



WHO GHANA MEDIA ADVISORY NOTE
Novel coronavirus (2019-nCoV) outbreak
12 March 2020

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.

As at 12th March 2020, almost 125,000 cases have been reported to WHO, from 118 countries and territories. In the past two weeks, the number of cases reported outside China has increased almost 13-fold, and the number of affected countries has almost tripled.

Key Updates:

1. WHO has made the assessment that COVID-19 can be characterized as a pandemic, but it is a pandemic that can be controlled.
2. A comprehensive or blended approach should continue, with containment as the major pillar.
3. All countries can still change the course of this pandemic with decisive action.

Frequently Asked Questions

What does calling the epidemics as a pandemic mean?

All countries must take a whole-of-government, whole-of-society approach, built around a comprehensive, blended strategy to prevent infections, save lives and minimize impact.

Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It doesn't change what WHO is doing, What it does do is provide a stark reminder for implementing now needed actions.

What should countries do?

1. Prepare and be ready.
2. Detect, protect and treat.
3. Reduce transmission.
4. Innovate and learn.

WHO is calling on all countries to activate and scale up emergency response mechanisms. Communicate with people about the risks and how they can protect themselves. Find, isolate, test and treat every case and trace every contact. Ready hospitals. Protect and train health workers. Encourage an all-of-society response and community spirit.

Why is WHO characterizing this as a pandemic now? What's changed?

WHO has been assessing this outbreak around the clock, since the news of this virus first emerged on 31 December. As the DG said, in the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled. There are now more than 118,000 cases in 114 countries (with 2/3 of the global population), and 4,291 people have lost their lives. We expect to see the number of cases, the number of deaths, and the number of affected countries increase.

WHO believes that what we are seeing can be characterized as a pandemic. We have come to this view not only because we see alarming levels of spread, but also because we see alarming levels of inaction.

Is WHO concerned about the economic impact?

WHO's mandate is public health. But we're working with many partners across all sectors to mitigate the social and economic consequences of this pandemic. This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight.

Why didn't WHO call it a pandemic sooner?

WHO has been assessing the risks posed by this outbreak every day. We declared a public health emergency of international concern on 30 January and raised the global risk assessment to very high on 28 February. We are now seeing high levels of spread and a clearer picture of the

severity of this new virus: in light of the latest developments, we are now characterizing it as a pandemic.

What is the difference between declaring a pandemic and characterizing this as a pandemic?

WHO has a process in place and criteria for declaring a Public Health Emergency of International Concern, or a PHEIC. That's what we did with this virus on 30 January for the current Coronavirus epidemic, now named COVID-19. There is no such mechanism for a pandemic declaration.

What criteria/document did WHO use to characterize the outbreak as a pandemic?

This is a new virus. There is not a guidance document specifically related to declaring a pandemic of this new virus. WHO relied on its risk assessments and other analysis of the situation.

What is the decision-making mechanism within WHO to declare a pandemic? Are member states consulted?

The DG has gone through extensive consultations internally. The DG has listened to lots of voices, receiving broad-based input from a range of experts. This has included working with Members States from day one to better understand the virus, how it spreads, who's at risk, who's dying and how we can prevent that.

Was there a committee that decided- e.g. the IHR Emergency Committee?

WHO has a process in place and criteria for declaring a Public Health Emergency of International Concern, or a PHEIC. The Director-General declared a Public Health Emergency of International Concern on 30 January. The Emergency Committee is not involved in this process of characterizing this outbreak as a pandemic.

What impact will the pandemic have on vulnerable countries?

We are always concerned about vulnerable populations in conflict-affected and fragile zones exposed to health risks, which are not limited to COVID-19 of course but also include cholera, measles and many other pathogens and WHO has the responsibility to serve them and provide them with the basic lifesaving interventions they need.

We have been and continue to remain extremely concerned about the impact COVID-19 is having, and will continue to have, on vulnerable countries. By describing this as a pandemic, it does not change WHO's advice, or what countries and individuals should do. What it does is provide a stark reminder for implementing needed actions. We need all countries to act now—both to keep the virus from spreading to vulnerable countries and to help support preparedness in vulnerable countries.

What have we learned about the virus?

We know about COVID-19:

- Genomic features: thanks to the rapid sharing of the genomic sequence, countries have been able to diagnose and treat their patients quickly.
- Transmission: spreads from person to person through respiratory droplets which are spread when a person with COVID-19 coughs or exhales. Main driver of transmission is people with symptoms.
- Severity: Most common symptoms of COVID-19 are fever, tiredness, and dry cough and shortness of breath. 81% of cases are mild, 14% progress to severe and some 5% are critical, with more than 2% fatal. Older people, and those with underlying medical problems are the most at risk.

What we don't yet know:

- Source: Increasing evidences demonstrate the link between the COVID-19 and other similar known coronaviruses circulating in bats, and more specifically those of the Rhinolophus bat sub-species. However, the route of transmission to humans at the start of this event remains unclear.
- Vaccines and treatments: No treatment and vaccine exist yet but researchers around the world work hard for it. More than 20 vaccines are in development globally, and several therapeutics are in clinical trials.

Are the numbers being reported a true reflection of the situation?

WHO has been calling on all countries to scale up surveillance and case finding. Reporting cases accurately is essential for responding to any outbreak. We urge countries to scale up such actions.

This is an evolving situation and there are still many unknowns that we need to clarify. During the last WHO research and innovation forum, researchers has been encourages to focus their research on [8 priority issues](#) to better support countries to prepare and respond to the outbreak.

What is concerning you most about the virus?

We are concerned by the spread in parts of Europe, the emergence of the virus in Africa and Latin America, and sustained prevalence of the outbreaks in Asia and beyond. We see there is a need for many governments to scale up even more their response to the outbreak.

Are there any rules/regulations enforced under a pandemic?

Some countries have mechanisms in place that are contingent on declarations of an influenza pandemic. This is a pandemic of a different virus, with different characteristics.

How long will this pandemic last?

We do not know at this point, as we are still in early stages of the outbreak.

How many pandemics did you declare until now?

In 2009, WHO declared the outbreak of the H1N1 influenza a global pandemic.

Has there ever been a pandemic for something other than flu?

Sometimes people choose to characterize the global burden of other disease as pandemics.

What are the countries that are displaying “inaction”?

WHO reaches out to countries directly to discuss the improvements that can be made and how we suggest they adapt their strategies. When the time comes, we and countries will look back to review and see where improvements could be made for next time.

In terms of what we want to see – we’ve seen countries have diagnostic criteria that are too limiting. In others, surveillance systems must improve to meet the current threat level. Case isolation in some countries isn’t at the right level, which leads to infected health workers.

Some countries have given up on contact tracing too early, which is not what we would recommend.

Some countries could improve communication with their populations. Others could coordinate better with other countries, and among their own levels of government.

Did WHO recommend closing schools, airports, borders?

These decisions are based entirely on risk assessment by individual countries and are based on a mix of factors. Social distancing measures like these can slow the spread of disease, but in countries with fewer cases, containment measures such as contact tracing, quarantines of infected patients, chasing the virus – they can still be effective.