





### Pneumonia of unknown cause – China

Disease outbreak news

5 January 2020

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology have been reported to WHO by the national authorities in China. Of the 44 cases reported, 11 are severely ill, while the remaining 33 patients are in stable condition. According to media reports, the concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection.

The causal agent has not yet been identified or confirmed. On 1 January 2020, WHO requested further information from national authorities to assess the risk.

National authorities report that all patients are isolated and receiving treatment in Wuhan medical institutions. The clinical signs and symptoms are mainly fever, with a few patients having difficulty in breathing, and chest radiographs showing invasive lesions of both lungs.

According to the authorities, some patients were operating dealers or vendors in the Huanan Seafood market. Based on the preliminary information from the Chinese investigation team, no evidence of significant human-to-human transmission and no health care worker infections have been reported.



2019-nCoV believed to originate from seafood market in Wuhan. (Facebook photo)





The Wuhan Hygiene Emergency Response Team leaving the closed Huanan Seafood Wholesale Market in the city of Wuhan, where the coronavirus outbreak is thought to have originated CREDIT: NOEL CELIS/AFP/GETTY



AFP

The outbreak began in Wuhan in eastern China



# TIME

THE  
TRUTH  
ABOUT  
**SARS**

**WHY**  
the virus  
spreads

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China's  
**COVER-UP**

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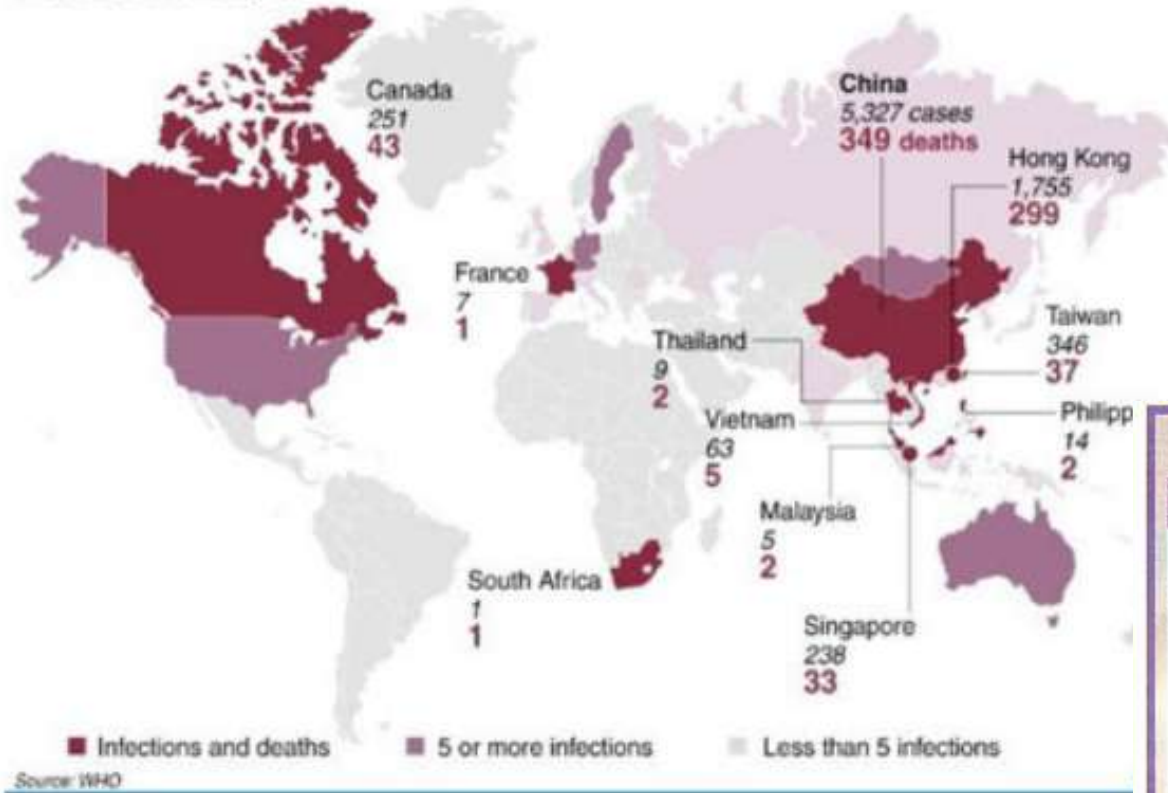
How  
**SCARED**  
should  
you be?



# SARS 2003: deadly virus

774 deaths reported

November 2002 – July 2003



**What are the symptoms of SARS?**

- Sudden onset of high fever (>38° Celsius)
- Dry cough
- Chills and shivering
- Muscle aches
- Breathing difficulties

**What is SARS and what causes it ?**

- A new type of atypical pneumonia that infects the lungs.
- Caused by a virus which is yet to be determined.

**How is SARS spread ?**

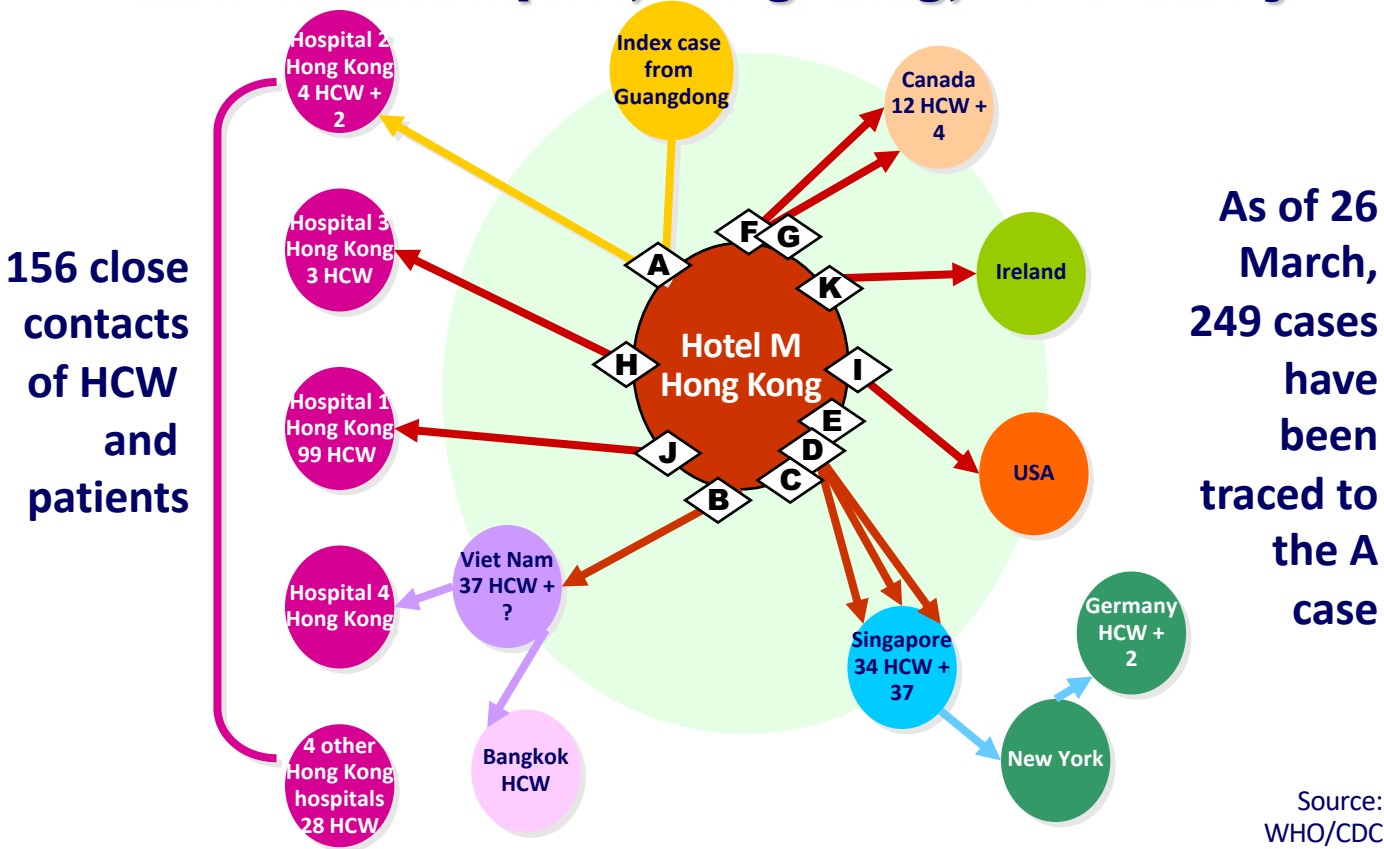
- Through droplets spread when an infected person coughs or sneezes and droplets are spread to a nearby contact.
- A small number of individuals with SARS who are very sick can be very infectious when they develop SARS symptoms.

**How fast can SARS spread ?**

- From the cases so far, it appears that SARS becomes infectious only after the infected person develops symptoms, first of which is usually the sudden onset of high fever.
- A person is not infectious during the incubation period which is about 3 to 7 days, but for some, it may be up to 10 days.

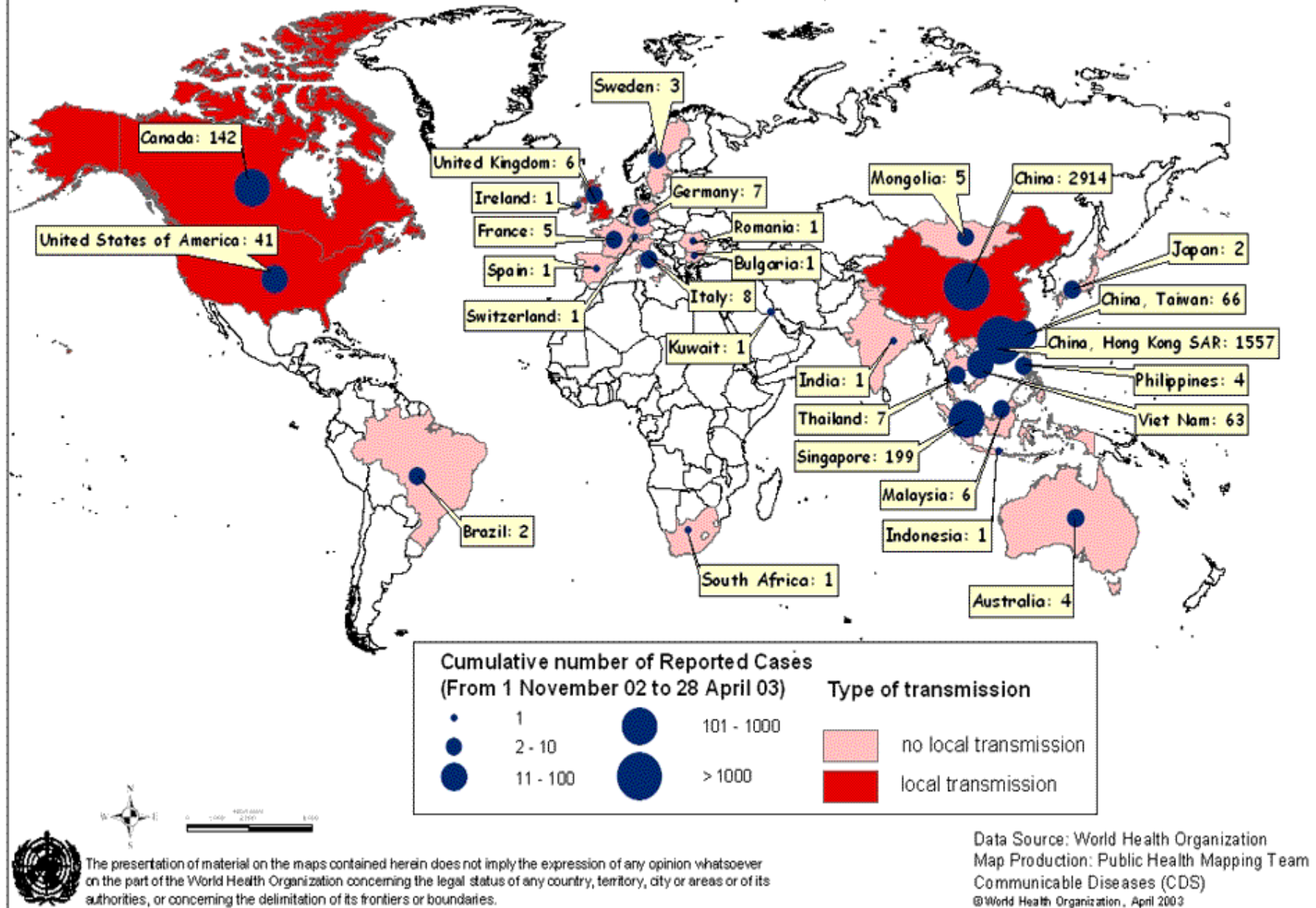
Illustration courtesy of The Paper

# SARS: chain of transmission among guests at Hotel Metropole, Hong Kong, 21 February



# SARS : Cumulative Number of Reported Probable Cases

Total number of cases: 5050 as of 28 April 2003, 17:00 GMT+2



The presentation of material on the maps contained herein does 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 areas or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Data Source: World Health Organization  
 Map Production: Public Health Mapping Team  
 Communicable Diseases (CDS)  
 © World Health Organization, April 2003



Fear of SARS pervades everyday life in Hong Kong, one of the worst-affected places. Photo b

### Photographer accused of staging SARS-period wedding shot

(Beijing Today)  
Updated: 2004-04-14 10:42

The case involving Qiu Yan, who recently took third place in the World Press Photo (WPP) contest, was held on Monday in Wuhan, Hubei Province.



