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

Data as received by WHO from national authorities by 10:00 CEST, 30 April 2020

HIGHLIGHTS

- WHO reminds health authorities to take specific steps to protect health care workers and communities during essential immunization activities during the COVID-19 pandemic. PAHO has published an article on this, available here.
- 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." Her full statement is available here.
- WHO/EURO Director, Dr Hans Henri P. Kluge, called for transparent knowledge-sharing, tailored support on the ground, and steadfast solidarity. His statement is available here.
- WHO SEARO organized a meeting yesterday with vaccine manufacturers and national regulatory authorities to discuss future COVID-19 vaccine manufacturing in the Region. An article on this is available here.
- 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.

SITUATION IN NUMBERS
total (new cases in last 24 hours)

Globally
3 090 445 confirmed (71839)
217 769 deaths (9797)

European Region
1 434 649 confirmed (27824)
135 961 deaths (6650)

Region of the Americas
1 246 190 confirmed (33102)
65 228 deaths (2824)

Eastern Mediterranean Region
182 417 confirmed (5489)
7447 deaths (143)

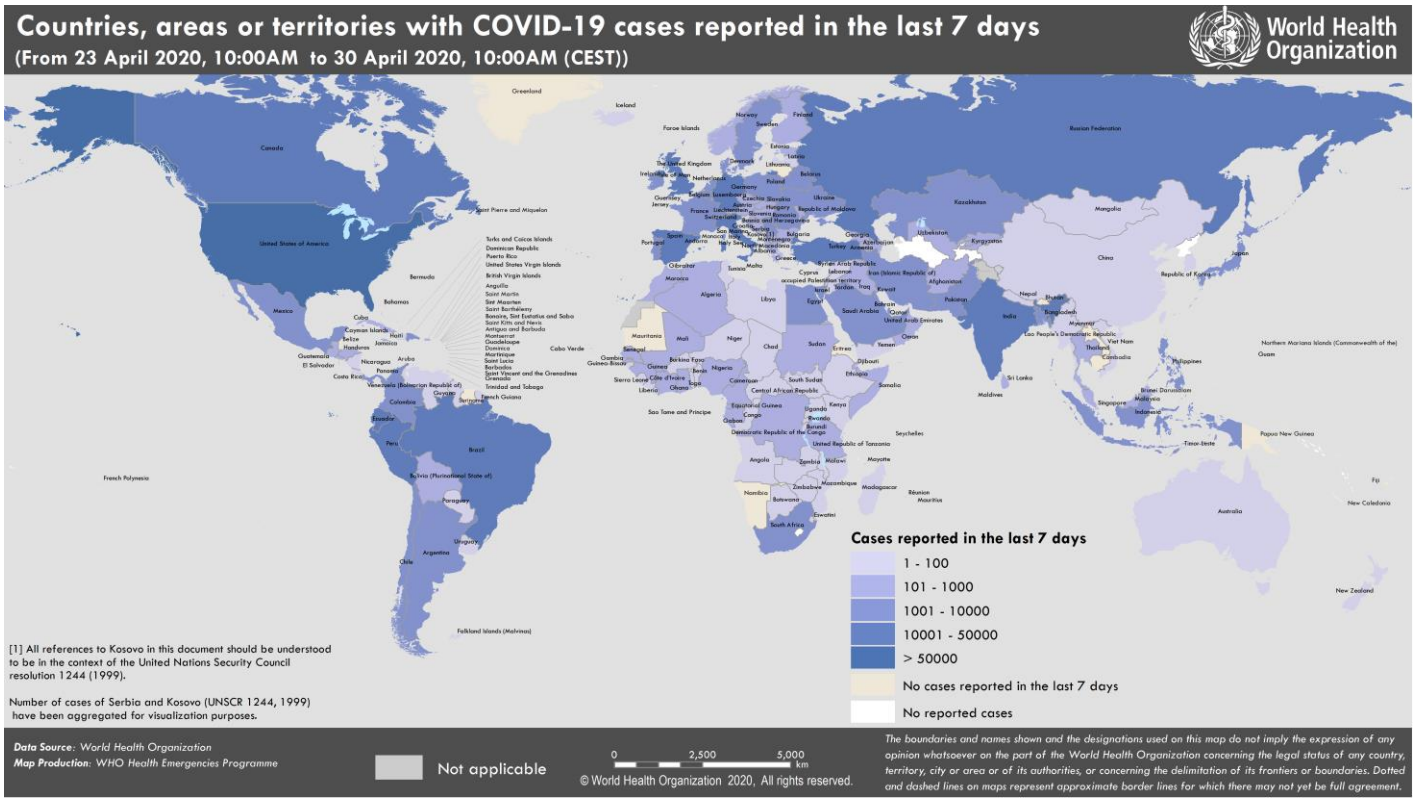
Western Pacific Region
147 743 confirmed (1294)
6094 deaths (57)

