Cases by country/territory/area (as of 10 March 6am Gva)

Globally, between 31 Dec 2019 - 10 Mar 2020

- 113,672 confirmed cases
- 4,012 deaths

China

- 80,924 confirmed cases
- 4,794 severe cases
- 3,140 deaths

Outside China

- 32,748 cases from 109 countries/states/territories and 1 international conveyance
- 872 deaths

- 2 countries reported no cases within past 14 days: Nepal, Sri Lanka

Source: WHO Situation dashboard
https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd
New Cases of COVID-19 since 1 February 2020
Critical preparedness, readiness and response actions for COVID-19

Countries could experience 1 or more of the following scenarios at the subnational level:

<table>
<thead>
<tr>
<th>Transmission scenarios</th>
<th>Aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>No cases</td>
<td>Preparedness</td>
</tr>
<tr>
<td></td>
<td>Stop transmission and prevent spread</td>
</tr>
<tr>
<td>Sporadic cases</td>
<td>Preparedness</td>
</tr>
<tr>
<td></td>
<td>Stop transmission and prevent spread</td>
</tr>
<tr>
<td>Clusters of cases</td>
<td>Containment</td>
</tr>
<tr>
<td></td>
<td>Stop transmission and prevent spread</td>
</tr>
<tr>
<td>Community transmission</td>
<td>Mitigation</td>
</tr>
<tr>
<td></td>
<td>Slow transmission and reduce impact</td>
</tr>
</tbody>
</table>
No cases

Clusters of cases

Sporadic cases

Prepare for cases

Slow transmission and reduce impact

Stop transmission and prevent spread.

Stop transmission and prevent spread.

Clusters of cases

Sporadic cases

No cases

Community transmission
Priority areas of work

1. Emergency response mechanisms
2. Risk communication & public engagement
3. Case finding, contact tracing and management
4. Surveillance
5. Public health measures (hand hygiene, respiratory etiquette and social distancing)
6. Laboratory testing
7. Case management
8. Infection prevention and control
9. Societal response (business continuity plans and whole-of-society approach)

COVID-19, older adults and other vulnerable groups
On March 2, of 4,212 confirmed cases, 22 patients have died (0.5%) and 13 patients were male (59.1%). Out of 22 patients, 20 patients (20/22, 90.9%) were 50 or older. The case fatality rate increased with older age. The case fatality rate of persons 50 years or older was higher than that of persons younger than 50 years (1.2% vs. 0.2%).

No. of confirmed cases | 506 | 633 | 834 | 530 | 192 | 81
No. of mortality cases | 1   | 1   | 5   | 6   | 6   | 3
Case fatality rate, %  | 0.2 | 0.2 | 0.6 | 1.1 | 3.1 | 3.7
Age distribution of COVID-19 in the Republic of Korea as of March 2, 2020. (total 4,212)

<table>
<thead>
<tr>
<th>Age group</th>
<th>Confirmed cases</th>
<th>(%)</th>
<th>Deceased</th>
<th>(%)</th>
<th>Cfr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4,212</td>
<td>(100.0)</td>
<td>22</td>
<td>(100.0)</td>
<td>0.5</td>
</tr>
<tr>
<td>0-9</td>
<td>32</td>
<td>(0.8)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10-19</td>
<td>169</td>
<td>(4.0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>20-29</td>
<td>1,235</td>
<td>(29.3)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>30-39</td>
<td>506</td>
<td>(12.0)</td>
<td>1</td>
<td>(4.5)</td>
<td>0.2</td>
</tr>
<tr>
<td>40-49</td>
<td>633</td>
<td>(15.0)</td>
<td>1</td>
<td>(4.5)</td>
<td>0.2</td>
</tr>
<tr>
<td>50-59</td>
<td>834</td>
<td>(19.8)</td>
<td>5</td>
<td>(22.7)</td>
<td>0.6</td>
</tr>
<tr>
<td>60-69</td>
<td>530</td>
<td>(12.6)</td>
<td>6</td>
<td>(27.3)</td>
<td>1.1</td>
</tr>
<tr>
<td>70-79</td>
<td>192</td>
<td>(4.6)</td>
<td>6</td>
<td>(27.3)</td>
<td>3.1</td>
</tr>
<tr>
<td>Above 80</td>
<td>81</td>
<td>(1.9)</td>
<td>3</td>
<td>(13.6)</td>
<td>3.7</td>
</tr>
</tbody>
</table>
The facts:

It is possible for people of any age to be infected with COVID-19.

