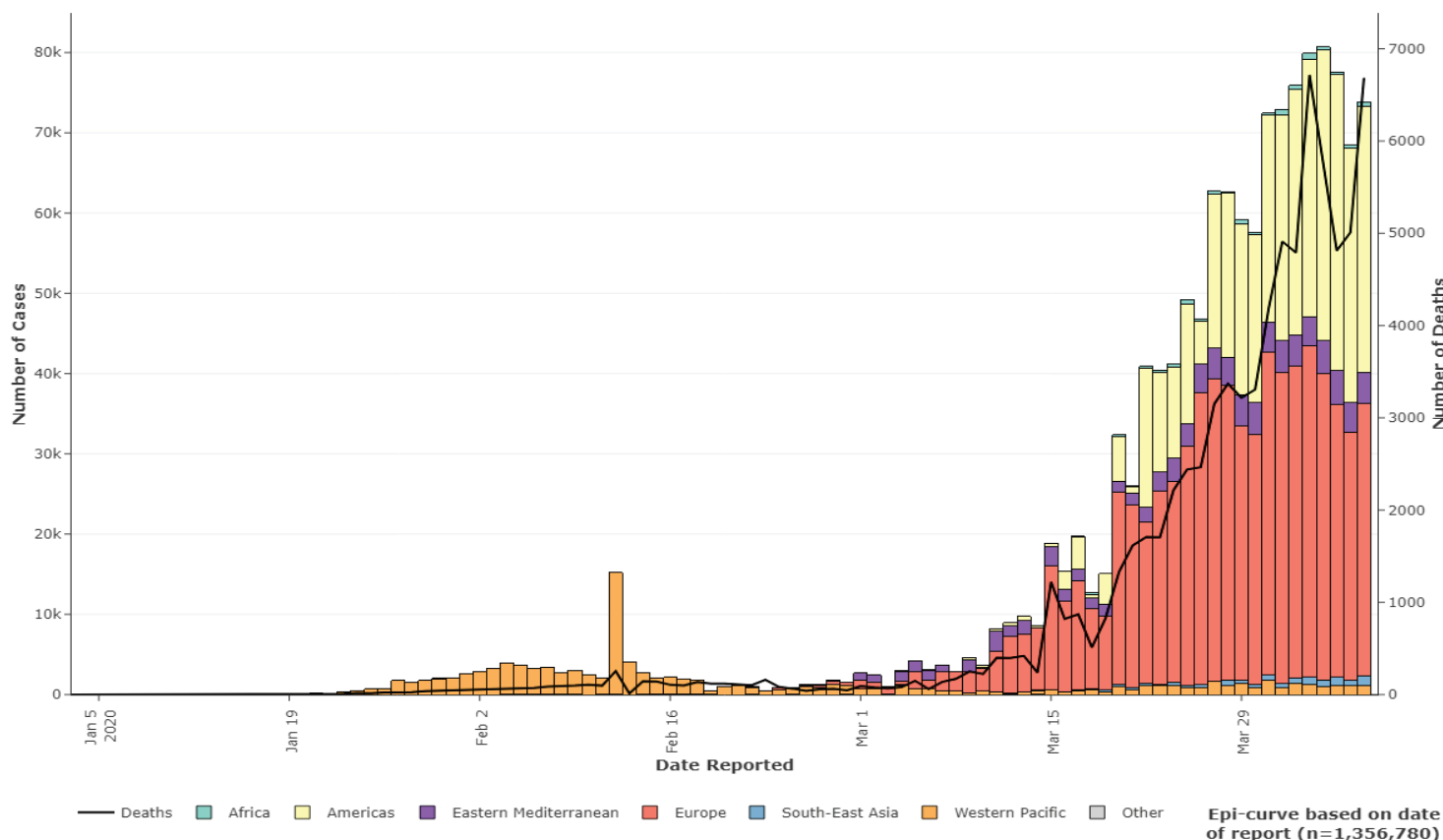


COVID-19

Situation update – 09 April 2020

Current Situation (As of 08 Apr, 18H Geneva Time)

