

# Epidemiology & clinical management of COVID-19

CORONAVIRUS (COVID-19) UPDATE NO. 31  
19 June 2020



# Current global situation

- Nearly 8.25 million COVID-19 cases globally
- Nearly 450 000 deaths

## Top ten countries with the highest number of new cases over the past 24 hours:

Chile - 36 179

Brazil – 34 918

USA – 27 921

India - 12 881

Russian Federation – 7 790

Pakistan - 5 358

Saudi Arabia - 4 919

Mexico - 4 599

Peru - 4 164

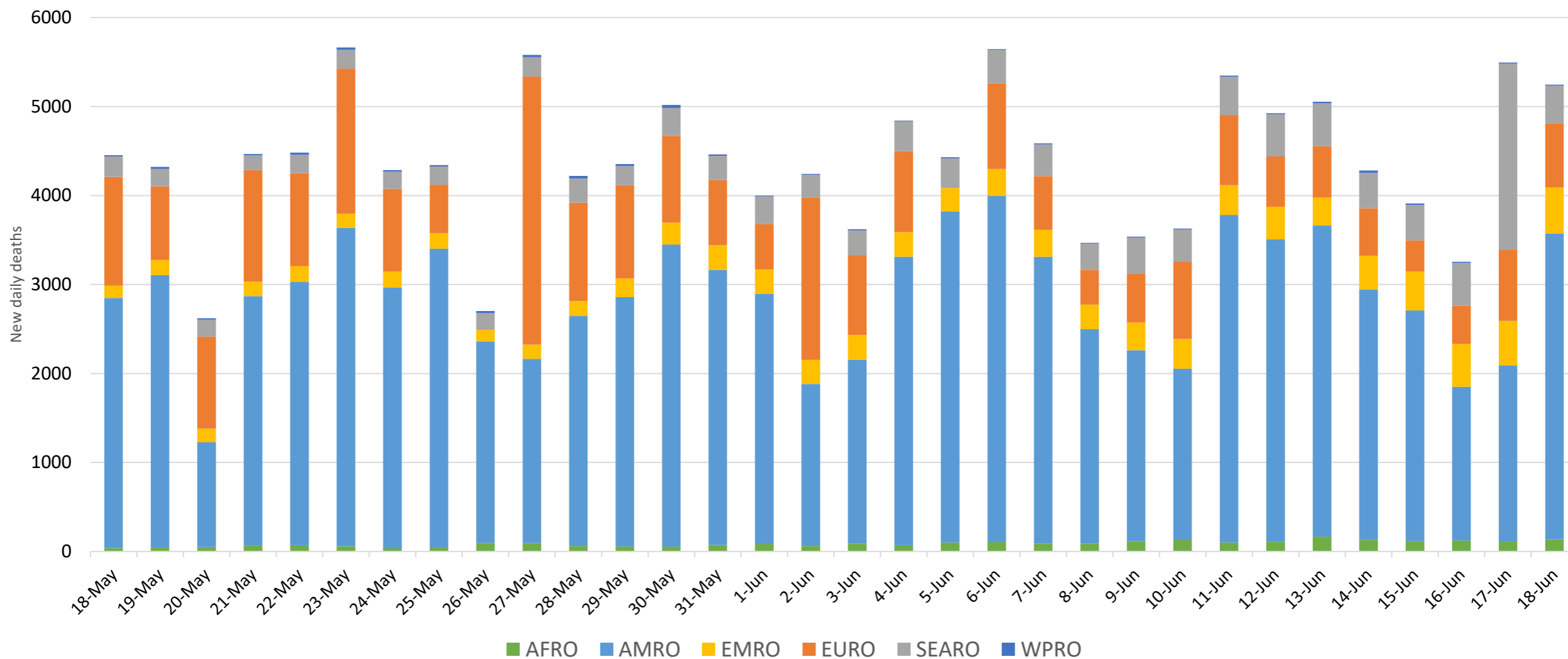
South Africa - 4 078

Data as of 06h00 18.06.20



# Current global situation

Number of new deaths of COVID-19 per day, by WHO Region





# Epidemiological characteristics COVID-19

This update covers two recently published reports on the epidemiological characteristics of COVID-19:

One from China<sup>1</sup> and one from The United States of America<sup>2</sup>

Time period analysed:

- **China:** From December 2019 to 20 February 2020
- **USA:** From 22 January to 30 May 2020

Cases and deaths

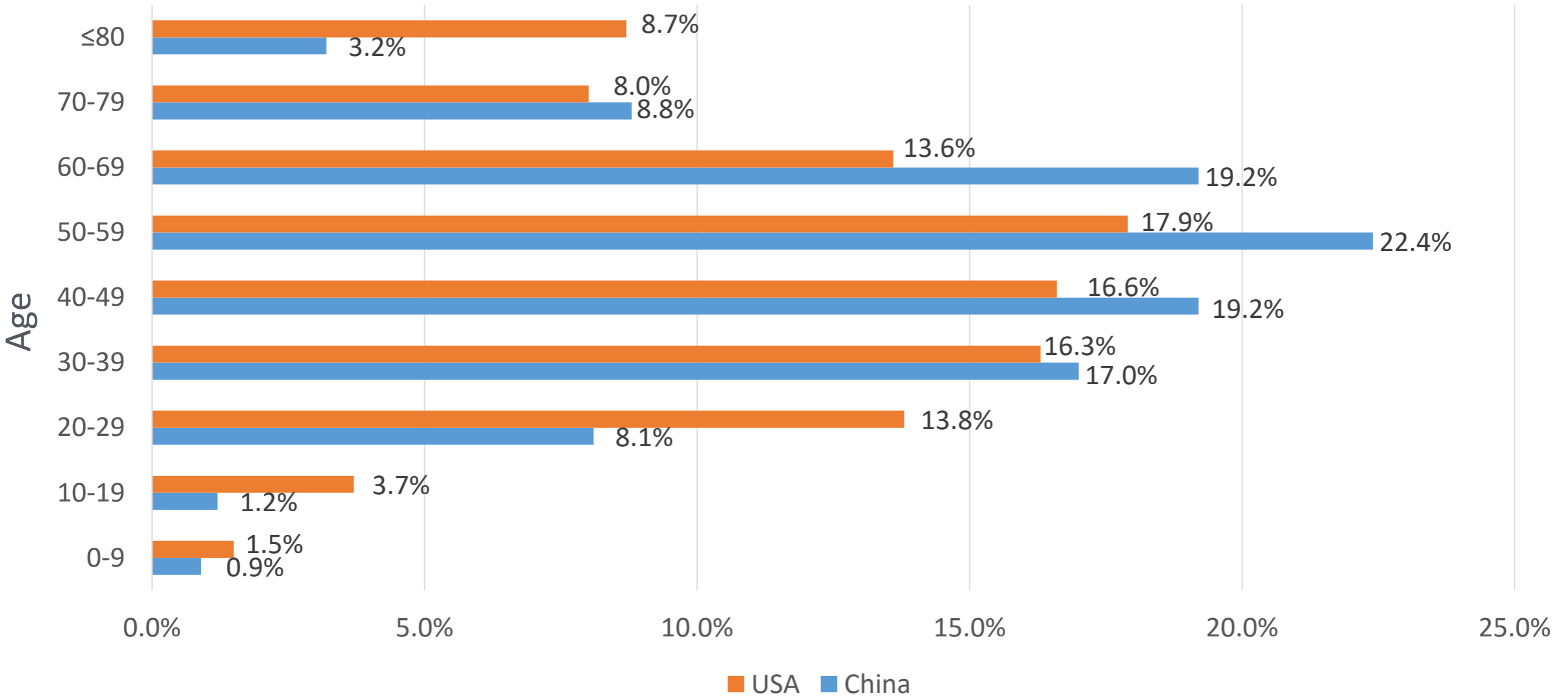
- **China:**
  - 75 565 total, 55 924 lab confirmed , 2114 deaths
  - Median age: 48 years (IQR: 39-63); 51,1% male
- **USA:**
  - 1 761 503 total, 1 320,488 lab confirmed, 103 700 deaths
  - Median age: 48 years (IQR: 33-65); 48.9% female

