

Coronavirus disease 2019 (COVID-19) Situation Report – 33

Data as reported by 10AM CET 22 February 2020*

HIGHLIGHTS

- Two new countries (Lebanon and Israel) reported cases of COVID-19 in the past 24 hours.
- The role of environmental contamination in the transmission of COVID-19 is not yet clear. On 18 February, a new protocol entitled “[Surface sampling of coronavirus disease \(COVID-19\): A practical “how to” protocol for health care and public health professionals](#)” was published. This protocol was designed to determine viable virus presence and persistence on fomites in various locations where a COVID-19 patient is receiving care or isolated, and to understand how fomites may play a role in the transmission of the virus.
- The WHO Director-General briefed the emergency ministerial meeting on COVID-19 organized by the African Union and the Africa Centres for Disease Control and Prevention. Details can be found [here](#).

SITUATION IN NUMBERS total and new cases in last 24 hours

Globally

77 794 confirmed (599 new)

China

76 392 confirmed (397 new)
2348 deaths (109 new)

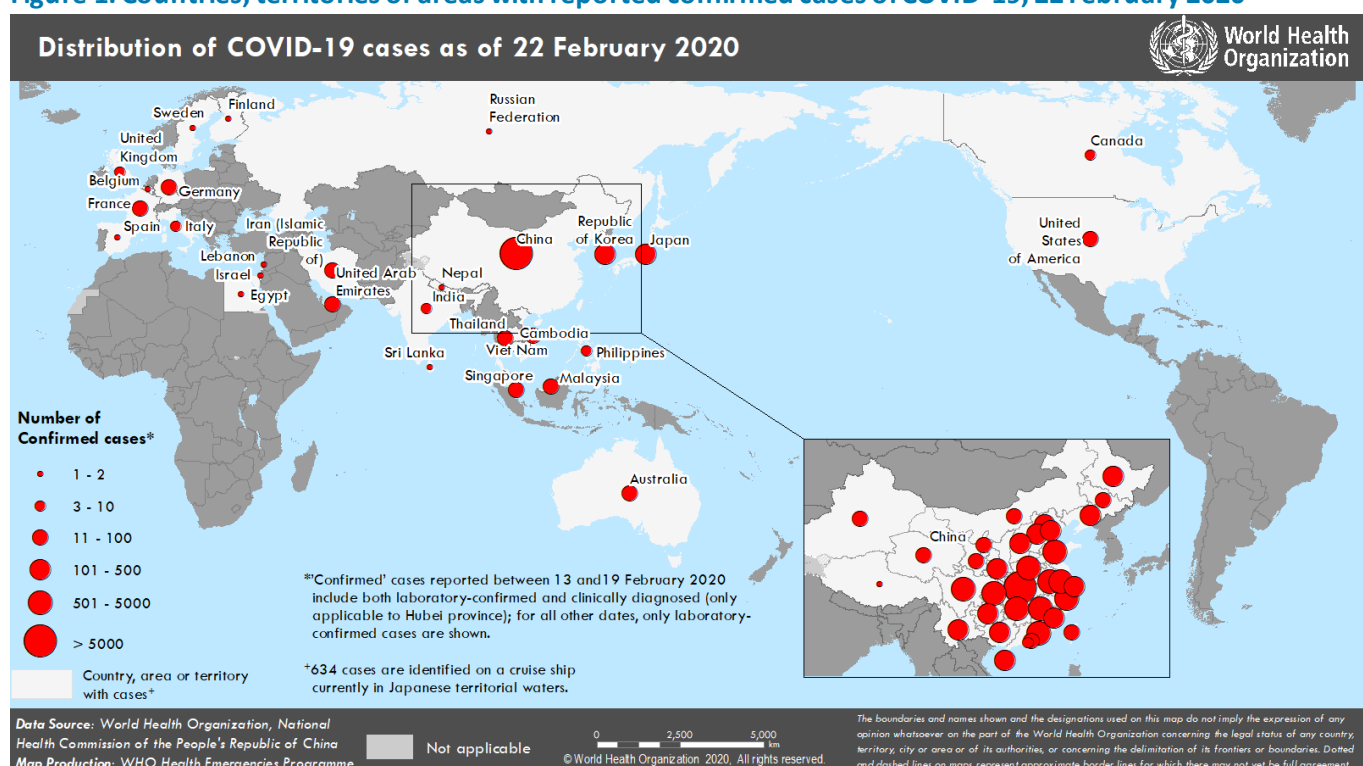
Outside of China

1402 confirmed (202 new)
28 countries (2 new)
11 deaths (3 new)

WHO RISK ASSESSMENT

China	Very High
Regional Level	High
Global Level	High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 22 February 2020



*The situation report includes information provided by national authorities as of 10 AM Central European Time






SUBJECT IN FOCUS: New protocol for Early Epidemiologic and Clinical Investigations for Public Health Response

The **understanding of transmission patterns, severity, clinical features and risk factors for COVID-19 is currently limited** among the general population, among health care workers, in households and in other “closed” settings.

On 18 February, a new master protocol entitled “[Surface sampling of coronavirus disease \(COVID-19\): A practical “how to” protocol for health care and public health professionals](#)” was published.

The role of environmental contamination in the transmission of COVID-19 is not yet clear. This protocol was designed to determine viable virus presence and persistence on fomites in various locations where a COVID-19 patient is receiving care or isolated, and to understand how fomites may play a role in the transmission of the virus in these settings. It is important that surface sampling is done as part of a comprehensive outbreak investigation, and that information obtained by environmental studies is combined with findings from epidemiological and laboratory investigations.