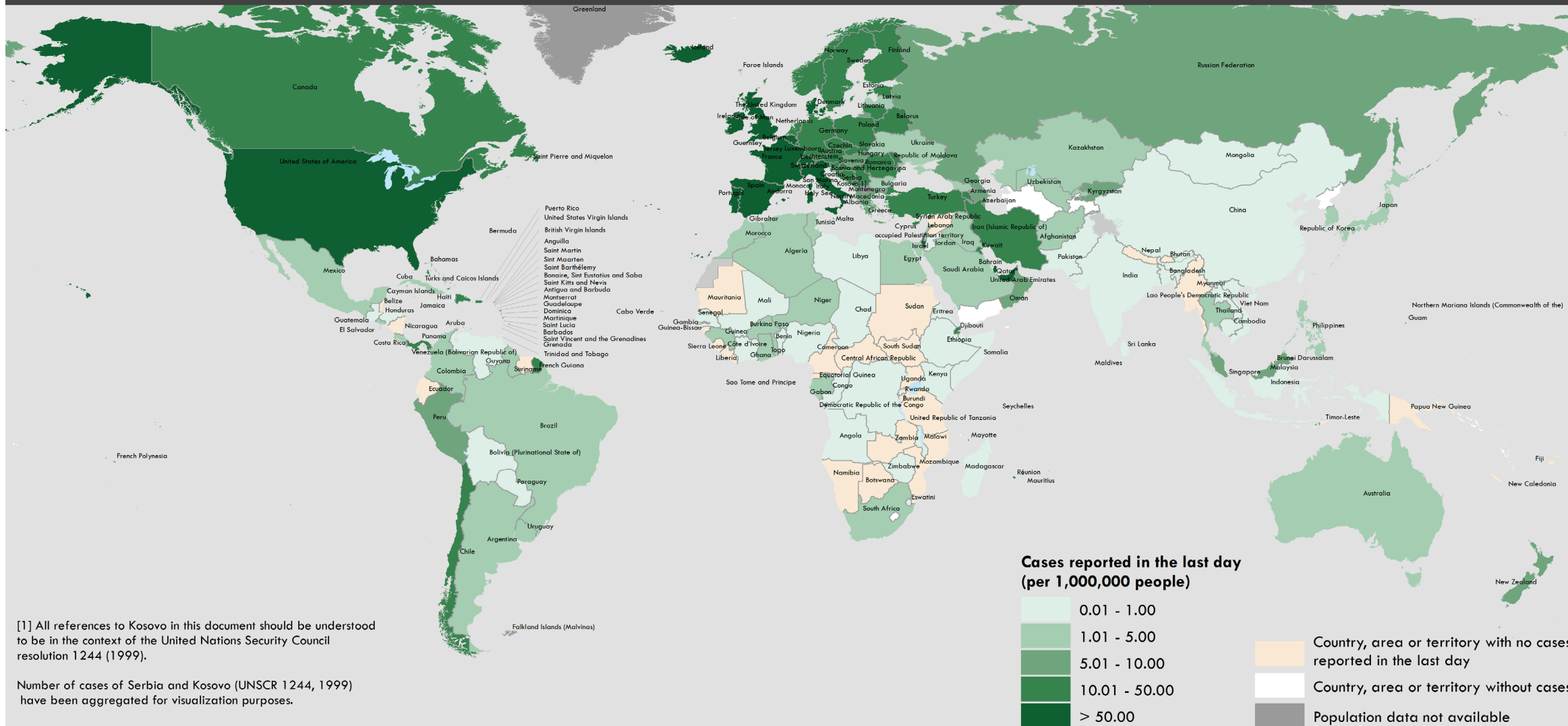


Between 31 Dec 2019 - 08 Apr 2020

- **1,356,780 cases** (73,849 in the last 24 hours)
- **79,385 deaths** (6,685 in the last 24 hours)
- **The 10 countries with the highest number of cumulative cases:** United States of America (363321), Spain (140510), Italy (135586), Germany (103228), China (83161), France (77226), Iran (Islamic Republic of) (64586), The United Kingdom (55246), Turkey (34109), Belgium (22194)
- **The 10 countries with the most reported number of cases in past 24 hours:** United States of America (29510), Spain (5478), Germany (4003), Turkey (3892), France (3738), The United Kingdom (3634), Italy (3039), Iran (Islamic Republic of) (1997), Belgium (1380), Canada (1243)