South-East Asia Region
54 021 confirmed (2670)
2088 deaths (87)

African Region
24 713 confirmed (1460)
938 deaths (36)

WHO RISK ASSESSMENT
Global Level Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 30 April 2020



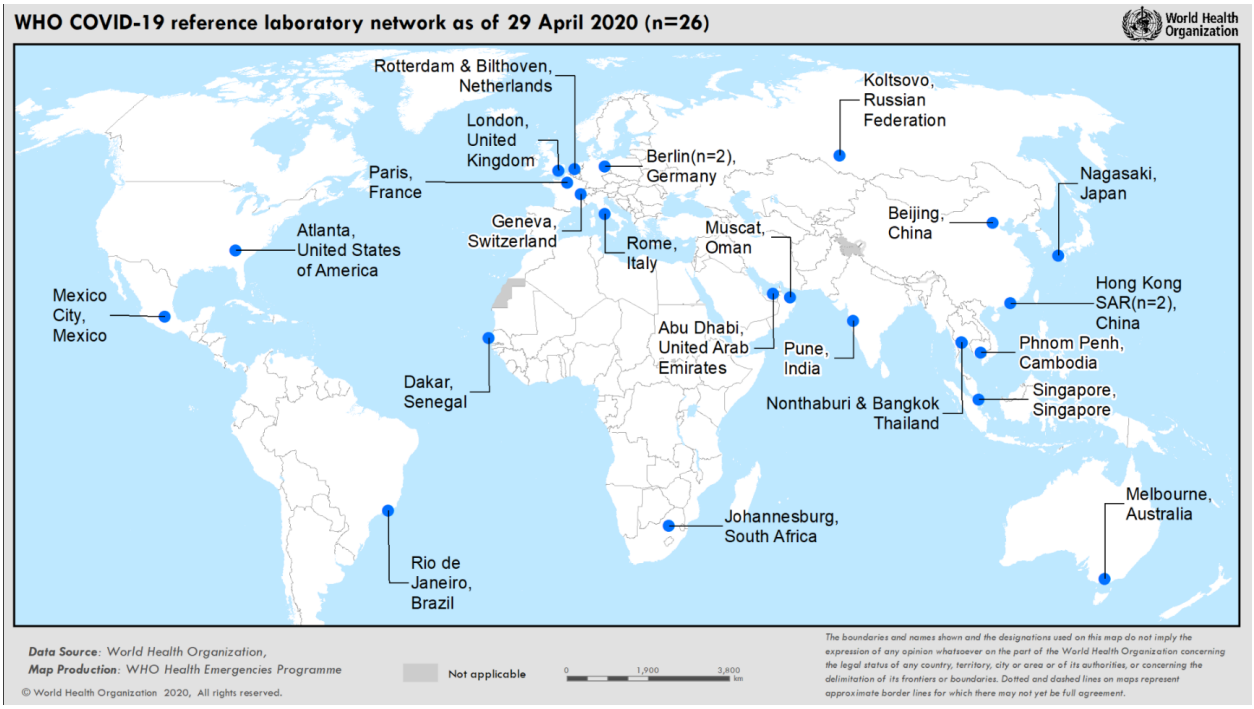
SUBJECT IN FOCUS: Detection of disease – an update on laboratory services for COVID-19

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 COVID-19. 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.