SARS scare: A newlywed couple kiss with



Hong Kong during the 2003 SARS epidemic

DOUBLE WHAMMY: With war and Sars, economists slash growth estimates for Singapore

# The Straits Times

SATURDAY • MARCH 22, 2003 • 4th Page in five parts • S\$5.00 (including GST)

Latest imported case is likely to set off new chain of infection

## Another woman brings in Sars from HK



**HOW TO TELL YOU'RE LOW RISK**

- You have not been to the Sars hot zone since March 5. Most Sars patients caught it there.
- You have not been to hospitals, Government Health Centre or the past fortnight.
- You have not been near a person who is now sick with Sars.

**HOW TO TAKE CARE**

- Avoid crowded places. There may be germs out there who have been near a Sars patient.
- If you have had contact with a Sars patient, you should wear a face mask.

**WHEN TO SEE A DOCTOR**

- If you suddenly experience any of the signs of Sars, such as a dry cough, fever, sore throat, muscle aches, headache, loss of appetite, shortness of breath, chest pain, or diarrhoea, you should see a doctor immediately.

**SHOULD YOU WEAR A FACE MASK?**

- Yes, especially if you are in a crowded place and you have been near a Sars patient.
- Yes, if you have a cough or sneeze, you should wear a face mask to prevent spreading germs.

**WERE YOU ON FLIGHT CZ 330?**

- Health authorities will be conducting a contact tracing exercise for passengers on the flight from March 20 to March 22. One of the passengers who was hospitalized with Sars, was on the flight.

**SARS IN SINGAPORE**

Two patients have been infected by Sars in Singapore. The first patient was a woman who returned from Hong Kong on March 17. She was hospitalized with Sars on March 18. The second patient was a woman who returned from Hong Kong on March 20. She was hospitalized with Sars on March 21.

WAR IN IRAQ

# The Straits Times

FRIDAY • MARCH 21, 2003 • 4th Page in five parts • S\$5.00 (including GST)

THE LAMPPOST: IS IT THE REALITY SHOWS OR THE NEWS THAT WILL KEEP YOU UP AT NIGHT?

THE SINGAPORE AIRPORT: IS IT THE REALITY SHOWS OR THE NEWS THAT WILL KEEP YOU UP AT NIGHT?

## Singapore is off WHO's Sars list

Good news comes a day after clearing conditions for the country to be removed from the list.



Act's First fever victim

\$112 MILLION OFFER? Real Madrid wants David Beckham and Man United star is keen

# The Straits Times

THURSDAY • MARCH 27, 2003 • 4th Page in five parts • S\$5.00 (including GST)

## SARS OUTBREAK

### All schools closed till April 6

Action to calm worried parents; June holidays will be shortened; first two patients die



**OUTDOOR SCREENING**

Health authorities have set up an outdoor screening station for Sars at the Singapore Sports Centre. The station is located in a large tent and is staffed by healthcare workers. Students are screened for Sars symptoms and are given a face mask if they are found to be infected. The screening is being carried out to prevent the spread of the virus in schools.

EZ-ING THE QUEUES: TravelLink promises more outlets to replace lost and faulty cards

# The Straits Times

FRIDAY • MARCH 28, 2003 • 4th Page in five parts • S\$5.00 (including GST)

## Sars outbreak: Singapore action praised

### WHO calls for airport screening

DAY 8

THURSDAY, MARCH 27

8 am: Singapore's health authorities announced that the country has been removed from the World Health Organization's list of Sars-affected countries.

9 am: The World Health Organization (WHO) called for airport screening of passengers from Singapore to prevent the spread of Sars.

10 am: The Singapore government announced that it will continue to screen passengers from Singapore at the airport.

11 am: The Singapore government announced that it will shorten the June holidays to compensate for the school closure.

12 pm: The Singapore government announced that it will provide financial assistance to parents of children who have been infected with Sars.

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**Bush and Blair want 'oil for food' resumed**

A microscopic image showing several spherical virus particles with a textured surface, colored in shades of orange, red, and yellow. The particles are set against a dark background. On the right side, there is a purple, fibrous structure that appears to be a cell membrane or a network of proteins.

# MERS-CoV

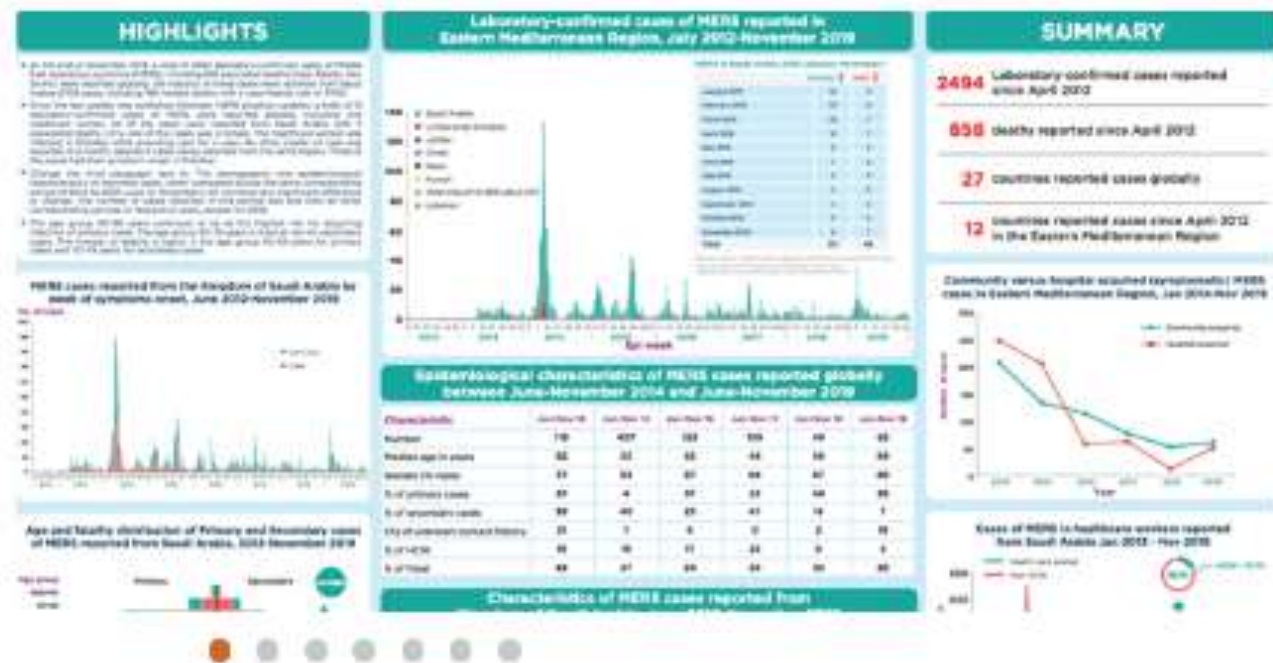
Middle Eastern  
Respiratory  
Coronavirus

## Middle East respiratory syndrome coronavirus (MERS-CoV)

### MERS Monthly Summary, November 2019

At the end of November 2019, a total of 2494 laboratory-confirmed cases of Middle East respiratory syndrome (MERS), including 858 associated deaths (case-fatality rate: 34.4%) were reported globally; the majority of these cases were reported from Saudi Arabia (2102 cases, including 780 related deaths with a case-fatality rate of 37.1%).

[MERS-CoV situation update from the Eastern Mediterranean Region](#) 



# 2 494

Since September 2012, WHO has been notified of 2494 laboratory-confirmed cases of infection with MERS-CoV.

# 858

858 MERS-CoV associated deaths have occurred since September 2012.

# 27

Since September 2012, 27 countries have reported cases of MERS-CoV.












# Kenyataan Akhbar KPK 7 September 2018 – Makluman Situasi Terkini Mengenai Middle East Respiratory Syndrome (MERS) di Malaysia Selepas Kepulangan Jemaah Haji 1439H / 2018M


BY DC OF HEALTH ON SEPTEMBER 7, 2018

## MERS-CoV

Middle East Respiratory Syndrome Coronavirus

Jika melawat negara-negara di Timur Tengah pastikan :

-  Kerap mencuci tangan dengan air dan sabun
-  Menggunakan cecair pembasmi kuman (*hand sanitizer*)
-  Pakai penutup mulut dan hidung
-  Elakkan mengunjungi kediaman atau institusi penjagaan kesihatan terlibat dengan wabak MERS-CoV
-  Elakkan melawat ladang haiwan atau menyentuh sebarang jenis haiwan terutama unta
-  Elakkan daripada minum susu unta mentah atau air kencing unta
-  Elakkan daripada makan makanan yang tidak dimasak dengan sempurna terutama daging unta




## MERS-COV VIRUS


Middle East Respiratory Syndrome


INFOGRAPHIC


**CARRIER**


 CARRIERS


**SYMPTOMS**


 PNEUMONIA

 NAUSEA AND VOMITING






 DIARRHEA

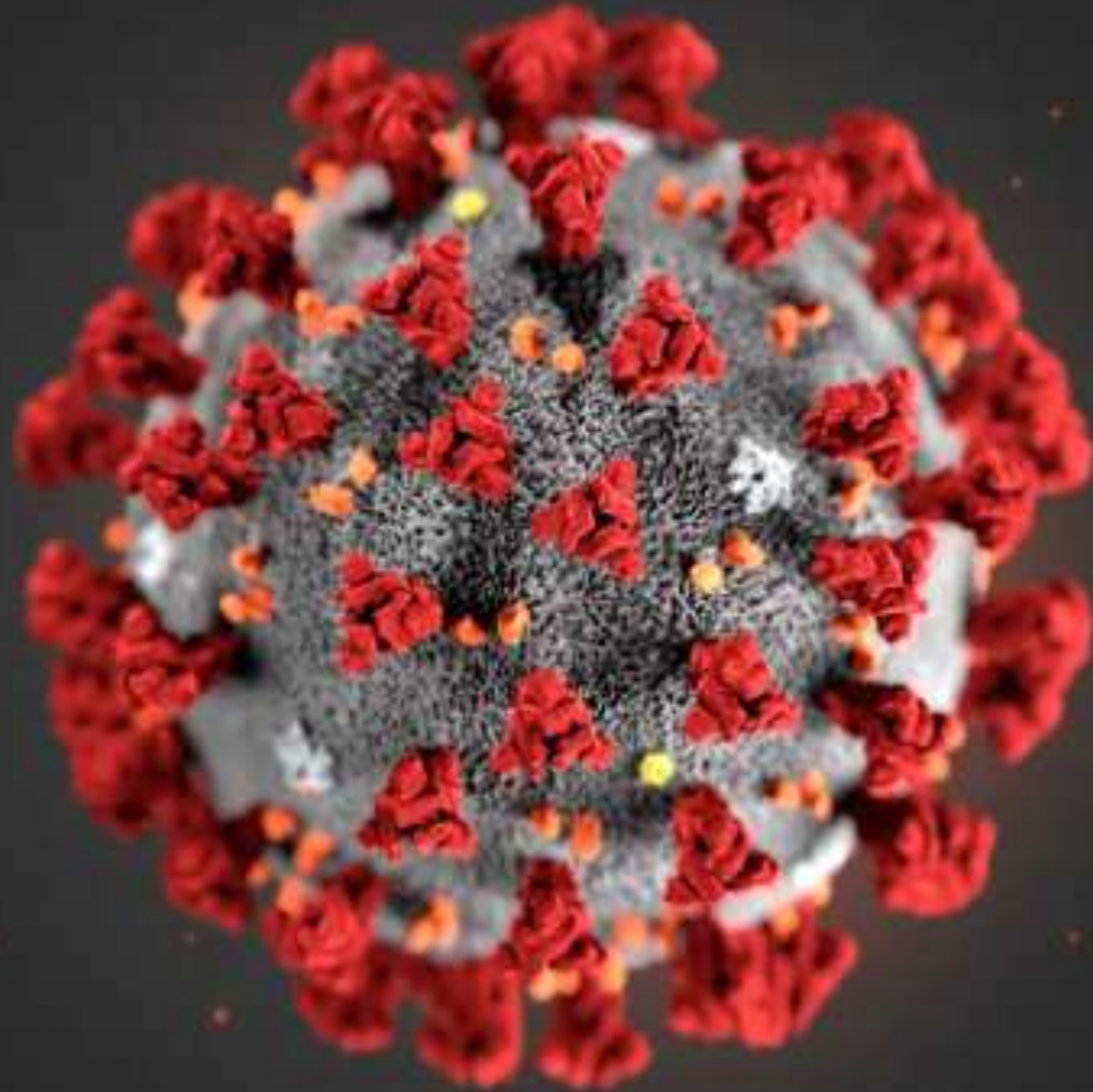
 COUGH

 HEADACHE

 HIGH FEVER 38°

**PREVENTION**

- 
- 
- 
- 
-  CLEAN ENVIRONMENT



**COVID - 19**



## Epidemiological insights

- At diagnosis: approximately **80% of cases are mild/moderate**; 15% severe; 5% critical
- Disease progression: approximately 10-15% of mild/moderate cases become severe, and approximately 15-20% of severe cases become critical
- Average times:
  - from exposure to symptom onset is 5-6 days after infection
  - from symptoms to recovery for mild cases is 2 weeks
  - from symptoms to recovery for severe cases is 3-6 weeks
  - from symptoms onset to death is from 1 week (critical) to 2-8 weeks
- COVID-19 much less frequent in children than adults; and children tend to have milder disease





