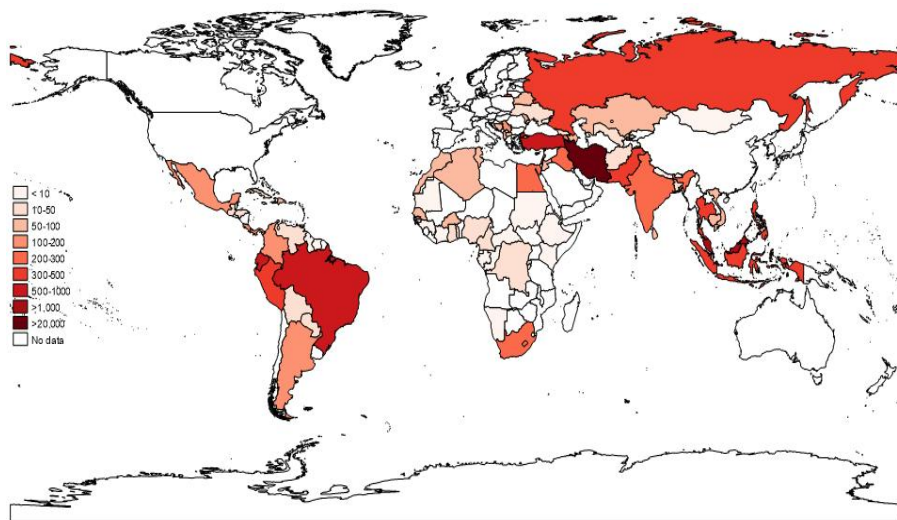


Coronavirus disease 2019 (COVID-19) Situation Report – 101

1. WHO reminds health authorities to take specific steps to protect health care workers and communities during essential immunization activities during the COVID-19 pandemic
2. WHO AMRO/PAHO Director, Dr Carissa F. Etienne, has urged for vaccination programs to continue during the COVID-19 pandemic: “If we fall behind on routine immunizations, particularly for children, we risk outbreaks, thus overwhelming hospitals and clinics with preventable diseases in addition to COVID-19.”
3. WHO/EURO Director, Dr Hans Henri P. Kluge, called for transparent knowledgesharing, tailored support on the ground, and steadfast solidarity.
4. WHO SEARO organized a meeting yesterday with vaccine manufacturers and national regulatory authorities to discuss future COVID-19 vaccine manufacturing in the Region.
5. WHO endeavours to ensure that all Member States have timely and accurate testing capacity for COVID-19. In the ‘Subject in Focus’ below, we describe some of the mechanisms WHO uses to support Member States.

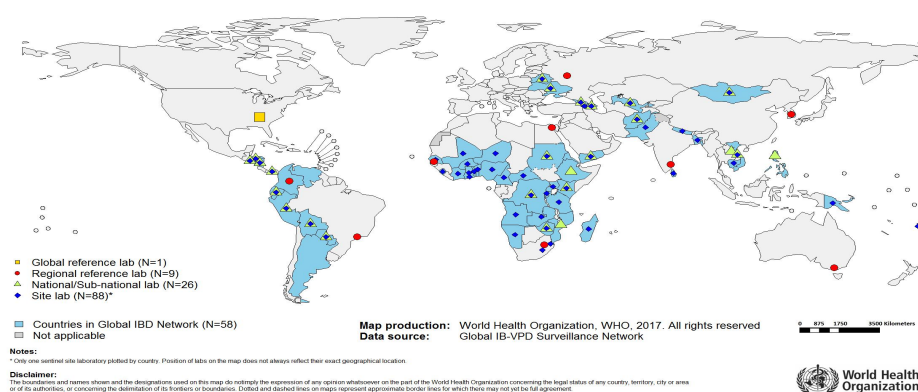


SUBJECT IN FOCUS: Detection of disease – an update on laboratory services for COVID-19

Diagnostic laboratory testing is a cornerstone of the management of the COVID-19 pandemic. It allows for the detection of cases to inform care and for the isolation of infected individuals to interrupt disease transmission. Confirmatory testing also enables the disease to be tracked in the community and for clusters of cases to be identified. WHO endeavours to ensure that all Member States have timely and accurate testing capacity for COVID19. This is done through several mechanisms.

First, a reference laboratory network has been established across the 6 WHO regions, and recently expanded to include some two dozen laboratories with expertise in virology, diagnostics, sequencing, and often viral culture (see Figure 2 below). These laboratories act to support Member States that currently do not have testing capacity or need to get confirmation of their initial test results while building in-country capacity. These same laboratories serve as a valuable source of support for strategic planning for the WHO HQ team and provide guidance to the WHO Regional Office laboratory focal points as well. A shipment fund to allow transport of samples to WHO reference laboratories for confirmatory testing has been made available to cover transport costs.

Second, working with WHO's Global Influenza Surveillance and Response System, surveillance testing for COVID-19 disease has been established in clinics caring for patients with respiratory disease, giving an early hint to community penetration by COVID-19.



Third, since February 24th WHO has been providing polymerase chain reaction (PCR) kits for COVID-19 directly to countries, offering Member States the capacity to detect cases or clusters before the disease gains a strong foothold. The scale of provision of tests is set to rise to millions of tests per month with the recent formation of the Diagnostics Consortium of donor and technical agencies convened by WHO to align and coordinate procurement of validated diagnostic test kits and related laboratory materials.

SURVEILLANCE Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths, by WHO region. *Data as of 30 April 2020

Reporting Country/ Territory/Area	Total confirmed cases	New confirmed cases	Total deaths	New deaths	Transmission classification	Days since last reported case
Western Pacific Region						
China	84373	4	4643	0	Clusters of cases	0
Singapore	15641	690	14	0	Clusters of cases	0
Japan	14088	236	415	26	Clusters of cases	0
Republic of Korea	10765	4	247	1	Clusters of cases	0
Philippines	8212	254	558	28	Clusters of cases	0
Australia	6746	8	90	2	Clusters of cases	0

Suspect case

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Confirmed case

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

Definition of contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

6. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
7. Direct physical contact with a probable or confirmed case;
8. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment.
9. Other situations as indicated by local risk assessments.

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 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.