As a reminder, several early investigation **master protocols** and **master forms** for COVID-19 are available:

Early Epidemiologic and Clinical Investigations for Public Health Response				
	Setting	For whom?	Which protocol should be used?	Contact details for further information
	Community transmission mainly (or closed settings)	Cases and close contacts in the general population or can be restricted to close settings (like households, health care settings, schools).	The First Few COVID-19 X cases and contacts transmission investigation protocol (FFX)	EarlyInvestigations-2019-nCoV@who.int
	Households transmission	Cases and close contacts in households setting	Households transmission of COVID-19 investigation protocol (HH)	EarlyInvestigations-2019-nCoV@who.int
	Health facilities transmission	For health workers in a health-care setting in which a confirmed case has received care	Assessment of COVID-19 risk factors among Health workers (HW) protocol	EarlyInvestigations-2019-nCoV@who.int
	Surface contamination and transmission	For environmental surfaces	Surface sampling of COVID-19: A practical “how to” protocol for health care and public health professionals	EarlyInvestigations-2019-nCoV@who.int
	Clinical characterization	For hospitalized cases	Global COVID-19 clinical characterization case record form, and data platform for anonymized COVID-19 clinical data	EDCARN@who.int

For more information, visit: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations>

SURVEILLANCE

Table 1. Confirmed and suspected cases of COVID-19 acute respiratory disease reported by provinces, regions and cities in China, 22 February 2020

Province/ Region/ City	Population (10,000s)	Daily			Cumulative	
		Confirmed cases	Suspected cases	Deaths	Confirmed cases	Deaths
Hubei	5917	366	1125	106	63454	2250
Guangdong	11346	6	1	0	1339	5
Henan	9605	3	25	0	1270	19
Zhejiang	5737	2	4	0	1205	1
Hunan	6899	2	2	0	1013	4
Anhui	6324	1	0	0	989	6
Jiangxi	4648	0	0	0	934	1
Shandong	10047	2	3	0	750	4
Jiangsu	8051	0	0	0	631	0
Chongqing	3102	5	15	0	572	6
Sichuan	8341	1	21	0	526	3
Heilongjiang	3773	0	0	0	479	12
Beijing	2154	3	26	0	399	4
Shanghai	2424	0	48	1	334	3
Hebei	7556	1	0	1	309	6
Fujian	3941	0	0	0	293	1
Guangxi	4926	3	6	0	249	2
Shaanxi	3864	0	3	0	245	1
Yunnan	4830	0	14	0	174	2
Hainan	934	0	11	0	168	4
Guizhou	3600	0	2	0	146	2
Tianjin	1560	2	31	0	133	3
Shanxi	3718	0	2	0	132	0
Liaoning	4359	0	14	0	121	1
Jilin	2704	0	7	0	91	1
Gansu	2637	0	0	0	91	2
Xinjiang	2487	0	0	1	76	2
Inner Mongolia	2534	0	0	0	75	0
Ningxia	688	0	1	0	71	0
Hong Kong SAR	745	0	0	0	68*	2
Taipei and environs	2359	0	0	0	26	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	397	1361	109	76392	2348

