

# Coronavirus disease 2019 (COVID-19) Situation Report – 86

Data as received by WHO from national authorities by 10:00 CET, 15 April 2020

## HIGHLIGHTS

- No new country/territory/area reported cases of COVID-19 in the past 24 hours.
- WHO has published the updated strategy for tackling the COVID-19 pandemic. The document translates what we have learned so far about the virus into strategic action and will frame the next iteration of the Strategic Preparedness and Response Plan, due in the coming weeks. More details can be found [here](#).
- The first UN solidarity flight has departed Addis Ababa carrying vital COVID-19 medical supplies to African nations. WHO cargo includes one million face masks, as well as personal protective equipment, which will be enough to protect health workers and treat more than 30 000 patients, and laboratory supplies to support surveillance and detection. Information is available [here](#).
- PAHO Director, Dr Carissa Etienne, calls for “extreme caution” when transitioning to more flexible social distancing measures. Her speech is available [here](#).
- There is no evidence that oral poliovirus vaccine protects people against infection with COVID-19 virus. A clinical trial is planned in the USA, and WHO will evaluate the evidence when it is available. Greater details are available [here](#).
- WHO continues to provide timely and accurate information, in world where we have an overabundance of information, some accurate and some not. For more, see ‘Subject in Focus’ below.

## SITUATION IN NUMBERS

total (new cases in last 24 hours)

### Globally

1 914 916 confirmed (70 082)

123 010 deaths (5989)

### European Region

977 596 confirmed (34 324)

84 607 deaths (3895)

### Region of the Americas

673 361 confirmed (28 404)

27 336 deaths (1785)

### Western Pacific Region

124 204 confirmed (1399)

4201 deaths (40)

### Eastern Mediterranean Region

107 389 confirmed (3751)

5395 deaths (140)

### South-East Asia Region

20 287 confirmed (1624)

936 deaths (107)

### African Region

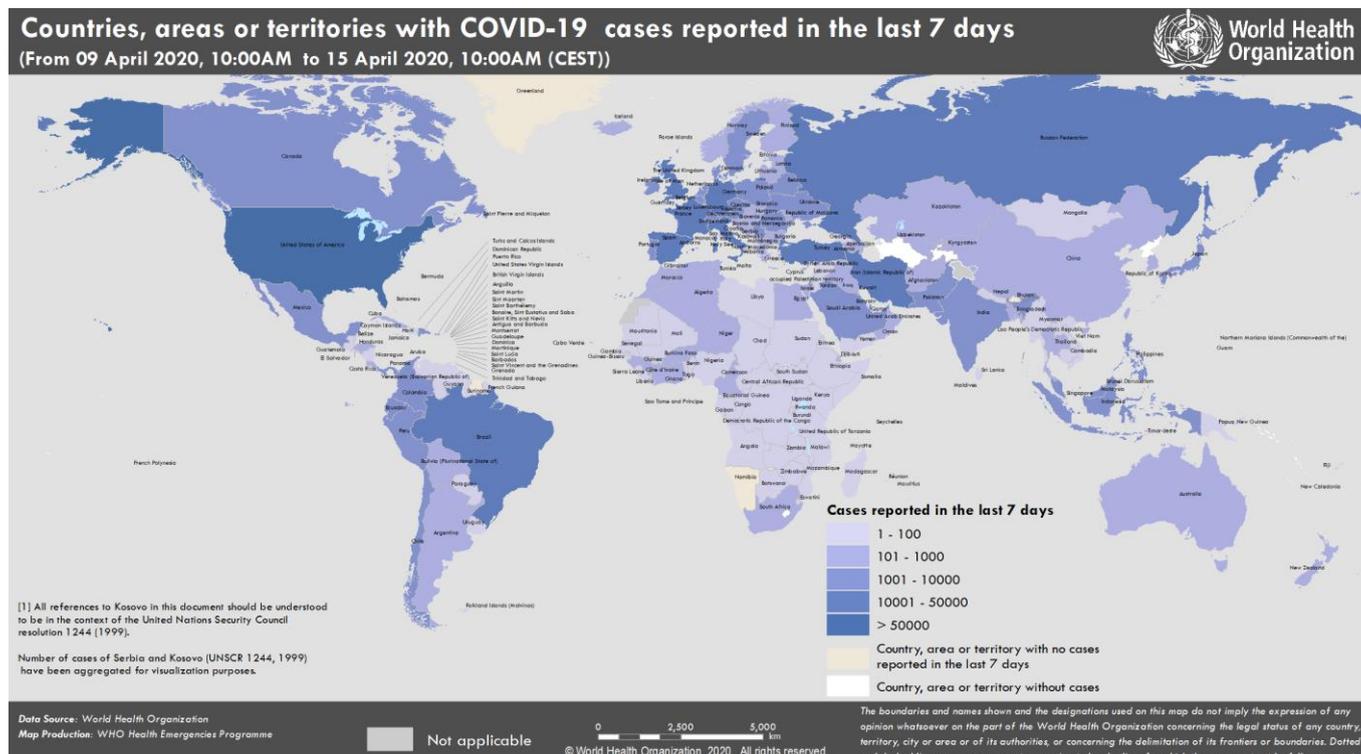
11 367 confirmed (580)