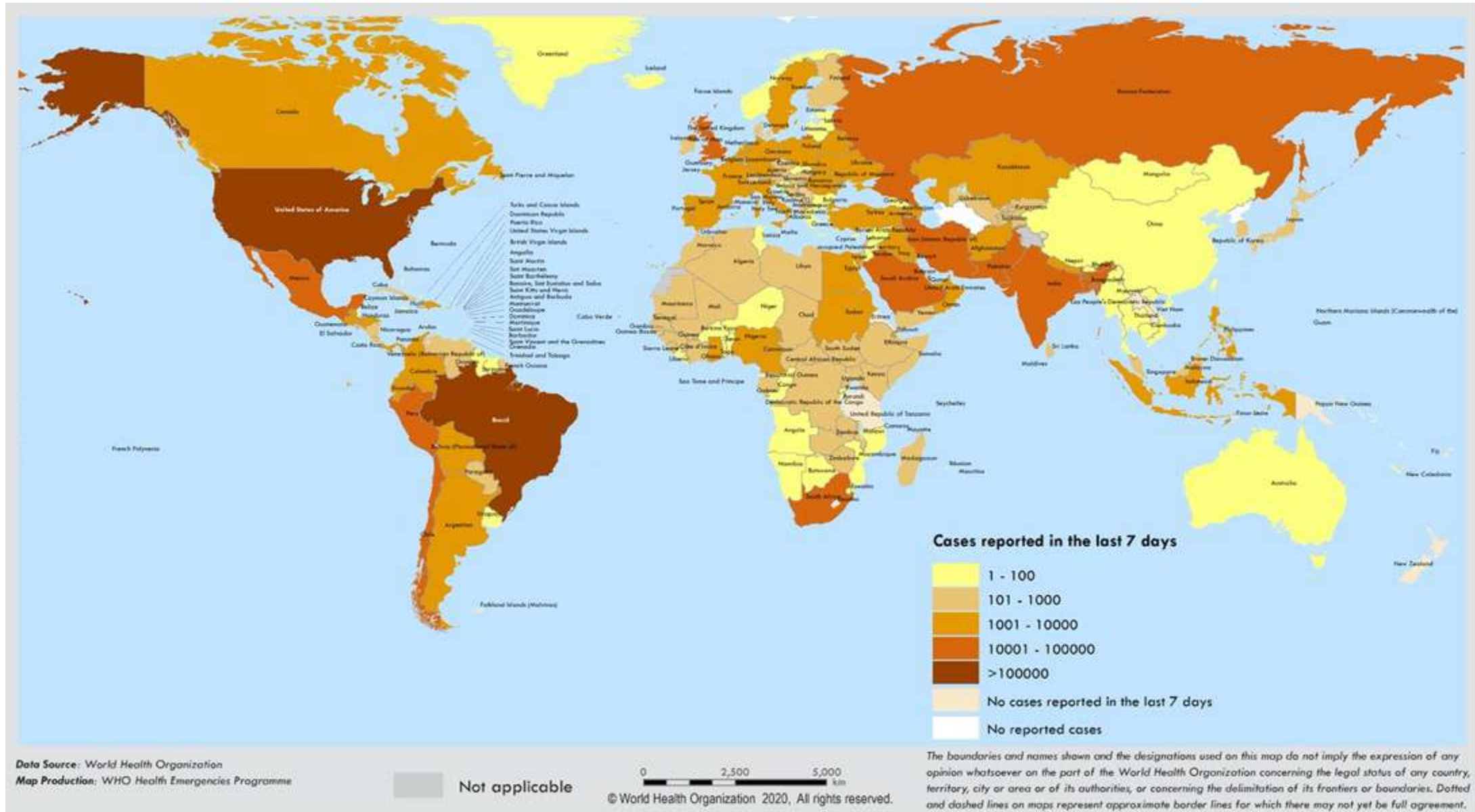
## How long human coronaviruses stay on surfaces



- Surface disinfections with 0.1% sodium hypochlorite (diluted bleach) or 62-71% ethanol is effective within 1 minute
- COVID-19 was NOT included in this study but to date, there is no indication that SARS-CoV-2 behaves differently to other coronaviruses

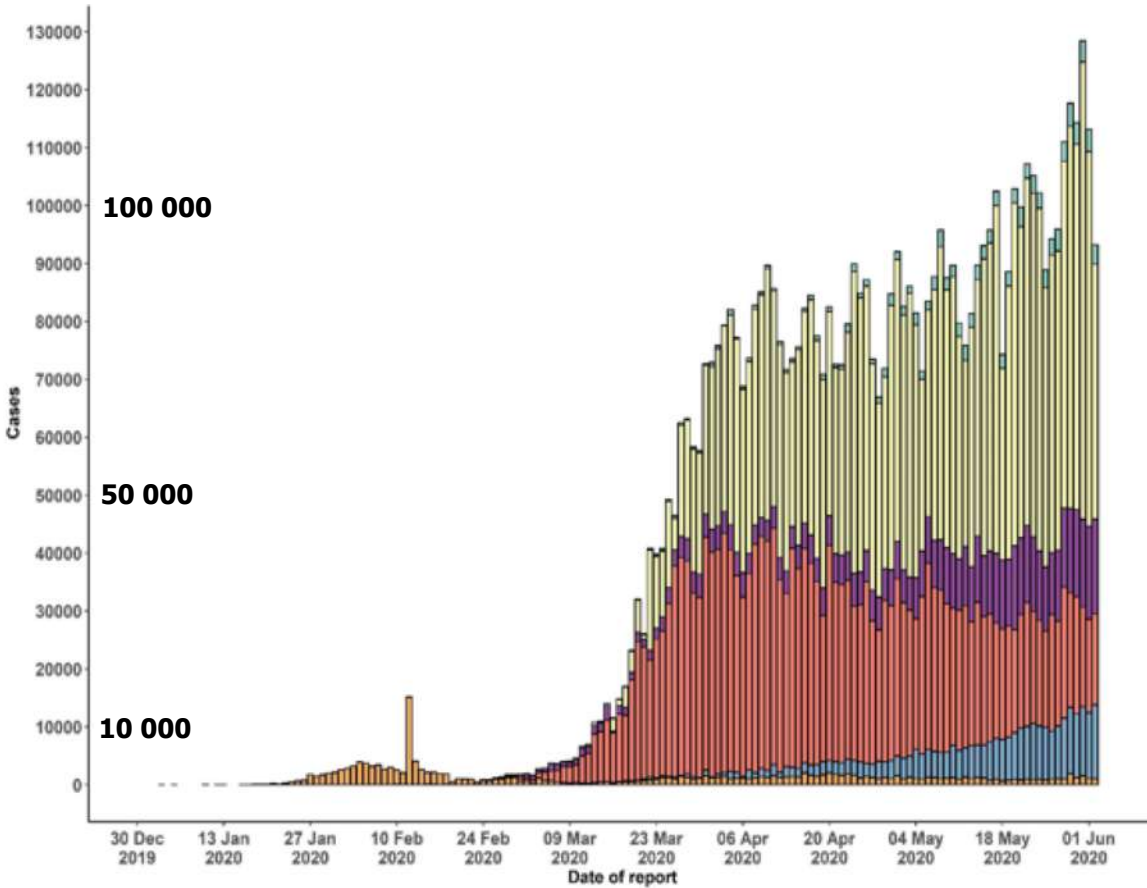
Source: *J.Hosp.Infect.* 2020.01

# Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 28 May to 03 June 2020



**Change in cumulative Covid-19 cases\* compared to 1 week ago**

**Number of confirmed COVID-19 cases, by date of report and WHO region  
30 December 2019 through 03 June 2020**



	Total cases	Total cases 1 week ago	% change cases
<b>Globally</b>	<b>6 287 771</b>	<b>5 488 825</b>	<b>15%</b>
AMR	2 949 455	2 495 924	18%
EUR	2 191 614	2 061 828	6%
EMR	552 497	449 590	23%
SEAR	296 620	218 523	36%
WPR	185 358	176 404	5%
AFR	111 486	85 815	30%
USA	1 798 330	1 634 010	10%
Brazil	526 447	374 898	40%
Russian Federation	432 277	370 680	17%
UK	277 989	265 231	5%
Spain	240 304	236 631	2%
Italy	233 515	230 555	1%
India	207 615	151 767	37%
Germany	182 370	179 364	2%
Peru	170 039	123 979	37%
Turkey	165 555	158 762	4%



