



Update 6 (20th of February 2020)

**Information about Infection disease
COVID-19 (novel coronavirus)**



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20th of February 2020
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December 2019, a novel coronavirus emerged in Wuhan City, China. Since then the virus spread to 25 countries including Europe and the US. Since then the virus showed evidence for human-to-human transmission as well as evidence of asymptomatic transmission. At 30th January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11th of February. The virus itself has been named SARS-CoV-2.

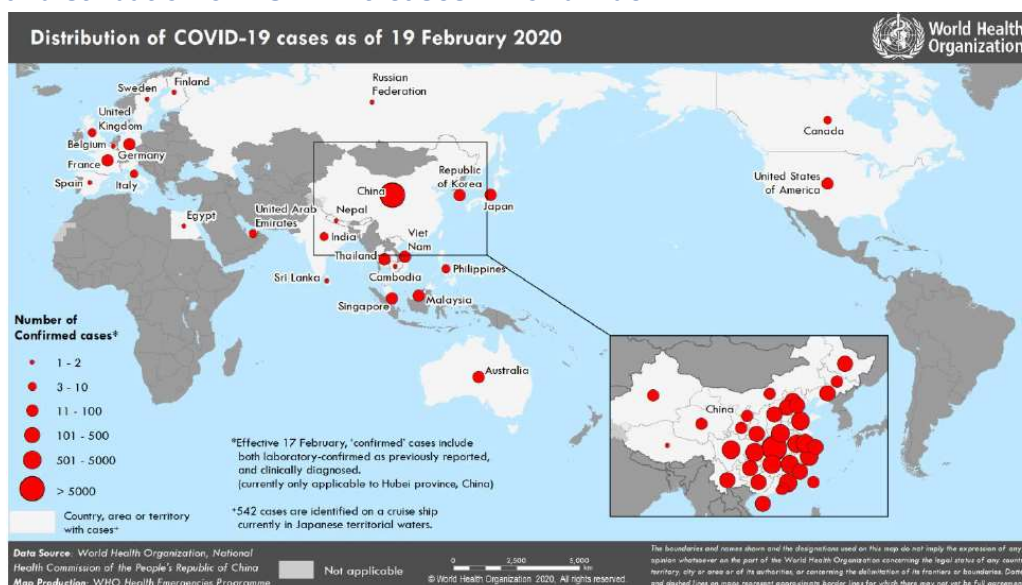
HIGHLIGHTS/NEWS

- Iran reported their first case of COVID-19 past 24 hours.
- Since the last update, the daily number of laboratory confirmed cases dropped. That could be because of a true decrease in the spread of the virus, as well due to diagnostic limitations being reached in China.
- Since 17th of February reported cases include both laboratory-confirmed (as previously reported), and clinically diagnosed (currently only applicable to Hubei province China). That change in reporting could now be shown in figures. That leads to a large increase in cases compared to the prior infectious disease information.
- WHO developed guidance documents for managing public health events at Points of Entry and mass gatherings, as well as for the work of health care workers. On that website, you will find Handbooks for the management of Public Health events in air transport, maritime sector and for the inspection of ships and issuance of ship sanitation certificates. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gatherings>
https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

Risk Assessment	
China	Very high
Regional Level	High
Global Level	High
Europe	Moderate

GLOBALLY 75 744 confirmed cases 2 128 death Dated: 20.02.2020
CHINA 74 595 confirmed cases (including 62 031 from Hubei province) 2 120 death
EU/EEA and the UK 45 confirmed cases one death (France)
US, Canada and Australia 38 confirmed cases
Outside of CHINA total 1 149 confirmed cases 29 countries 10 death

Geographical distribution of COVID-19 cases – worldwide



Continent	Country	Confirmed cases*	Death	Comments
Asia	China	74 595	↑	2120
Asia	Cambodia	1	→	0
Asia	Hong Kong	65	↑	2
Asia	India	3	→	0
Asia	Iran (Islamic Republic of)	2	new	2
Asia	Japan	84	↑	1
Asia	Macao	10	→	0
Asia	Malaysia	22	→	0 21 cases locally acquired
Asia	Nepal	1	→	0
Asia	Philippines	3	→	1
Asia	Republic of Korea	82	↑	0 28 cases locally acquired
Asia	Singapore	84	↑	0
Asia	Sri Lanka	1	→	0
Asia	Taiwan	24	↑	1
Asia	Thailand	35	→	0
Asia	United Arab Emirates	9	→	0
Asia	Vietnam	16	→	0
Others	Cases on an international conveyance Japan	621	↑	2
Europe	Belgium	1	→	0
Europe	France	12	→	1 7 locally acquired
Europe	Finland	1	→	0
Europe	Germany	16	→	0 14 cases locally acquired
Europe	Italy	3	→	0
Europe	Russia	2	→	0
Europe	Spain	2	→	0
Europe	Sweden	1	→	0
Europe	United Kingdom	9	→	0 3 locally acquired
America	Canada	8	→	0
America	United States of America	15	→	0
Oceania	Australia	15	→	0
Africa	Egypt	1	→	0
Total		75 744		2 128

