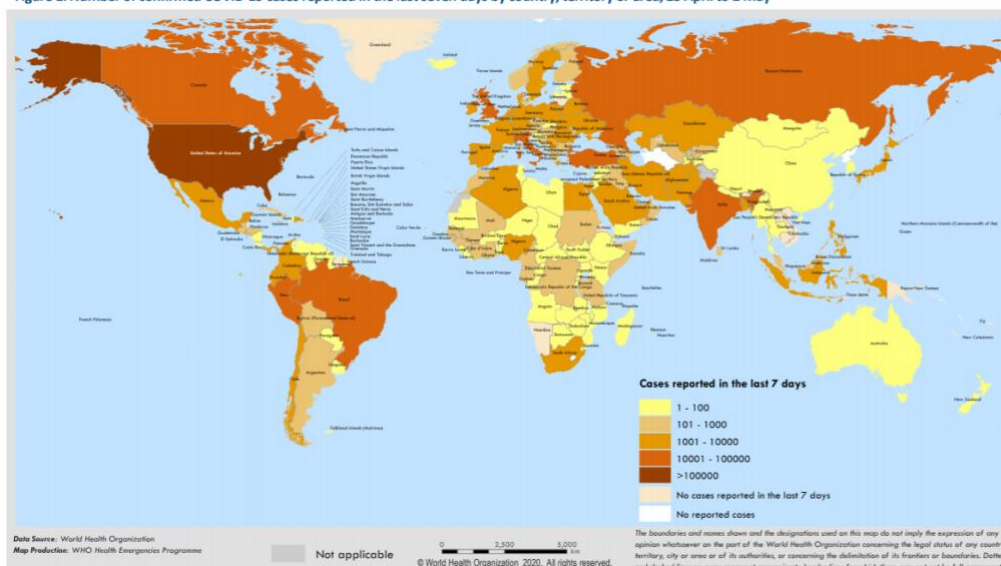


## 26 April – 3 May 2020 Weekly COVID-19 Update

Over 3.3 million cases confirmed and reported, with over 238,000 deaths reported to date (unofficially over 3.5 million cases and over 247,000 deaths). Notable increases seen in Tajikistan, Chad, Maldives, South Sudan.<sup>1</sup>

Figure 1. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 25 April to 2 May\*\*



Weekly update (official) based on locations with highest case increases – last updated: [WHO SitRep #103](#)

Americas Region Country	Daily change in new reported cases (decreasing shown in blue, increasing in red)						
	Sunday 26-Apr	Monday 27-Apr	Tuesday 28-Apr	Wednesday 29-Apr	Thursday 30-Apr	Friday 1-May	Saturday 2-May
United States	38509	32417	29218	22541	20517	31379	31774
Brazil	3503	5514	3379	4613	5385	6276	7218
Canada	1614	1425	1538	1698	1349	1693	1601
Ecuador	0	0	521	1018	417	259	1402
Peru	734	3683	2186	1182	2491	2741	3045
Mexico	1239	970	835	852	1223	1047	1425

European Region Country	Daily change in new reported cases (decreasing shown in blue, increasing in red)						
	Sunday 26-Apr	Monday 27-Apr	Tuesday 28-Apr	Wednesday 29-Apr	Thursday 30-Apr	Friday 1-May	Saturday 2-May
Spain	0	0	1831	1308	2144	518	1781
Italy	2357	2324	1739	2091	2086	1872	1965
Germany	1737	1018	1144	1304	1478	0	2584
UK	4913	4463	4309	3996	4076	6032	6201
France	1537	404	3729	0	1602	1055	601
Turkey	2861	2357	2131	2392	2936	2615	2188
Russia	5966	12559	6411	5841	7099	7933	9623

MENA Region Country	Daily change in new reported cases (decreasing shown in blue, increasing in red)						
	Sunday 26-Apr	Monday 27-Apr	Tuesday 28-Apr	Wednesday 29-Apr	Thursday 30-Apr	Friday 1-May	Saturday 2-May

<sup>1</sup> Official numbers and WHO visualizations available [here](#)

Iran	1134	1153	991	1112	1073	983	1006
Saudi Arabia	1197	1223	1289	1266	1325	1351	1344
UAE	532	536	490	541	549	552	557
Qatar	833	929	957	677	643	845	687
Egypt	227	215	248	260	226	269	358
Morocco	139	168	55	132	107	64	146
Algeria	129	126	135	132	199	158	148