523 deaths (22)

### WHO RISK ASSESSMENT

Global Level      Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 15 April 2020



## SUBJECT IN FOCUS: providing timely and accurate information to dispel the ‘infodemic’



*“We’re not just fighting an epidemic; we’re fighting an infodemic.”*

*WHO Director-General Tedros Adhanom Ghebreyesus  
Munich Security Conference, 15 February 2020*

An infodemic is an over-abundance of information, some accurate and some not that makes it hard for people to find trustworthy sources and reliable guidance when they need it. It poses a serious problem for public health since people need this guidance to know what actions to take to protect themselves and others, and help mitigate the impact of a disease. In the context of the COVID-19 pandemic, the infodemic is exacerbated by the global scale of the emergency, and propagated by the interconnected way that information is disseminated and consumed through social media platforms and other channels. While the infodemic is a major challenge to outbreak response, it presents an opportunity to identify and adapt new preparedness and response tools.

The COVID-19 infodemic spans four major thematic areas where people look for trustworthy information and where there is misinformation and rumors: the cause and origin of the virus and disease; its symptoms and transmission patterns; available treatments, prophylactics and cures; and the effectiveness and impact of interventions by health authorities or other institutions.

WHO has been managing the infodemic through a wide range of methods such as timely and accurate technical guidance, scientific briefs and situation reports, regular press conferences, educational videos and trainings, “myth-busters,” active engagement on social media platforms and tailored guidance for key sectors such as healthcare, food and agriculture and travel and tourism, among others.

On 7 and 8 April, the WHO Information Network for Epidemics (EPI-WIN) held a two-day, global, online consultation on managing the COVID-19 infodemic. The consultation gathered ideas from an interdisciplinary group of experts and 1,375 webinar participants. Over 500 ideas were also submitted through an online interactive forum. These ideas will form the basis of a COVID-19 infodemic framework to guide actions of governments and public health institutions, and will be made available in the coming days.

The framework will be built around four key principles:

1. Interventions and messages must be based on science and evidence.
2. This knowledge should be translated into actionable, behaviour- changing messages, presented in ways that are accessible to all sectors of all societies.
3. Governments should reach out to key communities to understand their concerns and information needs, to better tailor advice and messages that can help these communities address their audiences.
4. Strategic partnerships should be formed with social media and technology platforms and stakeholders, along with other relevant stakeholders such as those in academia and civil society.

The consultation highlighted clear themes and needs that will be further developed in the framework. They include, but are not limited to:

- The need for (a) international coordination of the response to the infodemic, even around such basic issues as terminology; and (b) coordinated and integrated methods to manage the flow of information

for maximum positive impact. To fill these gaps, an overview and understanding of the distribution and sharing of information is crucial.

- Public trust in the health authority and other relevant authorities is essential to mitigate the negative impact of an infodemic. In order to build and sustain trust, public health agencies and other authorities need to be transparent about developments as they unfold.
- Health education and health literacy are important to help people receive and act on reliable information.
- Resilience to misinformation depends on strong digital and health literacy. To facilitate this, authorities could run information campaigns on how to convey accurate information, in a similar way that they promote personal hygiene.
- Multidisciplinary cooperation is key to an effective response to an infodemic. The range and effectiveness of possible response measures increases in relation to the degree of cooperation between all these actors, across the whole of society.
- Widespread cultural change around the handling of online information may also be necessary (e.g. individuals retracting and deleting inaccurate posts they might have shared).
- Accurate information must be adapted to different cultures, languages and literacy capacities, extending to marginalised and vulnerable communities.
- Health education before a crisis is always hugely valuable.