Countries, areas or territories with COVID-19 cases reported in the last day

(Per 1,000,000 people, from 07 April 2020, 18:00 to 08 April 2020, 18:00 (CET))



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

Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Data Source: World Health Organization, United Nations Population Division (Population prospect 2020)
Map Production: WHO Health Emergencies Programme

Not applicable

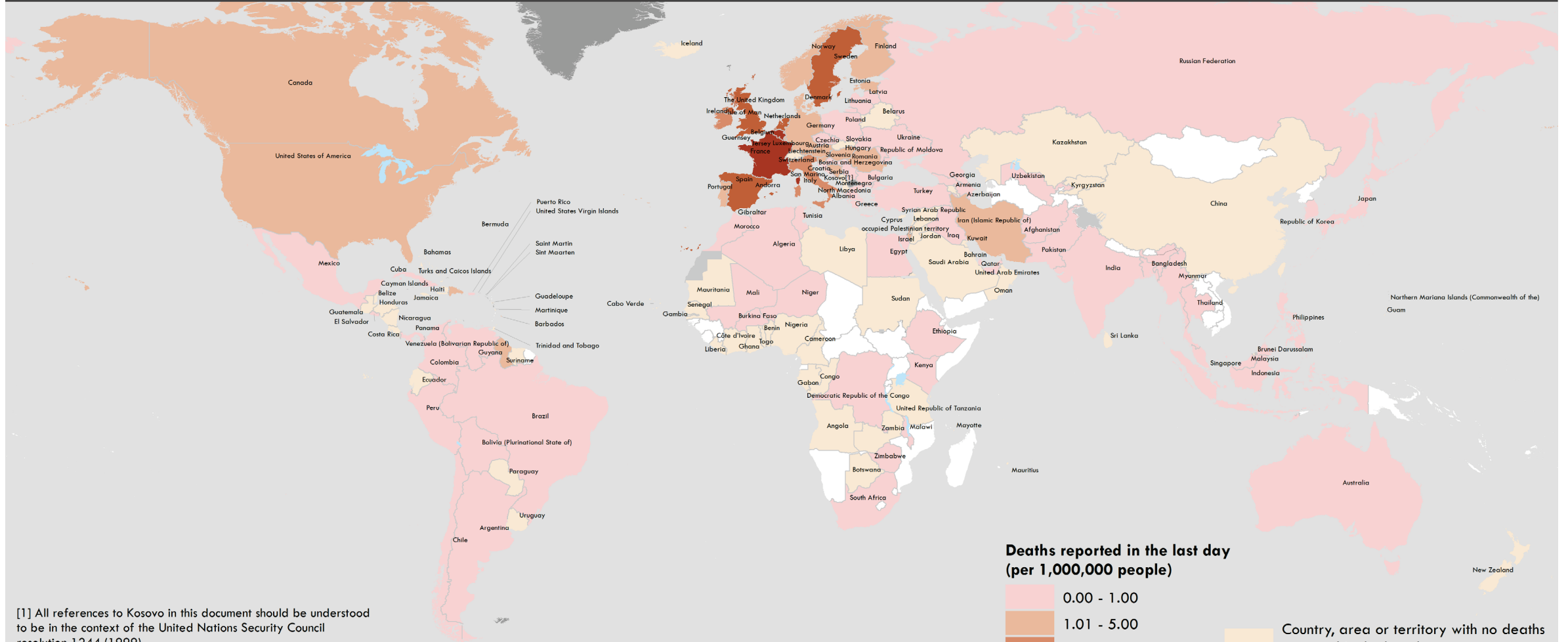
0 2,500 5,000 km
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or 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.

