Coronavirus disease 2019 (COVID-19)
Situation Report – 46

Data as reported by national authorities by 10AM CET 06 March 2020

HIGHLIGHTS

- 4 new countries/territories/areas (Bhutan, Cameroon, Serbia, and South Africa) have reported cases of COVID-19 in the past 24 hours.

- As the COVID-19 outbreak continues to evolve, comparisons have been drawn to influenza. WHO has provided a Q&A regarding the similarities and differences between the two diseases. Please see the Situation in Focus below for more information.

SITUATION IN NUMBERS
total and new cases in last 24 hours

Globally
98 192 confirmed (2873 new)

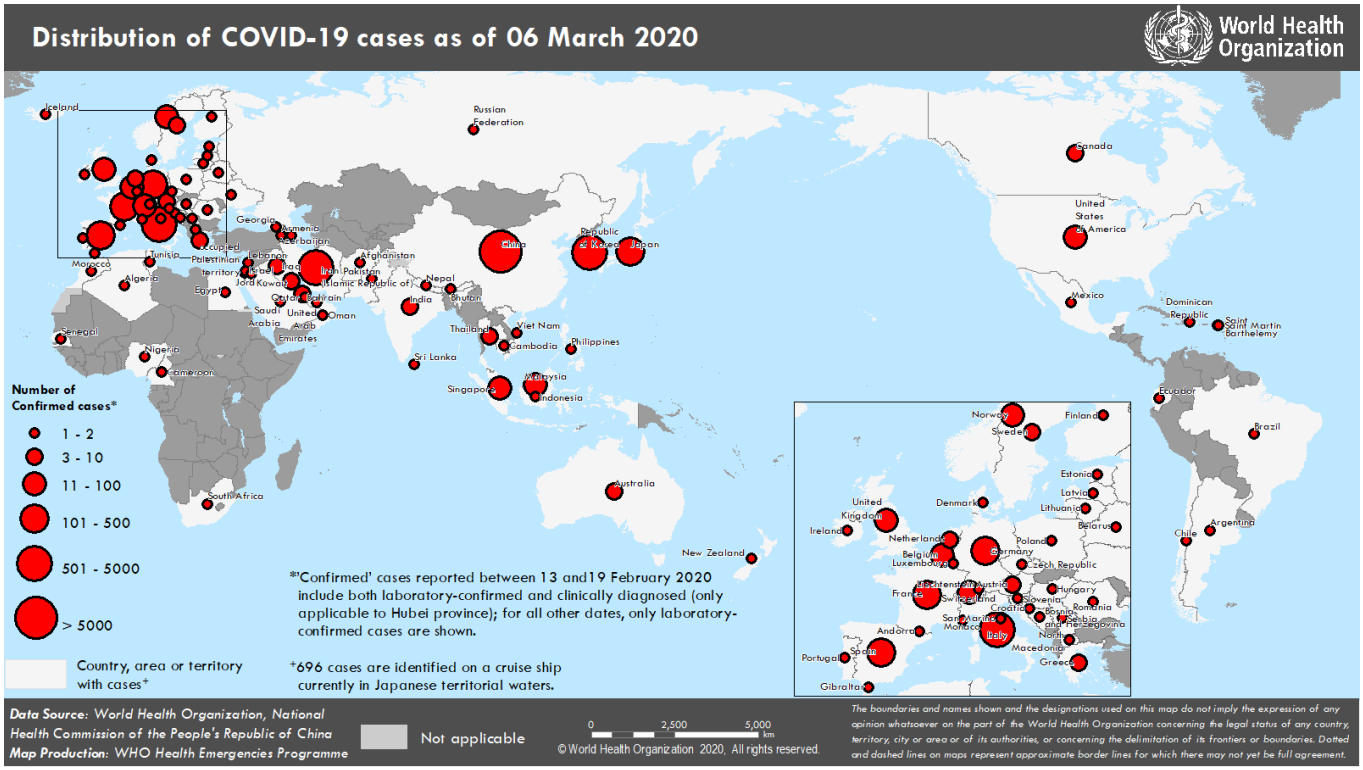
China
80 711 confirmed (146 new)
3045 deaths (30 new)