Asia Pacific Region Country	Daily change in new reported cases (decreasing shown in blue, increasing in red)						
	Sunday 26-Apr	Monday 27-Apr	Tuesday 28-Apr	Wednesday 29-Apr	Thursday 30-Apr	Friday 1-May	Saturday 2-May
Singapore	618	931	799	799	690	528	932
Japan	353	203	191	276	236	193	264
India	1990	1396	1543	1897	1718	1993	2293
Indonesia	396	275	214	415	260	347	433
Philippines	102	285	198	181	254	276	284
Bangladesh	309	418	497	549	641	564	571
Pakistan	783	605	587	970	874	1058	1297

Africa Region Country	Daily change in new reported cases (decreasing shown in blue, increasing in red)						
	Sunday 26-Apr	Monday 27-Apr	Tuesday 28-Apr	Wednesday 29-Apr	Thursday 30-Apr	Friday 1-May	Saturday 2-May
South Africa	141	185	247	203	354	297	304
Cameroon	115	103	0	84	101	26	237
Ghana	0	271	0	121	0	403	0
Nigeria	87	91	64	0	195	400	238
Côte d'Ivoire	34	39	14	19	55	37	0
Guinea	42	98	69	77	111	144	42
Niger	3	12	5	8	4	6	9
Burkina Faso	13	3	0	6	0	7	4
Senegal	69	57	64	88	59	51	91
DRC	26	17	12	20	9	72	32

## News/ Political Context

- Increasing number of cases in the US and Iran of people ingesting inappropriate “cures” for COVID-19 due to rumors. In Iran more than 700 people have died after ingesting toxic methanol, and multiple cases in US of people ingesting bleach and other household items.
- Cases doubling rapidly in **Tajikistan** (1 day) **Guinea-Bissau** (3 days), **Chad** (3 days), **Maldives** (4 days), **South Sudan** (5 days), **Sudan** (5 days), **Central African Republic** (6 days).<sup>2</sup>
- WHO urging for COVID-19 not to stop ongoing public health efforts including anti-malaria and immunization campaigns.
- Spain changed its reporting to only include those with a positive PCR test causing a reduction of total number of confirmed cases
- **EMT Update:** Nineteen International EMTs classified and/or in the classification process have deployed to fifteen countries across three WHO regions, Thirty-six EMTs are responding nationally to support and reinforce local health systems in all Regions. Additional deployments of Chinese EMTs are expected to Algeria, Democratic Republic of the Congo and Zimbabwe. WHO is currently working with the EMTs and countries to facilitate additional teams to Comoros and São Tomé and Príncipe.<sup>3</sup>

<sup>2</sup> Reference to ECDC data using <https://ourworldindata.org/coronavirus>

<sup>3</sup> WHO SitRep #98

- COVID-19 treatment centers being installed and supported by WHO in Burkina Faso, Côte d'Ivoire, Senegal, São Tomé and Príncipe and Australia
- Influenza surveillance and response system to include testing for COVID-19 disease for those who show symptoms

### Recent Research/ Evidence

- Recent study in 166 hospitals in the UK between 6 Feb and 18 April show 33% mortality rate of those admitted (17% admitted still receiving care), including a high death rate among patients admitted without critical care (31%). Obesity, age, and male sex decreased chance of survival.<sup>4</sup> Median age of those admitted was 72, number of days with symptoms before being admitted= 4, median length of stay in hospital was 7 days.
- Recent study looks at increased incidence of strokes among younger population (under 50) infected with COVID-19.<sup>5</sup> Additional data analyzed since initial short study shows correlation between COVID-19 infection and increased risk for blood clotting and stroke among younger patients infected.
- Out of hospital cardiac arrest incidence significantly higher in Italy during the 2020 COVID-19 epidemic compared with the previous year. 58% increase in the same period of time in Lombardy, incidence of cardiac arrest due to medical causes was 6.5% higher, median arrival time of ambulance was 3 minutes slower, proportion of patients who received cardiopulmonary resuscitation from bystanders was 15.6% lower, incidence of out of hospital deaths was 14.9% higher. 77.4% of excess cases linked to COVID-19<sup>6</sup>
- CFRs: **Italy:** 13.5%, **World:** 7%, **Germany:** 3.7%, **South Korea:** 2.3%, **Iceland:** 0.6%. In most countries a positive case of COVID-19 requires laboratory testing, however cause of death does not (due to low testing capacities). Thus, we are likely to continue to see changes in CFR over time.
- Recent study highlights the potential of using viral shedding in waste as a way to provide cheap testing and early detection for areas likely to experience an outbreak of COVID-19<sup>7</sup>
- Retrospective cohort study of clinical characteristics of COVID-19 patients in 3 hospitals in UK showed that ethnic minorities had increased mortality rates compared to white cohort patients when accounting for age, comorbidity, and severity of disease upon admission.<sup>8</sup>

