How to select, implement and adjust public health & social measures

THE LATEST ON THE COVID-19 GLOBAL SITUATION
& GUIDANCE ON PUBLIC HEALTH AND SOCIAL MEASURES
Overview

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Current global situation
As of 6 December 2020, 10:00AM CEST

• > 65 million cases
  • 5 countries with highest cumulative number of cases
    - United States of America
    - India
    - Brazil
    - Russian Federation
    - France

• > 1.5 million deaths
  • 5 countries with highest cumulative number of deaths
    - United States of America
    - Brazil
    - India
    - Mexico
    - The United Kingdom
Current global situation

Cases reported to WHO as of 06 December 2020, 10:00AM CEST

* Cases depicted by bars; deaths depicted by line
COVID-19 cases reported in the last 7 days
Per million population

FROM 30 NOVEMBER 2020, 10:00AM CEST to 06 DECEMBER 2020, 10:00 AM CEST
COVID-19 death reported in the last 7 days
Per million population
FROM 30 NOVEMBER 2020, 10:00AM CEST to 06 DECEMBER 2020, 10:00 AM CEST
Public health objectives of the COVID-19 response

Considerations for implementing and adjusting public health & social measures

1. Slow and stop transmission, prevent outbreaks and delay spread
2. Provide optimized care for all patients
3. Minimize the impact on health systems, social services and economic activity

The following slides speak primarily to objectives 1 and 3
Countries implement public health and social measures to slow the spread of COVID-19

These measures include:

- **Surveillance & response measures**
  - Contact tracing, isolation and quarantine

- **Physical distancing measures**
  - Limiting size of gatherings, maintaining distance in public or workplaces, domestic movement restrictions

- **Environmental measures**
  - Cleaning, disinfection, ventilation

- **Personal protective measures**
  - Hand hygiene, respiratory etiquette, mask wearing

- **International travel-related measures**
Take care of the general well-being of society & individuals

Decisions to introduce or adapt public health & social measures must be balanced against the impact of these measures on the general well-being of individuals and communities

• Public health & social measures:
  ➢ Slow transmission of SARS-CoV2
  ➢ Reduce COVID-19 related mortality and morbidity
  ➢ Prevent health care services from becoming overwhelmed
  ➢ Provide countries with more time to enhance emergency response systems to:
    • increase capacity to detect and care for patients
    • ensure hospitals have the necessary staff, supplies, structure and system
    • develop lifesaving medical interventions and preventive measures

• Measures can have an impact on:
  ➢ Economy
  ➢ Mental health and psychosocial well-being
  ➢ Human rights
  ➢ Food security
  ➢ Socioeconomic disparities
  ➢ Continuity of health programmes
  ➢ Treatment and management of conditions other than COVID-19
  ➢ Gender-based violence

Basic principles of balancing benefits and risks of public health and social measures

- The **primary goal** of public health and social measures is to **protect health**
  - Potential harm must be identified and managed\(^1\)

- **There are strategies to reduce risk:**
  - For individuals and communities
  - Through collective action and support at all levels of government
  - With special considerations for lower-resource settings\(^2\)

- For **successful implementation** of public health and social measures:
  - Communicate effectively and engage communities
  - Enable adherence to measures

- **Strategies to limit secondary effects of public health and social measures**
  - Support family and community
  - Protect incomes and the economy
  - Protect access to food and water
  - Maintain essential health services

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How to select, implement and adjust public health and social measures in the context of COVID-19

- To guide decision makers, WHO has published updated guidance\(^1\)
- A joint assessment of the **level of transmission** and the **health system response capacity** at the **lowest administrative level possible**, results in a **situational level** which guides decisions on implementing or adjusting public health and social measures
- Measures should be adapted to the local context and regularly reviewed

The level of transmission is key to assessing the overall COVID-19 situation in a given area & informs the situational level

Seven levels of transmission, including four different levels of community transmission

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No (active) cases</td>
</tr>
<tr>
<td>2</td>
<td>Imported/Sporadic cases</td>
</tr>
<tr>
<td>3</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>4</td>
<td>Community transmission level 1 (CT1)</td>
</tr>
<tr>
<td>5</td>
<td>Community transmission level 2 (CT2)</td>
</tr>
<tr>
<td>6</td>
<td>Community transmission level 3 (CT3)</td>
</tr>
<tr>
<td>7</td>
<td>Community transmission level 4 (CT4)</td>
</tr>
</tbody>
</table>