Managing the COVID-19 pandemic and related infodemic requires swift, regular, coordinated action from multiple sectors of society and government. The timely translation of evidence into knowledge that people can use, adapted to their local cultures, languages and contexts, will continue to be crucial to fighting misinformation and saving lives as the pandemic continues to evolve.

Conference material and speakers <https://www.who.int/teams/risk-communication/infodemic-management>  
WHO Information network for Epidemics [www.who.int/epi-win](http://www.who.int/epi-win)

## SURVEILLANCE

**Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 15 April 2020\***

Reporting Country/ Territory/Area <sup>†</sup>	Total confirmed ‡ cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification <sup>§</sup>	Days since last reported case
<b>Western Pacific Region</b>						
China	83745	49	3352	1	Clusters of cases	0
Republic of Korea	10591	27	225	3	Clusters of cases	0
Japan	8100	455	119	10	Clusters of cases	0
Australia	6416	50	61	0	Clusters of cases	0
Philippines	5223	291	335	20	Clusters of cases	0
Malaysia	4987	170	82	5	Clusters of cases	0
Singapore	3252	334	10	1	Clusters of cases	0
New Zealand	1078	6	9	0	Clusters of cases	0
Viet Nam	266	1	0	0	Clusters of cases	0
Brunei Darussalam	136	0	1	0	Sporadic cases	4
Cambodia	122	0	0	0	Sporadic cases	3
Mongolia	30	13	0	0	Sporadic cases	0
Lao People's Democratic Republic	19	0	0	0	Sporadic cases	2
Fiji	16	0	0	0	Sporadic cases	4
Papua New Guinea	2	0	0	0	Sporadic cases	6
<b>Territories**</b>						
Guam	135	1	5	0	Clusters of cases	0
French Polynesia	55	0	0	0	Sporadic cases	1
New Caledonia	18	0	0	0	Sporadic cases	12
Northern Mariana Islands (Commonwealth of the)	13	2	2	0	Pending	0
<b>European Region</b>						
Spain	172541	3045	18056	567	Pending	0
Italy	162488	2972	21069	604	Pending	0
Germany	127584	2486	3254	285	Pending	0
France	102533	5483	15708	762	Pending	0
The United Kingdom	93877	5252	12107	778	Pending	0
Turkey	65111	4062	1403	107	Community transmission	0
Belgium	31119	530	4157	254	Pending	0
Netherlands	27419	868	2945	122	Pending	0
Switzerland	25753	254	900	15	Community transmission	0
Russian Federation	24490	3388	198	28	Clusters of cases	0
Portugal	17448	514	567	32	Pending	0
Austria	14234	191	384	16	Pending	0
Israel	11868	633	117	7	Pending	0
Ireland	11479	832	406	41	Pending	0

Sweden	11445	497	1033	114	Pending	0
Poland	7202	268	263	18	Pending	0
Romania	6879	246	344	26	Pending	0
Norway	6566	78	127	13	Pending	0
Denmark	6511	193	299	14	Pending	0
Czechia	6141	82	161	18	Pending	0
Serbia	4465	411	94	9	Pending	0
Ukraine	3764	392	108	10	Clusters of cases	0
Luxembourg	3307	15	69	0	Pending	0
Belarus	3281	362	33	4	Clusters of cases	0
Finland	3161	97	64	5	Pending	0
Greece	2170	25	101	2	Pending	0
Republic of Moldova	1934	222	41	5	Pending	0
Iceland	1720	9	8	0	Pending	0
Croatia	1704	54	31	6	Pending	0
Hungary	1579	67	134	12	Pending	0
Estonia	1373	41	31	3	Pending	0
Kazakhstan	1275	184	12	0	Pending	0
Slovenia	1220	8	56	1	Pending	0
Uzbekistan	1214	160	4	0	Clusters of cases	0
Azerbaijan	1197	49	13	1	Clusters of cases	0
Bosnia and Herzegovina	1086	52	40	2	Community transmission	0
Lithuania	1070	0	24	0	Pending	1
Armenia	1067	28	16	2	Clusters of cases	0
North Macedonia	908	54	44	6	Clusters of cases	0
Slovakia	835	66	2	0	Pending	0
Bulgaria	713	28	35	3	Pending	0
Cyprus	695	33	17	0	Pending	0
Andorra	659	8	31	2	Community transmission	0
Latvia	657	2	5	0	Pending	0
Albania	475	0	24	1	Clusters of cases	1
Kyrgyzstan	449	19	5	0	Pending	0
Malta	393	9	3	0	Pending	0
San Marino	372	1	36	0	Community transmission	0
Georgia	306	10	3	0	Clusters of cases	0
Montenegro	288	14	4	0	Clusters of cases	0
Monaco	93	0	0	0	Sporadic cases	1
Liechtenstein	81	1	1	0	Pending	0
Holy See	8	0	0	0	Sporadic cases	6
<b>Territories**</b>						
Kosovo <sup>[1]</sup>	387	10	8	0	Community transmission	0
Isle of Man	242	14	2	0	Pending	0
Guernsey	219	1	6	0	Pending	0
Jersey	217	4	4	0	Pending	0
Faroe Islands	184	0	0	0	Pending	7
Gibraltar	129	0	0	0	Pending	2