People with pre-existing medical conditions, like high blood pressure, diabetes, or heart or lung disease are more at risk of severe disease.

Older adults are more at risk of severe COVID-19 disease.

Risk of severe COVID-19 disease gradually increases with age over the age of 40 years.
Key advice for older adults and people with pre-existing conditions

<table>
<thead>
<tr>
<th>Advice</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you have visitors to your home, exchange “1 metre greetings”</td>
<td>like a wave, nod, or bow.</td>
</tr>
<tr>
<td>Ask visitors and those you live with to wash their hands.</td>
<td></td>
</tr>
<tr>
<td>Regularly clean and disinfect surfaces in your home, especially areas</td>
<td>that people touch a lot.</td>
</tr>
<tr>
<td>If someone you live with isn’t feeling well (especially with possible</td>
<td>COVID-19 symptoms), limit your shared spaces.</td>
</tr>
<tr>
<td>If you become ill with symptoms of COVID-19, contact your healthcare</td>
<td>provider by telephone before visiting your healthcare facility.</td>
</tr>
<tr>
<td>Make a plan in preparation for an outbreak of COVID-19 in your</td>
<td>community.</td>
</tr>
<tr>
<td>When you go out in public, follow the same preventative guidelines as</td>
<td>you would at home.</td>
</tr>
<tr>
<td>Stay up to date using information from reliable sources.</td>
<td></td>
</tr>
</tbody>
</table>
COVID-19: HOW TO ADDRESS SOCIAL STIGMA

Evidence clearly shows that stigma and fear around communicable diseases hamper the response

Facts, not fear will stop the spread of novel coronavirus (COVID-19)
Encourage your team and MOH to use the appropriate terminology: “people who have”, “people who are being treated”, “people who have recovered”, “people who died after contracting” COVID-19

Emphasize the effectiveness of prevention and treatment measures as well as early screening, testing and treatment.

Correct misconceptions through clarifying common myths based on local culture.
Spreading the facts (I)

Social media can be very useful for disseminating accurate information by WHO County Offices. Prioritize the collection, consolidation and dissemination of accurate information about affected areas, individual and group vulnerability to COVID-19, treatment options and practical information on where to access health care and information using simple language.

Share sympathetic local narratives; we feel closer to people when we hear their stories from them. Amplify the voices, stories and images of people in your country who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery, and are willing to share their story.

Engage social influencers in your country on prompting reflection about people and health care staff who are stigmatized and how to support them.
Make sure you **portray different ethnic groups**

Promote **ethical journalism** through working with media that displays content around prevention practices and when to seek health care. Share with media in local language the correct information from WHO resources.

**Create** a positive tone with the media that shows care and empathy for all and don’t blame specific individuals for infecting others. This may create stigma and discrimination.
Stigma towards health staff

Some health workers may experience avoidance by their family or community. Encourage workers to stay connected with loved ones including through digital methods if needed to maintain contact. Turn to colleagues, manager or other trusted persons for social support.

Implement a “hero” campaign honoring caretakers and healthcare workers who may be stigmatized. Communicate support and encouragement for those who are on the frontlines of response. Acknowledge the role they play to save lives and keep your loved ones safe through your social media and media statements.

Encourage team leader or managers in a health facility, facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services during stressful times.
The following tools can help you and your team to combat stigma related to COVID-19

**Myth buster**

**Addressing Social Stigma**

**Coping with stress during COVID-19 outbreak**

**Mental Health and Psychosocial Aspects of COVID-19**