Risk of infection for the general population:

- Near Zero Risk
- Minimal Risk
- Low Risk
- Moderate Risk
- High Risk
- Very High Risk

* Note that in situations where COVID-19 surveillance is not robust, a lack of identified cases should not be interpreted as an absence of transmission.
The level of transmission informs the situational level

Indicators that may help to differentiate between the four levels of community transmission

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
<th>Community transmission 1</th>
<th>Community transmission 2</th>
<th>Community transmission 3</th>
<th>Community transmission 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization rate</td>
<td>Number of new hospitalizations per 100,000 population per week, averaged over a two-week period</td>
<td>&lt;5</td>
<td>5 - &lt;10</td>
<td>10 - &lt;30</td>
<td>30+</td>
</tr>
<tr>
<td>Mortality</td>
<td>Number of COVID-19 attributed deaths per 100,000 population per week, averaged over a two-week period</td>
<td>&lt;1</td>
<td>1 - &lt;2</td>
<td>2 - &lt;5</td>
<td>5+</td>
</tr>
<tr>
<td>Case Incidence</td>
<td>Number of new confirmed cases per 100,000 population per week, averaged over a two-week period</td>
<td>&lt;20</td>
<td>20 - &lt;50</td>
<td>50 - &lt;150</td>
<td>150+</td>
</tr>
<tr>
<td>Testing</td>
<td>Proportion of tests positive in sentinel sites, averaged over a two-week period</td>
<td>&lt; 2%</td>
<td>2% - &lt; 5%</td>
<td>5% -&lt;20%</td>
<td>20%+</td>
</tr>
</tbody>
</table>

Additional indicators that can further help classify the level of transmission are listed in Table 3:

The health system response capacity is also necessary to inform the situational level

Indicators that may help to differentiate between three levels of health system response capacity

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Capacity to respond</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adequate</td>
</tr>
<tr>
<td>Clinical care capacity</td>
<td>Proportion of occupied hospital beds</td>
<td>&lt;75%†</td>
</tr>
<tr>
<td></td>
<td>Case fatality ratio of resolved hospitalized cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decreasing trend</td>
</tr>
<tr>
<td>Public health response capacity</td>
<td>Number of persons tested per 1000 population per week, averaged over a two-week period</td>
<td>2+</td>
</tr>
<tr>
<td>Public health response performance</td>
<td>Proportion of cases investigated within 24 hours of identification</td>
<td>80%+</td>
</tr>
<tr>
<td>Public health response performance</td>
<td>Support for / adherence to public health and social measures (qualitative assessment based on observation, media monitoring, behaviour survey, hotlines, focus groups, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High adherence</td>
</tr>
</tbody>
</table>

† Hospital occupancy routinely varies considerably between countries, and so baseline occupancy must be taken into consideration.
### ASSIGN SITUATIONAL LEVEL

A situational level can be assigned to a geographic area to guide adjustment of public health & social measures

The situational levels should be considered indicative because they may not correspond to the response required in a specific context. For example, in a small island developing state with limited capacity, stringent public health and social measures may be warranted at a relatively low level of transmission.

<table>
<thead>
<tr>
<th>Transmission level</th>
<th>Adequate</th>
<th>Moderate</th>
<th>Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cases</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Imported / Sporadic cases</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clusters of cases</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Community transmission Level 1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Community transmission Level 2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Community transmission Level 3</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Community transmission Level 4</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Situational Level 0
No known transmission of SARS-CoV-2 in the preceding 28 days

### Situational Level 1
Basic measures are in place to prevent transmission

### Situational Level 2
Low community incidence or a risk of community transmission beyond clusters

### Situational Level 3
Community transmission with limited additional capacity to respond and risk of health care system becoming overwhelmed

### Situational Level 4
Uncontrolled epidemic with limited or no additional capacity to respond
Each situational level corresponds with different actions that may be taken

The following slides present considerations for implementing and adjusting public health and social measures at each situational level

**Situational Level 0**
The health system and public health authorities are ready to respond, but there should be no restrictions on daily activities

**Situational Level 1**
Basic measures are in place to prevent transmission with limited & transient localized disruption to social & economic life

**Situational Level 2**
Additional measures may be required to control transmission; however, disruptions to social & economic activities can still be limited

**Situational Level 3**
A larger combination of measures may need to be put in place to limit transmission, manage cases & ensure epidemic control

**Situational Level 4**
Requires extensive measures to avoid overwhelming of health services & substantial excess morbidity and mortality
Situational Level 0
The health system and public health authorities are ready to respond, but there should be no restrictions on daily activities.

