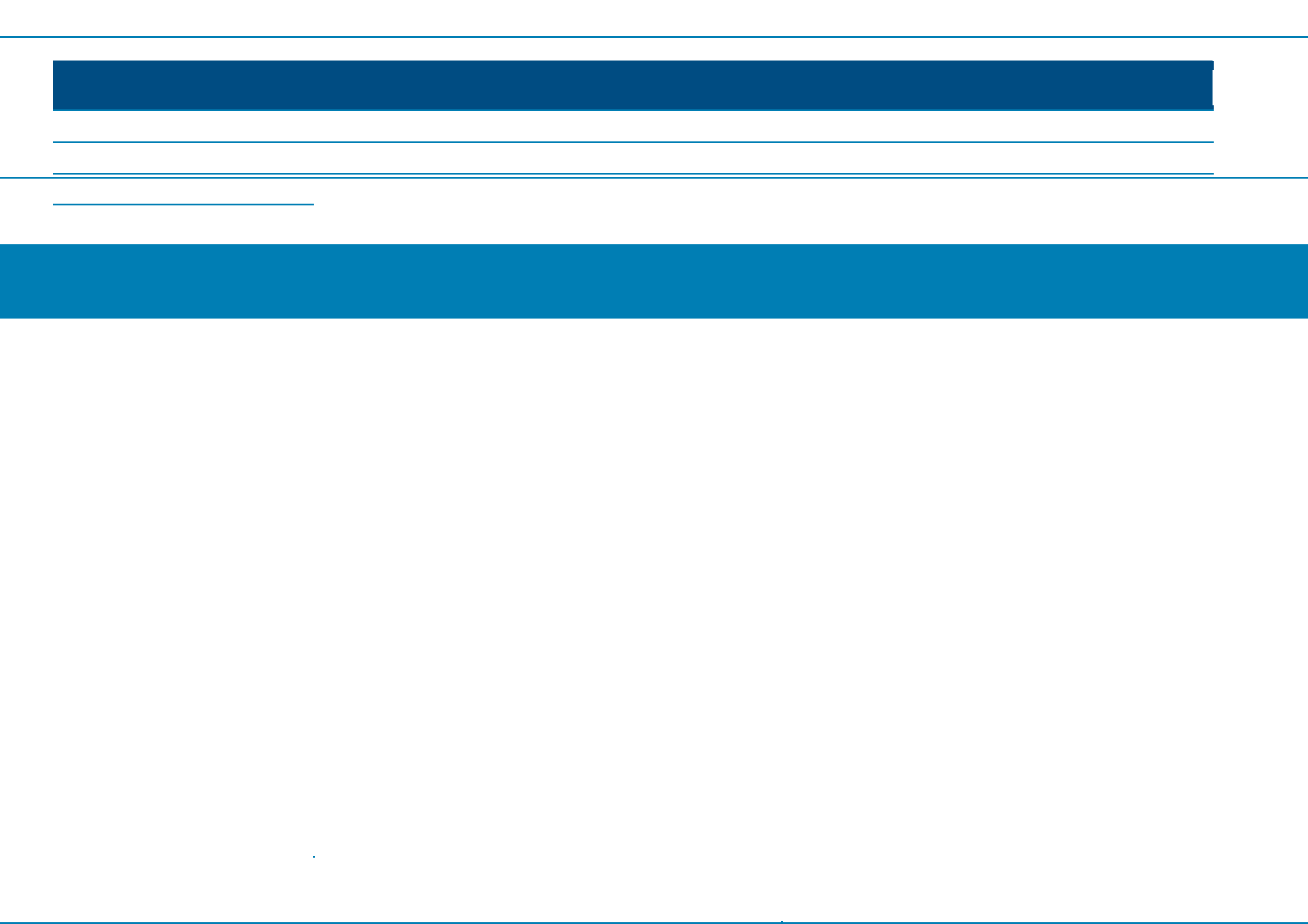


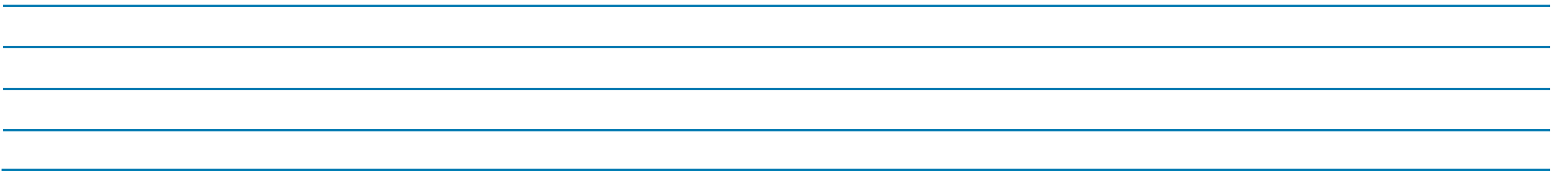