World Health  
Organization

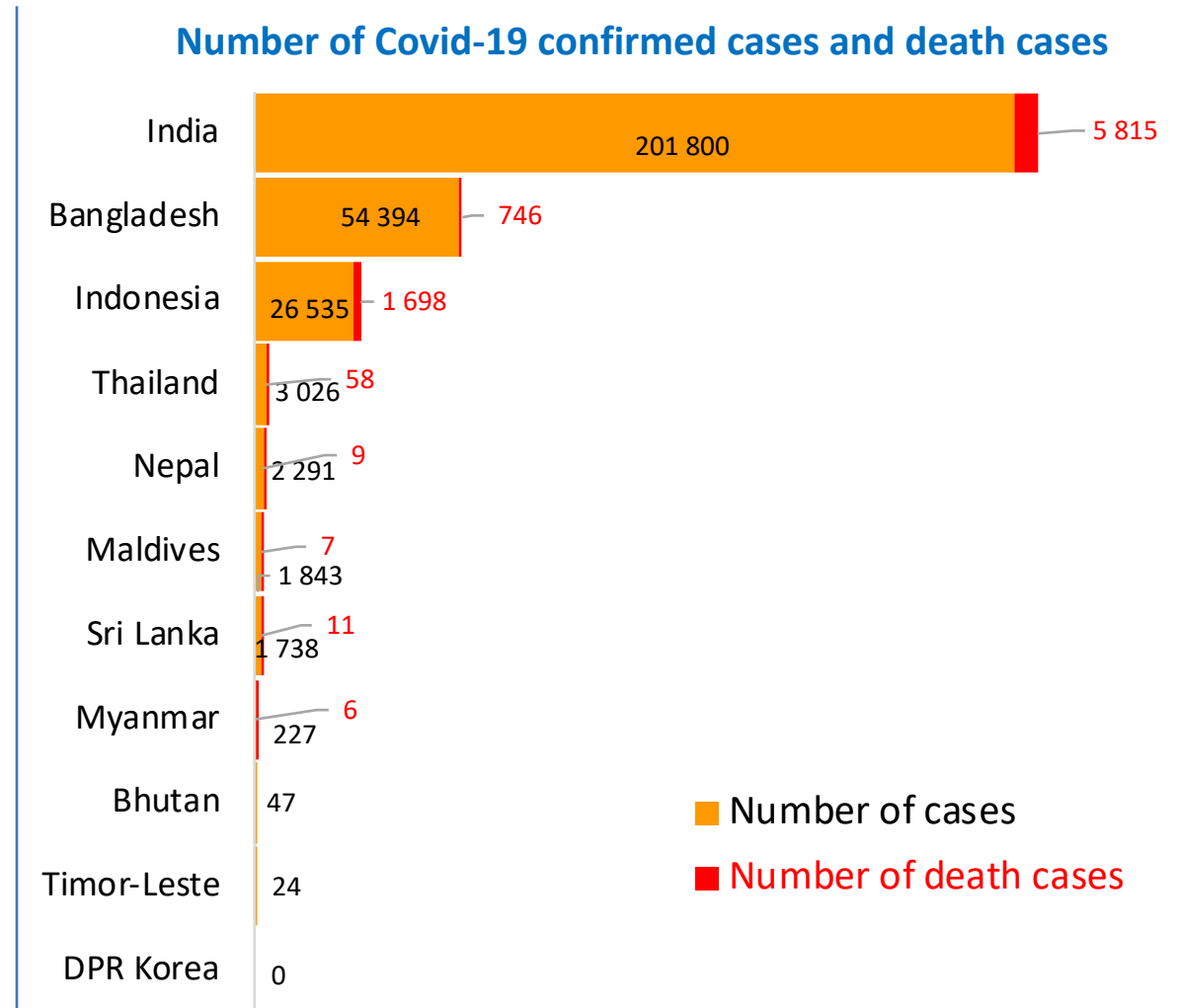
Regional Office for South-East



# Covid-19 Situation in Southeast Asia

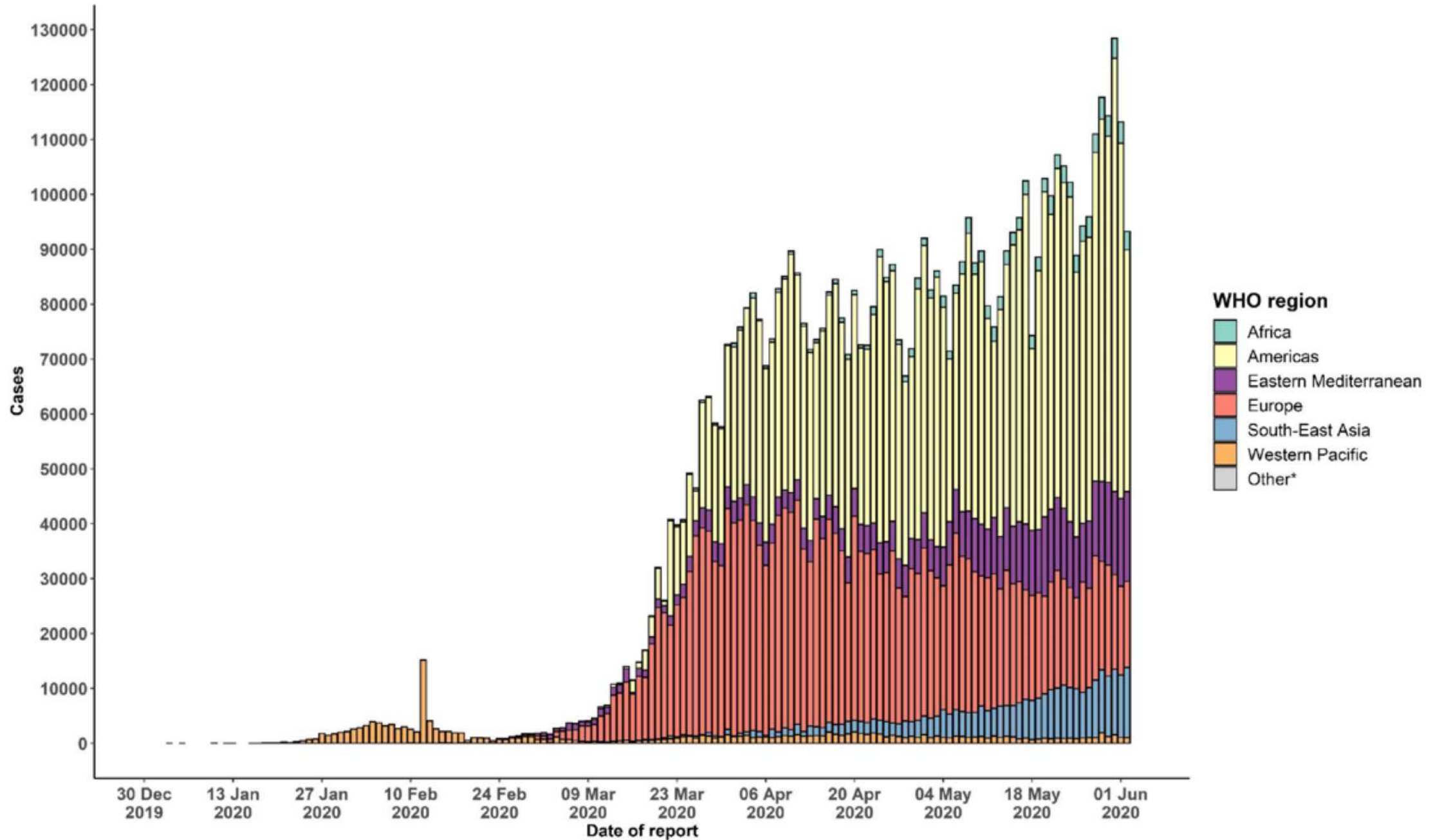
(data reported by 07 am IST 04 June 2020)

- **300 275** cases (and **8 350** deaths) reported by ten countries; +12 565 (4%) cases in last 24 hours
- 35 (97%) states/union territories have reported confirmed case in India
- All provinces have reported confirmed case in Indonesia
- All provinces/divisions have reported confirmed case in Bangladesh
- 68 (89%) provinces have reported confirmed case in Thailand
- DPRK has not reported any confirmed case

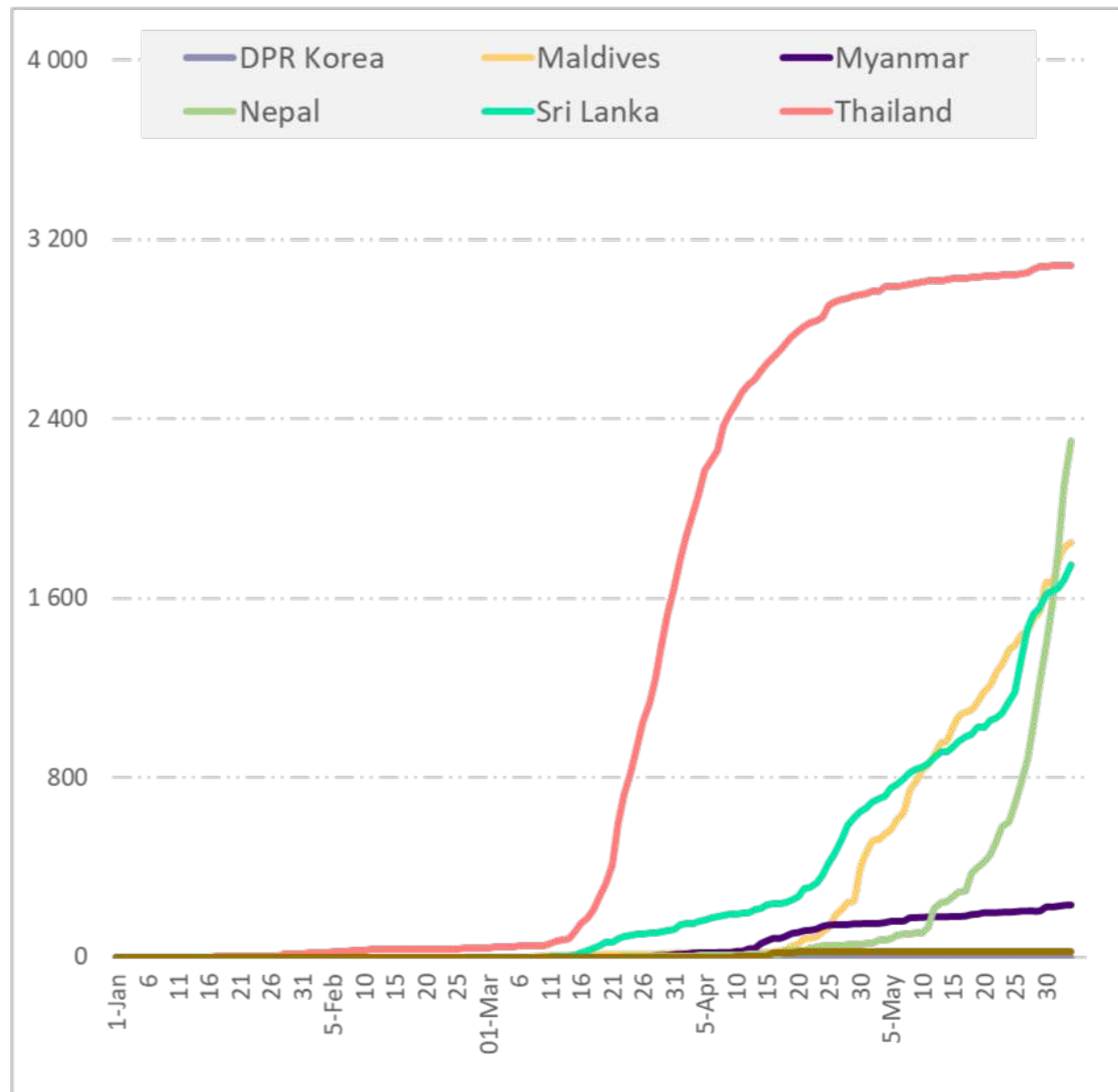
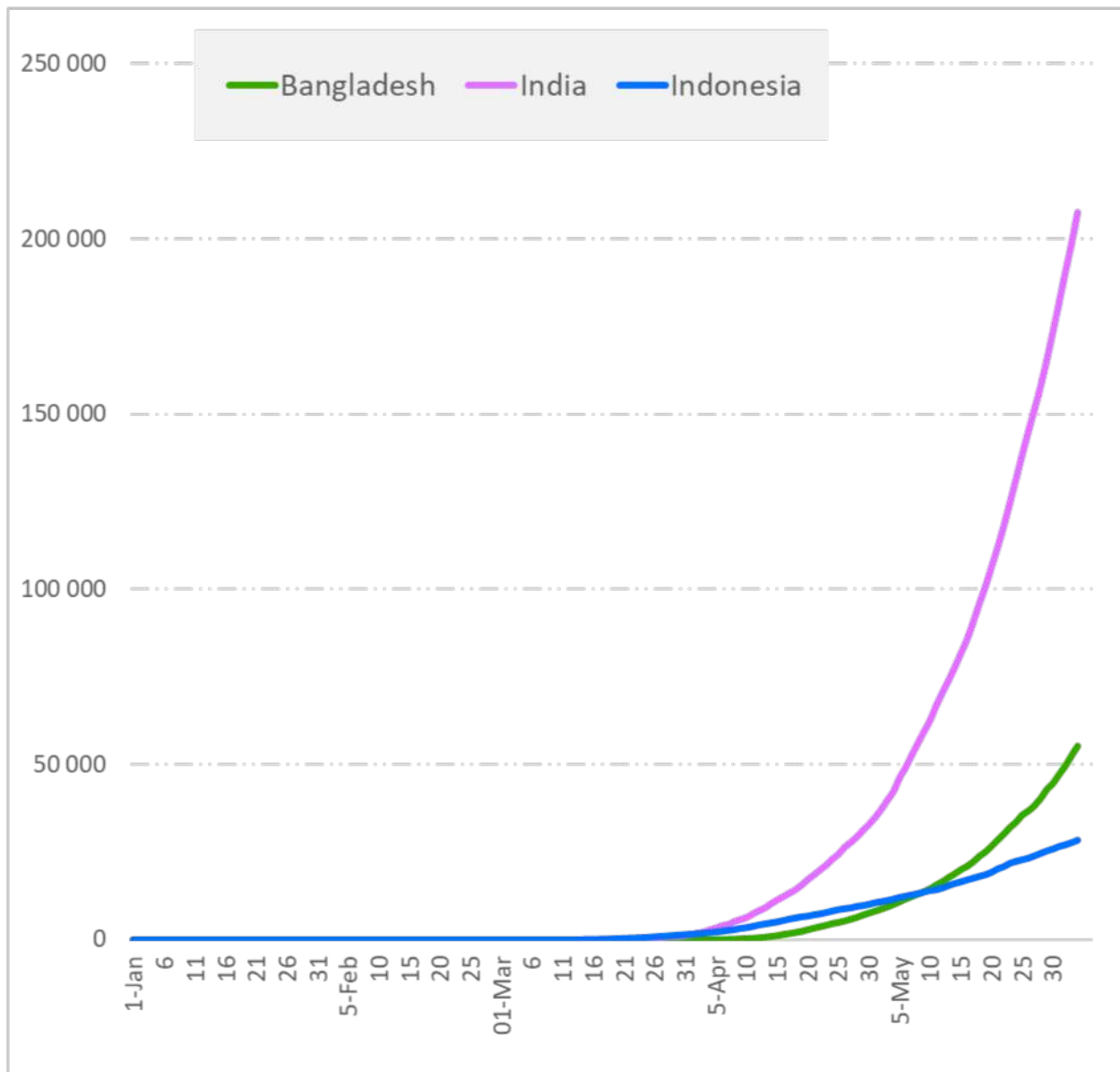