Greenland	11	0	0	0	Pending	9
<b>South-East Asia Region</b>						
India	11439	1076	377	38	Clusters of cases	0
Indonesia	4839	282	459	60	Community transmission	0
Thailand	2643	30	43	2	Pending	0
Bangladesh	1012	209	46	7	Pending	0
Sri Lanka	233	15	7	0	Clusters of cases	0
Myanmar	74	12	4	0	Clusters of cases	0
Maldives	20	0	0	0	Sporadic cases	2
Nepal	16	0	0	0	Sporadic cases	1
Timor-Leste	6	0	0	0	Sporadic cases	1
Bhutan	5	0	0	0	Sporadic cases	12
<b>Eastern Mediterranean Region</b>						
Iran (Islamic Republic of)	74877	1574	4683	98	Community transmission	0
Pakistan	5988	272	107	11	Clusters of cases	0
Saudi Arabia	5369	435	73	8	Clusters of cases	0
United Arab Emirates	4933	412	28	3	Pending	0
Qatar	3428	197	7	0	Pending	0
Egypt	2350	160	178	14	Clusters of cases	0
Morocco	1888	125	126	0	Clusters of cases	0
Bahrain	1528	166	7	0	Clusters of cases	0
Iraq	1400	22	78	0	Clusters of cases	0
Kuwait	1355	55	3	1	Clusters of cases	0
Oman	910	97	4	0	Clusters of cases	0
Afghanistan	770	105	25	3	Clusters of cases	0
Tunisia	747	21	34	0	Community transmission	0
Lebanon	641	9	21	1	Clusters of cases	0
Jordan	397	6	7	0	Clusters of cases	0
Djibouti	363	65	2	0	Clusters of cases	0
Somalia	60	0	2	0	Sporadic cases	1
Libya	35	9	1	0	Clusters of cases	0
Sudan	32	3	5	1	Sporadic cases	0
Syrian Arab Republic	29	4	2	0	Community transmission	0
Yemen	1	0	0	0	Pending	4
<b>Territories**</b>						
occupied Palestinian territory	288	14	2	0	Clusters of cases	0
<b>Region of the Americas</b>						
United States of America	578268	24446	23476	1504	Community transmission	0
Canada	26146	1360	823	89	Community transmission	0
Brazil	23430	1261	1328	105	Community transmission	0
Chile	7917	392	92	10	Community transmission	0