Andorra, Anguilla, Bermuda, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Dominica, Falkland Islands (Malvinas), Faroe Islands Gibraltar, Greenland, Guernsey, Holy See, Isle of Man, Jersey, Liechtenstein, Monaco, Montserrat, North Macedonia, Northern Mariana Islands (Commonwealth of the), Saint Barthélemy, Saint Kitts and Nevis, Saint Martin, San Marino, Sint Maarten, Turks and Caicos Islands.

Countries, areas or territories with deaths due to COVID-19 reported in the last day

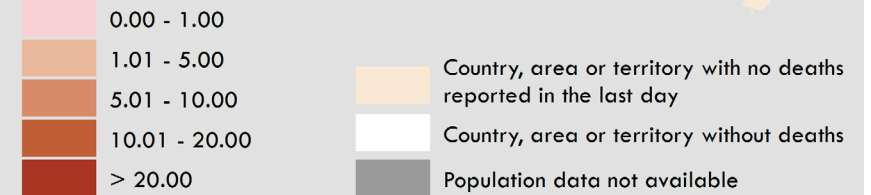
(Per 1,000,000 people, from 07 April 2020, 18:00 to 08 April 2020, 18:00 (CET))



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

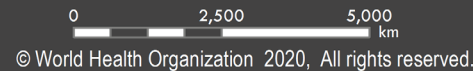
Number of deaths of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Deaths reported in the last day (per 1,000,000 people)



Data Source: World Health Organization
 United Nations Population Division (Population prospect 2020)
Map Production: WHO Health Emergencies Programme