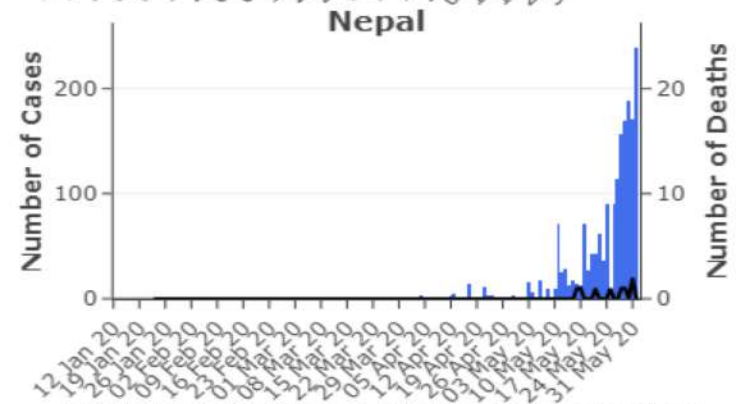
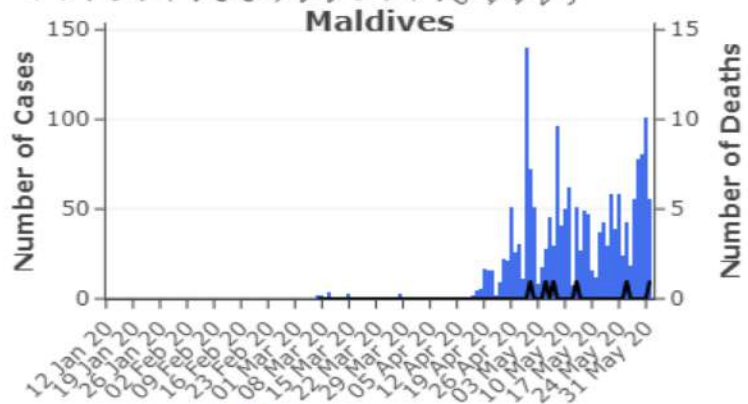
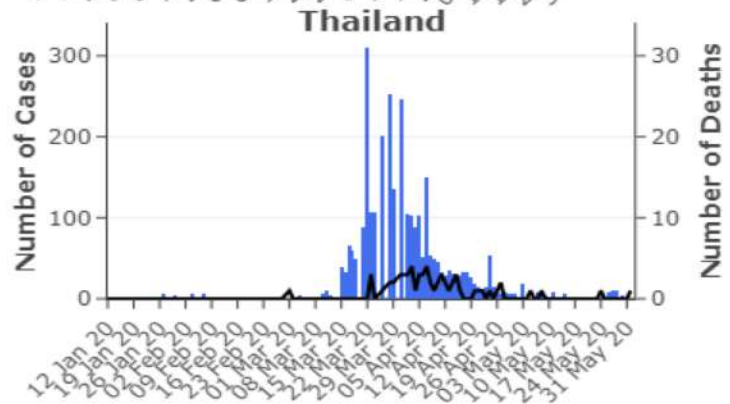
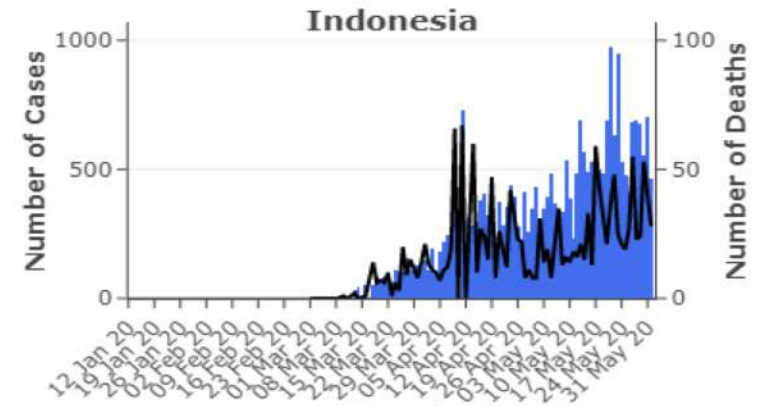
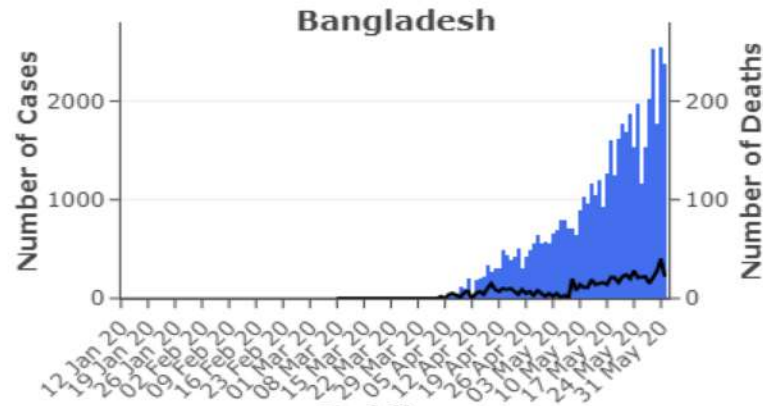
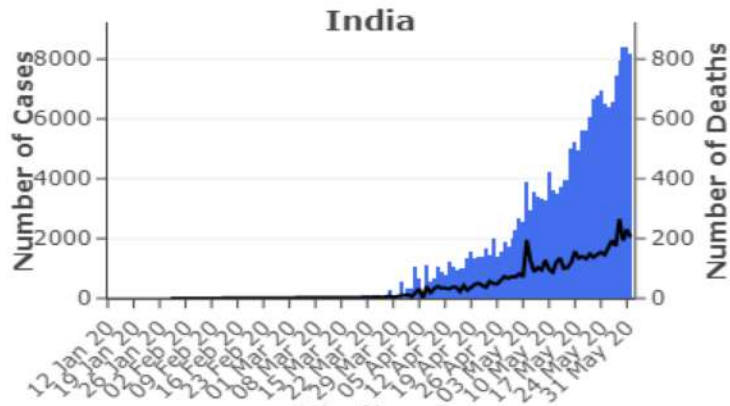
Number of confirmed COVID-19 cases, by date of report and WHO region  
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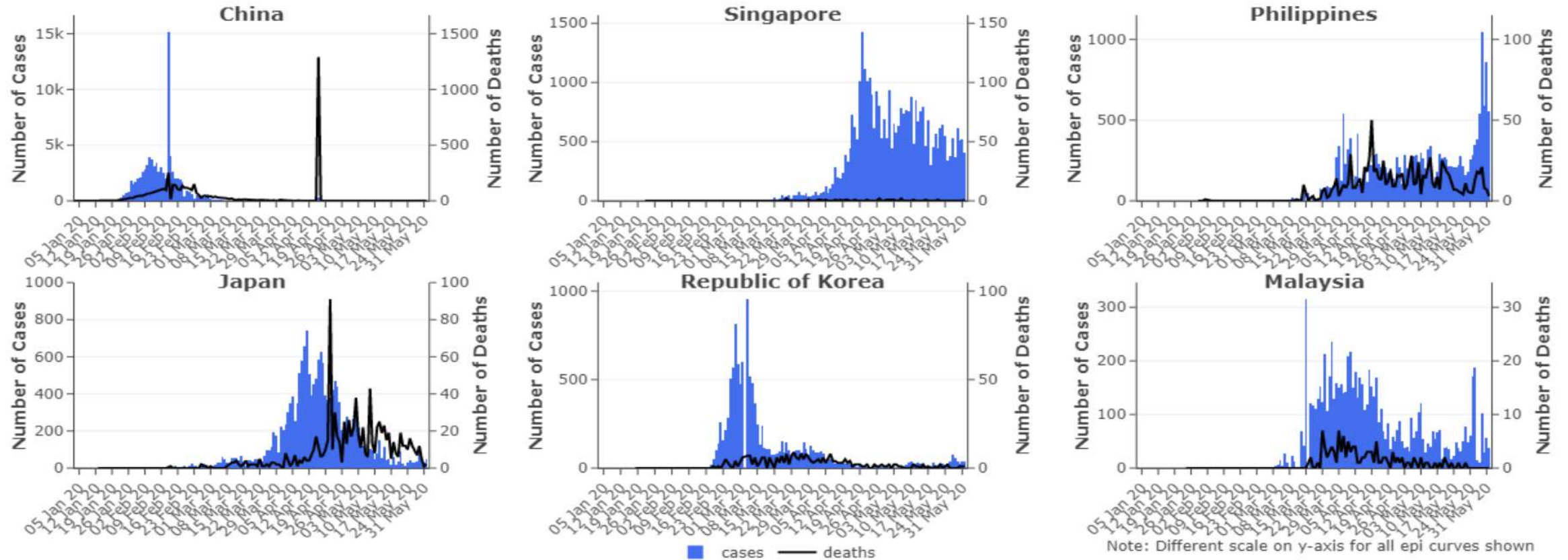
# Cases reported per day for SEARO countries with >500 cases as of 02 Jun 10H



■ cases — deaths

Note: Different scale on y-axis for all epi curves shown

# Cases reported per day for select WPRO countries with >500 cases as of 02 Jun 10H

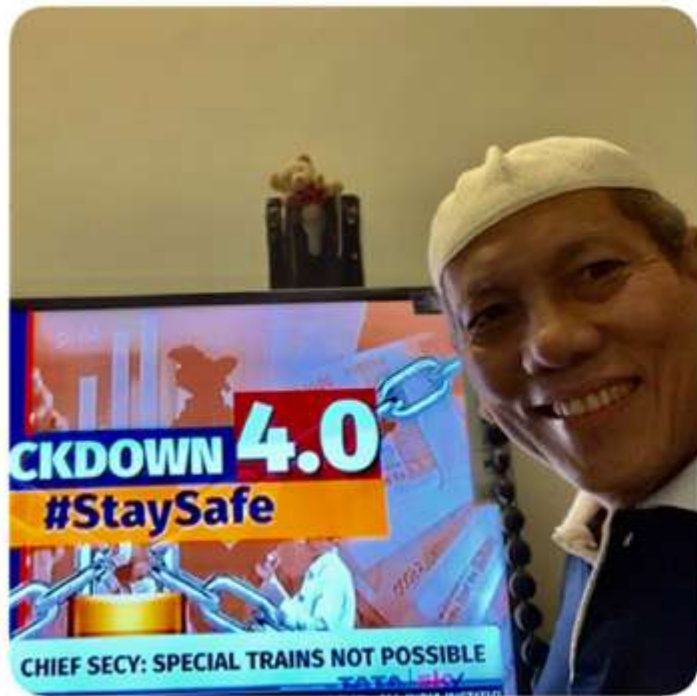


## Public health and social measures

Public health measures include personal protective measures (hand hygiene, respiratory etiquette), environmental measures, physical distancing measures, and travel-related measures. Physical distancing measures apply to individuals (e.g. isolation of cases and quarantine of contacts) or to communities, specific segments of the population, or to the population as whole. These measures are not mutually exclusive.

WHO recommends that all suspected cases be identified, tested, isolated and cared for, and their contacts identified, traced, and quarantined.<sup>3</sup>

Additional large scale public health and social measures (PHSM), including movement restrictions, closure of schools and businesses, geographical area quarantine, and international travel restrictions have been implemented by a number of countries. These are sometimes referred to as “lockdown” or “shutdown” measures.



# Considerations in adjusting public health and social measures in the context of COVID-19

Interim guidance

16 April 2020



## Background

Across the globe, countries have implemented a number of control measures to comprehensively prepare for and respond to COVID-19. The overarching goal of the WHO global COVID-19 response strategy<sup>1</sup> is for all countries to control the pandemic by slowing down transmission and reducing mortality associated with COVID-19, with the ultimate aim of reaching and maintaining a state of low-level or no transmission. Based on local epidemiology, some countries are in the process of scaling up public health and social measures, while others are or currently considering scaling

adjusting these measures, so as not to trigger a resurgence of COVID-19 cases and jeopardize the health of the population. Until specific and effective pharmaceutical interventions (e.g. therapies and vaccines) are available, countries may need to continue to loosen or reinstate measures throughout the pandemic.