### Clinical Trails

- Over 1,200 clinical trials underway. However a major challenge to clinical trials remains due to underpowered studies.<sup>9</sup>
- Recent studies of Remdesivir in adult patients admitted to hospital for severe COVID-19, remdesivir was not associated with statistically significant clinical benefits. However there was a decrease (not statistically significant) in number of days to clinical improvement for those in the remdesivir cohort. Larger studies are needed.<sup>10</sup>

### Modeling

- [Health Intervention Tracking for COVID-19](#) through Johns Hopkins and Boston University
- **Imperial College of London** used **malaria** and COVID-19 modeling along with LLIN distribution planned to indicate that if all malaria-control activities are highly disrupted then the malaria burden in 2020 could more than double that in the previous year, resulting in large malaria epidemics across the region.<sup>11</sup>

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<sup>4</sup> [BMJ 30 April 2020](#)

<sup>5</sup> [NEJM 28 April 2020](#)

<sup>6</sup> [Out-of-Hospital Cardiac Arrest during the Covid-19 Outbreak in Italy.](#) NEJM 29April2020

<sup>7</sup> [Science 21 April 2020](#)

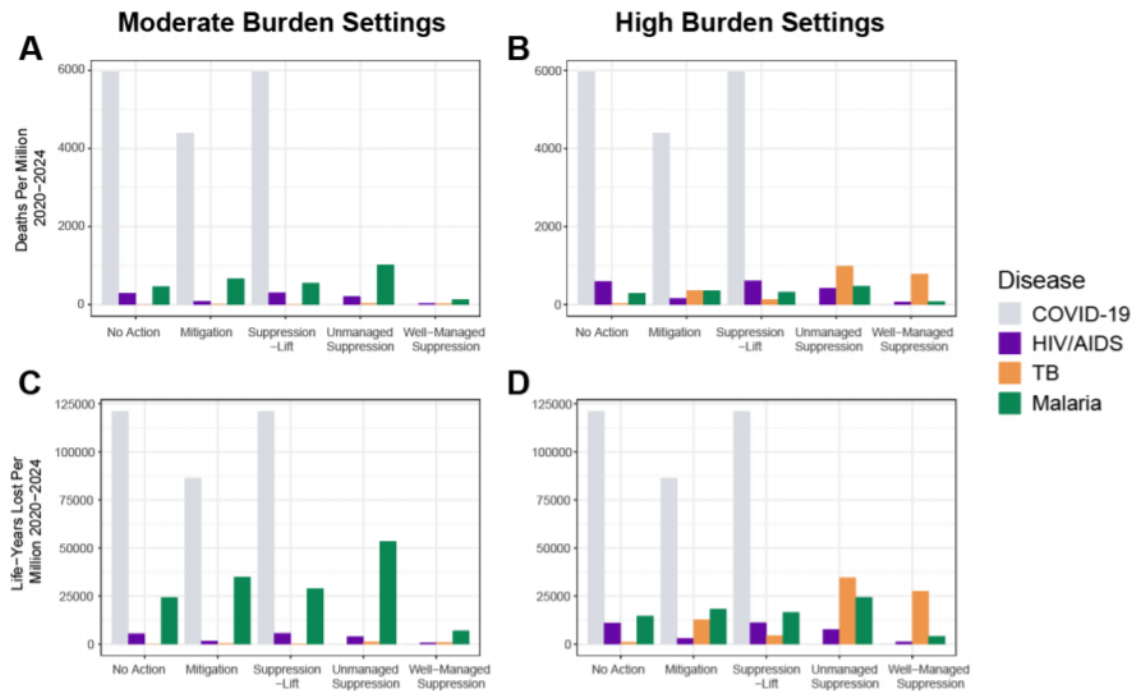
<sup>8</sup> [ICL Report 17.](#) 29 April 2020

<sup>9</sup> [The Lancet 29 April 2020](#)

<sup>10</sup> [Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial.](#) 29 Apr 2020 The Lancet.