*Subject to change due to discrepant information.

Table 2. Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 22 February 2020

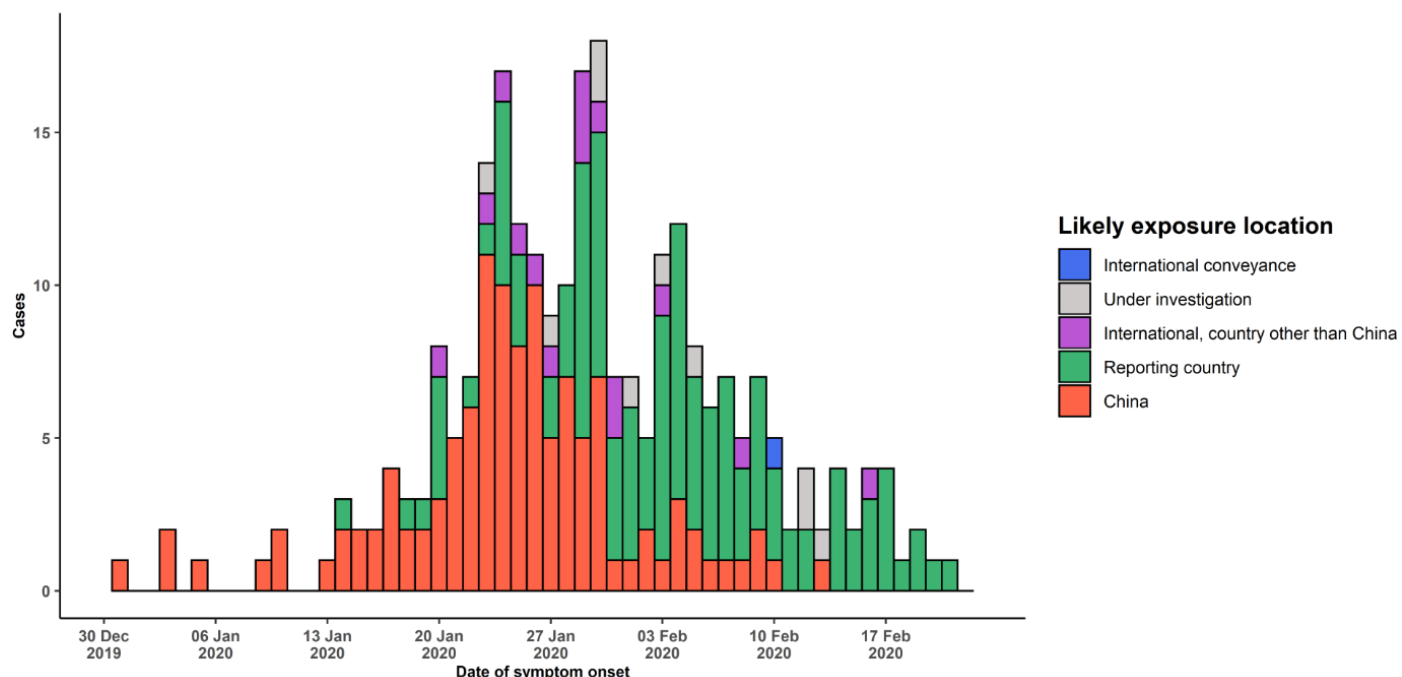
Country/Territory/Area	Confirmed cases (new)	Likely place of exposure [†]			Total cases with site of transmission under investigation (new)	Total deaths (new)
		China (new)	Outside reporting country and outside China (new)	In reporting country (new)		
Western Pacific Region						
Republic of Korea	346 (142)	13 (0)	4 (0)	288 (130)	41 (12)	2 (1)
Japan	105 (12)	28 (1)	5 (0)	68 (11)	4 (0)	1 (0)
Singapore	86 (1)	23 (0)	0 (0)	56 (1)	7 (0)	0 (0)
Malaysia	22 (0)	17 (0)	1 (0)	2 (0)	2 (0)	0 (0)
Australia	21 (4)	12 (0)	6 (4)	3 (0)	0 (0)	0 (0)
Viet Nam	16 (0)	8 (0)	0 (0)	8 (0)	0 (0)	0 (0)
Philippines	3 (0)	3 (0)	0 (0)	0 (0)	0 (0)	1 (0)
Cambodia	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
South-East Asia Region						
Thailand	35 (0)	23 (0)	0 (0)	5 (0)	7 (0)	0 (0)
India	3 (0)	3 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Nepal	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Sri Lanka	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Region of the Americas						