Not applicable

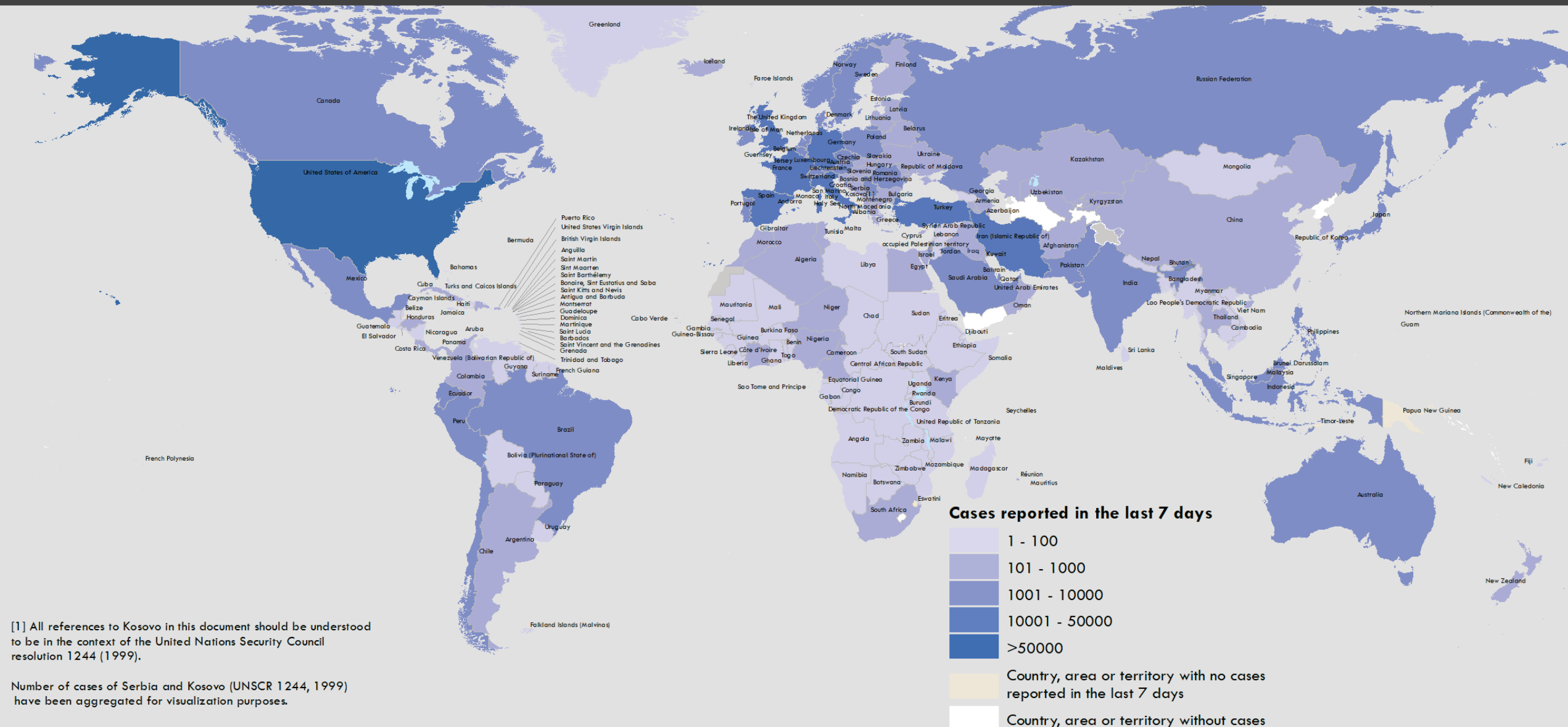


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Andorra, Anguilla, Bermuda, Bonaire, Sint Eustatius and Saba, British Virgin Islands, Cayman Islands, Dominica, Falkland Islands (Malvinas), Faroe Islands Gibraltar, Greenland, Guernsey, Holy See, Isle of Man, Jersey, Liechtenstein, Monaco, Montserrat, North Macedonia, Northern Mariana Islands (Commonwealth of the), Saint Barthélemy, Saint Kitts and Nevis, Saint Martin, San Marino, Sint Maarten, Turks and Caicos Islands.

Countries, areas or territories with COVID-19 cases reported in the last 7 days

(From 01 April 2020, 10:00AM to 07 April 2020, 10:00AM (CET))



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

Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

WHO guidance on masks

- **Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages**
- **Advice on the use of Masks in the context of COVID-19**
 - WHO continues to recommend and prioritize the use of masks (medical and respirators) for front line workers
 - WHO continues to recommend the use of medical masks for symptomatic people in the community and to people who are caring for sick people at home
 - Evidence of use of masks in community is lacking
 - If countries are considering the use of masks as part of their comprehensive package of control measures, decision makers should consider the following in making these decisions: purpose, exposure, setting, feasibility and type of mask.
 - There are risks if medical masks would be used for the general population including risks associated with
 - reduction of other public health measures including hand washing and physical distancing and
 - the risk of diverting limited PPE resources to those who need these materials most

Advice on the use of masks in the context of COVID-19

Interim guidance
6 April 2020



Background

This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers. It will be revised as more data become available.

Current information suggests that the two main routes of transmission of the COVID-19 virus are respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact (within 1 m) with someone who has respiratory symptoms (coughing, sneezing) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (contact transmission).¹

WHO has recently summarized reports of transmission of the COVID-19 virus and provided a brief overview of current evidence on transmission from symptomatic, pre-symptomatic, and asymptomatic* people infected with COVID-19 (full details are provided in WHO COVID-19 Situation report 73).²

Current evidence suggests that most disease is transmitted by symptomatic laboratory confirmed cases. The incubation period for COVID-19, which is the time between exposure to the virus and symptom onset, is on average 5-6 days, but can be as long as 14 days. During this period, also known as the "pre-symptomatic" period, some infected persons can be contagious and therefore transmit the virus to others.^{3,4} In a small number of reports, pre-symptomatic transmission has been documented through contact tracing efforts and enhanced investigation of clusters of confirmed cases.^{3,4} This is supported by data suggesting that some people can test positive for COVID-19 from 1-3 days before they develop symptoms.^{5,6}

Thus, it is possible that people infected with COVID-19 could transmit the virus before symptoms develop. It is important to recognize that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or through

* An asymptomatic laboratory-confirmed case is a person infected with COVID-19 who does not develop symptoms. Asymptomatic transmission refers to transmission of the virus from a person, who does not develop

touching contaminated surfaces. WHO regularly monitors all emerging evidence about this critical topic and will provide updates as more information becomes available.