Outside of China
17 481 confirmed (2727 new)
335 deaths (69 new)
88 Countries/territories/areas (4 new)

WHO RISK ASSESSMENT

China	Very High
Regional Level	Very High
Global Level	Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 06 March 2020



SUBJECT IN FOCUS: Q&A: Similarities and differences – COVID-19 and influenza

As the COVID-19 outbreak continues to evolve, comparisons have been drawn to influenza. Both cause respiratory disease, yet there are important differences between the two viruses and how they spread. This has important implications for the public health measures that can be implemented to respond to each virus.

Q. How are COVID-19 and influenza viruses similar?
Firstly, COVID-19 and influenza viruses have a similar disease presentation. That is, they both cause respiratory disease, which presents as a wide range of illness from asymptomatic or mild through to severe disease and death.

Secondly, both viruses are transmitted by contact, droplets and fomites. As a result, the same public health measures, such as hand hygiene and good respiratory etiquette (coughing into your elbow or into a tissue and immediately disposing of the tissue), are important actions all can take to prevent infection.

Q. How are COVID-19 and influenza viruses different?
The speed of transmission is an important point of difference between the two viruses. Influenza has a shorter median incubation period (the time from infection to appearance of symptoms) and a shorter serial interval (the time between successive cases) than COVID-19 virus. The serial interval for COVID-19 virus is estimated to be 5-6 days, while for influenza virus, the serial interval is 3 days. This means that influenza can spread faster than COVID-19.

Further, transmission in the first 3-5 days of illness, or potentially pre-symptomatic transmission –transmission of the virus before the appearance of symptoms – is a major driver of transmission for influenza. In contrast, while we are learning that there are people who can shed COVID-19 virus 24-48 hours prior to symptom onset, at present, this does not appear to be a major driver of transmission.

The reproductive number – the number of secondary infections generated from one infected individual – is understood to be between 2 and 2.5 for COVID-19 virus, higher than for influenza. However, estimates for both COVID-19 and influenza viruses are very context and time-specific, making direct comparisons more difficult.

Children are important drivers of influenza virus transmission in the community. For COVID-19 virus, initial data indicates that children are less affected than adults and that clinical attack rates in the 0-19 age group are low. Further preliminary data from household transmission studies in China suggest that children are infected from adults, rather than vice versa.

While the range of symptoms for the two viruses is similar, the fraction with severe disease appears to be different. For COVID-19, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation. These fractions of severe and critical infection would be higher than what is observed for influenza infection.

Those most at risk for severe influenza infection are children, pregnant women, elderly, those with underlying chronic medical conditions and those who are immunosuppressed. For COVID-19, our current understanding is that older age and underlying conditions increase the risk for severe infection.

Mortality for COVID-19 appears higher than for influenza, especially seasonal influenza. While the true mortality of COVID-19 will take some time to fully understand, the data we have so far indicate that the crude mortality ratio (the number of reported deaths divided by the reported cases) is between 3-4%, the infection mortality rate (the number of reported deaths divided by the number of infections) will be lower. For seasonal influenza, mortality is usually well below 0.1%. However, mortality is to a large extent determined by access to and quality of health care.

Q. What medical interventions are available for COVID-19 and influenza viruses?
While there are a number of therapeutics currently in clinical trials in China and more than 20 vaccines in development for COVID-19, there are currently no licensed vaccines or therapeutics for COVID-19. In contrast, antivirals and vaccines available for influenza. While the influenza vaccine is not effective against COVID-19 virus, it is highly recommended to get vaccinated each year to prevent influenza infection.