Figure 2. WHO COVID-19 Reference Laboratory Network



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
Malaysia	5945	94	100	0	Clusters of cases	0
New Zealand	1129	3	19	0	Clusters of cases	0
Viet Nam	270	0	0	0	Clusters of cases	5
Brunei Darussalam	138	0	1	0	Sporadic cases	10
Cambodia	122	0	0	0	Sporadic cases	18
Mongolia	38	0	0	0	Sporadic cases	3
Lao People's Democratic Republic	19	0	0	0	Sporadic cases	17
Fiji	18	0	0	0	Sporadic cases	9
Papua New Guinea	8	0	0	0	Sporadic cases	7
Territories[**]						
Guam	141	1	5	0	Clusters of cases	0
French Polynesia	58	0	0	0	Sporadic cases	2
New Caledonia	18	0	0	0	Sporadic cases	27
Northern Mariana Islands (Commonwealth of the)	14	0	2	0	Pending	12
European Region						
Spain	212917	2144	24275	453	Community transmission	0
Italy	203591	2086	27682	323	Community transmission	0
The United Kingdom	165225	4076	26097	4419	Community transmission	0
Germany	159119	1478	6288	173	Community transmission	0
France	127066	1602	24054	427	Community transmission	0
Turkey	117589	2936	3081	89	Community transmission	0
Russian Federation	106498	7099	1073	101	Clusters of cases	0
Belgium	47859	525	7501	170	Community transmission	0
Netherlands	38802	386	4711	145	Community transmission	0

Switzerland	29324	143	1407	28	Community transmission	0
Portugal	24505	183	973	25	Community transmission	0
Sweden	20302	681	2462	107	Community transmission	0
Ireland	20253	376	1190	31	Community transmission	0
Israel	15782	0	212	0	Pending	1
Austria	15364	50	580	11	Community transmission	0
Belarus	13181	973	84	5	Clusters of cases	0
Poland	12640	422	624	28	Community transmission	0
Romania	11978	362	675	25	Community transmission	0
Ukraine	10406	540	261	11	Community transmission	0
Denmark	9008	157	443	9	Pending	0
Serbia	8724	227	173	5	Pending	0
Norway	7667	62	202	7	Pending	0
Czechia	7579	75	227	0	Community transmission	0
Finland	4906	166	206	7	Pending	0
Republic of Moldova	3771	133	116	7	Pending	0
Luxembourg	3769	28	89	0	Pending	0
Kazakhstan	3333	255	25	0	Pending	0
Hungary	2775	48	312	12	Clusters of cases	0
Greece	2576	42	139	3	Community transmission	0
Armenia	2066	134	32	2	Clusters of cases	0
Croatia	2062	15	67	4	Community transmission	0
Uzbekistan	2031	76	9	1	Clusters of cases	0
Iceland	1797	2	10	0	Community transmission	0
Azerbaijan	1766	49	23	1	Clusters of cases	0
Bosnia and Herzegovina	1689	101	64	2	Community transmission	0
Estonia	1666	6	50	0	Pending	0
Bulgaria	1447	48	64	6	Pending	0
North Macedonia	1442	21	73	2	Clusters of cases	0
Slovenia	1418	10	89	3	Community transmission	0
Slovakia	1391	7	22	2	Clusters of cases	0
Lithuania	1375	0	45	1	Community transmission	0
Latvia	849	13	15	2	Community transmission	0
Cyprus	843	6	20	0	Clusters of cases	0
Albania	773	7	31	1	Clusters of cases	0
Andorra	753	0	41	0	Community transmission	1

