

Outbreak Brief #5: Novel Coronavirus (COVID-19) Global Epidemic Date of Issue: 18 February 2020

71,429 cases and 1,775 deaths

Data sources: National Health Commission of the People's Republic of China, World Health Organization, European Centre for Disease Prevention and Control, the U.S. Centers for Disease Control and Prevention, and African Union Member States.

Outbreak Update: Since the last brief, 28,321 new novel coronavirus (COVID-19) cases¹ and 757 new deaths have been reported globally. Egypt reported its first COVID-19 case on 14 February 2020. The man was a 33 year old man of foreign origin with no signs of infection who tested positive for SARS-CoV-2 virus by PCR. Seventeen contacts of the man have been identified; all contacts currently report no symptoms, have tested negative for infection, and have been instructed to remain at home for 14 days. This is the first report of a laboratory confirmed case of COVID-19 in Africa.

To date, 71,429 total COVID-19 confirmed cases, and 1,775 related deaths have been reported. Most cases (70,635; 99%) and deaths (1,772; 99%) have been reported from mainland China. Twenty-five different countries outside of China have reported 794 cases: Germany (16), Australia (15), Belgium (1), Cambodia (1), Canada (7), Egypt (1), Finland (1), France (12), India (3), Italy (3), Japan (59 mainland; 454 international conveyance), Thailand (35), Nepal (1), Malaysia (22), the Philippines (3), Russia (2), Singapore (75), South Korea (30), Spain (2), Sri Lanka (1), Sweden (1), United Arab Emirates (9), United Kingdom (9), the United States (15), and Vietnam (16). France, Japan, and the Philippines have reported one death each, the only countries outside of China reporting fatalities. The case fatality rate for COVID-19 has remained 2-4% throughout the outbreak.

To date, 21 countries in Africa have reported persons under investigation (PUI) for COVID-19: Angola, Botswana, Burkina Faso, Cameroon, Côte d'Ivoire, DRC, Egypt, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Kenya, Madagascar, Mauritius, Namibia, South Africa, South Sudan, Sudan, and Uganda. Samples from DRC are currently undergoing confirmatory testing. Egypt is the only country in Africa reporting a positive COVID-19 case. All remaining samples taken from PUI have tested negative.

Background: On 10 January 2020, Chinese health officials reported 41 cases of pneumonia due to a novel coronavirus (COVID-19), including seven patients with severe

¹ Per WHO, effective 17 February 2020, 'confirmed' cases include both laboratory-confirmed and clinically diagnosed (Hubei province, China only).

illness and one death. Symptoms have included fever, cough, and difficulty breathing. The earliest diagnosis date for a case identified in China is 08 December 2019. Preliminary analysis of viral genomes from China and other countries suggests that initial transmission from a zoonotic reservoir to humans could have occurred as early as late October. The first cases reported had links to a seafood and live animal market in Wuhan, China, suggesting infection of humans from an animal source. Health authorities in China have limited transportation in and out of heavily affected cities and are continuing to monitor close contacts, including health care workers, for illness. Several territories in Asia and countries across the globe are screening incoming travelers from Wuhan.

Coronaviruses are a large family of viruses. There are several known human coronaviruses that usually only cause mild respiratory disease, such as the common cold. However, at least twice previously, coronaviruses have emerged to infect people and cause severe disease: severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). The cases in this outbreak tested negative for both SARS and MERS. Clinical characteristics of infection, such as incubation period, have not yet been determined. Based on the incubation period of SARS and MERS, signs of COVID-19 could appear from 2-14 days after exposure. Human to human transmission has been documented, and healthcare workers have been infected. Like other coronaviruses, people may be infectious before showing any symptoms of the disease.

Africa CDC Response:

