2019 Novel Coronavirus (2019-nCoV):

STRATEGIC PREPAREDNESS AND RESPONSE PLAN





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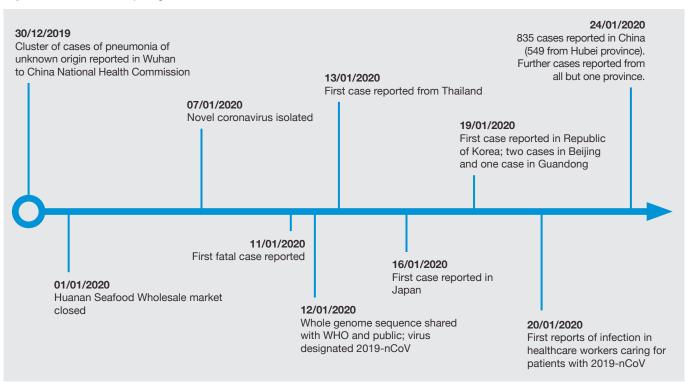
ABOUT THIS DOCUMENT.

On 31 December 2019, WHO was alerted to a cluster of pneumonia patients in Wuhan City, Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a novel (new) coronavirus as the cause of the pneumonia (figure 1). The proposed interim name of the virus is 2019-nCoV.

Since the first cases were reported, WHO and its partners have been working with Chinese authorities and global experts to learn more about the virus, including how it is transmitted, the populations most at risk, the spectrum of clinical disease, and the most effective ways to detect, interrupt, and contain human-to-human transmission.

This strategic preparedness and response plan outlines the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to 2019-nCoV. The document takes what we have learned so far about the virus and translates that knowledge into strategic action that can guide the efforts of all national and international partners when developing context-specific national and regional operational plans.

Figure 1 Timeline of early stages of 2019-nCoV outbreak









SITUATION ASSESSMENT.

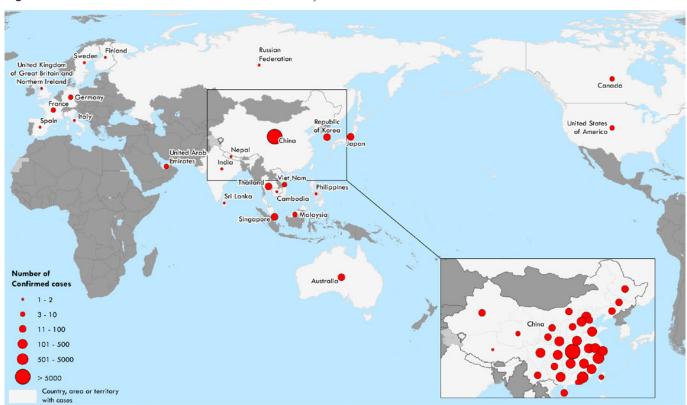
Epidemiological overview as of 1 February 2020

- A total of 11953 confirmed cases of 2019-nCoV have been reported worldwide (figure 2);
- Of the total cases reported, 11821 cases have been reported from China;
- In China, 60.5% of all cases since the start of the outbreak have been reported from Hubei Province. The remaining 39.5% of cases have been reported from 33 provinces, regions, and cities. After Hubei Province, the second largest number of cases has been reported from Zhejiang Province (599 cases);
- 132 confirmed cases have been reported outside of China in 23 countries (figure 2);
- Of the cases reported outside China, 14 are due to secondary transmission;
- 259 deaths have been reported to date.

Epidemiological evidence shows that 2019-nCoV can be transmitted from one individual to another. During previous outbreaks due to other coronaviruses, including Middle-East respiratory syndrome coronavirus (MERS-CoV) and the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), human-to-human transmission most commonly occurred through droplets, personal contact, and contaminated objects (fomites). The modes of transmission of 2019-nCoV are likely to be similar.

The precise zoonotic (animal) origin of the 2019-nCoV is still uncertain. The virus has been identified in environmental samples from a live animal market in Wuhan, and some human cases have been epidemiologically linked to this market. Other coronavirus, such as SARS and MERS, are also zoonotic, and can be transmitted from animals (civet cats and dromedary camels, respectively) to humans.

Figure 2 Distribution of 2019-nCoV cases as of 01 February 2020



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Data Source: World Health Organization, National Health Commission of the People's Republic of China

Map Production: WHO Health Emergencies Programme

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Risk assessment

WHO assesses the risk to be very high for China, high at the regional level, and high at the global level.