Kyrgyzstan	746	17	8	0	Clusters of cases	0
San Marino	563	10	41	0	Community transmission	0
Georgia	539	22	6	0	Community transmission	0
Malta	463	13	4	0	Pending	0
Montenegro	322	1	7	0	Clusters of cases	0
Liechtenstein	83	0	1	0	Pending	4
Monaco	68	0	1	0	Sporadic cases	16
Holy See	10	0	0	0	Sporadic cases	1
Territories**						
Kosovo[1]	799	9	22	0	Community transmission	0
Isle of Man	309	1	21	1	Pending	0
Jersey	284	1	20	1	Pending	0
Guernsey	247	0	13	0	Community transmission	2
Faroe Islands	187	0	0	0	Pending	6
Gibraltar	141	0	0	0	Clusters of cases	3
Greenland	11	0	0	0	Pending	24
South-East Asia Region						
India	33050	1718	1074	67	Clusters of cases	0
Indonesia	9771	260	784	11	Community transmission	0
Bangladesh	7103	641	163	8	Pending	0
Thailand	2954	7	54	0	Clusters of cases	0
Sri Lanka	649	30	7	0	Clusters of cases	0
Maldives	256	11	0	0	Clusters of cases	0
Myanmar	150	0	6	1	Clusters of cases	1
Nepal	57	3	0	0	Sporadic cases	0
Timor-Leste	24	0	0	0	Clusters of cases	6
Bhutan	7	0	0	0	Sporadic cases	7
Eastern Mediterranean Region						
Iran (Islamic Republic of)	93657	1073	5957	80	Community transmission	0
Saudi Arabia	21402	1325	157	5	Clusters of cases	0
Pakistan	15759	874	346	19	Clusters of cases	0
Qatar	12564	643	10	0	Pending	0
United Arab Emirates	11929	549	98	9	Pending	0
Egypt	5268	226	380	21	Clusters of cases	0
Morocco	4359	107	168	3	Clusters of cases	0
Kuwait	3740	300	24	1	Clusters of cases	0
Bahrain	2921	110	8	0	Clusters of cases	0
Oman	2348	74	10	0	Clusters of cases	0
Iraq	2003	75	92	2	Clusters of cases	0
Afghanistan	1827	0	60	0	Clusters of cases	1
Djibouti	1077	5	2	0	Clusters of cases	0
Tunisia	980	5	40	0	Community transmission	0
Lebanon	721	4	24	0	Clusters of cases	0
Somalia	582	54	28	0	Sporadic cases	0

Jordan	451	2	8	0	Clusters of cases	0
Sudan	375	57	28	3	Sporadic cases	0
Libya	61	0	2	0	Clusters of cases	5
Syrian Arab Republic	43	0	3	0	Community transmission	2
Yemen	6	5	0	0	Pending	0
Territories**						
occupied Palestinian territory	344	1	2	0	Clusters of cases	0
Region of the Americas						
United States of America	1003974	20517	52428	1936	Community transmission	0
Brazil	71886	5385	5017	474	Community transmission	0
Canada	50363	1349	2904	138	Community transmission	0
Peru	31190	2491	854	72	Community transmission	0
Ecuador	24675	417	883	12	Community transmission	0
Mexico	16752	1223	1569	135	Community transmission	0
Chile	14885	520	216	9	Community transmission	0
Dominican Republic	6652	236	293	7	Community transmission	0
Panama	6200	179	176	9	Community transmission	0
Colombia	5949	352	269	16	Community transmission	0
Argentina	4201	182	207	10	Community transmission	0
Cuba	1467	30	58	0	Clusters of cases	0
Bolivia (Plurinational State of)	1053	39	55	2	Clusters of cases	0
Honduras	738	36	66	2	Clusters of cases	0
Costa Rica	705	8	6	0	Clusters of cases	0
Uruguay	625	5	15	0	Clusters of cases	0
Guatemala	557	27	16	1	Clusters of cases	0
Jamaica	381	17	7	0	Clusters of cases	0
El Salvador	377	32	9	1	Clusters of cases	0
Venezuela (Bolivarian Republic of)	329	0	10	0	Clusters of cases	1
Paraguay	239	9	9	0	Community transmission	0
Trinidad and Tobago	116	0	8	0	Sporadic cases	2
Bahamas	80	0	11	0	Clusters of cases	2
Barbados	80	0	6	0	Clusters of cases	1
Haiti	76	0	6	0	Clusters of cases	1
Guyana	75	1	8	0	Clusters of cases	0
Antigua and Barbuda	24	0	3	0	Clusters of cases	7
Grenada	19	1	0	0	Clusters of cases	0
Belize	18	0	2	0	Sporadic cases	15