1. <http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51>

2. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s\\_cid=mm6924e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w)



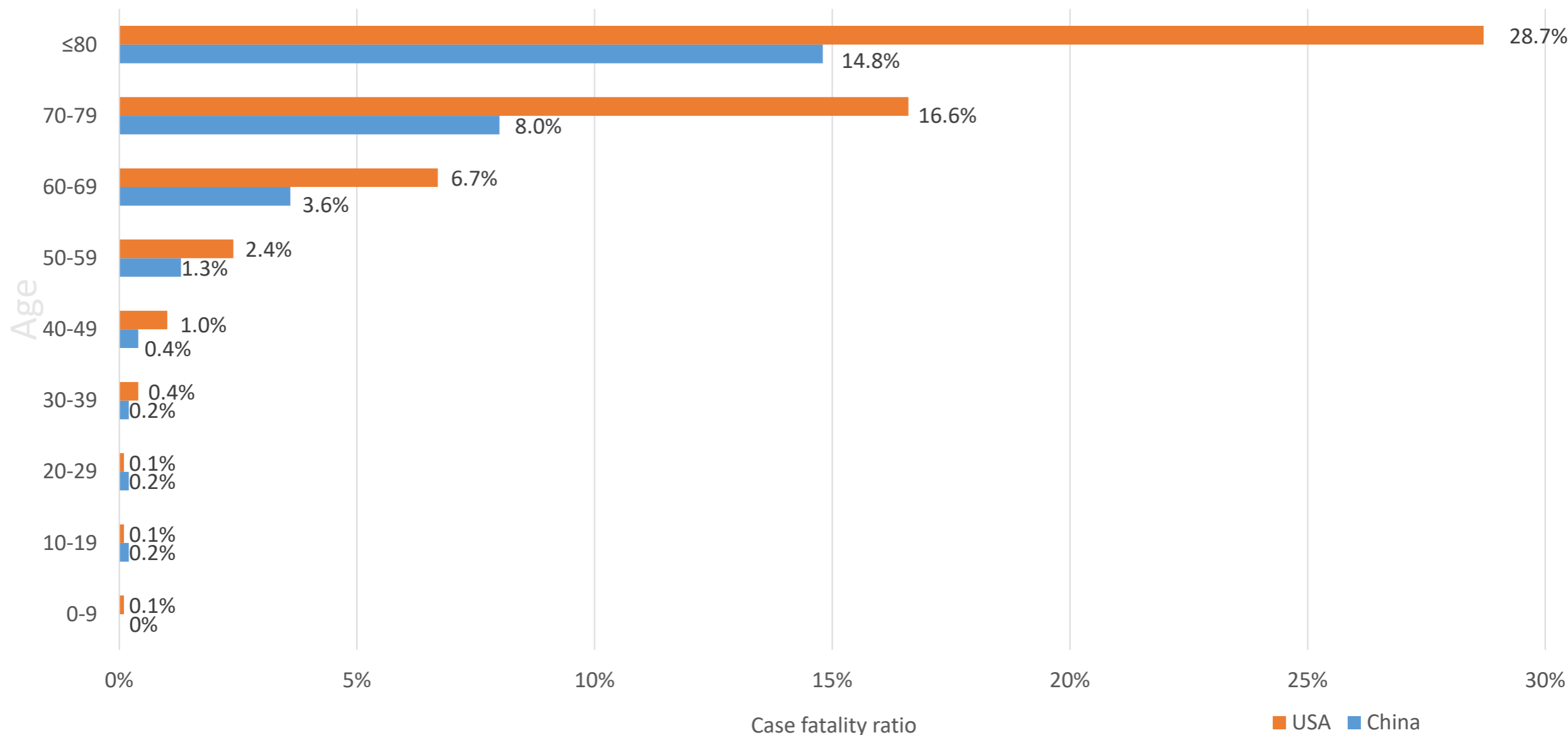
# Age distribution of laboratory confirmed COVID-19 cases in China (01.12.19 – 20.02.20) and USA (22.01.20 – 30.05.20)