Factors taken into consideration include:

- Likelihood of further spread: Human-to-human transmission, including transmission within families and healthcare settings, has been confirmed within Wuhan, and in several cities outside China. The outbreak continues to grow within China at a rapid rate, and now affects all 31 provincial-level administrative regions. Ordinarily high volumes of domestic and international travel have been increased further by travel linked to Lunar New Year celebrations. Imported cases continue to be reported internationally, with several reported cases of secondary transmission now confirmed in countries outside of China. Limited testing capacity in many countries globally, non-specific symptoms of 2019-nCoV acute respiratory disease (the disease caused by 2019-nCoV infection), and co-circulation of other respiratory pathogens are factors that can complicate efforts to detect the virus quickly.
- Potential impact on human health: The virus can cause severe illness and death, although most cases appear to be mild. However, many uncertainties remain, including the full extent of the current outbreak within China, and the full clinical spectrum of illness, including the prevalence of mildly symptomatic cases.
- Effectiveness of current preparedness and response measures: China has dedicated substantial resources to public health control measures and clinical management, and has taken action that has included the quarantine of cities, and the widespread suspension of transport links between population centres. It will be important to continually assess the extent to which measures are effective and the need to adapt measures as the situation evolves. Up to now, countries that have reported an imported case have demonstrated efficient and effective disease surveillance and response measures. However, some countries are less prepared to detect and respond to an imported case. Rumours, misconceptions, and misinformation disseminated online via social media can have a negative impact on response measures and health-seeking behaviors.

Recommendations of the Emergency Committee

On 30 January 2020, the Director-General of WHO declared the 2019-nCoV outbreak a public health emergency of international concern under the International Health Regulations (IHR) (2005), following advice from the Emergency Committee. The Director-General and Emergency Committee issued temporary recommendations¹ to the People's Republic of China and to other countries.

The Emergency Committee also provided advice to WHO, and welcomed a forthcoming WHO-led multidisciplinary and multi-partner technical mission to China. The mission will review and support efforts to investigate the animal source of the outbreak, the clinical spectrum of the disease and its severity, the extent of human-to-human transmission in the community and in healthcare facilities, and efforts to control the outbreak. This mission will provide information to the international community to aid in understanding the situation, its impact, and effective public health measures to respond to the virus. The Committee recommended that WHO should continue to use its networks of technical experts to assess how best this outbreak can be contained globally, and intensify support for preparation and response, especially in vulnerable countries and regions.



¹ Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV), see: <a href="https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov) (accessed 04.02.2020)



RESPONSE STRATEGY...

The overall goal of the strategic preparedness and response plan is to stop further transmission of 2019-nCoV within China and to other countries, and to mitigate the impact of the outbreak in all countries.

Taking the above into account, the strategic objectives of the plan are to:

- Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, and preventing further international spread from China;
- Identify, isolate, and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics, and vaccines;
- Communicate critical risk and event information to all communities, and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships.

These objectives can be achieved by:

- A) Rapidly establishing international coordination to deliver strategic, technical, and operational support through existing mechanisms and partnerships;
- B) Scaling up country preparedness and response operations, including strengthening readiness to rapidly identify, diagnose and treat cases; identification and follow-up of contacts when feasible (with priority given to high-risk settings such as healthcare facilities); infection prevention and control in healthcare settings; implementation of health measures for travelers; and awareness raising in the population though risk communication and community engagement.
- C) Accelerating priority research and innovation to support a clear and transparent global process to set research and innovation priorities to fast track and scale-up research, development, and the equitable availability of candidate therapeutics, vaccines, and diagnostics. This will build a common platform for standardized processes, protocols and tools, to facilitate multidisciplinary and collaborative research integrated with the response.

The response strategy is based on several planning assumptions. Owing to the considerable uncertainty surrounding the extent of the outbreak within China, the transmissibility of the virus, and the clinical spectrum of the disease, it will be necessary to regularly update these assumptions as gaps in our knowledge of the disease are filled.

The current response plan assumes that human-to-human transmission takes place, and that it may be amplified in specific settings, including healthcare facilities. We also assume that human-to-human transmission is widespread within Hubei, and possibly other population centres in China.

It is expected that cases will continue to be exported to other countries while the outbreak continues in China. While the response emphasis will be to repidly identify

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