Decisions to tighten or loosen or re-institute PHSM should be based on scientific evidence and real-world experience and take into account other critical factors, such as economic factors, security-related factors, human rights, food security, and public sentiment and adherence to measures.



## Scenarios

WHO has previously defined four transmission scenarios to describe the dynamic of the epidemic: no reported cases (whether truly no cases or no detected cases), sporadic cases, clusters of cases, and community transmission.<sup>2</sup> A country or area can move from one transmission situation to another (in either direction) while experiencing different situations at subnational levels. Each transmission scenario requires a tailored control approach at the lowest administrative level.<sup>2</sup>

Although it is unknown how the pandemic will continue to evolve, three outcomes can be envisaged:

- i. complete interruption of human-to-human transmission;
- ii. recurring epidemic waves (large or small); and
- iii. continuous low-level transmission.

Based on current evidence, the most plausible scenario may involve recurring epidemic waves interspersed with periods of low-level transmission. This guidance has been developed in the context of these scenarios and will be updated as knowledge of the dynamics of the pandemic evolves.

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The risk assessment must address the following questions:

1. What is the likely impact of adjusting public health and social measures in terms of the risk of case resurgence?
2. Is the public health system able to identify, isolate, and care for cases and quarantine contacts?
3. Is the public health system able to rapidly detect a resurgence of cases?
4. Is the health care system able to absorb an extra patient load and provide medical care in case of resurgence?

The risk assessment should be based on the following indicators:

1. **Epidemiological factors:** incidence of confirmed and probable COVID-19 cases; rate of hospitalizations and ICU admissions; number of deaths; percent positive among people tested; results of serological testing (providing availability of reliable assays).<sup>2</sup>
2. **Health care capacities:** health system (hospital and non-hospital) functions and capacity (admissions and discharges), health care workers, ICU and non-ICU bed capacity, triage at health care facilities, stocks of personal protective equipment, treatment of COVID-19 and non-COVID-19 patients according to national standards and crisis standards of care; health workforce.
3. **Public health capacities:** rate of identification and testing of new suspected cases, isolation of new confirmed cases, identification and quarantine of contacts, number of public health rapid response teams to investigate suspect cases and clusters.
4. **Availability of effective pharmaceutical interventions:** Currently there are no COVID-19 specific therapeutics or vaccines. WHO, in collaboration with international partners, is implementing protocols for clinical trials to develop specific treatments and vaccines<sup>6</sup> for COVID-19. The future availability of safe and effective pharmaceutical tools will be important in decision to implement or lift PHSM.

The adjusting of PHSM, including large-scale movement restrictions, needs to minimize the risk of a resurgence in COVID-19 cases:

1. **COVID-19 transmission is controlled**
2. **Sufficient** public health workforce and health system capacities are in place
3. **Outbreak risks in high-vulnerability settings are minimized**
4. **Preventive** measures are established in workplaces
5. Manage the risk of exporting and importing cases from communities with **high risks of transmission**
6. **Communities** are fully engaged

# Considerations for public health and social measures in the workplace in the context of COVID-19

Annex to Considerations in adjusting public health and social measures in the context of COVID-19

10 May 2020



## Background

In response to COVID-19, countries across the globe have implemented a range of public health and social measures, including movement restrictions, partial closure or closure of schools and businesses, quarantine in specific geographic areas and international travel restrictions. As the local epidemiology of the disease changes, countries will adjust (i.e. loosen or reinstate) these measures accordingly. As transmission intensity declines, some countries will begin to gradually re-open workplaces to maintain economic activity. This requires establishing protective measures, including directives and capacity to promote and enable standard COVID-19 prevention in terms of physical distancing, hand washing, respiratory etiquette and, potentially, thermal monitoring, as well as monitoring compliance with these measures.<sup>1</sup>

On 16 April 2020, WHO published interim guidance that provides advice on adjusting PHSM,<sup>i</sup> while managing the risk of resurgence of cases. A series of annexes was developed to help guide countries through adjusting various public health measures in different contexts. This annex is for those involved in developing policies and standard operating procedures to prevent the transmission of COVID-19 in the workplace, including employers, workers and their representatives, labour unions and business associations, local public health and labour authorities, and occupational safety and health practitioners. This document offers general evidence for non-healthcare workplaces and workers in these settings. Additional protective measures may be necessary

# Workplace risk assessment

- Low exposure risk
- Medium exposure risk
- High exposure risk

# Preventive measures

- **Hand hygiene**
- **Respiratory hygiene**
- **Physical distancing**
- **Reduce and manage work-related travels**
- **Regular environmental cleaning and disinfection**
- **Risk communication, training, and education**
- **Management of people with COVID-19 or their contacts**

## **Specific measures for workplaces and jobs at medium risk**

In addition to the above measures, for workplaces and jobs assessed to be at medium risk, the following measures should be put in place:

- Enhanced cleaning and disinfection of objects and surfaces that are touched regularly, including all shared rooms, surfaces, floors, bathrooms, and changing rooms;
- Where the physical distancing of at least 1 metre cannot be implemented in full in relation to a particular activity, workplaces should consider whether that activity needs to continue, and if so, take all the mitigating actions possible to reduce the risk of transmission between workers, clients or customers, contractors, and visitors; such as staggered activities, minimizing face-to-face and skin-to-skin contacts, placing workers to work side-by-side or facing away from each other rather than face-to-face, assign staff to the same shift teams to limit social interaction, installing plexiglass barriers at all points of regular interaction and cleaning them regularly;
- Enhanced hand hygiene – regular hand washing with soap and water or use of alcohol-based hand rub, including before entering and after leaving enclosed machinery, vehicles, confined spaces, and before putting on and after taking off personal protective equipment;
- Provide personal protective equipment and training on its proper use – e.g. masks, disposable gowns, disposable gloves or heavy-duty gloves that can be disinfected. Provide face or eye protection (medical mask, face shields, or goggles) during cleaning procedures that generate splashes (e.g. washing surfaces).
- Increased ventilation rate, through natural aeration or artificial ventilation, preferably without re-circulation of the air.



## **Specific measures for workplaces and jobs at high risk**

In addition to the measures above, for high-risk work activities and jobs, the following measures should be implemented:

- Assess the possibility of suspending the activity;
- Adherence to hygiene before and after contact with any known or suspected case of COVID-19, before and after using PPE;
- Use of medical mask, disposable gown, gloves, and eye protection for workers who must work in the homes of people who are suspected or known to have COVID-19. Use the protective equipment when in contact with the sick person, or respiratory secretions, body fluids, and potentially contaminated waste;
- Training of workers in infection prevention and control practices and use of personal protective equipment;
- Avoid assigning tasks with high risk to workers who have pre-existing medical conditions, are pregnant, or older than 60 years of age.

# Public health criteria to adjust public health and social measures in the context of COVID-19

Annex to Considerations in adjusting public health and social measures in the context of COVID-19

12 May 2020



## Background

In response to COVID-19, countries around the globe have implemented several public health and social measures (PHSM), including large scale measures such as movement restrictions, closure of schools and businesses, geographical area quarantine, and international travel restrictions. As the local epidemiology of the disease changes, countries will adjust (loosen/reinstate) these measures accordingly. On 16 April 2020, WHO published interim guidance that provides advice on adjusting PHSM, while managing the risk of resurgence of cases. A series of annexes was developed to help guide countries through adjusting various public health measures in different contexts. This annex shows a pragmatic decision process for adapting PHSM based on epidemiological and public health criteria, and it should be read in conjunction with the interim guidance document.<sup>1</sup>

The document presents only public health criteria, while other critical factors, such as economic factors, security-related factors, human rights, food security, and public sentiment, should also be considered.

This document is intended for national authorities and decision makers in countries that have introduced large scale PHSM and are considering adjusting them.

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## Pengalaman Pertama Prof. Tjandra Yoga Puasa di India yang Tengah Lockdown

Dial Yazmin - detikNews

Senin, 27 Apr 2020 11:34 WIB

00 komentar

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Prof. Yoga di depan gerbang Arka 45 Soreh (Foto: detiknews)



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- 1 Fakta-fakta Kobe Itrual Tumbak Kepala Prita Bandung
- 2 China Tak Sengaja India Batalikan Pesanan Alat Rapid Test Corona
- 3 Rombongan Pemudik Kena Corona, Diketahui dari Komoran Mendadak Kematian

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**Tjandra Yoga Aditama: Tahun Ini Ke Lima Kalinya Puasa di India**

2020 • Sabtu, 25 Apr 2020 • 20:23 WIB

**UPDATE**  
INDEKS DOMESTIK (GDP) DI INDONESIA

POSITIF	0,511
NEUTRAL	0,000
NEGATIF	-0,511

**DEKAT** 7,384 **SEDANG** 773 **JAUH** 1,274

**UPDATE 25 April 2020**  
[www.Indonesia.com](#)

**SINDO NEWS.com**

1 Peran PDP di Medan Beresgal, Ditemukan dengan Protokol COVID-19

Menteri Ida - Ada Tiga Tantangan Transformasi Keterserapan di Era 4.0

Kepulauan Peduli Sapi 100 Paket Sembako untuk Dasi dan Warga Terdampak

807W dan 62 Indonesia Ditransferkan 78.000 Paket Bantuan Berarti

4 Kasus Baru 'tersebar' Corona di Tiga Ampel dan Daerah Gase

**more**

**Obit** Prof Tjandra Yoga Aditama  
Menteri Dirjen PDP, Kemenkes dan Mantan Kepala Balitbangkes, Kini Dirujuk WHO SEARO bidang Penanggulangan Penyakit Menular

**NEW DELHI** Tahun ini ke lima kalinya saya puasa di India sejak September 2015 bertugas di WHO SEARO.

**TEMPO** **TEMPO** Tempo Indi Media **FREE - On the App Store** [View](#)

Pokok dan Tokoh 2/3

**SAHUR TANPA RENDANG**

Tjandra Yoga Aditama tak dapat pulang ke Jakarta akibat *lockdown* yang diterapkan pemerintah India. Stok lauk-pauk kegemarannya untuk sahur dan buka puasa pun menipis.

[f](#) [t](#) [v](#) [+](#)

**Mahardika Satria Hadi**

Edisi : 25 April 2020

[Facebook](#)  
 देखिये इस पर जाए [जानें](#)

## How to use the criteria

The criteria are grouped into three domains that should be evaluated to address three main questions:

1. **Epidemiology** - Is the epidemic controlled? (Yes or No)
2. **Health system** - Is the health system able to cope with a resurgence of COVID-19 cases that may arise after adapting some measures? (Yes or No)
3. **Public Health Surveillance** - Is the public health surveillance system able to detect and manage the cases and their contacts, and identify a resurgence of cases? (Yes or No)

The criteria are not prescriptive, and it may not be feasible to answer some of them owing to lack of data, for instance. To the extent possible countries should focus on the criteria most relevant for them to inform decision making. The thresholds are indicative and may need to be revisited as further information about the epidemiology of COVID-19 becomes available. It is recommended to systematically assess the criteria at least weekly at a subnational administrative level when feasible.

**Table 1. Epidemiological Criteria**

Epidemiological Criteria*	Explanation
Decline of at least 50% over a 3-week period since the latest peak and continuous decline in the observed incidence of confirmed and probable cases °	This indicates a decline in transmission equivalent to a halving time of three weeks or less since the latest peak, when the testing strategy is maintained or strengthened to test a greater % of suspected cases.
Less than 5% of samples positive for COVID-19, at least for the last 2 weeks, ° assuming that surveillance for suspected cases is comprehensive	The % positive samples can be interpreted only with comprehensive surveillance and testing of suspect cases, in the order of 1/1000 population/week

Less than 5% of samples positive for COVID-19, at least for the last 2 weeks <sup>o</sup> , among influenza-like-illness (ILI) samples tested at sentinel surveillance sites	Through ILI sentinel surveillance, a low % of positive samples indicates low community transmission*
At least 80% of cases are from contact lists and can be linked to known clusters	This indicates that most transmission chains have been identified, offering the opportunity for follow-up. This may be limited by the fact that the information will certainly not have been collected at the height of the epidemic.
Decline in the number of deaths among confirmed and probable cases at least for the last 3 weeks <sup>o</sup>	This will indicate, with an approximately 3-week lag-time, that the total number of cases is decreasing. If testing has decreased, then the number of deaths in probable cases will be more accurate.
Continuous decline in the number of hospitalization and ICU admissions of confirmed and probable cases at least for the last 2 weeks <sup>o</sup>	This indicates, with an approximately 1-week lag-time and providing that the criteria for hospitalization have not changed, a decline in the number of cases.
Decline in the age-stratified excess mortality due to pneumonia	When pneumonia cases cannot be systematically tested, a decline in the mortality of pneumonia would indirectly indicate a reduction in the excess mortality due to COVID-19.