- <http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51>
- [https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s\\_cid=mm6924e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w)



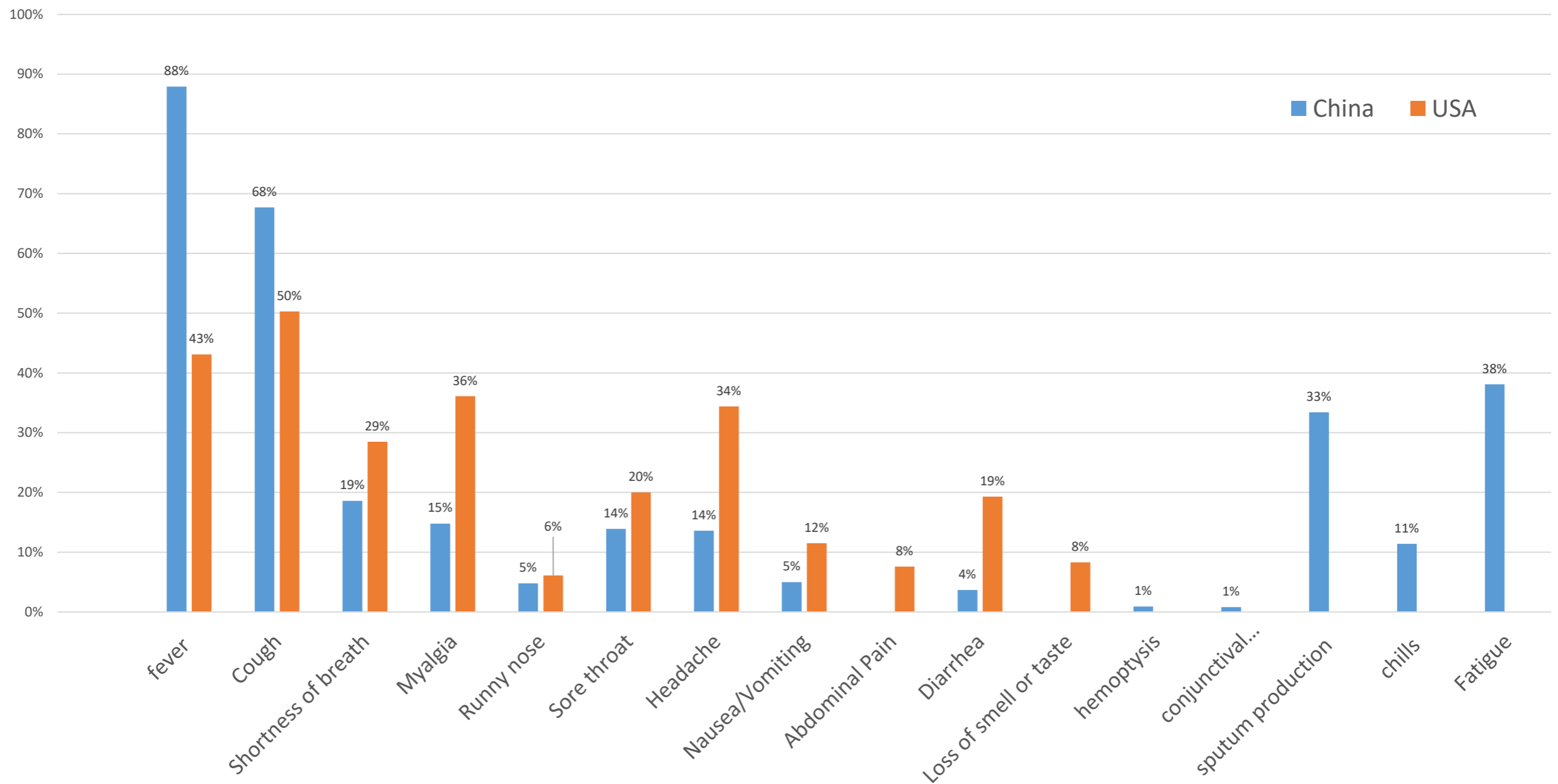
# Case fatality ratio by age group for laboratory confirmed COVID-19 cases in China (01.12.19 – 20.02.20) and USA (22.01.20 – 30.05.20)



