Coronavirus disease (COVID-19)

Situation Report – 192

Data as received by WHO from national authorities by 10:00 CEST, 30 July 2020

Highlights

In the Amazonian region, ensuring access to health services for indigenous populations is a priority. WHO Regional Office for the Americas met virtually with representatives from indigenous organizations together with the Coordinator of the Indigenous Organizations of the Amazon Basin (COICA) and called for the “strengthening of health care services in the Amazon through the provision of human resources, supplies and medical devices, including tests, as well as treatments and vaccines when they are available”.

In the Philippines, the delivery of essential health services has continued amidst the COVID-19 pandemic, including the implementation of their Hepatitis programme. The governor of Bataan reminded local governments and health care providers to continue providing non-COVID-19 care while responding to the pandemic.

According to a joint analysis by WHO and UNICEF, routine immunization rates plummeted in Somalia from March to May 2020, and remain low due to COVID-19. WHO has been working with the Somali Government and partners to provide personal protective equipment (PPE) to health care providers and train community health workers to disseminate messages on the importance of routine immunization for children.

Today’s Subject in Focus discusses the COVID-19 HelpDesk, a service dedicated to providing technical assistance at the request of Member States.

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases (new 24 hours)</th>
<th>Deaths (new 24 hours)</th>
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</thead>
<tbody>
<tr>
<td><strong>Globally</strong></td>
<td>16 812 763 cases</td>
<td>662 095 deaths</td>
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<td>(253 801)</td>
<td>(5 999)</td>
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<td>Africa</td>
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<td>(16 046)</td>
<td>(319)</td>
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<td>Americas</td>
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<td>346 554 deaths</td>
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<td>(139 657)</td>
<td>(3 919)</td>
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<td>Eastern Mediterranean</td>
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<td>(13 011)</td>
<td>(388)</td>
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<td>(23 438)</td>
<td>(460)</td>
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<td>(57 794)</td>
<td>(884)</td>
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<td>Western Pacific</td>
<td>299 468 cases</td>
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<td>(3 855)</td>
<td>(29)</td>
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Subject in Focus – WHO COVID-19 HelpDesk: global assistance to set up COVID-19 care centres

WHO has established a HelpDesk dedicated to providing technical assistance for establishing COVID-19 treatment facilities at the request of Member States, WHO Country and Regional offices, UN agencies and other international organizations. The WHO COVID-19 HelpDesk supports the design of new COVID-19 facilities and the repurposing of existing buildings into self-quarantine, screening and treatment centres. Established in March, the WHO COVID-19 HelpDesk has responded to 53 requests for support from 27 different countries.

WHO technical experts provide design and operational advice and recommendations for the layout of new facilities or the converting of existing structures. Design plans aim to:

- Define proper pathways for medical staff, patient and visitors,
- Strengthen engineering and environment controls,
- Ensure adequate ventilation systems,
- Designate specific areas requiring the use of personal protective equipment (PPE), based on recommended risk assessments for rational use.

In collaboration with WHO health operations and technical experts, assistance may also extend to providing recommendations for oxygen supply strategies and clinical care equipment, as well as training for medical and non-medical personnel.

Working with Téchné (Technical Science for Health), a global network of universities, engineers, architects and health experts dedicated to providing technical assistance at the request of Member States, the WHO COVID-19 HelpDesk has helped establish treatment facilities in Ghana, Chad, Nigeria, Republic of Congo, Senegal, Burkina Faso, Italy, Haiti, Brazil and Australia. The HelpDesk is reviewing ongoing requests for support.

Téchné experts serve as the backbone of HelpDesk support drawing on volunteer members and institutions from 22 countries to offer multidisciplinary and specialized technical expertise.
Most recently, the HelpDesk has begun working with the Italian Ministry of Health and the University of Bologna in the Emilia Romagna region to re-purpose hospitals for the post-acute COVID-19 phase; enabling health workers to provide care to both COVID-19 and non-COVID patients, while minimizing risk of COVID-19 transmission. WHO is currently working with one of the largest hospitals in Bologna (with +2000 bed capacity), to review and restructure the public health system to increase resiliency, flexibility and responsiveness to health emergencies. The new standards and designs applied in this project aim to serve as a Hospital of the Future model for clinical care for patients not only during the COVID-19 pandemic but also in future health emergencies.