United States of America	35 (20)	14 (1)	18 (18)	2 (0)	1 (1)	0 (0)
Canada	8 (0)	7 (0)	0 (0)	0 (0)	1 (0)	0 (0)
European Region						
Germany	16 (0)	2 (0)	0 (0)	14 (0)	0 (0)	0 (0)
France	12 (0)	5 (0)	0 (0)	7 (0)	0 (0)	1 (0)
Italy	9 (6)	3 (0)	0 (0)	6 (6)	0 (0)	0 (0)
The United Kingdom	9 (0)	2 (0)	6 (0)	1 (0)	0 (0)	0 (0)
Russian Federation	2 (0)	2 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Spain	2 (0)	0 (0)	2 (0)	0 (0)	0 (0)	0 (0)
Belgium	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Finland	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Israel	1 (1)	0 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Sweden	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Eastern Mediterranean Region						
Iran (Islamic Republic of)	18 (13)	0 (0)	0 (0)	18 (13)	0 (0)	4 (2)
United Arab Emirates	11 (2)	6 (0)	0 (0)	5 (2)	0 (0)	0 (0)
Egypt	1 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)
Lebanon	1 (1)	0 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Subtotal for all regions	768 (202)	177 (2)	44 (24)	484 (163)	63 (13)	9 (0)
International conveyance [‡] (Diamond Princess)	634 (0)	0 (0)	0 (0)	0 (0)	634 (0)	2 (0)
Grand total	1402 (202)	177 (2)	44 (24)	484 (163)	697 (13)	11 (3)