Surveillance should ensure that any new case can be detected & managed as early as possible

→ No restrictions on daily activities are necessary

Authorities may consider implementing the following measures:

✓ Implement **robust surveillance** to make sure any case/clusters are detected and managed early
✓ **Promote basic individual precautionary measures**: hand hygiene, cough etiquette, staying at home and wearing a mask if unwell and voluntary physical distancing
✓ Ensure **contact tracing and appropriate isolation and quarantine of cases and contacts**
✓ Ensure adequate stocks of medicines and medical equipment, and sufficient staff
✓ Travel and point of entry regulations to avoid the risk of introduction of the virus while travel outside the area should be permitted as per national policy
✓ Inform the public on what to do if unwell and whom to contact for advice, testing and/or treatment
Situational Level 1

The epidemic is being controlled through measures with limited and localized disruption to social and economic life

Basic measures are in place to prevent transmission; or if cases are already present, the epidemic is being controlled through effective measures around the cases or clusters of cases → limited and localized disruption to social and economic life

In addition to measures on emergency preparedness, response & surveillance, individual precautionary measures & risk communications

Authorities may consider implementing the following measures:

- Emphasise case & cluster detection, investigation, contact tracing
- Individuals should apply individual precautionary measures and behaviours such as hand hygiene, cough etiquette, staying home if unwell, wearing a mask where appropriate, and physical distancing
- Promote avoidance of the ‘3Cs’ – closed spaces, crowded places and close-contact settings (see slide 24)
- Daily activities & services, such as: educational settings, businesses & leisure/tourism can remain open with safety measures in place
- Measures should be in place to protect the most vulnerable (long-term care & other residential facilities)
Situational Level 2

Additional measures may be required to control transmission, disruptions to social & economic activities can still be limited

Measures should be applied to limit the number of social encounters in the community

→ Services can remain open with a wider range of measures to control transmission

In addition to measures on emergency preparedness, response & surveillance, individual precautionary measures & risk communications

Authorities may consider implementing the following measures:

✓ Education settings remain open with infection prevention and control measures in place,
✓ Businesses remain open, with safety measures in place → teleworking encouraged
✓ Individuals should apply individual precautionary measures and behaviours such as hand hygiene, cough etiquette, staying home if unwell, wearing a mask where appropriate, physical distancing and avoiding the ‘3Cs’ (see slide 24)
✓ Limit size of social & other mass gatherings
✓ Measures should be in place to protect the most clinically vulnerable → strict application of IPC measures (PPE), heightened surveillance and managing visits in long term care and other residential facilities
Situational Level 3
A larger combination of measures may need to be put in place to limit transmission, manage cases and ensure epidemic control

All individuals should reduce their social contacts, and some activities may need to close while allowing for essential services and in particular schools to remain open → Strengthening of all measures is needed

In addition to measures on emergency preparedness, response & surveillance, individual precautionary measures & risk communications, authorities may consider implementing the following measures:

✓ Closure of non-essential businesses or remote working
✓ Individuals should apply individual precautionary measures and behaviours such as hand hygiene, cough etiquette, staying home if unwell, wearing a mask where appropriate, physical distancing & avoiding the ‘3Cs’ (see slide 24)
✓ Consider limiting in-person university teaching, and institute e-learning.
✓ Childcare services, primary and secondary schools should remain open with adequate safety & surveillance measures in place, continuity of education for children for their overall well-being, health and safety should be taken in considerations during decisions
✓ Evaluate holding sporting and similar events, using a risk-based approach
✓ Mass gatherings should be suspended, and the size of all social gatherings should be decreased
Situational Level 4
Requires extensive measures to avoid overwhelming of health services & substantial excess morbidity and mortality

Reducing transmission in the community will be challenging, more stringent movement restrictions and related measures may need to be put in place to significantly reduce the number of in-person encounters requires extensive measures

Such measures should be geographically limited to where needed, be time-bound and aimed to be as short as reasonably possible.