SURVEILLANCE

Table 1. Confirmed and suspected cases of COVID-19 acute respiratory disease reported by provinces, regions and cities in China, Data as of 06 March 2020

Province/ Region/ City	Population (10,000s)	In last 24 hours			Cumulative	
		Confirmed cases	Suspected cases	Deaths	Confirmed cases	Deaths
Hubei	5917	126	43	29	67592	2931
Guangdong	11346	1	0	0	1351	7
Henan	9605	0	0	0	1272	22
Zhejiang	5737	0	1	0	1215	1
Hunan	6899	0	0	0	1018	4
Anhui	6324	0	0	0	990	6
Jiangxi	4648	0	0	0	935	1
Shandong	10047	0	0	0	758	6
Jiangsu	8051	0	0	0	631	0
Chongqing	3102	0	2	0	576	6
Sichuan	8341	0	2	0	539	3
Heilongjiang	3773	0	0	0	481	13
Beijing	2154	4	3	0	422	8
Shanghai	2424	1	22	0	339	3
Hebei	7556	0	0	0	318	6
Fujian	3941	0	0	0	296	1
Guangxi	4926	0	0	0	252	2
Shaanxi	3864	0	0	0	245	1
Yunnan	4830	0	2	0	174	2
Hainan	934	0	0	1	168	6
Guizhou	3600	0	2	0	146	2
Tianjin	1560	0	9	0	136	3
Shanxi	3718	0	0	0	133	0
Liaoning	4359	0	13	0	125	1
Hong Kong SAR	745	0	0	0	104	2
Gansu	2637	11	0	0	102	2
Jilin	2704	0	3	0	93	1
Xinjiang	2487	0	0	0	76	3
Inner Mongolia	2534	0	0	0	75	1
Ningxia	688	0	0	0	75	0
Taipei and environs	2359	3	0	0	45	1
Qinghai	603	0	0	0	18	0
Macao SAR	66	0	0	0	10	0
Xizang	344	0	0	0	1	0
Total	**142823**	**146**	**102**	**30**	**80711**	**3045**

Table 2. Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 06 March 2020[*]

Reporting Country/ Territory/Area[†]	Total confirmed[‡] cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification[§]	Days since last reported case
Western Pacific Region						
Republic of Korea	6284	518	42	7	Local transmission	0
Japan	349	32	6	0	Local transmission	0
Singapore	117	7	0	0	Local transmission	0
Australia	57	0	2	0	Local transmission	1
Malaysia	55	5	0	0	Local transmission	0
Viet Nam	16	0	0	0	Local transmission	22
Philippines	5	2	1	0	Local transmission	0
New Zealand	4	2	0	0	Local transmission	0
Cambodia	1	0	0	0	Imported cases only	38
European Region						
Italy	3858	769	148	41	Local transmission	0
Germany	534	272	0	0	Local transmission	0
France	420	138	6	2	Local transmission	0
Spain	257	59	3	2	Local transmission	0
The United Kingdom	118	29	0	0	Local transmission	0
Norway	86	30	0	0	Local transmission	0
Switzerland	86	30	1	1	Local transmission	0
Netherlands	82	44	0	0	Local transmission	0
Sweden	61	26	0	0	Local transmission	0
Belgium	50	27	0	0	Local transmission	1
Austria	47	10	0	0	Imported cases only	0
Greece	32	23	0	0	Local transmission	1
Iceland	26	0	0	0	Imported cases only	1
San Marino	21	5	0	0	Local transmission	0
Denmark	18	8	0	0	Local transmission	1
Israel	15	0	0	0	Local transmission	1
Ireland	14	12	0	0	Local transmission	0
Czech Republic	12	7	0	0	Local transmission	0
Finland	12	5	0	0	Local transmission	0
Croatia	10	1	0	0	Local transmission	0
Georgia	9	6	0	0	Imported cases only	0
Portugal	9	0	0	0	Local transmission	1
Belarus	6	0	0	0	Local transmission	1
Romania	6	2	0	0	Local transmission	0
Slovenia	6	5	0	0	Local transmission	0
Russian Federation	4	1	0	0	Imported cases only	0
Azerbaijan	3	0	0	0	Imported cases only	5
Estonia	3	1	0	0	Imported cases only	0
Bosnia and Herzegovina	2	0	0	0	Local transmission	1
Hungary	2	0	0	0	Imported cases only	1
Andorra	1	0	0	0	Imported cases only	3
Armenia	1	0	0	0	Imported cases only	4
Latvia	1	0	0	0	Imported cases only	3
Liechtenstein	1	0	0	0	Imported cases only	0
Lithuania	1	0	0	0	Imported cases only	7
Luxembourg	1	0	0	0	Imported cases only	4