Saint Lucia	17	2	0	0	Sporadic cases	0
Dominica	16	0	0	0	Clusters of cases	19
Saint Vincent and the Grenadines	16	1	0	0	Sporadic cases	0
Saint Kitts and Nevis	15	0	0	0	Sporadic cases	9
Nicaragua	13	0	3	0	Pending	3
Suriname	10	0	1	0	Sporadic cases	26
Territories**						
Puerto Rico	1433	33	54	0	Clusters of cases	0
Martinique	175	0	14	0	Clusters of cases	3
Guadeloupe	151	2	11	0	Clusters of cases	0
French Guiana	125	1	1	0	Clusters of cases	0
Bermuda	111	1	6	0	Clusters of cases	0
Aruba	100	0	2	0	Clusters of cases	7
Sint Maarten	75	0	13	0	Clusters of cases	1
Cayman Islands	73	3	1	0	Clusters of cases	0
United States Virgin Islands	62	3	4	0	Clusters of cases	0
Saint Martin	38	0	3	0	Sporadic cases	7
Curaçao	16	0	1	0	Sporadic cases	2
Falkland Islands (Malvinas)	13	0	0	0	Clusters of cases	4
Turks and Caicos Islands	12	0	1	0	Sporadic cases	2
Montserrat	11	0	1	0	Sporadic cases	16
Bonaire, Sint Eustatius and Saba	6	0	0	0	Sporadic cases	2
British Virgin Islands	6	0	1	0	Sporadic cases	4
Saint Barthélemy	6	0	0	0	Sporadic cases	30
Anguilla	3	0	0	0	Sporadic cases	26
Saint Pierre and Miquelon	1	0	0	0	Sporadic cases	22
African Region						
South Africa	5350	354	103	10	Community transmission	0
Algeria	3848	199	444	7	Community transmission	0
Cameroon	1806	101	59	1	Clusters of cases	0
Ghana	1671	0	16	0	Clusters of cases	1
Nigeria	1532	195	44	4	Community transmission	0
Guinea	1351	111	7	0	Community transmission	0
Côte d'Ivoire	1238	55	14	0	Clusters of cases	0
Senegal	882	59	9	0	Clusters of cases	0
Niger	713	4	32	1	Clusters of cases	0
Burkina Faso	638	0	42	0	Community transmission	1
Democratic Republic of the Congo	500	9	31	1	Clusters of cases	0
Mali	482	58	25	1	Clusters of cases	0

