

Executive Summary
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CASE SUMMARY

All data from [WHO](http://www.who.int).

Table 1: Traditional view (ordered by total cases)

LOCATION	TOTAL CASES	CASES SINCE 24 FEB	DEATHS	% DEATHS
Hubei	64,786	702	2,563	3.96%
ML China ex-Hubei	12,994	36	103	0.79%
Korea	977	375	10	1.02%
Italy	229	153	6	2.62%
Japan	157	25	1	0.64%
Iran	62	33	12	19.35%
Singapore	90	1	0	0.00%
Hong Kong	81	11	2	2.47%
Malaysia	22	0	0	0.00%
Thailand	37	2	0	0.00%

Table 2: Ordered by new cases since 24 Feb: Korea ranks 2nd and Italy 3rd

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INTERNATIONAL NEWS

GLOBAL: Since 24 Feb, eight countries have confirmed their first COVID-2019 cases:

- Afghanistan
- Algeria
- Austria
- Bahrain
- Croatia
- Croatia
- Oman
- Switzerland

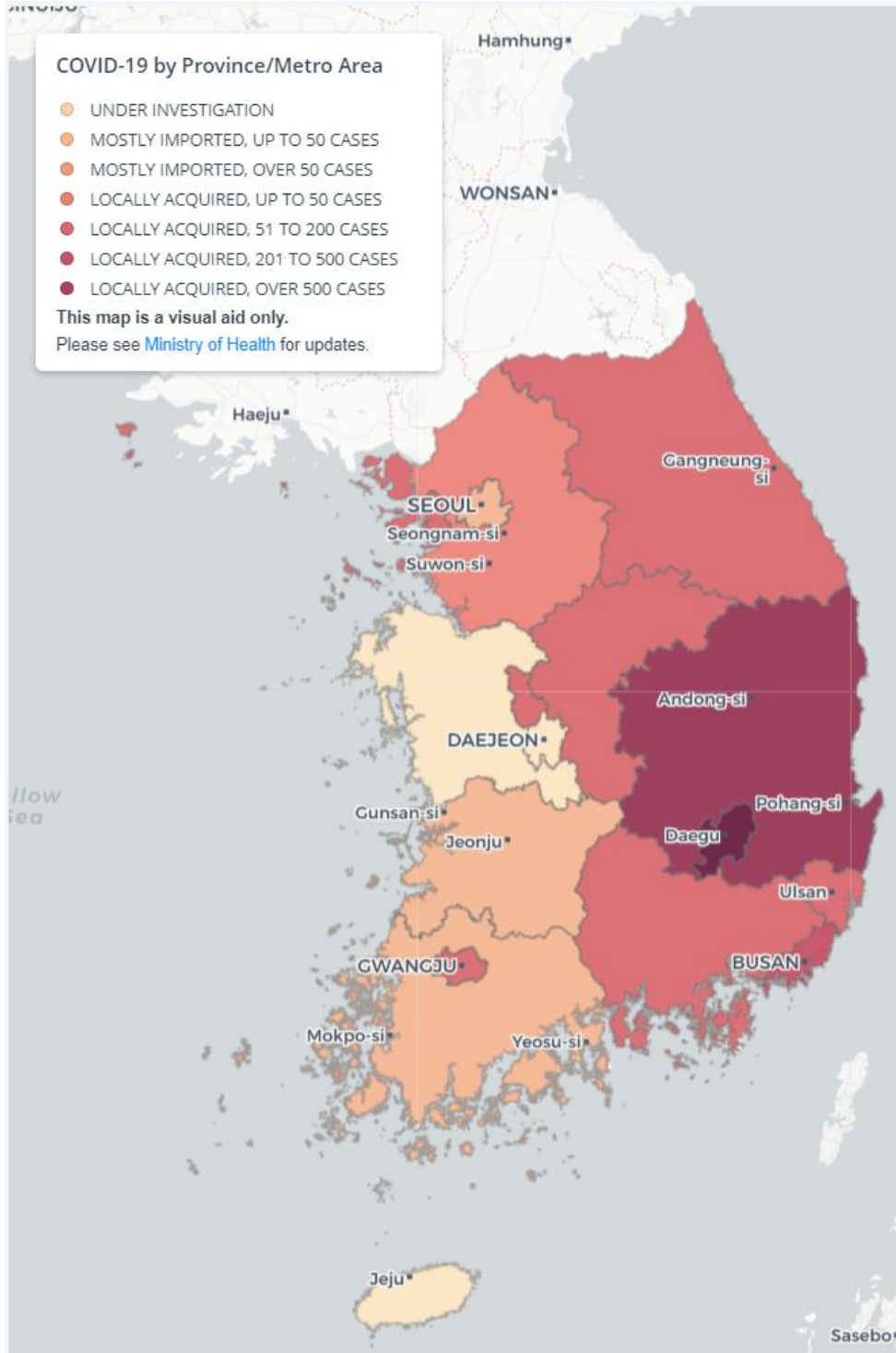
CHINA: Most new cases in Hubei – but stabilizing there also