Monaco	1	0	0	0	Under investigation	5
North Macedonia	1	0	0	0	Imported cases only	8
Poland	1	0	0	0	Imported cases only	2
Serbia	1	1	0	0	Under investigation	0
Ukraine	1	0	0	0	Imported cases only	2
Territories**						
Gibraltar	1	0	0	0	Under investigation	2
South-East Asia Region						
Thailand	47	0	1	0	Local transmission	1
India	30	1	0	0	Local transmission	0
Indonesia	2	0	0	0	Local transmission	4
Bhutan	1	1	0	0	Imported cases only	0
Nepal	1	0	0	0	Imported cases only	42
Sri Lanka	1	0	0	0	Imported cases only	39
Eastern Mediterranean Region						
Iran (Islamic Republic of)	3513	591	107	15	Local transmission	0
Kuwait	58	0	0	0	Imported cases only	1
Bahrain	49	0	0	0	Imported cases only	3
Iraq	36	0	2	0	Imported cases only	1
United Arab Emirates	27	0	0	0	Local transmission	2
Lebanon	16	3	0	0	Local transmission	0
Oman	16	1	0	0	Imported cases only	0
Qatar	8	0	0	0	Imported cases only	2
Saudi Arabia	8	6	0	0	Imported cases only	0
Pakistan	5	0	0	0	Imported cases only	3
Egypt	3	1	0	0	Imported cases only	0
Morocco	2	0	0	0	Imported cases only	1
Afghanistan	1	0	0	0	Imported cases only	11
Jordan	1	0	0	0	Imported cases only	3
Tunisia	1	0	0	0	Imported cases only	3
Territories**						
Occupied Palestinian Territory	7	0	0	0	Imported cases only	1
Region of the Americas						
United States of America	148	19	10	1	Local transmission	0
Canada	45	15	0	0	Local transmission	0
Ecuador	13	6	0	0	Local transmission	0
Brazil	7	4	0	0	Imported cases only	0
Mexico	5	0	0	0	Imported cases only	4
Argentina	1	0	0	0	Imported cases only	2
Chile	1	0	0	0	Imported cases only	2
Dominican Republic	1	0	0	0	Imported cases only	4
Territories**						
Saint Martin	2	0	0	0	Under investigation	3
Saint Barthélemy	1	0	0	0	Under investigation	3
African Region						
Algeria	12	0	0	0	Local transmission	1
Senegal	4	0	0	0	Imported cases only	1
Cameroon	1	1	0	0	Imported cases only	0
Nigeria	1	0	0	0	Imported cases only	7

South Africa	1	1	0	0	Imported cases only	0
Subtotal for all regions	**16785**	**2727**	**329**	**69**		
International conveyance (Diamond Princess)	696	0	6	0	Local transmission	0
Grand total	**17481**	**2727**	**335**	**69**		

*Numbers include both domestic and repatriated cases

†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.