*Case classifications are based on [WHO case definitions](#) for COVID-19.

[†]Location of transmission is classified based on WHO analysis of available official data and may be subject to reclassification as additional data become available.

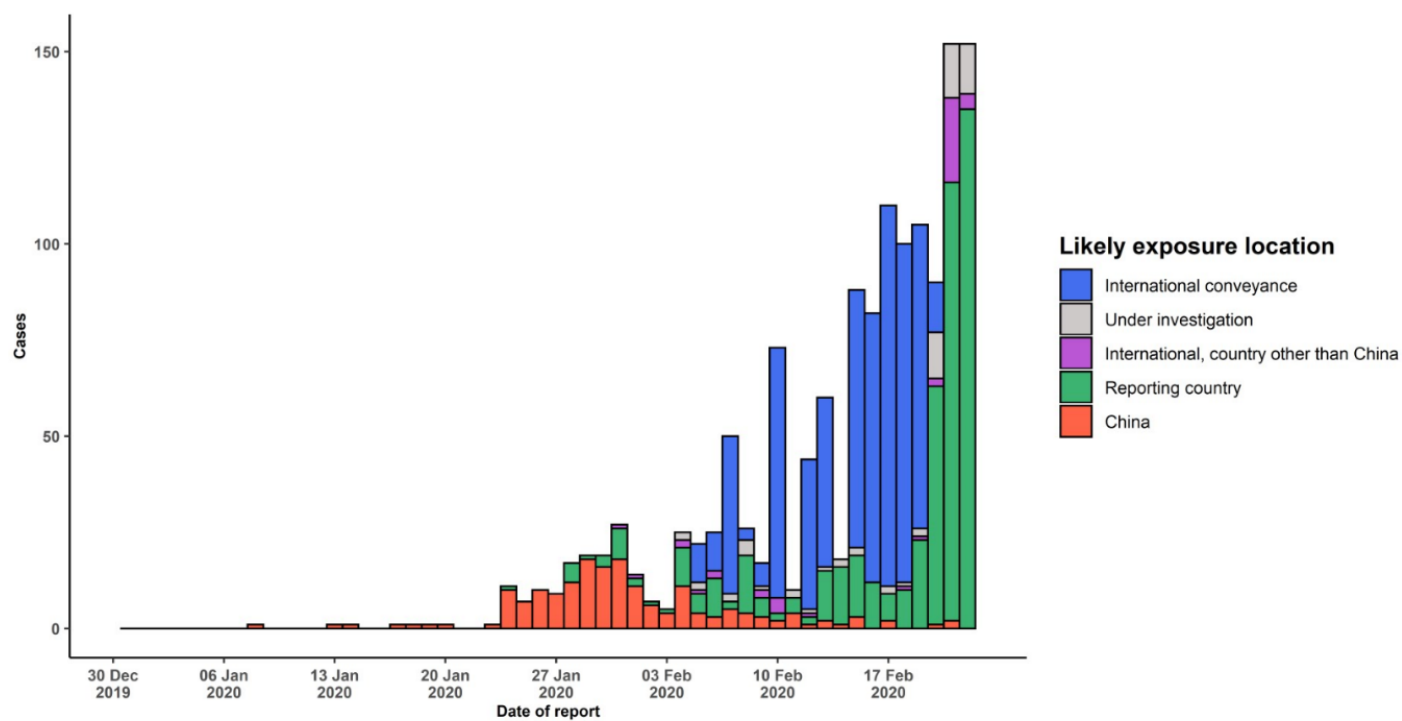
[‡]Cases identified on a cruise ship currently in Japanese territorial waters.

Figure 2. Epidemic curve of COVID-19 cases (n=261) identified outside of China, by date of onset of symptoms and likely exposure location, 22 February 2020



Note for figure 2: Of the 1402 cases reported outside China, 30 were detected while apparently asymptomatic. For the remaining 1372 cases, information on date of onset is available only for the 261 cases presented in the epidemiologic curve.

Figure 3. Epidemic curve of COVID-19 cases (n=1402) identified outside of China, by date of report and likely exposure location, 22 February 2020



STRATEGIC OBJECTIVES

WHO's strategic objectives for this response are to:

- 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;
- 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 developed a protocol for the investigation of early cases (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 potential spread and impact of infection.
- 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 has prepared [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 of 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 [French](#), [Chinese](#), and [Spanish](#)); [Critical Care of Severe Acute Respiratory Infections](#); and [Health and safety briefing for respiratory diseases - ePROTECT](#)
- WHO is providing guidance on early investigations, which are critical to carry out early 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:

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

- WHO is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, modelling, diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit onward transmission. WHO has issued interim guidance for countries, which are updated regularly.
- WHO is working with global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling.

RECOMMENDATIONS AND ADVICE FOR THE PUBLIC

During previous outbreaks due to other coronavirus (Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), human-to-human transmission occurred through droplets, contact and fomites, suggesting that the transmission mode of the COVID-19 can be similar. The basic principles to reduce the general risk of transmission of acute respiratory infections include the following:

- 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.

WHO does not recommend any specific health measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share their travel history with their health care provider.