[News report:](#) Decline in the number of new cases in mainland China, with 406 additional cases reported Wednesday morning, along with 52 deaths. All but five of the new cases and all of the new deaths were in Hubei province.

SOUTH KOREA: More cases expected

[News report:](#) 169 additional cases reported on Wednesday. Total 1,146. Mass testing may increase numbers.

[International SOS map of affected provinces in Korea](#)



ITALY

[News reports](#) Italy has in recent days become Europe's worst-affected country, with more than 300 cases and 11 deaths. Cities in Lombardy and Veneto are in lockdown.

Cases have been exported from Italy to the following countries:

- Algeria
- Austria
- Brazil
- Croatia
- Switzerland

International SOS map of most affected towns in Italy



IRAN

The high apparent mortality rate likely indicates a larger outbreak in Iran with many cases remaining undetected.

Cases in Iran are distributed throughout the country with a concentration Qom.

Cases have been reported from: Tehran, Gilan, Mazandaran, Nishfur, Qeshm, Isfahn, Hamadan, Markazi, and Alborz and Fars provinces.

Cases exported from Iran to the following countries:

- Afghanistan
- Bahrain
- Canada
- Iraq
- Kuwait
- Lebanon
- Oman
- United Arab Emirates

[News reports:](#) The Middle East is in many ways the perfect place to spawn a pandemic.

WHO BRIEFING

Highlights of Director General's [opening remarks](#)

We're encouraged by the continued decline in cases in China. Earlier today the WHO-China joint mission concluded its visit and delivered its report.

- They found that the epidemic peaked and plateaued between the 23rd of January and the 2nd of February, and has been declining steadily since then.
- They have found that there has been no significant change in the RNA of the virus.
- They found that the fatality rate is between 2% and 4% in Wuhan, and 0.7% outside Wuhan.
- They found that for people with mild disease, recovery time is about two weeks, while people with severe or critical disease recover within three to six weeks.
- The team also estimate that the measures taken in China have averted a significant number of cases.

For the moment, we are not witnessing the uncontained global spread of this virus, and we are not witnessing large-scale severe disease or death. Does this virus have pandemic potential? Absolutely, it has. Are we there yet? From our assessment, not yet. So how should we describe the current situation? What we see are epidemics in different parts of the world, affecting countries in different ways and requiring a tailored response. The sudden increase in new cases is certainly very concerning. I have spoken consistently about the need for facts, not fear. Using the word pandemic now does not fit the facts, but it may certainly cause fear.

C.D.C. PLANNING

C.D.C. OFFICIALS WARN OF A CORONAVIRUS OUTBREAK IN THE US

[Federal health officials](#) starkly warned on Tuesday that the new coronavirus will almost certainly spread in the United States, and that hospitals, businesses and schools should begin making preparations.

“It’s not so much of a question of if this will happen anymore but rather more of a question of exactly when this will happen,” Dr. Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases, said in a news briefing.

CDC INTERIM GUIDANCE FOR BUSINESS AND EMPLOYERS

[View the guidance](#)

SO YOU THINK YOU’RE ABOUT TO BE IN A PANDEMIC

Based on an [Article](#) by Ian McKay PHD

The article assumes that that a pandemic will occur at some point and that Wave 1 will impact us, wherever we live, in the coming weeks and months. We don’t know how severe a COVID-19 pandemic will be. We won’t know for sure until we see spread in other countries that document the spread and the illness. It takes two scenarios from the [Australian Health Management Plan for Pandemic Influenza](#).

Scenario one: clinical severity is low

The majority of cases are likely to experience mild to moderate clinical features. People in at-risk groups may experience more severe illness. Strategies to support at-risk groups may be required (e.g. aged care, infants, remote communities). At the peak of the pandemic, and increasingly when transmissibility is higher, primary care and hospital services are likely to be stretched to coping capacity in areas associated with respiratory illness and acute care. The level of impact on the community may be similar to severe seasonal influenza or the 2009 H1N1 pandemic.