1. Africa CDC activated its Emergency Operations Center and its Incident Management System (IMS) for the COVID-19 outbreak on 27 January 2020. The second Africa CDC Incident Action Plan (IAP) for COVID-19 covering a one month period from 13 February to 12 March 2020 has been developed.
2. From 6-8 February 2020 in Senegal, Africa CDC trained 16 African laboratories to diagnose SARS-CoV-2 virus using PCR: Côte d'Ivoire, Cameroon, DRC, Egypt, Ethiopia, the Gambia, Gabon, Ghana, Kenya, Nigeria, Morocco, Senegal, South Africa, Tunisia, Uganda, and Zambia. Each trainee received a kit that can run 100 tests for COVID-19. A second training for 19 additional African laboratories will be held on 20-22 February 2020 in South Africa in partnership with the National Institute for Communicable Diseases.
3. Africa CDC is coordinating with partners to establish sequencing capacity in six African reference laboratories, as well as external quality assessment and proficiency testing for all laboratories with COVID-19 testing capacity.
4. Member States can use WHO's existing specimen referral network for influenza to ship their specimens to laboratories with capacity to test for COVID-19. For a full list of laboratories in Africa and how to submit specimens, Member States should contact the WHO country office and Africa CDC at yenewk@africa-union.org.
5. Africa CDC is working to train and deploy epidemiologists at headquarters and within the Regional Collaborating Centres for daily event tracking, risk analysis,

and generation of critical information to inform Member States response and control efforts.

6. Africa CDC has been working with Member States to build infection prevention and control capacities in healthcare facilities and with the airline sector to support screening of travelers. The first IPC training, targeting 15 Member States, takes place from 20-21 February 2020 in Abuja, Nigeria.
7. Africa CDC is holding weekly updates with national public health institutes in Member States and has formed working groups for high priority areas of coronavirus control, including: surveillance; laboratory diagnosis; infection prevention and control; clinical care; and risk communication.
8. Africa CDC in collaboration with WHO provided Training of Trainers (TOT) for participants coming from Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Kenya, Mauritius, Mauritania, Nigeria, Niger, Zambia, Rwanda, Sao Tome and Principe, South Africa, Tunisia and Zambia to enhance surveillance at points of entry for COVID-19. The 2nd round training will be conducted from 18-20 February 2020.
9. Africa CDC will continue to provide updated and relevant information to Member States as the outbreak evolves.

Recommendations for Member States:

1. All Member States should enhance their surveillance for severe acute respiratory infections (SARI)² and to carefully review any unusual patterns of SARI or pneumonia cases. Examples of enhanced surveillance include:
 - a. Adding questions about travel and testing for coronaviruses to existing influenza surveillance systems;
 - b. Notifying healthcare facilities to immediately inform local public health officials about persons who meet the case definition for SARI and recently traveled to Wuhan (or other affected countries).
2. All Member States should a) activate their Emergency Operations Centers and rapid response teams for COVID-19, b) exercise their emergency response systems for readiness.
3. Member States that receive direct or connecting flights from China should screen incoming passengers for severe respiratory illness and a history of recent travel to Wuhan and/or mainland China. Member States should be prepared to expand questions about recent travel to additional countries as the outbreak evolves.

² WHO SARI case definition: anyone with an acute respiratory infection with history of fever (or measured fever of $\geq 38\text{ C}^\circ$) and cough with symptom onset within the last 10 days that requires hospitalization.

https://www.who.int/influenza/surveillance_monitoring/ili_sari_surveillance_case_definition/en/

4. Notify WHO and Africa CDC immediately if suspected or confirmed cases of infection with novel coronavirus are identified. Africa CDC should be notified by emailing AfricaCDCEBS@africa-union.org.
5. Prepare to collect specimens from patients suspected of having novel coronavirus infection. Interim guidance on specimen collection and handling is available from WHO at <https://www.who.int/health-topics/coronavirus/laboratory-diagnostics-for-novel-coronavirus>.
6. Provide guidance to the general public about seeking immediate medical care and informing healthcare providers about recent travel in anyone who develops symptoms of severe respiratory illness and recently traveled to Wuhan or one of the affected areas.

Resources for more information:

- China CDC. Coronavirus overview. http://www.chinacdc.cn/yrdgz/202001/t20200109_211159.html
- European Centre for Disease Prevention and Control. Novel coronavirus overview. <https://www.ecdc.europa.eu/en/novel-coronavirus-china>
- National Health Commission of the People's Republic of China. http://www.nhc.gov.cn/xcs/yqtb/list_gzbd.shtml
- Shanghai Public Health Clinical Center & School of Public Health. 10 January 2020. Initial genome release of novel coronavirus. <http://virological.org/t/initial-genome-release-of-novel-coronavirus/319>
- US Centers for Disease Control and Prevention. 14 January 2020. Novel Coronavirus (COVID-19), Wuhan, China. <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>
- WHO. Coronavirus overview. <https://www.who.int/health-topics/coronavirus>
- WHO. Technical Guidance. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>