Ecuador	7603	74	369	14	Community transmission	0
Peru	7519	0	193	0	Community transmission	1
Mexico	5014	353	332	36	Community transmission	0
Panama	3472	72	94	7	Community transmission	0
Dominican Republic	3286	119	183	6	Community transmission	0
Colombia	2852	76	112	3	Community transmission	0
Argentina	2336	84	101	6	Community transmission	0
Cuba	766	40	21	0	Clusters of cases	0
Costa Rica	612	17	3	0	Clusters of cases	0
Uruguay	483	0	8	1	Clusters of cases	1
Honduras	407	10	26	1	Clusters of cases	0
Bolivia (Plurinational State of)	354	24	28	1	Clusters of cases	0
Venezuela (Bolivarian Republic of)	181	0	9	0	Clusters of cases	1
Guatemala	167	11	5	0	Clusters of cases	0
Paraguay	159	12	7	1	Community transmission	0
El Salvador	149	12	6	0	Clusters of cases	0
Trinidad and Tobago	113	0	8	0	Sporadic cases	1
Jamaica	73	1	4	0	Clusters of cases	0
Barbados	72	1	4	0	Clusters of cases	0
Bahamas	49	2	8	0	Clusters of cases	0
Guyana	47	0	6	0	Clusters of cases	1
Haiti	40	0	3	0	Clusters of cases	1
Antigua and Barbuda	23	0	2	0	Clusters of cases	1
Belize	18	4	2	0	Sporadic cases	0
Dominica	16	0	0	0	Clusters of cases	4
Saint Lucia	15	0	0	0	Sporadic cases	3
Grenada	14	0	0	0	Clusters of cases	3
Saint Kitts and Nevis	12	0	0	0	Sporadic cases	3
Saint Vincent and the Grenadines	12	0	0	0	Sporadic cases	4
Suriname	10	0	1	0	Sporadic cases	11
Nicaragua	9	0	1	0	Pending	2
<b>Territories**</b>						
Puerto Rico	923	20	45	0	Clusters of cases	0
Martinique	157	0	8	0	Clusters of cases	1
Guadeloupe	145	2	8	0	Clusters of cases	0
Aruba	92	0	0	0	Clusters of cases	3
French Guiana	88	0	0	0	Clusters of cases	1
Bermuda	57	0	5	1	Clusters of cases	1
Cayman Islands	54	1	1	0	Clusters of cases	0
Sint Maarten	52	0	9	0	Clusters of cases	1

United States Virgin Islands	51	0	1	0	Clusters of cases	4
Saint Martin	35	2	2	0	Sporadic cases	0
Curaçao	14	0	1	0	Sporadic cases	6
Falkland Islands (Malvinas)	11	6	0	0	Clusters of cases	0
Montserrat	11	0	0	0	Sporadic cases	1
Turks and Caicos Islands	10	1	1	0	Sporadic cases	0
Saint Barthelemy	6	0	0	0	Sporadic cases	15
Bonaire, Sint Eustatius and Saba	4	1	0	0	Sporadic cases	0
Anguilla	3	0	0	0	Sporadic cases	11
British Virgin Islands	3	0	0	0	Sporadic cases	14
Saint Pierre and Miquelon	1	0	0	0	Sporadic cases	7
<b>African Region</b>						
South Africa	2415	143	27	0	Community transmission	0
Algeria	2070	87	326	13	Community transmission	0
Cameroon	855	52	15	5	Clusters of cases	0
Côte d'Ivoire	638	12	6	0	Clusters of cases	0
Ghana	636	70	8	0	Clusters of cases	0
Niger	570	22	14	1	Clusters of cases	0
Burkina Faso	515	18	28	1	Clusters of cases	0
Guinea	363	44	0	0	Clusters of cases	0
Nigeria	343	0	10	0	Clusters of cases	1
Mauritius	324	0	9	0	Clusters of cases	2
Senegal	299	8	2	0	Clusters of cases	0
Democratic Republic of the Congo	254	13	21	1	Clusters of cases	0
Kenya	216	8	9	0	Clusters of cases	0
Rwanda	134	7	0	0	Sporadic cases	0
Mali	123	7	10	1	Sporadic cases	0
Madagascar	110	4	0	0	Clusters of cases	0
Ethiopia	82	8	3	0	Sporadic cases	0
Gabon	80	23	1	0	Sporadic cases	0
Togo	77	1	3	0	Sporadic cases	0
Congo	74	0	5	0	Clusters of cases	1
Liberia	59	8	6	0	Sporadic cases	0
Uganda	54	0	0	0	Sporadic cases	2
United Republic of Tanzania	53	4	3	0	Sporadic cases	0
Zambia	45	0	2	0	Sporadic cases	1
Equatorial Guinea	41	20	0	0	Sporadic cases	0
Guinea-Bissau	40	1	0	0	Sporadic cases	0
Benin	35	0	1	0	Sporadic cases	3
Eritrea	34	0	0	0	Sporadic cases	2
Mozambique	28	7	0	0	Sporadic cases	0
Chad	23	0	0	0	Sporadic cases	1