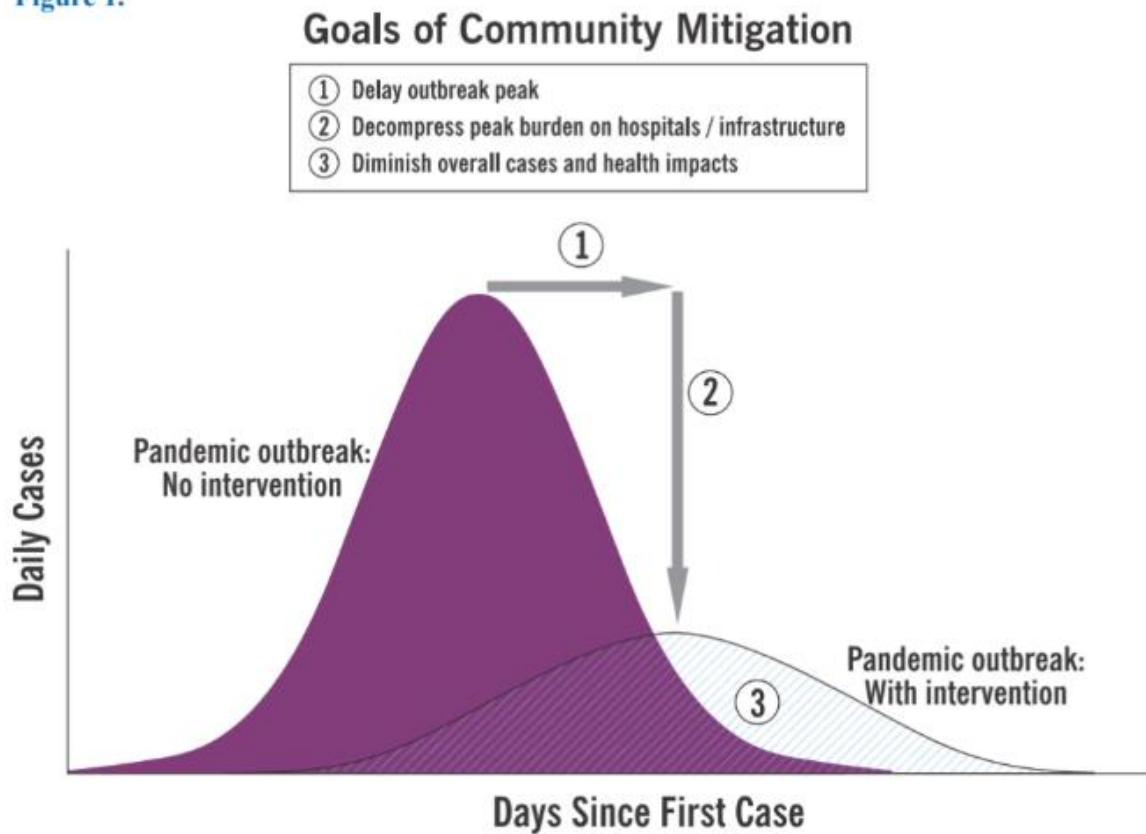
Scenario two: clinical severity is moderate

Young healthy people and people in at-risk groups may experience severe illness. The number of people presenting for medical care is likely to be higher than for severe seasonal influenza and primary care and hospital services will be under severe pressure, particularly in areas associated with respiratory illness and acute care. Non-urgent procedures and activities will need to be scaled back. Surge staffing and alternate models of clinical care, such as flu clinics may need to be employed to cope with increased demands for healthcare. Pressure on health services will be more intense, rise more quickly and peak earlier as the transmissibility of the disease increases. Healthcare staff may themselves be ill or have to care for ill family members, further exacerbating pressures on healthcare providers.

What we might see happen if many get sick

Authorities will try to slow the spread of COVID-19 to prevent hospitals – which are essential to care for the sickest people – from being overloaded. Public gatherings – sports events and concerts – as well as schools and childcare centres, could be postponed or closed. All of which aims to keep people apart, making it harder for the virus to spread quickly. Again, these decisions will differ between places, and may not even have to be made.

Figure 1.



Measures which slow the peak (1) and “flatten the curve” (2) will delay and spread out the pressure on essential healthcare function and supply chains. [3]