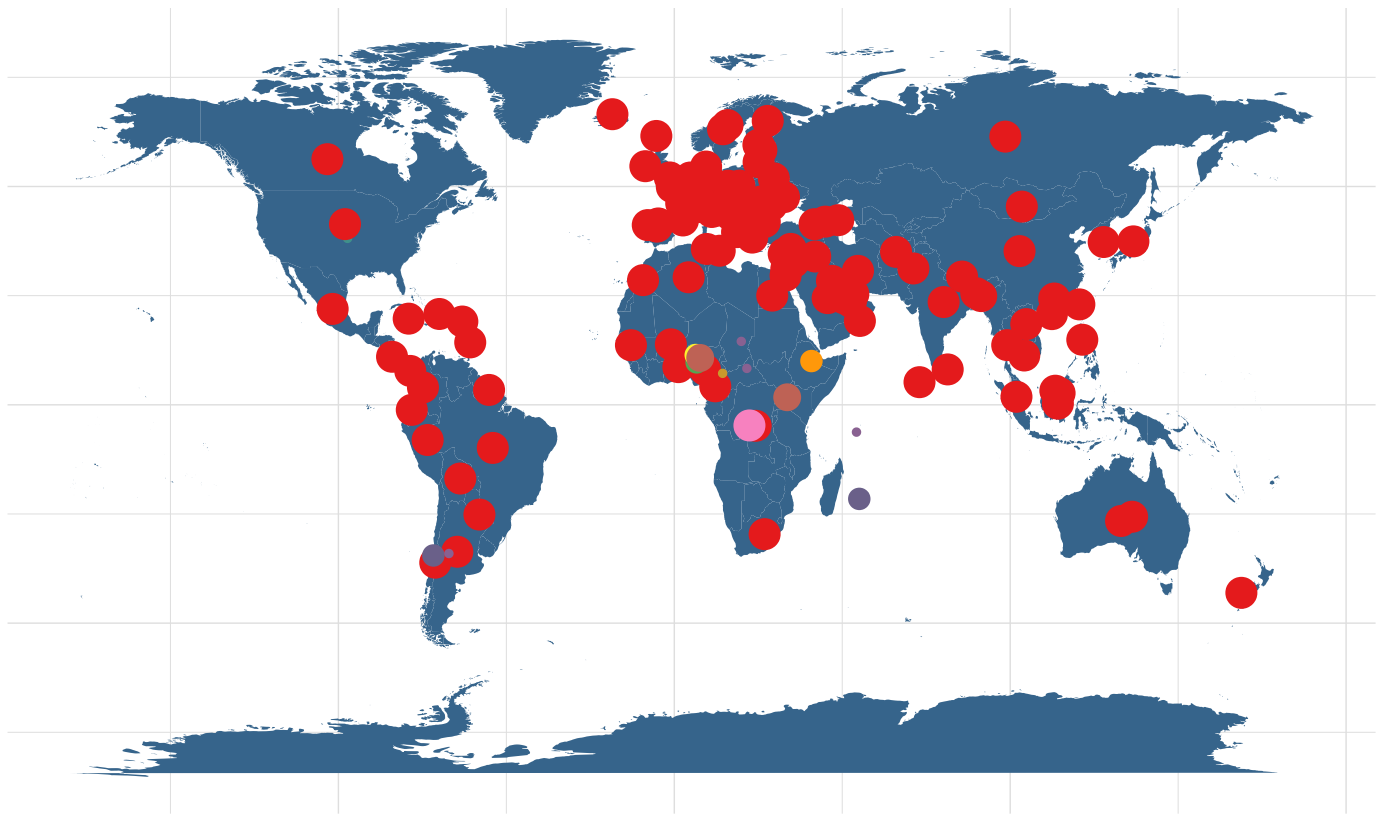




Current Global Outbreaks of Concern

Biweekly Report - 18 March 2020



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| ● 2019 Novel Coronavirus (2019-nCoV) | ● Measles virus | ● Vibrio cholerae |
| ● Dengue virus | ● Monkeypox virus | ● Yellow fever virus |
| ● Hepatitis A virus | ● Poliovirus | ● Zaire ebolavirus |
| ● Lassa virus | ● Rubella virus | |

Figure 1. Current outbreaks monitored by Metabiota's digital surveillance team with activity during 4-17 March 2020. Pathogens are grouped by country with point size proportional to the relative severity of the pathogen and the number of cases in each country. Locations are approximate. For more information see: www.epidemictracker.com

Ebolavirus in North Kivu, DRC

Although the risk of re-emergence remains, *Zaire ebolavirus* activity may have been controlled in the Democratic Republic of the Congo (DRC). On 12 March 2020, the WHO reported that there had been no new confirmed cases in the previous 21 days. As of 12 March 2020, authorities in the DRC have reported 3 444 cases (3 310 confirmed, 134 probable) and

2 264 deaths (2 130 confirmed, 134 probable) in North Kivu, Ituri, and South Kivu provinces. Furthermore, the last known contacts finished observation on 9 March 2020. Extensive surveillance and response activities remain in place to ensure the successful completion of outbreak control activities. If no additional cases are detected, the WHO may declare this outbreak over in early April.

COVID-19 Worldwide

The scope of COVID-19 activity has escalated significantly in the last two weeks. As of 18 March 2020, authorities have reported more than 204 000 confirmed cases worldwide and roughly 8 500 associated deaths worldwide. Since our last biweekly report, more than 80 new countries and territories have reported their first confirmed COVID-19 cases.

Furthermore, sustained local transmission has been observed in a number of countries around the world. Outbreaks have been especially intense in Italy, Iran, and Spain. However, France, Germany, the United States, and many other countries have seen surges in COVID-19 cases without international travel, as well. Widespread local transmission has not yet been reported in Africa, but this is likely due to relatively shortages of test kits rather than the absence of disease activity in that region.

On 11 March 2020 the WHO Director-General reported that confirmed COVID-19 cases outside of China had increased 13-fold since the end of February, and that the number of affected countries had tripled during this period. In response to these developments, the WHO officially declared COVID-19 to be a pandemic on 11 March 2020. This marks the first pandemic caused by a coronavirus.

As international COVID-19 activity has surged in recent weeks, national responses outside China

have also increased in scope and severity. In recent weeks, authorities in France, Italy, and Spain locked down regions experiencing local epidemics in an attempt to control transmission. Moreover, on 17 March 2020 the European Union approved a plan to close its external borders for 30 days. Likewise, officials in the United States have ordered businesses, public venues, and schools to close in a number of major cities. Many national authorities have also warned against non-essential international travel and banned travel to countries experiencing local epidemics. In an attempt to stem the economic impact of these local and international restrictions, US authorities announced a plan to provide so-called business interruption payments to Americans, augment paid sick leave and other benefits, and defer 2019 tax payments for three months.

Despite these international developments, it appears that China was largely successful in interrupting widespread community transmission. Authorities have reported approximately 80 900 confirmed cases and nearly 3 200 deaths in mainland China as of 18 March 2020. However, new cases have dropped to less than 100 per day during March, compared to a high of nearly 2 000 cases per day during late January and early February. Furthermore, Chinese officials reported that nearly 70 000 patients had recovered and been discharged from medical centers. South Korea has also seen a decline in newly reported cases during March.

Sources

The following sources informed reporting in this publication:

1. Hong Kong Centre for Disease Prevention and Control
2. University of Minnesota Center for Infectious Disease Research and Policy
3. US Centers for Disease Control and Prevention
4. World Health Organization