WHO GHANA MEDIA ADVISORY NOTE

Novel coronavirus (2019-nCoV) outbreak

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I BACKGROUND

Coronaviruses are a family of viruses that infect both animals and humans. Human coronaviruses can cause mild disease like a common cold, while others cause more severe disease (such as MERS - Middle East Respiratory Syndrome and SARS – Severe Acute Respiratory Syndrome). Some coronaviruses that are found in animals can infect humans – these are known as zoonotic diseases.

Human coronaviruses are usually spread through droplets (coughing) and close personal unprotected contact with an infected person (touching, shaking hands).

On 31 December 2019, WHO was alerted to several cases of pneumonia in Wuhan City, Hubei Province of China. The virus did not match any other known virus. This raised concern because when a virus is new, how it affects people may not be well known.

One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a new virus. The new virus is a coronavirus, which is a family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). This new virus was temporarily named “2019-nCoV.” On 11th February 2020, WHO announced the official name as COVID-19.

Key Updates:

- WHO is supporting countries in their effort to significantly increase their readiness in this critical window.
- A new virus is always a challenge. WHO is working with countries to rapidly scale-up diagnostic capacity, and the number of laboratories capable of testing for novel coronavirus have increased from 2 to 28. This advance is a significant milestone on the road to readiness for the region.
- So far, 99% of cases are in China. Most of the cases in other countries have direct links to Wuhan or other parts of China. For now, any case in the WHO African region is likely to be imported and so it is vital that countries implement effective screening and monitoring of passengers at airports.
- WHO is sending surge staff to countries at highest risk of having a novel coronavirus case to support health authorities with coordinating preparedness efforts. As of Thursday 20th
February, 45 experts have arrived in 10 countries, with 20 more expert deployments being processed. Two experts have been sent to Ghana.

Questions and Answers:

1. **What support is WHO providing to countries to prepare for new coronavirus cases?**

WHO has identified 13 top priority countries (Algeria, Angola Cote d'Ivoire and the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda and Zambia) which due to their direct links or high volume of travel to China or their poor scores in International Health Regulations (IHR) core capacities, need to increase their preparedness measures.

WHO plays an active role in supporting countries to coordinate preparation efforts. So far 45 experts in subjects such as coordination, treatment, infection prevention and control, community engagement, surveillance, and laboratory disease control have been deployed to ten countries, 30 of whom have been deployed to top priority countries.

WHO has dispatched personal protective equipment for health workers, as well as thermometers and other essential supplies for screening and handling suspect cases at airports and other points of entry. Shipments have been dispatched to 12 countries.

Global shortages of essential equipment like face masks have presented problems. While the top priority countries are WHO’s first areas of focus, the organization will support all countries in the region in preparing for novel coronavirus.

WHO is working with our networks of researchers and other experts to coordinate regional 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 is regularly updated to take into account the current situation.

2. **What is the focus of the teams in priority countries?**

WHO is supporting countries in their efforts to increase their readiness. Gaps remain around treatment, infection prevention and control at health facilities and points of entry, but WHO is working to close these gaps. The experts WHO has sent so far are currently supporting national health authorities with coordinating readiness and preparedness efforts.

Readiness efforts of each country are broadly grouped under nine response pillars: logistics; coordination; risk communication and community engagement; laboratory capacity; Points of Entry (PoE); surveillance; infection prevention and control; Rapid Response Teams (RRT); and case management. WHO has assessed the levels of readiness of each of the 47 member states and focuses resources and expertise accordingly.

3. **What is the capacity of countries to diagnose the novel coronavirus?**

So far 28 countries have the capacity to test for coronavirus – which is a significant step forward in preparedness for the region.

Given this is a virus not seen in humans before, there were no pre-existing stockpiles of the necessary reagents for testing. This has put intense pressure on global supply chains, and manufacturers have struggled to satisfy demand. Given how important it is that testing is as accurate as possible, high quality control standards need to be maintained. So far 34 countries have requested reagents.

In addition to the 28 national laboratories with diagnostic capacity for coronavirus, it is expected that an additional 14 national laboratories will be able to conduct tests once they receive reagents, with some needing additional support, bringing the total to 42 laboratories. The remaining five will need more support, but can send samples to other countries in the African region in the meantime.

The aim is for countries with National Influenza Centres, along with WHO and other partners to provide the training, laboratory equipment and expertise needed to run these tests. In the meantime, countries without the ability to test for COVID-19 can send test samples to other countries in the WHO African region.

4. What are the risks that the coronavirus outbreak will spread to the African region?
WHO’s risk assessment is that the coronavirus outbreak is a high risk globally and Africa has close ties with China and other Asian countries. There are many links between Asia and the African continent and so it is crucial that all countries in the region ramp up their preparedness efforts. Much remains to be understood about this new virus and it’s too early to draw definitive conclusions about how it is transmitted. WHO has issued interim guidance on what preparedness measures countries should take and will update this information in consultation with networks of experts across the globe. The WHO Regional Director has issued a guidance note to countries to all countries on how to prepare for COVID-19.

5. Is Africa prepared for the novel coronavirus?
The key point is to limit transmission from affected countries and to ensure that countries in the WHO African region have the capacity to prevent, detect, isolate and also to provide appropriate treatment to people that may be infected. It is also important to ensure that the population have the appropriate information at least to avoid the disease and limit transmission. Health workers need to have the appropriate protective equipment and procedures in place to avoid further contamination in case there is a positive case. It is crucial that countries in the region can detect and treat severe cases early, preventing a widespread outbreak, which could overwhelm fragile health systems.

It is vital that countries put in place effective screening mechanisms at airports and other major points of entry to ensure that the first cases are detected and isolated quickly, as well as provided key information on how to monitor for any signs of novel coronavirus. Currently active screening

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has been established in all of the highest risk countries which are those with direct links or a high volume of travel to China.

Many countries are building on expertise they have gained in preparing for an influenza pandemic as coronaviruses cause illnesses similar to influenza. In addition, since the 9th Ebola outbreak in the Democratic Republic of the Congo started in May 2018, WHO and partners have helped countries at high risk to prepare for possible Ebola cases. These efforts which have led to increased capacity in surveillance and the handling of infectious cases can also support the response to the novel coronavirus.

6. You warned that the spread of Coronavirus can happen anytime. Is it inevitable that it would happen in Africa?
We can say that the risk is high and this is from the assessment and also from the travel connection between Africa and China. So this is a high risk and we should work on this scenario. It is really urgent for countries in Africa to put measures in place to detect earlier because our main fear is to have many cases that could not be managed and that can easily overwhelm the existing health system that’s already dealing with many diseases and have challenges.

7. Can we say the virus could be in different parts of the continent but not detected yet?
There are systems in place also in health facilities and communities to detect unusual events such as many people being affected by unusual respiratory infection.

Over the last decade, WHO has been monitoring cases of Severe Acute Respiratory Syndrome (SARS) and influenza-like illnesses through the Influenza Network. WHO is using conditions such as these as proxies for COVID-19, as they present similar symptoms. So far, we have not seen any clustering of any influenza-like illnesses or a spike in cases. Furthermore, as this is currently low season for influenza in sub-Saharan Africa, any spike in the number of cases of SARS or influenza-like illnesses would be highly conspicuous. This reinforces our confidence that the region is free of COVID-19.

Facility-based observation and disease tracking from influenza sentinel sites is part of the pandemic preparedness work that WHO has been doing around the world for a number of years.