<sup>11</sup> [Imperial College of London Report 18.](#) 1 May 2020.

- Recent modeling looking at the **impact of COVID-19 in high burden settings, HIV, TB and malaria related deaths over 5 years** may be increased by up to 10%, 20% and 36%, respectively, compared to if there were no COVID-19 epidemic.<sup>12</sup>



**Figure 9:** Excess deaths (A and B) and life-years lost (C and D) due the epidemic and the disruption during the years 2020-2024, caused by COVID-19 (grey), HIV (purple), TB (yellow) or malaria (green) in each scenario for the COVID-19 epidemic in the 'High Burden' (A and C) and 'Low Burden' settings (B and D).

- IHME** updated modeling for the US suggests there will be an estimated 72,433 cumulative deaths in the first wave of the coronavirus, a slightly lower prediction than earlier models.<sup>13</sup>

### Humanitarian Impacts

- [Responding to COVID-19 guidance for Humanitarian agencies](#) developed by LSHTM and CERAH
- Development of a [humanitarian platform for COVID-19](#) by Johns Hopkins, LSHTM & Geneva Center for Education and Research in Humanitarian Action – designed for collecting evidence and lessons learned from actors on the ground
- Potential future delays for agencies wishing to order and deliver PPE with USAID funding<sup>14</sup>
- Opinion piece highlights the need for humanitarian system to embrace mass testing and contact tracing in locations such as refugee camps rather than try to rapidly scale up clinical response to decrease rate of transmission.<sup>15</sup>
- [Mapping of COVID in Humanitarian settings available here](#)
- [ALNAP launched COVID-19 response portal](#)

### Guidance Launched or Highlighted This week

- [PAHO urges countries to maintain flu vaccination during COVID-19 campaign](#)
  - o [Immunization guidance on immunization in the context of COVID-19](#) (PAHO)
- [WHO Working Group – Solidarity core protocol for therapeutics](#)

<sup>12</sup> [Imperial college of London Report 19](#). 1 May 2020.

<sup>13</sup> <http://www.healthdata.org/covid/updates>

<sup>14</sup> [USAID adds restrictions on foreign funding for COVID-19 response](#)

<sup>15</sup> [COVID-19 response for vulnerable persons and humanitarian settings](#). Lancet 1 May 2020.

- [WHO/Europe publishes considerations for gradual easing of COVID-19 measures](#)
- [Go Data](#)
- [WHO Landscape for Experimental Treatments](#)
- [WHO Strengthening preparedness for COVID-19 in cities and Urban settings](#) (WHO)
- Johns Hopkins Center for Communications Programs launched a [COVID-19 communication network](#). Which contains resources from social behavior change professionals, and the ability to search for resources based on topic.
- [A Joint Statement on medical certificates of seafarers, ship sanitation certificates and medical care of seafarers in the context of the COVID-19 pandemic 22 April 2020](#)
- WHO Regional office resource sites: [WHO AFRO](#), [WHO EMRO](#), [WHO EURO](#), [WHO PAHO](#), [WHO SEARO](#), [WHO WPRO](#)

## Useful Sources

Some additional sources – such as specific journal articles are shared as a foot note and saved to the “Evidence” folder in Teams.

[BMJ COVID-19 resources](#)

[European Centre for Disease Prevention and Control](#)

[Health Map](#)

[Imperial College of London](#)

[ISARIC COVID-19 resources](#)

[Johns Hopkins Center for Health Security](#) and [CSSE](#)

[The Lancet](#)

[LSHTM COVID-19 mapping tool](#)

[New England Journal of Medicine](#)

[Next Strain \(Phylogeny of SARS-CoV-2\)](#)

[Our world in Data](#)

[ProMed](#)

[WHO](#)

[MobLabs](#)

[MobLabs Domestic and international risk of importing a case](#)

[World Meters](#)