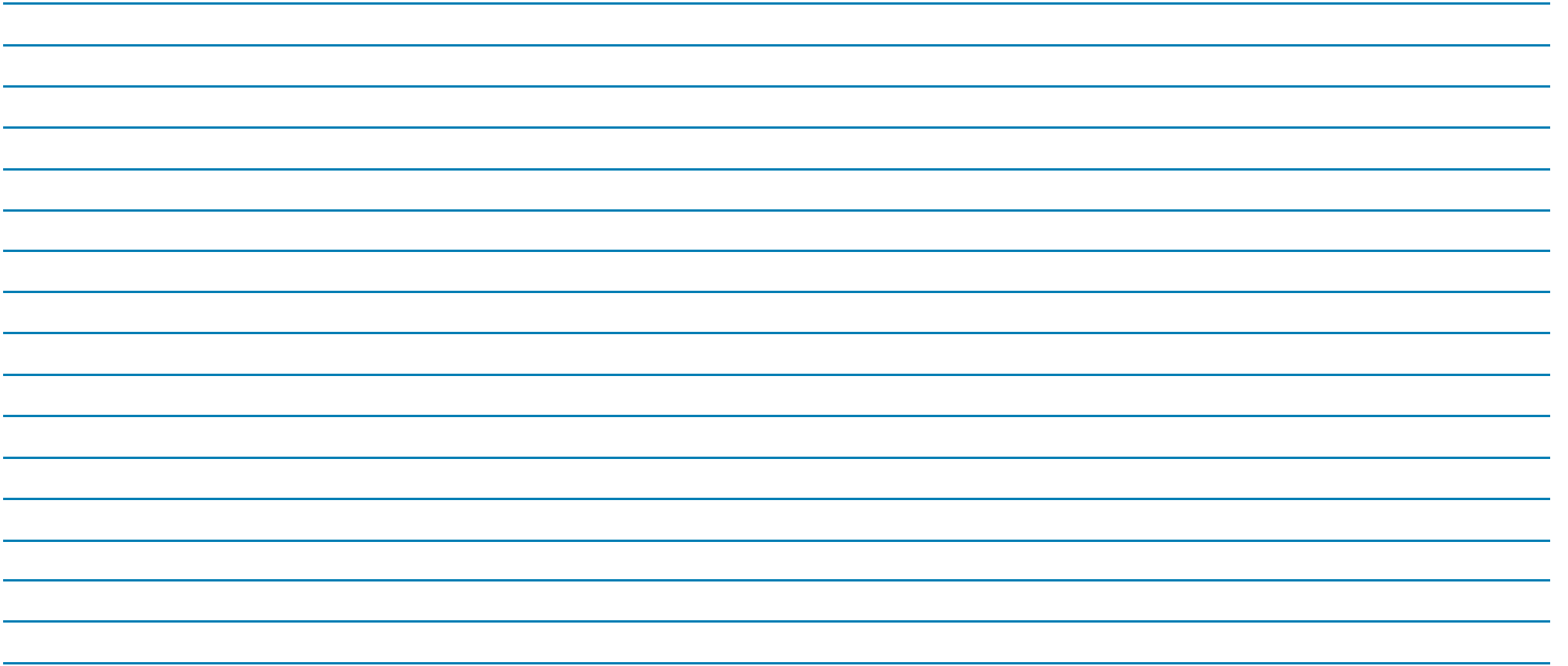
**See [Annex 1](#) for data, table and figure notes.