In addition to measures on emergency preparedness, response & surveillance, individual precautionary measures & risk communications, authorities may consider implementing the following measures:

✓ Individuals should stay at home & limit social contact with people outside the household
✓ Essential workers will need to continue activities, with maximum support and safety measures in place
✓ Closure of non-essential businesses or remote working
✓ Consider all options for continuity of in-person learning or limit in-person contact. The closure of educational facilities should only be considered when there are no other alternatives
✓ All long-term care and other residential facilities should consider strict measures to limit the risk of infection, such as prohibiting in-person visitors
Consult and engage communities before implementing, adjusting or lifting measures

- A communication & community engagement strategy should be developed before any changes to measures are implemented.
- Communities should be given recognized roles to provide input on when and how public health and social measures will be implemented or lifted.
- Communities will be critical to implement population-wide measures and contribute to mitigate the social and economic impact of certain measures.
- Feedback mechanisms should be established to ensure that any societal impact of changes to measures are quickly identified and reported for action.
- Local community level networks should be leveraged for sustained efforts, building capacity through training of local leaders.

The infodemic should be managed at all stages of the response by providing the right information at the right time to the right people through trusted channels.
Decisions on which measures to implement, lift or strengthen should be based on the following guiding principles – part 1

- **Measures with the highest level of acceptability and feasibility**, proven effectiveness – and which minimize the negative consequences on health and well-being of all members of society and the economy – should be considered first.
- Additional measures should be considered as soon as the situation deteriorates and the situational level increases.
- **When feasible, measures should be adopted or lifted in a controlled, stepwise manner** to allow better understanding of the effects of each measure on transmission dynamics.
- **Public health surveillance data and case and cluster investigations** may provide important information on conditions associated with transmission.
Decisions on which measures to implement, lift or strengthen should be based on the following guiding principles – part 2

- Vulnerable or disadvantaged persons or communities may face challenges in meeting their basic life needs, such as income, shelter and food, when stringent measures are imposed. It is crucial to address essential needs before measures are implemented to enable people to comply.

- Any decision to apply stringent measures must weigh in equal measure the impact of the measures.

- Protection of vulnerable populations and disadvantaged groups should be central in the decision to implement, maintain or lift measures.

- Policies restricting travel between areas should be based on an assessment of their respective transmission levels and health system capacities.

- When lifting measures the capacity of the system to rapidly respond to a new increase in cases should be considered.
Certain situations and activities are identified to be higher risk for COVID-19 transmission:

- Crowded places
- Close-contact settings
- Confined and enclosed spaces with poor ventilation

Improve natural ventilation or open a window

Avoid the Three Cs

Be aware of different levels of risk in different settings.

There are certain places where COVID-19 spreads more easily:

1. Crowded places with many people nearby
2. Close-contact settings especially where people have close-range conversations
3. Confined and enclosed spaces with poor ventilation

The risk is higher in places where these factors overlap.

Even as restrictions are lifted, consider where you are going and #StaySafe by avoiding the Three Cs.
WHO resources

• **Critical preparedness, readiness and response actions for COVID-19**
  Interim guidance on critical preparedness, readiness and response actions for COVID-19

• **Overview of Public Health and Social Measures in the context of COVID-19**
  An overview of public health and social measures, and to propose strategies to limit any possible harm resulting from these interventions. This document is intended to inform national and local health authorities and other decision-makers at all levels.

• **Considerations for implementing and adjusting public health and social measures in the context of COVID-19**
  This document is an update to the interim guidance published on 16 April 2020 entitled 'Considerations in adjusting public health and social measures in the context of COVID-19'. Public health and social measures (PHSM) are being implemented across the globe to limit transmission and reduce mortality and morbidity from COVID-19. PHSM include non-pharmaceutical individual and societal interventions to control COVID-19.

• **A global database of public health and social measures applied during the COVID-19 pandemic**
  Access the country reported public health and safety measures dataset during COVID-19
How to protect ourselves & others
9 important COVID-19 prevention measures

01 Stay home and self-isolate if you feel unwell, even with mild symptoms. Open windows

02 Clean hands frequently with soap & water for 40 seconds or with alcohol-based hand rub

03 Cover your nose and mouth with a disposable tissue or flexed elbow when you cough or sneeze

04 Avoid touching your eyes, nose and mouth

05 Maintain a minimum physical distance of at least 1 metre from others

06 Stay away from crowds and avoid poorly ventilated indoor spaces. Open windows.

07 Use a fabric mask where physical distancing of at least 1 metre is not possible

08 Use a medical / surgical mask if you may be at higher risk (age, medical conditions)

09 Regularly clean & disinfect frequently touched surfaces