- <http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51>
- [https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s\\_cid=mm6924e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w)



# Proportion of cases of COVID-19 reporting selected symptoms – data from China (01.12.19 – 20.02.20) and USA (22.01.20 – 30.05.20)

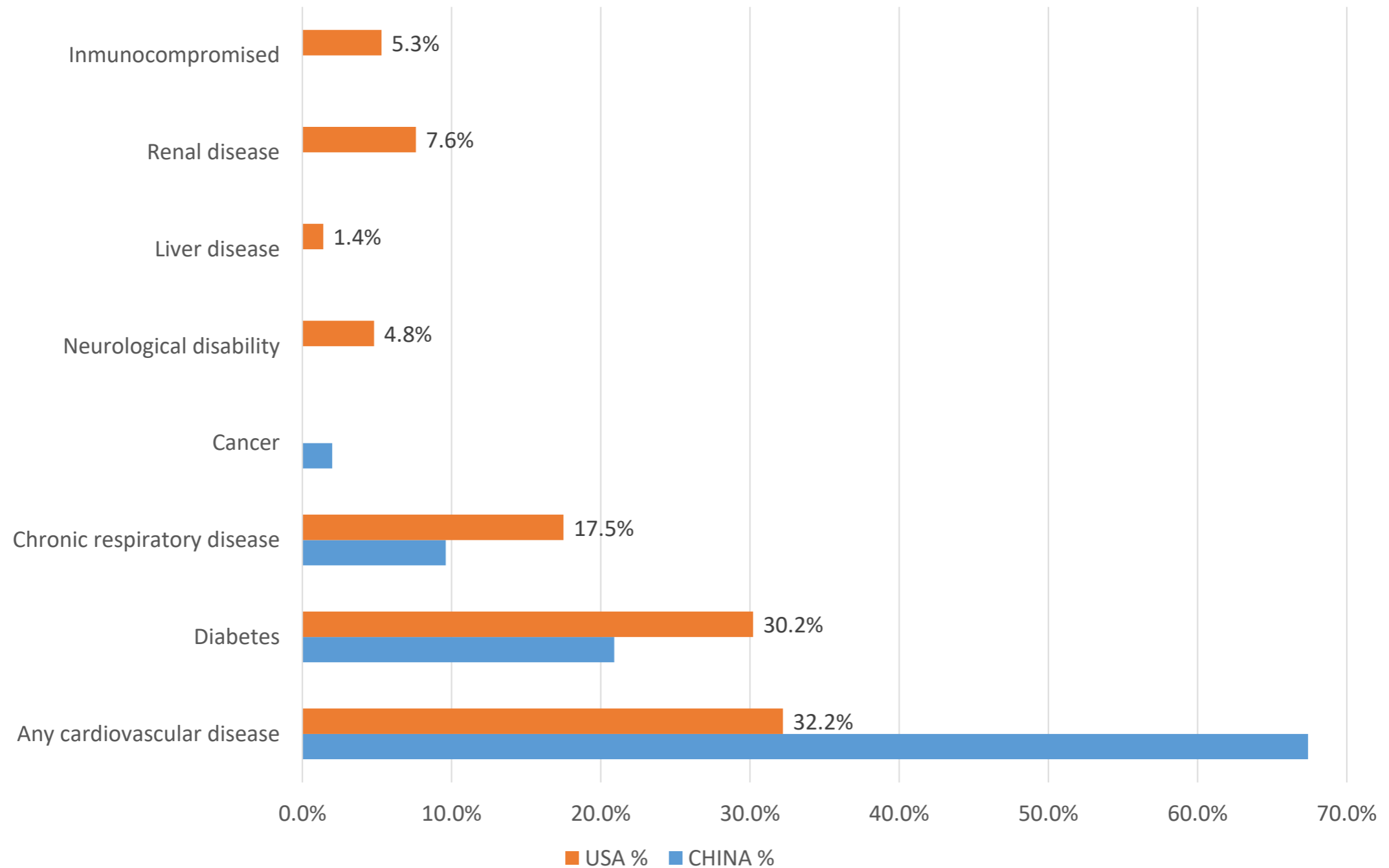


1. <http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51>

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# Reported underlying medical conditions for laboratory confirmed COVID-19 cases in China (01.12.19 – 20.02.20) and USA (22.01.20 – 30.05.20)



1. <http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51>

2. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s\\_cid=mm6924e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w)





## Disease severity in laboratory confirmed COVID-19 cases in China (01.12.19 – 20.02.20) and USA (22.01.20 – 30.05.20)

Disease severity	China	USA
Mild to moderate	80%	84%
Severe	15%	14%
Critical	5%	2%

### USA data:

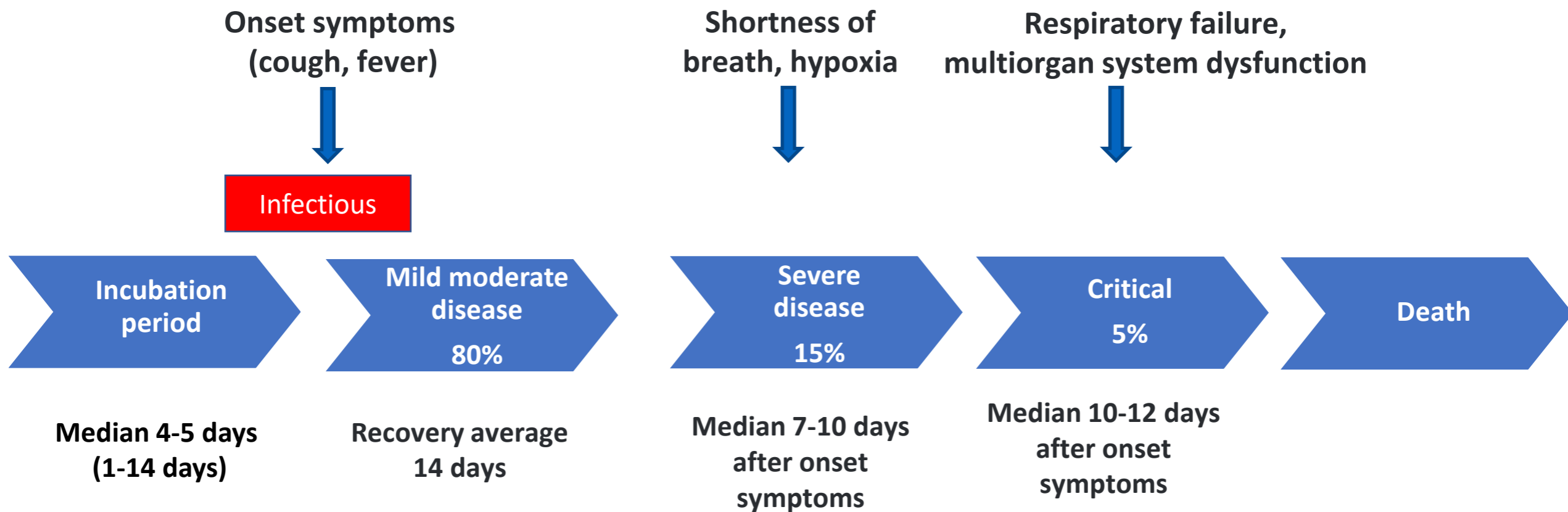
- Hospitalization was six times more frequent among patients with a reported underlying condition (45.4%) compared to those without such conditions (7.6%)
- Death occurred 12 times more often among patients with reported underlying conditions (19.5%) compared with those without such conditions (1.6%)