United Republic of Tanzania	480	180	16	6	Clusters of cases	0
Kenya	384	10	15	1	Clusters of cases	0
Mauritius	332	0	10	0	Community transmission	3
Equatorial Guinea	315	0	1	0	Clusters of cases	1
Gabon	276	38	3	0	Clusters of cases	0
Rwanda	225	13	0	0	Clusters of cases	0
Congo	220	13	9	1	Clusters of cases	0
Liberia	141	0	16	0	Clusters of cases	1
Ethiopia	130	4	3	0	Clusters of cases	0
Madagascar	128	0	0	0	Clusters of cases	3
Sierra Leone	116	12	5	1	Clusters of cases	0
Cabo Verde	113	0	1	0	Sporadic cases	1
Togo	109	10	7	1	Clusters of cases	0
Zambia	97	2	3	0	Sporadic cases	0
Eswatini	91	20	1	0	Sporadic cases	0
Uganda	79	0	0	0	Sporadic cases	2
Guinea-Bissau	77	4	1	0	Sporadic cases	0
Mozambique	76	0	0	0	Sporadic cases	3
Benin	69	5	2	1	Sporadic cases	0
Chad	52	0	2	0	Sporadic cases	1
Central African Republic	50	0	0	0	Sporadic cases	1
Eritrea	39	0	0	0	Sporadic cases	11
Malawi	36	0	3	0	Sporadic cases	2
South Sudan	34	0	0	0	Sporadic cases	1
Zimbabwe	32	0	4	0	Sporadic cases	1
Angola	27	0	2	0	Sporadic cases	2
Botswana	23	0	1	0	Sporadic cases	1
Namibia	16	0	0	0	Sporadic cases	24
Burundi	15	0	1	0	Sporadic cases	3
Gambia	11	1	1	0	Sporadic cases	0
São Tomé and Príncipe	11	0	0	0	Sporadic cases	1
Seychelles	11	0	0	0	Sporadic cases	23
Mauritania	7	0	1	0	Sporadic cases	19
Territories[**]						
Mayotte	460	0	4	0	Clusters of cases	1
Réunion	420	3	0	0	Clusters of cases	0
Subtotal for all Regions	**3 089733**	**71839**	**217756**	**9797**		
International conveyance (Diamond Princess)	712	0	13	0	Not Applicable[††]	45
Grand total	**3 090445**	**71839**	**217769**	**9797**		

[*]Countries are arranged by official WHO regions, in descending order by the number of total confirmed cases. Overseas territories[**] are listed under the WHO region that administers them.

[†]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.

[‡]Case classifications are based on WHO case definitions for COVID-19.