\* Trend evaluation requires that no changes occurred in testing or measurement strategy

<sup>o</sup> 2-week period corresponds to the maximum incubation period and is the minimum period on which to assess changes in trends.

**Table 2. Health system Criteria**

Health System Criteria	Explanation
All COVID-19 patients can be managed according to national standard	This indicates that the health system has returned to a state where all conditions (staff, beds, drugs, equipment, etc.) are there to provide the same standard of care that existed before the crisis.
All other patients with a severe non-COVID-19 condition can be managed according to national standard	
There is no increase in intra-hospital mortality due to non-COVID-19 conditions	
The health system can absorb or can expand to cope with at least a 20% increase in COVID-19 case load	This indicates that the system would be sustainable even if it had to absorb a surge in cases resulting from loosening public health and social measures. This includes sufficient staff, equipment, beds, etc.
An Infection, Prevention and Control (IPC) focal point is available in all health facilities (1 full-time trained IPC focal point per 250 beds) and at district level	This indicates strong capacity for coordination, supervision and training on IPC activities, including in primary health facilities.
All health facilities have screening for COVID-19	This is for ensuring that all patients who come to a facility are assessed for COVID-19 in order to prevent health associated infections.
All acute health facilities have a mechanism for isolating people with suspected COVID-19	The health system has sufficient capacity to isolate all patients with COVID-19

**Table 3. Public Health Surveillance Criteria**

Public Health Surveillance Criteria	Explanation
<b>Surveillance systems</b>	
New cases can be identified, reported, and data included in epidemiological analysis within 24 hours	A surveillance system for COVID-19 is in place that is geographically comprehensive and covers all persons and communities at risk. Comprehensive surveillance includes surveillance at the community level, primary care level, in hospitals, and through sentinel surveillance sites for influenza and other respiratory diseases, where they exist. <sup>5</sup>
Immediate reporting of probable and confirmed cases of COVID-19 is mandated within national notifiable disease with requirements	This indicates that appropriate public health policies are in place for immediate notification of cases of COVID-19 from all health facilities.
Enhanced surveillance is implemented in closed residential settings and for vulnerable groups	This indicates that public health authorities have identified populations who live in residential settings or are vulnerable and that enhanced surveillance is put in place for these populations.
Mortality surveillance is conducted for COVID-19 related deaths in hospitals and in the community	This indicates the ability to rapidly and reliably track the number of deaths related to COVID-19. Where possible, medical certificate of death for COVID-19 deaths should be issued. Other approaches for mortality surveillance may be considered, such as reports from religious centres or burial sites.
The total number of laboratory tests conducted for COVID-19 virus is reported each day	Knowing the testing denominator can indicate the level of surveillance activity and the proportion of tests positive can indicate the intensity of transmission among symptomatic individuals.



### Case investigation

Public health rapid response teams are functional at all appropriate administrative levels

A measure of the capability to rapidly investigate cases and clusters of COVID-19.<sup>6</sup>

90% of suspect cases are isolated and confirmed/released within 48 hours of symptom onset

This indicates that investigation and isolation of new cases is sufficiently rapid to minimize the generation of secondary cases.

### Contact tracing <sup>7</sup>

At least 80% of new cases have their close contacts traced and in quarantine within 72 hours of case confirmation

These indicate that the capacity to conduct contact tracing is sufficient for the number of cases and contacts.

At least 80% of contacts of new cases are monitored for 14 days

Contacts should be contacted each day during the 14-day period and ideally no more than two days should elapse without feedback from a contact.

Information and data management systems are in place to manage contact tracing and other related data

While contact tracing data can be managed on paper at a small scale, large-scale contact tracing can be supported by electronic tools such as the *Go.Data* contact tracing software.



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# Local epidemiology should guide focused action in 'new normal' COVID-19 world

15 May 2020 | News release | SEARO

SEAR/PR/1732

**New Delhi** - Amid rising cases of COVID-19 and as countries in WHO South-East Asia Region ease lockdowns in a graded manner, WHO today said careful assessment of local epidemiology should guide future actions to combat the virus.

"Countries in the Region must continue to take evidence-informed action and conduct careful risk assessments while winding back public health and social measures. The focus should be on local epidemiology of COVID-19, to identify hot-spots and clusters, and the capacity of systems and responders to find, isolate and care for cases, and quarantine contacts," said Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia.

# Clinical management of COVID-19

Interim guidance  
27 May 2020



World Health  
Organization

## Inilah cerita dokter Indonesia belebaran sendirian di India saat "lockdown"

Senin, 25 Mei 2020 16:58 WIB



REPUBLIKA co.id



### Profesor Tjandra Yoga Lebaran Sendiri Saat *Lockdown* di India

KBRI New Delhi tidak mengadakan kegiatan apapun untuk para WNI di India.

Senin, 25 May 2020, 18:40 WIB



## Rayakan Idul Fitri Sendirian di Tengah Lockdown



Prof Tjandra Yoga Aditama:

16 hours ago



### Cerita Dokter Indonesia Rayakan Lebaran di Tengah Lockdown India

*Yoga tak bisa menyantap rendang kiriman dari Indonesia*



Prof. Tjandra Yoga Aditama, sosok yang pernah menjabat Direktur Jenderal

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## 2. COVID-19 care pathway (see Appendix 1)

- ✓ We recommend that COVID-19 care pathways be established at local, regional and national levels. COVID-19 care pathways are for persons with suspected or confirmed COVID-19.
- ✓ A person enters the COVID-19 care pathway after s/he is *screened*, based on a standardized case definition, including assessment of symptoms, and meets criteria for a suspect case.
  - Suspect cases may be referred to as “persons or patients under investigation” (PUIs) in some contexts.
  - Probable cases are suspect cases for whom testing for SARS-CoV-2 is inconclusive or not available.
  - Confirmed cases are persons with laboratory confirmation of COVID-19.
- ✓ Discontinue transmission-based precautions (including isolation) and release from the COVID-19 care pathway as follows:
  - For symptomatic patients: 10 days after symptom onset, plus at least 3 days without symptoms (without fever and respiratory symptoms).
  - For asymptomatic patients: 10 days after test positive.

## 5. Laboratory diagnosis

For more details, refer to published WHO guidance on specimen collection, processing and laboratory testing and *WHO Laboratory testing strategy recommendations for COVID-19 (66)*.



**We recommend, for all suspect cases, collection of upper respiratory tract (URT) specimens (nasopharyngeal and oropharyngeal) for testing by reverse transcription polymerase chain reaction (RT-PCR) and, where clinical suspicion remains and URT specimens are negative, to collect specimens from the lower respiratory tract (LRT) when readily available (expectorated sputum, or endotracheal aspirate/bronchoalveolar lavage in ventilated patient). In addition, testing for other respiratory viruses and bacteria should be considered when clinically indicated.**



**SARS-CoV-2 antibody tests are not recommended for diagnosis of current infection with COVID-19.**

## 6. Management of mild COVID-19: symptomatic treatment

Patients with mild disease may present to an emergency unit, primary care/outpatient department, or be encountered during community outreach activities, such as home visits or by telemedicine.



**We recommend that patients with suspected or confirmed mild COVID-19 be isolated to contain virus transmission according to the established COVID-19 care pathway. This can be done at a designated COVID-19 health facility, community facility or at home (self-isolation).**



**We recommend patients with mild COVID-19 be given symptomatic treatment such as antipyretics for fever and pain, adequate nutrition and appropriate rehydration.**



## 7. Management of moderate COVID-19: pneumonia treatment

Patients with moderate disease may present to an emergency unit or primary care/outpatient department, or be encountered during community outreach activities, such as home visits or by telemedicine. See Table 2 for definition of pneumonia.



**We recommend that patients with suspected or confirmed moderate COVID-19 (pneumonia) be isolated to contain virus transmission. Patients with moderate illness may not require emergency interventions or hospitalization; however, isolation is necessary for all suspect or confirmed cases.**

- **The location of isolation will depend on the established COVID-19 care pathway and can be done at a health facility, community facility or at home.**
- **The decision of location should be made on a case-by-case basis and will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe disease, and conditions at home, including the presence of vulnerable persons in the household.**
- **For patients at high risk for deterioration, isolation in hospital is preferred.**

## 8. Management of severe COVID-19: severe pneumonia treatment

- ✓ **All areas where severe patients may be cared for should be equipped with pulse oximeters, functioning oxygen systems and disposable, single-use, oxygen-delivering interfaces (nasal cannula, Venturi mask, and mask with reservoir bag).**

### Remark:

This includes areas in any part of health facilities, including emergency units, critical care units, primary care/outpatient clinics, as well as pre-hospital settings and ad hoc community facilities that may receive patients with severe COVID-19. See WHO *Oxygen sources and distribution for COVID-19 treatment centres* (78).

- ✓ **We recommend immediate administration of supplemental oxygen therapy to any patient with emergency signs and to any patient without emergency signs and  $SpO_2 < 90\%$ .**

## 12. Antivirals, immunomodulators and other adjunctive therapies for COVID-19



We recommend that the following drugs not be administered as treatment or prophylaxis for COVID-19, outside of the context of clinical trials:

- Chloroquine and hydroxychloroquine (+/- azithromycin), including but not limited to:
- Antivirals, including but not limited to:
  - Lopinavir/ritonavir
  - Remdesivir
  - Umifenovir
  - Favipiravir
- Immunomodulators, including but not limited to:
  - Tocilizumab
  - Interferon- $\beta$ -1a
- Plasma therapy.

## A COORDINATED GLOBAL RESEARCH ROADMAP: 2019 NOVEL CORONAVIRUS

MARCH 2020

There is broad consensus on the need for research to focus on actions that can save lives now, facilitate actions so that those affected are promptly diagnosed and receive optimal care, and catalyse the full integration of all innovations within each research area.

However, there is an imperative to support research priorities in a way that leads to the development of sustainable global research platforms are prepared for the next disease X epidemic. This will allow for accelerated research, innovative solutions and R&D of diagnostics, therapeutics and vaccines, as well as the timely and equitable access to these life-saving tools for those at highest risk.

# Global research on coronavirus c

“Solidarity” clinical trial for COVID-19 treatments

“Solidarity II” global serologic study for COVID-19

Accelerating a safe and effective COVID-19 vaccine

COVID-19 technology access pool

WHO is bringing the world's scientists and global health experts together to coordinate the research and development process, and develop new strategies to limit the spread of the coronavirus pandemic and help care for the sick.

The [R&D Blueprint](#) has been activated to accelerate diagnostic and therapeutic research for this novel coronavirus.

The solidarity of all countries will be essential to ensure equitable access to products.

## Global research database

WHO is gathering the latest international multilingual scientific literature on COVID-19. The global literature cited in the WHO COVID-19 Dashboard (Monday through Friday) from searches of bibliographic databases, in addition of other expert-referred scientific articles. This database is available on the WHO COVID-19 Dashboard.