Other ongoing WHO COVID-19 HelpDesk projects, include: collaborations with UNDP in Mozambique to redesign two laboratories to scale up testing capacity, repurposing an existing healthcare facility into a COVID-19 treatment center in Chad with the WHO Country Office; and setting up three COVID-19 treatment centres (total capacity of 96 beds), with recommendations for facility management and a comprehensive strategy for oxygen supply, in The Gambia with the WHO Country Office and UNOPS Engineering.

For more information, to submit support requests or to schedule a webinar please contact: oslhealthtech@who.int
Surveillance

Figure 1. Number of confirmed* COVID-19 cases reported in the last seven days by country, territory or area, 24 July to 30 July **

**See Annex 1 for data, table and figure notes.
Figure 2. Number of confirmed* COVID-19 cases, by date of report and WHO region, 30 December through 30 July**

**See Annex 1 for data, table and figure notes.
Table 1. Countries, territories or areas with reported laboratory-confirmed* COVID-19 cases and deaths, by WHO region. Data as of 10 AM CEST, 30 July 2020**

<table>
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<th>Reporting Country/Territory/Area</th>
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<th>Total confirmed new cases</th>
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\(^i\) Cases include all confirmed cases, including those in the process of verification, that have been reported to the World Health Organization (WHO) as of 11 May 2020. The total number of confirmed cases may differ from the sum of individual reported cases due to rounding and new reports.

\(^{[1]}\) Kosovo only includes confirmed cases as of 11 May 2020.
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<th>Total confirmed\new cases</th>
<th>Total confirmed\new cases</th>
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<td>Days since last reported case</td>
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</table>

**See Annex 1 for data, table and figure notes.**
Technical guidance and other resources

- To view all technical guidance documents regarding COVID-19, please go to this webpage.
- Updates from WHO regional offices
  - WHO AFRO
  - WHO EMRO
  - WHO EURO
  - WHO PAHO
  - WHO SEARO
  - WHO WPRO
- Research and Development
- Online courses on COVID-19 and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operations Updates

Recommendations and advice for the public

- Protect yourself
- Questions and answers
- Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities

Case definitions

WHO periodically updates the Global Surveillance for human infection with coronavirus disease (COVID-19) document which includes surveillance definitions.

Definition of COVID-19 death

A COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

Further guidance for certification and classification (coding) of COVID-19 as cause of death is available here and here.
Annex 1: Data, table and figure notes

Caution must be taken when interpreting all data presented. Differences are to be expected between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change. Case detection, definitions, testing strategies, reporting practice, and lag times differ between countries/territories/areas. These factors, amongst others, influence the counts presented, with variable underestimation of true case and death counts, and variable delays to reflecting these data at global level.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

*A small number of countries/territories/areas report combined probable and laboratory-confirmed cases; efforts are underway to identify these for notation in the data table.* Other: includes cases reported from international conveyances.

Due to the recent trend of countries conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, WHO will now display such data as negative numbers in the “new cases” / “new deaths” columns as appropriate. This will aid readers in identifying when such adjustments occur. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

Additional table notes

[1] Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas; classification is based on the highest category reported within a country/territory/area. Categories:

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
• Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel lab surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
• Pending: transmission classification has not been reported to WHO.

ii “Territories” include territories, areas, overseas dependencies and other jurisdictions of similar status.

Country, territory, or area-specific notes, updates and errata

• **Update 30 July 2020, UK:** Counts adjusted retrospectively by national authorities: case and death counts adjusted from 1 February to 29 July.

• **Update 30 July 2020, Belgium:** Counts adjusted retrospectively by national authorities: case and death counts adjusted from 7 February to 28 July.

• **Erratum 30 July 2020, Cambodia:** Counts adjusted retrospectively to align with national authorities: 8 additional cases have been added.