Angola	19	0	2	0	Sporadic cases	6
Zimbabwe	18	1	3	0	Sporadic cases	0
Malawi	16	0	2	0	Sporadic cases	1
Namibia	16	0	0	0	Sporadic cases	9
Eswatini	15	1	0	0	Sporadic cases	0
Botswana	13	0	1	0	Sporadic cases	5
Central African Republic	11	0	0	0	Sporadic cases	4
Seychelles	11	0	0	0	Sporadic cases	8
Sierra Leone	11	1	0	0	Sporadic cases	0
Cabo Verde	10	0	1	0	Sporadic cases	1
Gambia	9	0	1	0	Sporadic cases	3
Mauritania	7	0	1	0	Sporadic cases	4
Burundi	5	0	0	0	Sporadic cases	2
São Tomé and Príncipe	4	0	0	0	Pending	8
South Sudan	4	0	0	0	Pending	3
<b>Territories**</b>						
Réunion	391	0	0	0	Clusters of cases	1
Mayotte	217	10	3	0	Clusters of cases	0
<b>Subtotal for all Regions</b>	<b>1914204</b>	<b>70082</b>	<b>122998</b>	<b>5989</b>		
International conveyance (Diamond Princess)	712	0	12	0	Not Applicable <sup>††</sup>	30
<b>Grand total</b>	<b>1914916</b>	<b>70082</b>	<b>123010</b>	<b>5989</b>		

\* Numbers include both domestic and repatriated cases

<sup>†</sup>The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city 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.

<sup>‡</sup>Case classifications are based on [WHO case definitions](#) for COVID-19.

<sup>§</sup>Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be upgraded or downgraded as new information becomes available. Not all locations within a given country/territory/area are equally affected; countries/territories/areas experiencing multiple types of transmission are classified in the highest category reported. Within a given transmission category, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases, recency of cases, and other factors.

Terms:

- **No cases:** Countries/territories/areas with no confirmed cases (not shown in table)
- **Sporadic cases:** Countries/territories/areas with one or more cases, imported or locally detected
- **Clusters of cases:** Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures
- **Community transmission:** Countries/area/territories 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
  - Multiple unrelated clusters in several areas of the country/territory/area

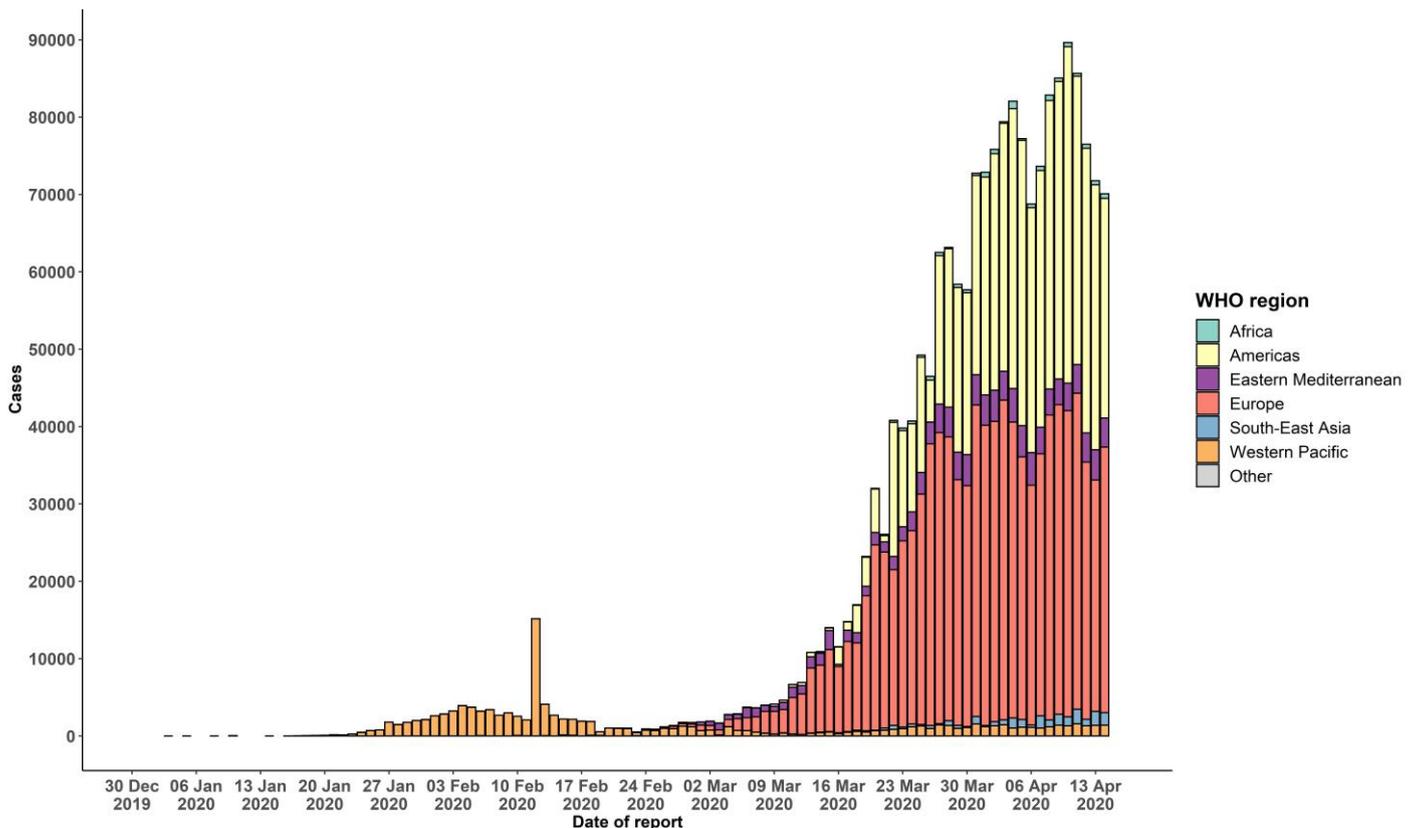
\*\* "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

