



Outbreak Brief #6: Novel Coronavirus (COVID-19) Global Epidemic Date of Issue: 25 February 2020

79,337 cases and 2,618 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, 7,906 new novel coronavirus (COVID-19) cases¹ and 843 new deaths have been reported globally. This includes seven new countries reporting cases (Afghanistan, Bahrain, Iran, Israel, Kuwait, and Lebanon, and Oman) and three new countries (Iran, Italy, and South Korea) reporting deaths for the first time. For the first time since the beginning of the outbreak, several countries outside of China are reporting a rapid increase in cases. Specifically, Iran, Italy, Japan, and South Korea reported that the number of cases doubled or tripled over the weekend.

To date, 79,337 total COVID-19 confirmed cases, and 2,618 related deaths have been reported. Most cases (77,262; 98%) and deaths (2,595; 99%) have been reported from mainland China. Thirty-two different countries outside of China have reported 2,075 cases: Afghanistan(1), Australia (22), Bahrain (2), Belgium (1), Cambodia (1), Canada (9), Egypt (1), Finland (1), France (12), Germany (16), Iran (43), Israel (1), India (3), Italy (124), Japan (mainland: 144; international conveyance: 695), Kuwait (5), Lebanon (1), Malaysia (22), Nepal (1), Oman (1), the Philippines (3), Russia (2), Singapore (89), South Korea (763), Spain (2), Sri Lanka (1), Sweden (1), Thailand (35), United Arab Emirates (13), United Kingdom (9), the United States (35), and Vietnam (16). To date 23 total deaths have been reported outside China from six countries: France (1), Iran (8), Italy (2), Japan (mainland: 1; international conveyance: 3), the Philippines (1), and South Korea (7). The case fatality rate for COVID-19 has remained between 2-4% throughout the outbreak.

To date, 26 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, Morocco, Mozambique, Namibia, Nigeria, South Africa, South Sudan, Sudan, Tunisia, Uganda, and Zimbabwe. All samples taken from PUI over the last week have tested negative.

Egypt is the only country in Africa that has reported a person with confirmed COVID-19 infection. The case has since tested negative for COVID-19 by PCR, but is still undergoing a 14-day observation period that is scheduled to end on 27 February 2020.

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 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

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





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:

General activities

- 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. The Africa Union Ministers of Health gathered in Addis Ababa, Ethiopia, on 22 February for an emergency COVID-19 meeting where they agreed upon a joint continental strategy and guidance for assessment, movement restrictions, and monitoring of people at risk for COVID-19, including people being repatriated from China.
- 3. 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.

Surveillance

- 4. Africa CDC collaborated with the World Health Organization on 22 February 2020 to train in-coming analysts in event-based surveillance using the Epidemic Intelligence from Open Sources platform. These headquarters will be working closely with the Regional Collaborating Centres and Member States to track and verify COVID-19 related events, providing critical information to inform Member States response and control efforts.
- 5. Africa CDC in collaboration with WHO provided two Training of Trainers (TOT) events for participants coming from 18 countries: 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. An additional training coordinated by ICAO will be held in April targeting 20 countries.





 Africa CDC in collaboration with the U.S Centers for Disease Control and Prevention will be training 20 countries in event-based surveillance for COVID-19 starting in March 2020. The first training will be held in Kampala, Uganda 2-4 March.

Laboratory

- 7. From 6-8 February 2020 in Senegal, Africa CDC in collaboration with Institute of Pasteur, Dakar, trained 16 African laboratories to diagnose SARS-CoV-2 using PCR: Côte d'Ivoire, Cameroon, DRC, Egypt, Ethiopia, the Gambia, Gabon, Ghana, Kenya, Nigeria, Morocco, Senegal, South Africa, Tunisia, Uganda, and Zambia. A second training for 19 additional African laboratories was held in South Africa in collaboration with the National Institute for Communicable Diseases and Roche Diagnostics for Angola, Botswana, Burundi, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Sudan, Tanzania, and Zimbabwe. Each went with a kit which allows screening of 192 suspects and confirming 96.
- 8. 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.
- 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 <u>venewk@africa-union.org</u>.

Healthcare Preparedness

10. 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 two IPC trainings, targeting 22 Member States took place between from 20-25 February 2020 in Abuja, Nigeria for Cameroon, Côte d'ivoire, DRC, Ethiopia, Gabon, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Namibia, Senegal, Sierra Leone, South Africa, South Sudan, Sudan, Tunisia, Uganda, Zambia, and Zimbabwe.

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).
- 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.

² WHO SARI case definition: anyone with an acute respiratory infection with history of fever (or measured fever of \geq 38 C°) 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/





- 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 mainland China. Member States should be prepared to expand questions about recent travel to additional countries as the outbreak evolves.
- 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 <u>AfricaCDCEBS@africa-union.org</u>.
- 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:

- Africa CDC. <u>http://www.africacdc.org/press-centre/fact-sheets-and-brochures/</u>
- China CDC. Coronavirus overview.
 <u>http://www.chinacdc.cn/yyrdgz/202001/t20200109_211159.html</u>
- 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. <u>http://www.nhc.gov.cn/xcs/yqtb/list_gzbd.shtml</u>
- Shanghai Public Health Clinical Center & School of Public Health. 10 January 2020. Initial genome release of novel coronavirus. <u>http://virological.org/t/initial-genome-release-of-novel-coronavirus/319</u>
- US Centers for Disease Control and Prevention. 14 January 2020. Novel Coronavirus (COVID-19), Wuhan, China. <u>https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html</u>
- WHO. Coronavirus overview. <u>https://www.who.int/health-topics/coronavirus</u>
- WHO. Technical Guidance. <u>https://www.who.int/emergencies/diseases/novel-coronavirus-</u> 2019/technical-guidance