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



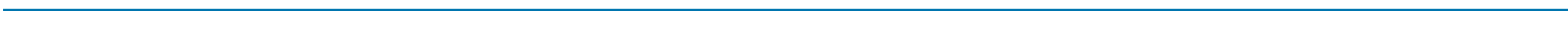
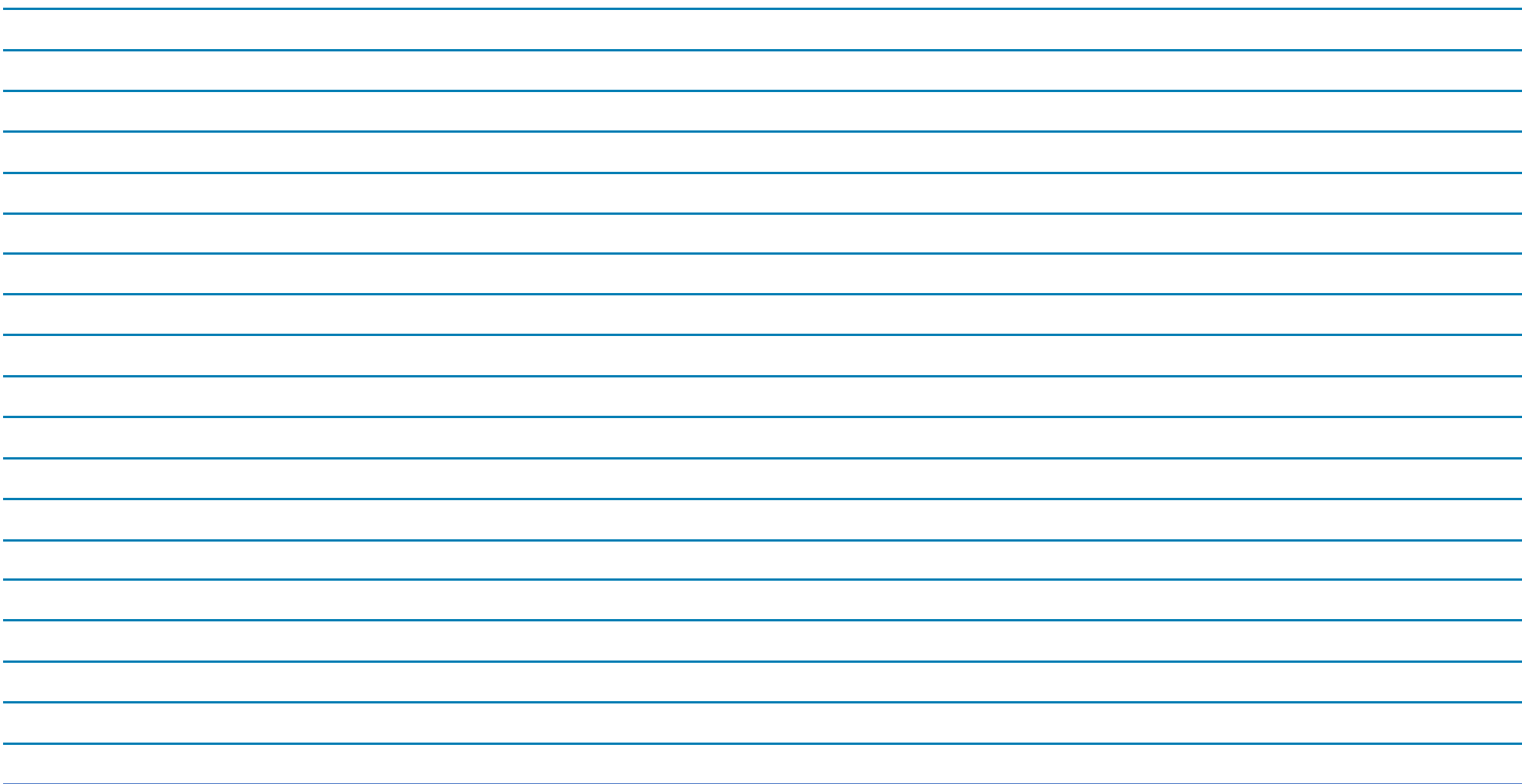
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*** See [Annex 1](#) for data, table and figure notes.*

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 PAHO](#)
 - [WHO EMRO](#)
 - [WHO SEARO](#)
 - [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](#)
- [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

No new updates/errata. For previous information, see the [log of major changes and errata in WHO daily aggregate case and death count data](#).