 Document

# Social stigma associated with the coronavirus disease (COVID-19)

About

Download the document

This guide for preventing and addressing social stigma associated with the

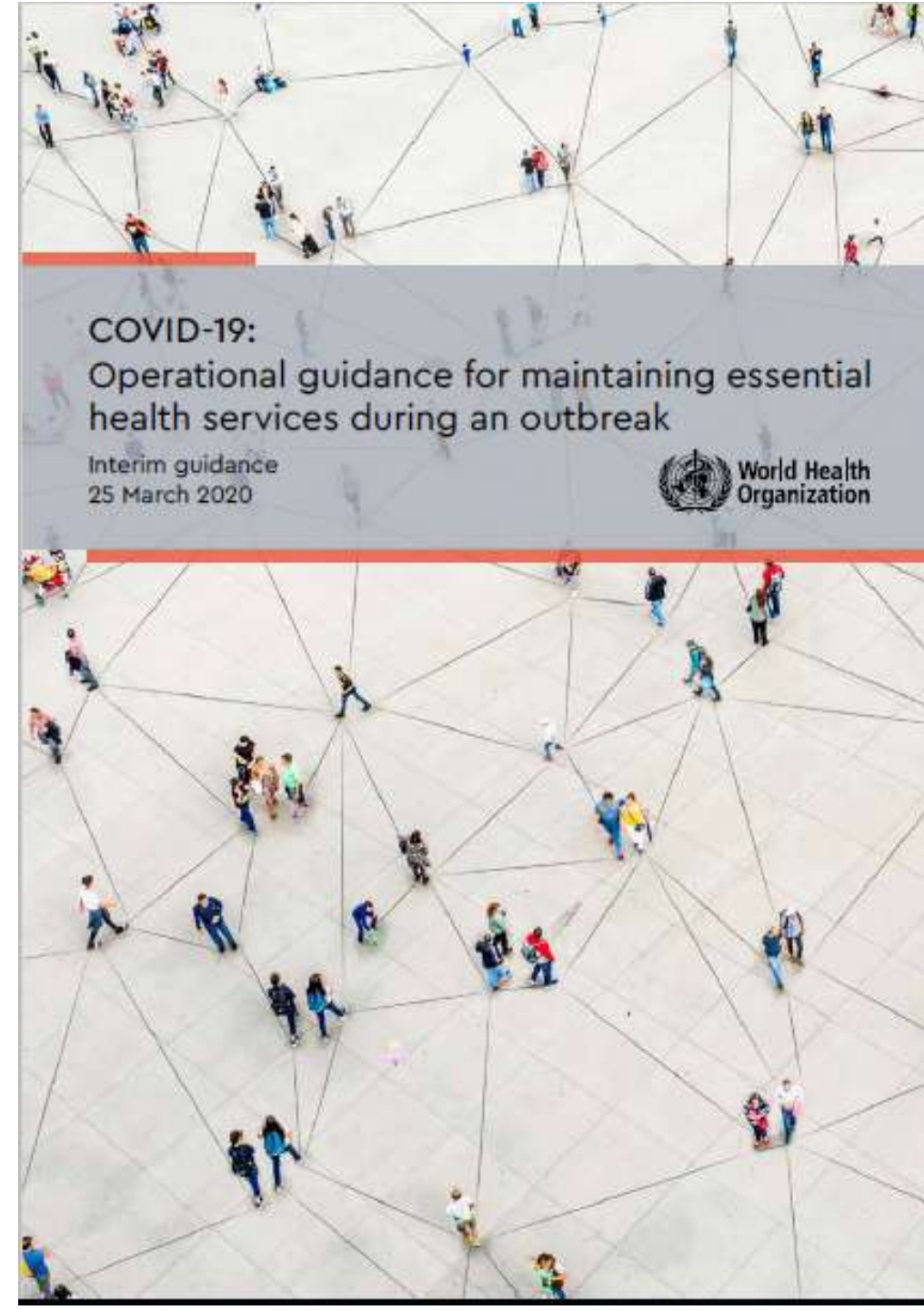
Region	Number of countries/territories	Countries/States/Territories
WPRO	21	American Samoa, Christmas Island, Cocos (Keeling) Islands, Cook Islands, Kiribati, Marshall Islands, Micronesia (Federated States of), Midway Islands, Nauru, Niue, Norfolk Island, Palau, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Wake Island, Wallis and Futuna
SEARO	1	Democratic People's Republic of Korea
EURO	1	Turkmenistan
AFRO	2	Saint Helena, Western Sahara

**Countries/territories/areas with no new cases for >14 days:** Saint Barthelemy (63 days), Anguilla (59 days), Seychelles (56 days), Saint Pierre and Miquelon (55 days), Dominica (52 days), Lao People's Democratic Republic (50 days), Montserrat (49 days), Belize (48 days), Eritrea (44 days), Fiji (42 days), Saint Kitts and Nevis (42 days), Papua New Guinea (40 days), Faroe Islands (39 days), Timor-Leste (39 days), Falkland Islands (Malvinas) (37 days), Liechtenstein (37 days), Turks and Caicos Islands (35 days), Guernsey (30 days), Antigua and Barbuda (29 days), Saint Lucia (28 days), Aruba (27 days), French Polynesia (27 days), Montenegro (27 days), Holy See (26 days), Brunei Darussalam (25 days), United Republic of Tanzania (25 days), Sint Maarten (19 days), British Virgin Islands (17 days)

- The COVID-19 pandemic has forced countries to make difficult choices about suspending some health services. Ensuring coordination and development of ***new ways to deliver care while limiting visits to health facilities*** is key to keeping people safe and ensuring health systems are not overburdened.
- It's vital that countries find innovative ways to ***ensure that essential services continue***, even as they fight COVID-19.
- ***No one is safe, until everyone is safe.*** Now more than ever, we need national unity and global solidarity in ensuring that no one is left behind.

*Previous outbreaks have demonstrated that when health systems are overwhelmed, mortality from preventable and treatable conditions can also increase dramatically.*

*During the 2014-2015 Ebola outbreak, the increased number of deaths caused by measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths from Ebola.*





# P2P di era COVID

- **NTD**
  - - Leprosy in the context of COVID-19
  - - Memo from HQ on NTD & COVID-19
- **IVD**
  - - FAQs on providing immunization services during COVID-19 (pre-published)
  - - Guiding principles for immunization activities during the COVID-19 pandemic
  - - Immunization in the context of COVID-19 - FAQs
- **AMR**
  - COVID-19 and AMR – what do we know so far?



# LOMBA FOTOGRAFI

## PEKAN IMUNISASI DUNIA 2020



### PHOTO APRESIASI TERBAIK



MANTAN DIRJEN P2P DAN SEKARANG DIREKTUR PENYAKIT MENULAR WHO SEARO  
SEJAK MAHASIWA SUDAH "TURUN LANGSUNG" MELAKUKAN IMUNISASI

# P2P di era COVID

- **TB**

- - Continuity of TB services in South-East Asia Region during the Covid-19 outbreak
- - COVID-19: Considerations for tuberculosis (TB) care

- **HIV**

- - Advisory on HIV services during times of COVID-19 Pandemic
- - COVID-19 and Continuity of HIV-related Services in WHO South-East Asia Region
- - COVID-19 and HIV: Current key issues and actions

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# COVID-19 significantly impacts health services for noncommunicable diseases

1 June 2020 | News release

[العربية](#)[中文](#)[Français](#)[Español](#)[Media Contacts](#)

- ***Prevention and treatment services for noncommunicable diseases (NCDs) have been severely disrupted*** since the COVID-19 pandemic began, according to a WHO survey released today. The survey, which was completed by 155 countries during a 3-week period in May, confirmed that the impact is global, but that low-income countries are most affected.
- This situation is of significant concern because people living with ***NCDs are at higher risk of severe COVID-19-related illness and death.***
- “The results of this survey confirm what we have been hearing from countries for a number of weeks now,” said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization. ***“Many people who need treatment for diseases like cancer, cardiovascular disease and diabetes have not been receiving the health services and medicines they need*** since the COVID-19 pandemic began. It’s vital that countries ***find innovative ways to ensure that essential services for NCDs continue,*** even as they fight COVID-19.”

- Early serological studies show that ***most of the population is still susceptible to COVID-19***. Until there is a vaccine, the comprehensive package of measures is our most effective set of tools to tackle the virus.
- ***The downward trend in the disease observed in some countries*** is due to public health measures put in place by the countries to break chains of transmission in communities and we hope we can maintain low levels of transmission over time.
- Without proper safeguards and monitoring, there is the real ***threat of resurgence*** of COVID-19 in countries that are now seeing a decrease in the number of cases.
- The risk of returning to lockdown remains very real if countries do not manage the transition ***extremely carefully, and in a phased approach***.
- The pandemic illustrates why investing in health must be at the centre of development. ***Health is a necessity and a pathway to security, prosperity and peace***.



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### Coronavirus disease (COVID-19) pandemic

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Type here your question on COVID-19.

[Your questions answered](#)

UPCOMING: Press Conference, Friday 05.06.2020 5:00 p.m. - 6:30 p.m. (Geneva Time - CEST)



- WHO - Press Conference 03/06/2020 17:00-18:45
- WHO - Press Conference 01/05/2020 17:00-18:30
- WHO - Press Conference 29/05/2020 17:00-18:45
- WHO - Press Conference 27/05/2020 17:00-18:00

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3 June 2020

WHO Director-General's opening remarks at the media briefing on COVID-19 - 03 June 2020

WHO Academy  
Health workers need accurate, extensive, reliable, and timely information on COVID-19 to save lives and stay safe.  
This app provides health workers everywhere with an efficient way to access the World Health Organization's C...



apps.apple.com

<https://apps.apple.com/us/app/who-academy/id1506019873>

8:51 AM ✓✓

Forwarded  
<https://play.google.com/store/apps/details?id=org.who.WHOA>



# WHO Academy

World Health Organization Medical

★★★★★ 98

3+

This app is compatible with all of your devices.

Installed



World Health Organization's Official COVID-19 Learning Centre



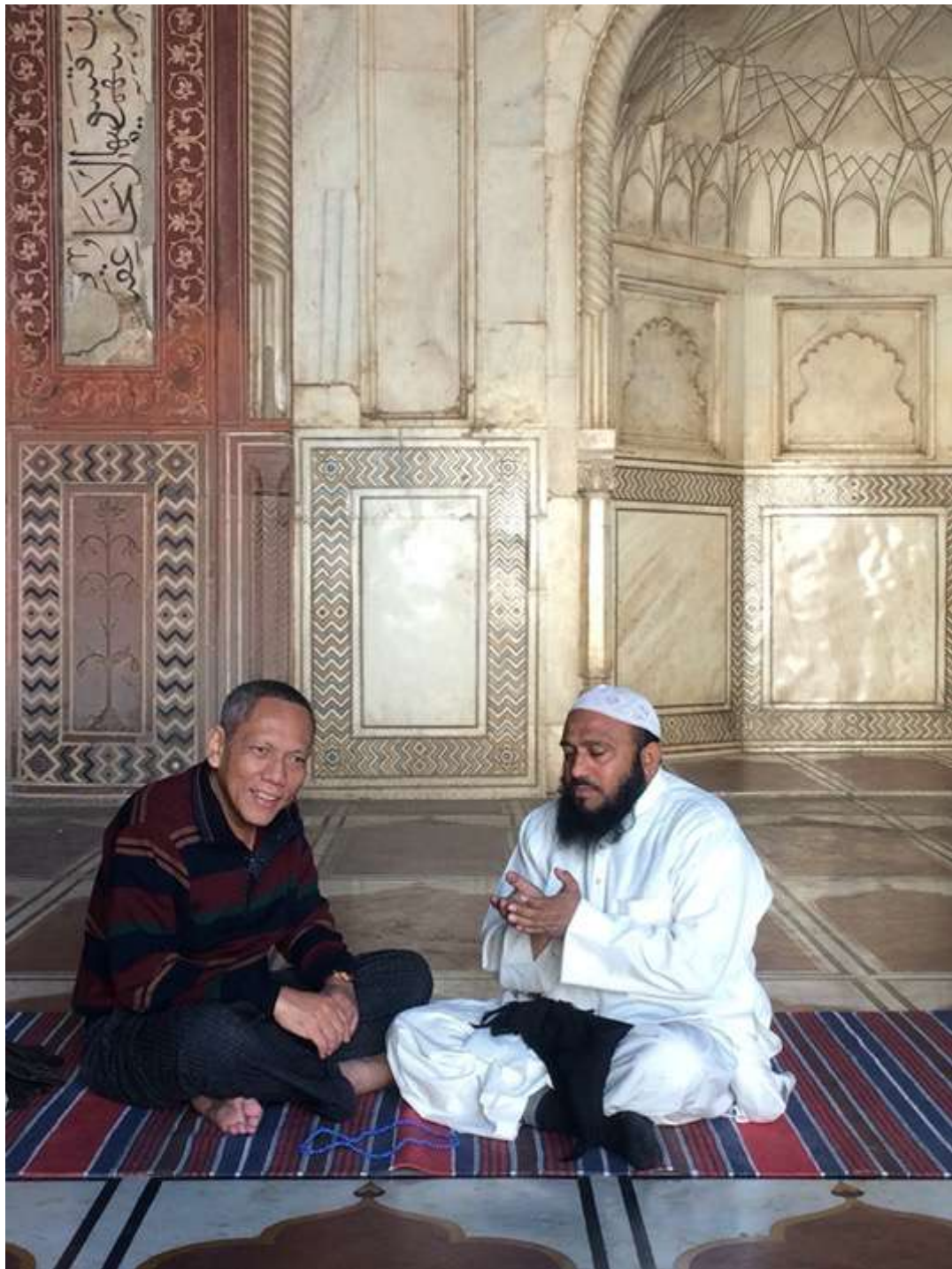
Access resources to build your knowledge and skills on COVID-19



Updated news on the COVID-19







**Terimakasih**



**D h a y a v a d**