In this document medical masks are defined as surgical or procedure masks that are flat or pleated (some are shaped like cups); they are affixed to the head with straps. They are tested according to a set of standardized test methods (ASTM F2100, EN 14683, or equivalent) that aim to balance high filtration, adequate breathability and optionally, fluid penetration resistance. This document does not focus on respirators; for guidance on use of respirators see IPC guidance during health care when COVID-19 infection is suspected.¹¹

Wearing a medical mask is one of the prevention measures that can limit the spread of certain respiratory viral diseases, including COVID-19. However, the use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted. Whether or not masks are used, maximum compliance with hand hygiene and other IPC measures is critical to prevent human-to-human transmission of COVID-19. WHO has developed guidance on IPC strategies for home care¹² and health care settings¹³ for use when COVID-19 is suspected.

Community settings

Studies of influenza, influenza-like illness, and human coronaviruses provide evidence that the use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential contamination of the environment by these droplets.¹⁴ There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure.^{14,15} However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.

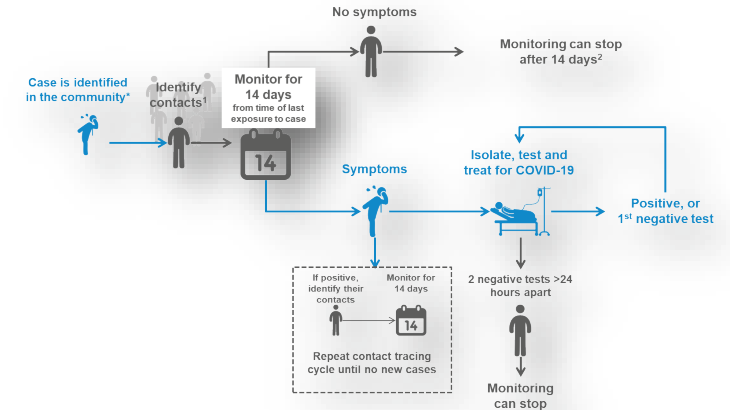
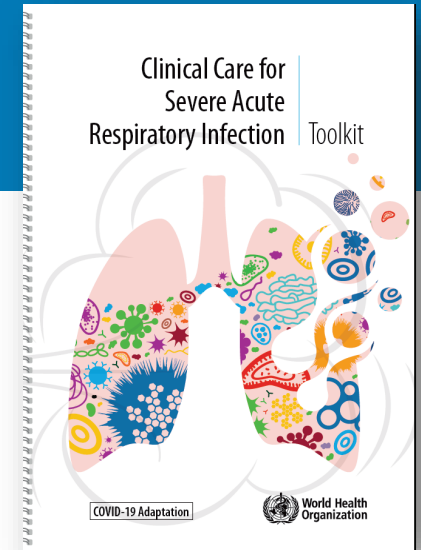
Medical masks should be reserved for health care workers. The use of medical masks in the community may create a false sense of security, with neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes, result in unnecessary costs, and take

symptoms. The true extent of asymptomatic infections will be determined from serologic studies.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

(some) Recently updated/upcoming guidance

- Investigation of cases and clusters of COVID-19
- Risk assessment tool for mass gatherings (sports and religious events)
- COVID-19 and Food Safety: Guidance for Food businesses
- Oxygen sources for treatment centers
- Clinical care for SARI Toolkit: Adaptation for COVID-19
- Hand hygiene
- Scientific Briefs:
 - WHO advice on the use of point-of-care immunodiagnostic tests for COVID-19



<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>