§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

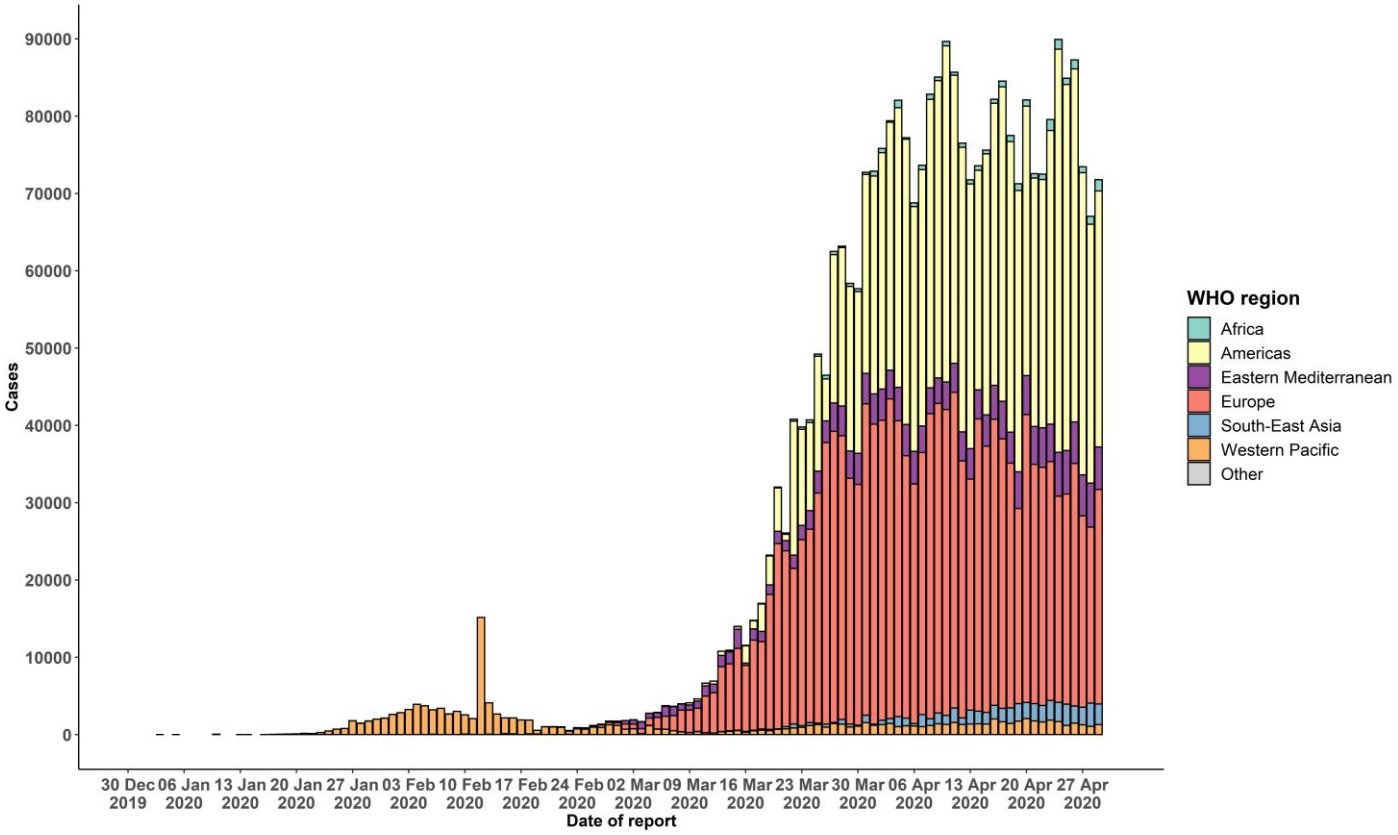
[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

†† 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.

The number of cases for Lithuania has been adjusted retrospectively by Lithuanian authorities to include only those with positive polymerase chain reaction (PCR) test results.

Figure 3. Epidemic curve of confirmed COVID-19, by date of report and WHO region through 30 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 free online courses to improve the response to health emergencies. COVID-19 resources are hosted on 2 learning channels: one for courses in official WHO languages here and a second for courses in additional national languages here.
    - There are more than 1.5 million enrolments in the platform's courses to support the COVID-19 response. Specifically, WHO has developed courses on the following topics:
    - A general introduction to emerging respiratory viruses, including novel coronaviruses (available in Arabic, Chinese, English, French, Russian, Spanish, Bengali, Hindi, Hungarian, Indian Sign Language, Indonesian, Macedonian, Persian, Portuguese, Serbian, Turkish and Vietnamese);

- Clinical care for Severe Acute Respiratory Infection (SARI) (available in English, French, Russian, Spanish, Indonesian, Portuguese and Vietnamese);
- Health and safety briefing for respiratory diseases – ePROTECT (available in Arabic, Chinese, English, French, Russian, Spanish, Indonesian and Portuguese);
- Infection Prevention and Control for COVID-19 (available in Chinese, English, French, Russian, Spanish, Indonesian, Italian, Japanese, Macedonian, Portuguese, Serbian and Turkish);
- COVID-19 operational planning guidelines and partners platform to support country preparedness and response (available in Chinese, English, French, Russian, Indonesian and Portuguese);
- SARI treatment facility design (available in Arabic, English, Italian and Portuguese);
- An introduction to Go.Data – field data collection, chains of transmission and contact follow-up (available in English and coming soon in additional languages);
- How to put on and remove personal protective equipment (PPE) for COVID-19 (available in English and coming soon in additional languages); and
- Standard precautions for hand hygiene (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[1]; 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.

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.

Further guidance for certification and classification (coding) of COVID-19 as cause of death is available here.

[1] 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