*Confirmed cases for China include both laboratory confirmed and clinically diagnosed cases (currently only applicable to Hubei province)

Bullet Points

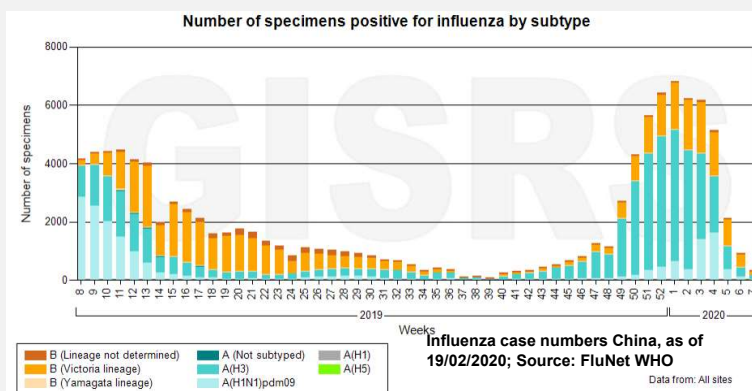
Situation CHINA

- The graph on the right side shows the leap up of the case numbers at 13th of February, as mentioned at the last update. That leap is because of the changed case definition for China, as they now count not only laboratory confirmed but also clinically suspected cases of pneumonia as confirmed cases. Now we could see a downward trend in cases. The future trend has to be monitored closely before there will be a reliable assessment.



Epicurve COVID-19 dated 20/02/20, Source: ECDC

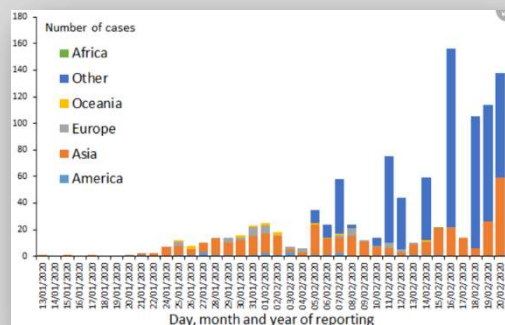
- The Influence of the parallel occurring Influenza season on the Northern hemisphere on COVID-19 Infections flow is currently uncertain. A severely downfall in case numbers compared to last season is visible (see FluNet graph right side). It is likely to early to assess whether this is due to a delay in reporting or diagnostic limitations being reached in China. A true decrease of case numbers is unlikely.
- CHN official announced that over 20.000 extra medical personal was send to Hubei, including over 7.000 CHN military personal.



Global Situation

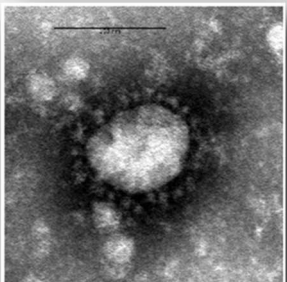
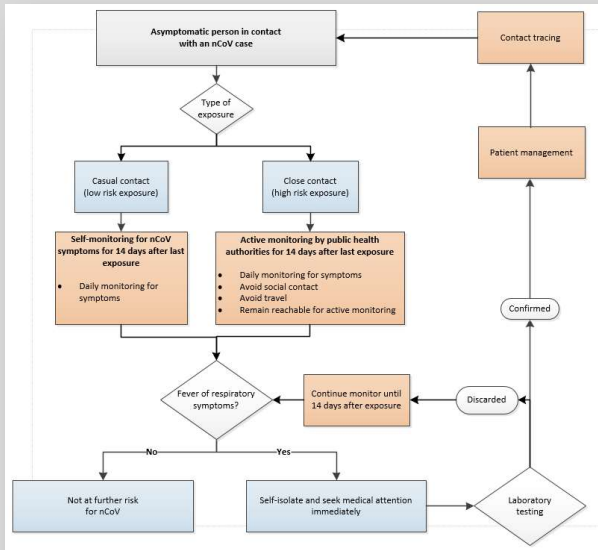
- As mentioned before, since 17th of February reported cases in China include both laboratory-confirmed and clinically diagnosed cases. That change in reporting could now been shown in figures (see right graph).


- Two elderly Japanese passengers from the “Diamond Princess” cruise ship died because of the virus disease. Both were Japanese in their 80s, and had existing chronic diseases. First negative tested passengers could leave the ship yesterday after their quarantine. People with a positive test and symptoms will be hospitalized in Japan. Contact persons need to remain in quarantine. Nations planning on evacuate those to quarantine them in their home countries.



Epicurve of case numbers until 20/02/20, Source: ECDC

- The 2.300 passengers on the cruise ship “World Dreams” who have been under quarantine in Hong Kong were all tested negative on Friday and were allowed to leave the ship. Afterwards a 83 year old American citizen was tested positive at the airport and she and her husband are now under quarantine in Malaysia.
- Case numbers outside China are mostly stable. Iran reported their first case, both patient died due to the virus.