<sup>[1]</sup> All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

<sup>††</sup> As the international conveyance (Diamond Princess) is no longer occupied, transmission classification cannot be applied.

Due to differences in reporting methods, retrospective data consolidation, and reporting delays, the number of new cases may not always reflect the exact difference between yesterday's and today's totals. WHO COVID-19 Situation Reports present official counts of confirmed COVID-19 cases, thus differences between WHO reports and other sources of COVID-19 data using different inclusion criteria and different data cutoff times are to be expected.

Figure 1. Epidemic curve of confirmed COVID-19, by date of report and WHO region through 15 April 2020



## STRATEGIC OBJECTIVES

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 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 COVID-19 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 COVID-19.
- 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 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 COVID-19.
- WHO has provided recommendations to reduce risk of [transmission from animals to humans](#).
- WHO has published an [updated recommendations for international traffic in relation to COVID-19 outbreak](#).
- WHO has activated the R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- OpenWHO is an interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. [COVID-19 courses can be found here](#) and courses in [additional national languages here](#). Specifically, WHO has developed online courses on the following topics:
  - Introduction to Go.Data – Field data collection, chains of transmission and contact follow-up. The Go.Data tool is available globally to WHO staff, member states and partners to support outbreak investigation, focusing on field data collection, contact tracing and visualisation of chains of transmission.
  - A general introduction to emerging respiratory viruses, including novel coronaviruses (available in Arabic, Chinese, English, French, Russian, Spanish, Hindi, Indian Sign Language, Persian, Portuguese, Serbian and Turkish);
  - Clinical care for Severe Acute Respiratory Infections (available in English, French, Russian, Indonesian and Vietnamese);
  - Health and safety briefing for respiratory diseases - ePROTECT (available in Chinese, English, French, Russian, Spanish, Indonesian and Portuguese);
  - Infection Prevention and Control for Novel Coronavirus (COVID-19) (available in Chinese, English, French, Russian, Spanish, Indonesian, Italian, Japanese, Portuguese and Serbian); and
  - COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response (available in English and coming soon in additional languages).
- 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](#). 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.

### Suspect case

A. 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.

**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 symptom onset;

**OR**

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.

### Probable case

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

a. Inconclusive being the result of the test reported by the laboratory.

**OR**

B. A suspect case for whom testing could not be performed for any reason.

### Confirmed case

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

- Technical guidance for laboratory testing can be found [here](#).

### **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:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment<sup>1</sup>; OR
4. Other situations as indicated by local risk assessments.

Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days *after the date on which the sample was taken* which led to confirmation.

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<sup>1</sup> World Health Organization. Infection prevention and control during health care when COVID-19 is suspected  
[https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)