### WHO Risk Assessment
(last reviewed as of 28 July)

<table>
<thead>
<tr>
<th>Potential impact to human health?</th>
<th>Likelihood of spread?</th>
<th>Likelihood of insufficient control capacities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ~20% severe illness, 4% CFR, 0.6% IFR, but high variability by country</td>
<td>• Transmission acceleration in some countries/regions</td>
<td>• Shortages of staff and equipment</td>
</tr>
<tr>
<td>• Increased risk of severe disease and death among elderly and those with co-morbidities</td>
<td>• Spread to susceptible populations as PHSM are loosened</td>
<td>• High case load overwhelming healthcare systems</td>
</tr>
<tr>
<td>• Vulnerable populations particularly at risk</td>
<td>• HCW infections in face of PPE shortages</td>
<td>• Variable implementation of PHSM</td>
</tr>
<tr>
<td>• Interruptions of routine services, vaccinations, and other control programs creating potential for increase in other diseases</td>
<td>• Anticipated increased spread among highly vulnerable populations</td>
<td>• Long-term implementation of some PHSM not sustainable</td>
</tr>
<tr>
<td></td>
<td>• Further evidence needed on factor affecting transmission</td>
<td></td>
</tr>
</tbody>
</table>
Global situation
(as of 19 August 10H CEST)

• Previous 24 hours:
  213,391 new confirmed cases.
  4,644 new deaths.

• Cumulative:
  21,989,366 confirmed cases.
  775,893 deaths.

• Countries with the highest number of new cases in previous 24 hours

<table>
<thead>
<tr>
<th>Country</th>
<th>New Cases</th>
<th>Total Cases</th>
<th>New Deaths</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>64,531</td>
<td>2,767,273</td>
<td>1,092</td>
<td>52,889</td>
</tr>
<tr>
<td>United States of America</td>
<td>39,125</td>
<td>5,393,138</td>
<td>509</td>
<td>169,508</td>
</tr>
<tr>
<td>Brazil</td>
<td>19,373</td>
<td>3,359,570</td>
<td>684</td>
<td>108,536</td>
</tr>
<tr>
<td>Colombia</td>
<td>8,328</td>
<td>476,660</td>
<td>275</td>
<td>15,376</td>
</tr>
<tr>
<td>Peru</td>
<td>5,547</td>
<td>541,493</td>
<td>200</td>
<td>26,481</td>
</tr>
<tr>
<td>Russian Federation</td>
<td>4,828</td>
<td>937,321</td>
<td>117</td>
<td>15,989</td>
</tr>
<tr>
<td>Philippines</td>
<td>4,739</td>
<td>169,213</td>
<td>6</td>
<td>2,687</td>
</tr>
<tr>
<td>Iraq</td>
<td>4,576</td>
<td>184,709</td>
<td>82</td>
<td>6,036</td>
</tr>
<tr>
<td>Argentina</td>
<td>4,557</td>
<td>299,126</td>
<td>127</td>
<td>5,877</td>
</tr>
<tr>
<td>Mexico</td>
<td>3,571</td>
<td>525,733</td>
<td>266</td>
<td>57,023</td>
</tr>
</tbody>
</table>
Epidemic curve by region
(as of 19 August 10H CEST)

Cases depicted by bars; deaths depicted by line. Note different scales for y-axes.
New Weekly Epidemiological Update

Age and gender distribution of cases and deaths
(source: WHO case report form (CRF) and weekly surveillance, data as of 30 July 10H CEST)

### Gender Distribution

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases (n= 5 911 819)</td>
<td>47%</td>
<td>53%</td>
</tr>
<tr>
<td>Deaths (n=242 751)</td>
<td>40%</td>
<td>60%</td>
</tr>
</tbody>
</table>

### Age Groups Distribution

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>1.2%</td>
<td>0.1%</td>
</tr>
<tr>
<td>5-14</td>
<td>2.5%</td>
<td>0.2%</td>
</tr>
<tr>
<td>15-24</td>
<td>9.6%</td>
<td>0.1%</td>
</tr>
<tr>
<td>25-64</td>
<td>64.0%</td>
<td>23.4%</td>
</tr>
<tr>
<td>65-84</td>
<td>19.4%</td>
<td>56.0%</td>
</tr>
<tr>
<td>85+</td>
<td>3.4%</td>
<td>20.2%</td>
</tr>
</tbody>
</table>
Revised Surveillance Guidance

- Revised case definitions
- Emphasis on weekly aggregate reporting by Member States* on key variables:
  - Cases and deaths (confirmed and probable)
  - Age and sex breakdowns
  - Infections in healthcare workers
  - Transmission classification

* Some MS in PAHO and EMRO will continue submitting case-based data and these will be aggregated

WHO has facilitated the sharing of knowledge and information through:

- Teleconferences with **technical expert networks** – Clinical Management, IPC, laboratory and diagnostics, contact tracing and surveillance, sero-epidemiology – and partners from all sectors
- COVID-19 dedicated Member State Information Sessions, including **Member State presentations on lessons learned**
- **Consultations with the Strategic and Technical Advisory Group for Infectious Hazards** (STAG-IH)
- **Consultations with Global Health Leaders** from all regions
- **GOARN Steering Committee** meetings and weekly operational partner calls
- Publication of **technical guidance/technical reports/scientific briefs, along with communication products, training materials and other information products**