<p>Infection</p>	<ul style="list-style-type: none"> • Coronavirus affects the respiratory tract of animals and humans mostly results in a dry cough, fever and cold-like symptoms. Rarely a severe pneumonia and respiratory distress with need of intensive care and consequent death is possible. Estimated 10 -15% of common colds are thought to be due to Coronavirus infections, globally. • It's almost certain that the transmissibility of the Virus occurs also in patients with mild or beginning symptoms. These patients assume themselves as not sick enough to go on sick call and can become a threat for other humans. • Incubation time of the virus lies between 2-14 (WHO) and 2-12 (ECDC) days. A transmission can also take place during this time. • Information and technical guidance for Laboratory testing for COVID-19 in humans you could find under: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance • SMEs at the last week WHO meeting in Geneva announced 4 possible vaccines against SARS-CoV2/COVID-19 for further development. First human testing should be possible in three to four months. An official certified vaccine will be available earliest in 18 months from now. <div data-bbox="1173 224 1460 638" style="text-align: right;">  <p>© Bundeswehr Institute of Microbiology / Essbauer, Kahlhofer EM picture of SARS-CoV-2</p> </div>
<p>Case definition</p>	<ul style="list-style-type: none"> • You will find the WHO case definition “Global Surveillance for human infections with novel coronavirus” from 31 January 2020 enclosed to this report. Case definition of ECDC you will find under following Link: https://www.ecdc.europa.eu/en/case-definition-and-european-surveillance-human-infection-novel-coronavirus-2019-ncov • Suspected case: patient with severe acute respiratory infection AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in China during the 14 days prior to symptom onset OR were in close contact with a confirmed or probable case of SARS-CoV-2 infection OR worked or attended a health care facility where patients with SARS-CoV-2 infections were being tested. • Probable case: Suspected case for whom testing for 2019-nCoV is inconclusive OR is tested positive using a pan-coronavirus assay and without laboratory evidence of other respiratory pathogens. • Confirmed case: A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms. <div data-bbox="901 952 1500 1500" style="text-align: right;">  <p>Algorithm for management of contacts of probable or confirmed COVID-19 cases; Source: ECDC</p> </div> <ul style="list-style-type: none"> - Be aware that every contact person needs to be monitored for at least 14 days. - Enclosed you will find a list of the official WHO laboratories. There are also national reference laboratories which are capable to prove an infection of SARS-CoV-2.
<p>Strategic</p>	<p>Strategic objectives for response by WHO are:</p> <ul style="list-style-type: none"> • Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread from China*; • 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;

	<ul style="list-style-type: none"> Communicate critical risk and event information to all communities and counter misinformation; Minimize social and economic impact through multisectoral partnerships. <p>*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 travellers, awareness-raising in the population and risk communication.</p> <p>Further strategic measures:</p> <ul style="list-style-type: none"> Vaccination against influenza should be controlled and recommended for soldiers in theatres. Influenza results in similar symptoms as COVID-19 therefore it could not only have a personal protective effect but prevent unnecessary suspected cases and easing the burden for healthcare.
Recommendation	<p>Preventive measures are the same as for other viruses circulating at this time of the year such as Influenza. Following recommendations can all contribute to interrupting transmission of COVID-19 and a wide range of other infectious diseases:</p> <ul style="list-style-type: none"> Avoiding close contact with people suffering from acute respiratory infections. Frequent hand-washing, especially after direct contact with ill people or their environment. Avoiding unprotected contact with farm or wild animals. People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands). Within health care facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.
<p> Risk Assessment</p>	
Traveller to China/Wuhan	<ul style="list-style-type: none"> Risk area! ECDC considers the risk for people from the EU and UK travelling/resident in areas with presumed community transmission is currently high.
Europe	<p>The ECDC considered the risk associated with SARS-CoV-2 infection for people from the EU and UK currently to be low.</p> <p>This assessment is based on the following factors:</p> <ul style="list-style-type: none"> Since all cases reported in the EU have clearly established epidemiological links, the probability of transmission in the EU and the UK is considered to be very low. However, the impact of one or more infections resulting in sustained transmission in the EU would be moderate to high, especially for elderly populations with comorbidities, given that the reported case severity is high among these groups. <p>Source: https://www.ecdc.europa.eu/en/current-risk-assessment-novel-coronavirus-situation</p>
Global	<ul style="list-style-type: none"> Because of high amount of touristic traffic and the potential human-to-human transmission the risk of further transmission is still persist. IATA published a list of restriction for air touristic traffic. https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm

References:

- European Centre for Disease Prevention and Control www.ecdc.europa.eu
- World Health Organization WHO; www.who.int
- Centres for Disease Control and Prevention CDC; www.cdc.gov