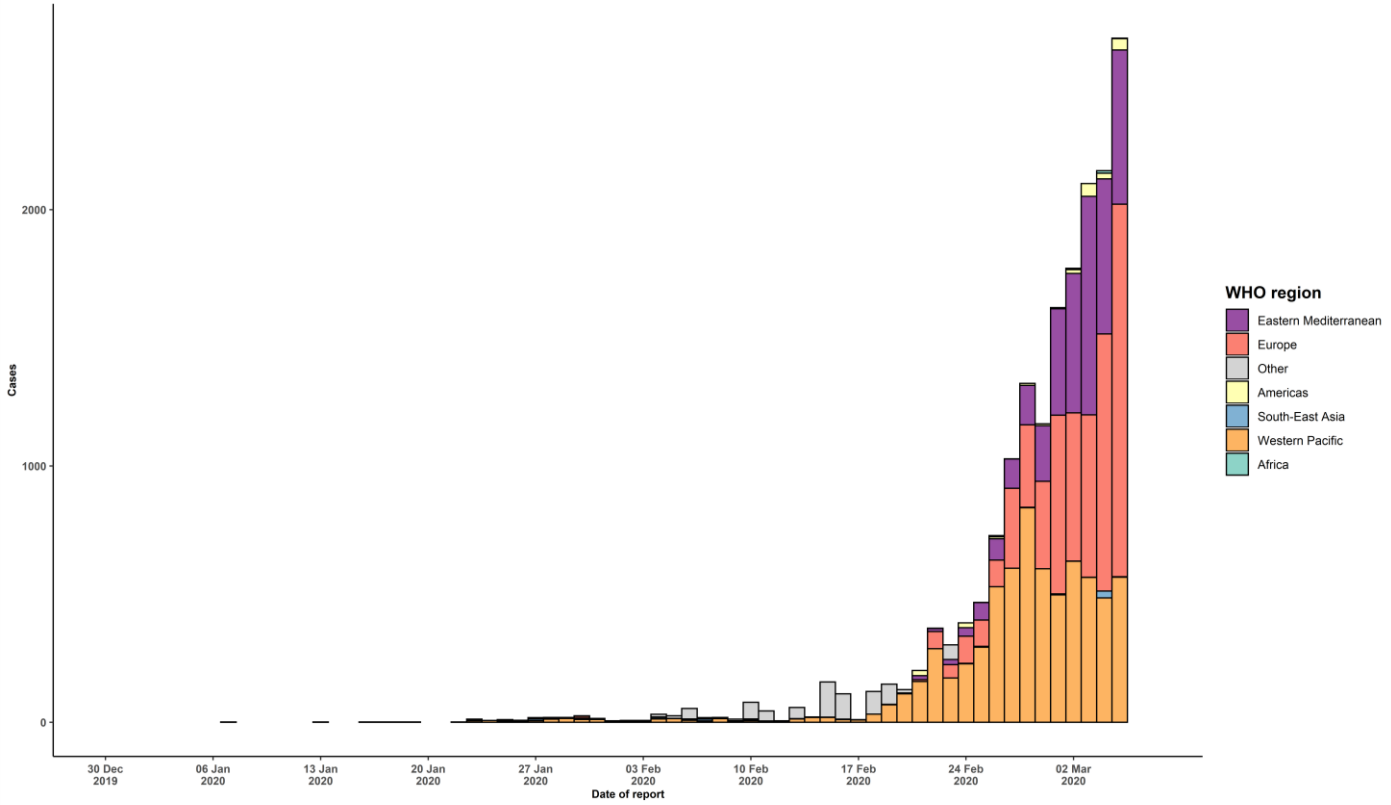
§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- **Community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- **Local transmission** indicates locations where the source of infection is within the reporting location.
- **Imported cases only** indicates locations where all cases have been acquired outside the location of reporting.
- **Under investigation** indicates locations where type of transmission has not been determined for any cases.
- **Interrupted transmission** indicates locations where interruption of transmission has been demonstrated (details to be determined)

** “Territories” include territories, areas, overseas dependencies and other jurisdictions of similar status

Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China, by date of report and WHO region through 06 March 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 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 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 the novel coronavirus (2019-nCoV) 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 novel coronavirus (2019-nCoV).
- 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 2019-nCoV.
- WHO has provided recommendations to reduce risk of transmission from animals to humans.
- WHO has published an updated advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV.
- WHO has activated the R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- WHO has developed online courses on the following topics: A general introduction to emerging respiratory viruses, including novel coronaviruses (available in Arabic, English, French, Chinese, Spanish, Portuguese, and Russian); Critical Care of Severe Acute Respiratory Infections; and Health and safety briefing for respiratory diseases - ePROTECT (available in English and French); Infection Prevention and Control for Novel Coronavirus (COVID-19) (available in English and Russian); Critical Care Severe Acute Respiratory Infection (available in English and French); and COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response.
    - 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 with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See situation report) 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 onset of symptoms;

OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

Probable case

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

- Inconclusive being the result of the test reported by the laboratory

Confirmed case

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

- Information regarding laboratory guidance can be found here.