**Technical coordination & support:**
- Virtual support
- Missions to 100+ countries

**Innovation in delivering support:**
- Case Management Operational Emergency Desk: global multi-disciplinary team supporting countries when needed
WHO Mission To China: 10 July to 2 August 2020

Objectives

• Review work and studies conducted to understand the SARS-CoV-2 virus origin

• Identify knowledge gaps

• Develop terms of references for short term studies and for an international multi-disciplinary mission to support the development and conduct of additional studies and investigations into virus origin

Outcome

⇒ Proposed studies in 2 phases

• **Phase I studies** (short term)
  
  – Comprehensive epidemiological studies incl. (i) first cases/first circulation through retrospective analysis of surveillance, (ii) in-depth descriptive studies of first notified cases in Wuhan, (iii) analytical epidemiological studies
  
  – Complemented by animal, products and environmental studies

• **Phase II studies** (longer term)
  
  – Guided and driven by science and results from Phase I studies
  
  – In-depth epidemiologic, virologic, serologic assessments in humans and animal populations in specific geographic areas or settings as informed by the short-term studies
WHO global progress and challenges – Surveillance, testing, and contact tracing

• Surveillance performance indicators to monitor transmission:
  ➢ Indicators should be refined and reporting from MS enhanced

• Support on diagnostic testing:
  ➢ National and sub-national testing strategies need to be adapted and strengthened

• Guidance to prepare GISRS for the next influenza season in the COVID-19 context:
  ➢ Concerns around capacity of health systems to cope with influenza and COVID-19

• Additional country support for contact tracing, strengthen RCCE, and training:
  ➢ Country-level implementation of contact tracing needs to be increased

Country support: Go.Data for contact tracing

• WHO/GOARN Go.Data team has responded to over 450 requests
• Supporting over 55 Go.Data implementation projects worldwide
• Conducting regular virtual trainings and briefings
• Providing user support for epidemiology, analytics, interoperability and IT
• Recently launched Go.Data community of practice https://community-godata.who.int/
WHO Early epidemiological investigations for COVID-19 (Unity Studies)

- 6 generic core protocols developed to address major unknowns and 2 protocols under development

- Country uptake of WHO Unity study protocols
  - 47 Countries have started to implement one or more of WHO Unity study protocols
  - 46 Additional countries intend to implement one or more of the WHO Unity study protocols

- WHO Procurement of molecular and serologic tests
  - 35,820 laboratory tests procured

- Pre-print publications to date
  - Household transmission study in Finland
  - Population-based seroepidemiology studies in British Columbia, Canada; Gangelt, Germany; Sao Paulo, Brazil

Email: EarlyInvestigations-2019-nCoV@who.int
Website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations
Balancing the demands of the COVID-19 response with strategic actions to maintain quality essential health services is a major challenge at country level

• Guidance to **support country implementation of targeted actions at the national, subnational and local levels** to reorganize and maintain access to safe and high-quality essential health services

• Outlines the adaptations needed to keep people safe and maintain continuity of essential health services – prioritizing “health first” in the pandemic response and recovery
Science driving our understanding

**Severity**
- Natural history and disease progression
- Risk factors for severe disease and death
- Recovery and long term effects
- Mortality (CFR, by population)
- Infection fatality ratio (IFR)

**Transmission**
- The importance of intensity, duration and context of exposures
- Relative contributions of modes of transmission
- Transmission during course of infection
- Settings in which transmission can be amplified
- Extent of infection as measured by seroepidemiology (IgG, IgM, neutralizing antibodies, T-cell)
- At risk groups and underlying conditions
- Transmission among children by age group
**GOVERNANCE**

**STRATEGY**

**COORDINATION**

**FINANCING**

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**Empower Individuals & Communities for Action**

- Communicate with and increase health literacy among communities on risk reduction
  - Physical distance/avoiding crowds/hygiene/mask use
- Engage, support and empower communities in risk reduction and build trust

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**Suppress Transmission/Reduce Exposure**

- Detect and test suspect cases
- Investigate clusters
- Trace contacts
- Quarantine contacts
- Shield high risk groups
- Manage Points of Entry
- Implement & communicate control measures
  - Limit gatherings
  - Reduce mobility

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**Save lives**

- Early diagnosis and care
- Manage clinical pathways
  - Triage/Diagnosis/Referral
- Maintain/increase health care capacity
  - Bed capacity/ICU capacity
- Enhance trained and protected health workforce
- Ensure availability, supply and pipeline
  - PPE, biomedical supplies
  - O₂ and therapeutics

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**Knowledge**

**Research**

**Innovation**
Ongoing priorities

1. Continue providing evidence-based guidance
2. Strengthen capacities and systems to suppress transmission, reduce mortality, empower communities and mitigate socio-economic impact
3. Strengthen surveillance, testing capacity and contact tracing systems
4. Maintain essential health services and supplies
5. Strengthen community engagement to address the infodemic and mis/disinformation, and empower individuals and communities for action
6. Advise on proportionate and risk-based travel measures
7. Accelerate research to address unknowns and improve technical knowledge of the virus
8. Diagnostic, vaccine and therapeutic development, equitable access and allocation
9. Prepare for the long-term consequences of the pandemic, engaging all sectors
10. Enhance and sustain political commitment and leadership for response activities that are driven by science, data, and experience. We need national unity and international solidarity