1. <http://weekly.chinacdc.cn/en/article/id/e53946e2-c6c4-41e9-9a9b-fea8db1a8f51>

2. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s\\_cid=mm6924e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w)



# Clinical disease progression for COVID-19





## Care of suspected or confirmed **mild** COVID-19: symptomatic treatment

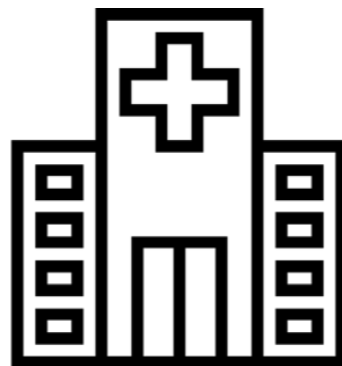
- Isolate to stop virus transmission, at a designated COVID-19 health facility, community facility or at home.
  - Give symptomatic treatment such as antipyretics for fever and pain, adequate nutrition and appropriate rehydration.
  - Counsel patients about signs and symptoms that should prompt urgent care.
- Antibiotic therapy or prophylaxis are not indicated





## Care of moderate COVID-19 with pneumonia

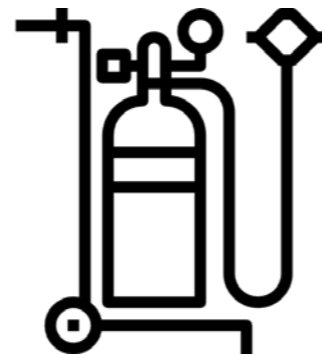
- Isolate to stop virus transmission, at a designated COVID-19 health facility, community facility or at home. Patients with moderate illness may not require hospitalization.
- For patients at higher risk of severe disease, isolation in hospital is preferred.
- Antibiotics are not indicated unless there is clinical suspicion of a bacterial infection
- Monitor closely for signs or symptoms of disease progression.





## Care of **severe** COVID-19 with pneumonia

- Equip all areas for severely ill patients with functioning oxygen system.
- Closely monitor patients for signs of clinical deterioration, such as rapidly progressive respiratory failure and shock; respond immediately with supportive care interventions.
- Monitor patients for signs of thromboembolism or related conditions, such as stroke, deep venous thrombosis, pulmonary embolism or acute coronary syndrome.





## Recovery trial: Dexamethasone in ventilated COVID-19 patients

- Statement by trial investigators (University of Oxford)
  - The results have not been published in a journal yet
- Over 6000 hospitalized patients were randomized to receive either dexamethasone (6 mg daily) or usual care for 10 days
- Dexamethasone was associated with significantly fewer deaths among patients compared with those given usual care
  - ❖ Patients on oxygen: dexamethasone group had one-fifth fewer deaths compared to usual care
  - ❖ Patients on ventilator: dexamethasone group had one-third fewer deaths compared to usual care
- For patients who didn't require oxygen or respiratory support, there was no observed additional benefit with dexamethasone

<https://www.recoverytrial.net/news/low-cost-dexamethasone-reduces-death-by-up-to-one-third-in-hospitalised-patients-with-severe-respiratory-complications-of-covid-19>



# Upcoming events

Webinar: Public Health Emergency Operations Centres (PHEOCs) for COVID 19 Response.

Tuesday 23 June 14h00 Geneva time.

[Register](#)

Pre-conference of the 1st WHO infodemiology conference.

29 June 2020. <https://www.who.int/news-room/events/detail/2020/06/29/default-calendar/pre-conference-1st-who-infodemiology-conference>