

# Critical preparedness, readiness and response actions for COVID-19.

Interim guidance  
7 March 2020



## Background

On 30 January 2020, WHO announced that the COVID-19 outbreak was a Public Health Emergency of International Concern. As of 4 March 2020, cases of COVID-19 have been reported in 77 countries. To date, most cases were reported from China with cases in some other countries among individuals with travel history to China. In February 2020, the number of cases in China declined while the number of cases and countries reporting cases increased.

Several countries have demonstrated that COVID-19 transmission from one person to another can be slowed or stopped. These actions have saved lives and have provided the rest of the world with more time to prepare for the arrival of COVID-19: to ready emergency response systems; to increase capacity to detect and care for patients; to ensure hospitals have the space, supplies and necessary personnel; and to develop life-saving medical interventions. Every country should urgently take all necessary measures to slow further spread and to avoid that their health systems become overwhelmed due to seriously ill patients with COVID-19.

The Strategic Preparedness and Response Plan for COVID-19 aims to:

- Slow and stop transmission, prevent outbreaks and delay spread.
- Provide optimized care for all patients, especially the seriously ill.
- Minimize the impact of the epidemic on health systems, social services and economic activity.

All countries should increase their level of preparedness, alert and response to identify, manage and care for new cases of COVID-19. Countries should prepare to respond to different public health scenarios, recognizing that there is no one-size-fits-all approach to managing cases and outbreaks of COVID-19. Each country should assess its risk and rapidly implement the necessary measures at the appropriate scale to reduce both COVID-19 transmission and economic, public and social impacts.

## Scenarios

WHO has defined four transmission scenarios for COVID-19:

1. Countries with no cases (No Cases);
2. Countries with 1 or more cases, imported or locally detected (Sporadic Cases);
3. Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases);
4. Countries experiencing larger outbreaks of local transmission (Community transmission).

Countries could experience one or more of these scenarios at the sub-national level and should adjust and tailor their approach to the local context.

Countries should prepare to respond to all of the transmission scenarios, following the framework laid out in the [Strategic Preparedness and Response Plan for COVID-19](#). Prioritization and focus of resources for each technical area will depend on which transmission scenario(s) a country is managing.

COVID-19 is a new disease that is distinct from other SARS, MERS and influenza. Although coronavirus and influenza infections may present with similar symptoms, the virus responsible for COVID-19 is different with respect to community spread and severity. There is still much to discover about the disease and its impact in different contexts. Preparedness, readiness and response actions will continue to be driven by rapidly accumulating scientific and public health knowledge.

The Table describes the preparedness, readiness and response actions for COVID-19 for each transmission scenario. Hyperlinks to existing WHO Technical Guidance are provided.

All technical guidance for WHO can be found here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

**Table 1. Critical preparedness, readiness and response actions for each transmission scenario for COVID-19**

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
<b>Transmission scenario</b>	No reported cases	One or more cases, imported or locally acquired.	Most cases of local transmission linked to chains of transmission.	Outbreaks with the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
<b>Aim</b>	Stop transmission and prevent spread.	Stop transmission and prevent spread	Stop transmission and prevent spread.	Slow transmission, reduce case numbers, end community outbreaks.
<b>Priority areas of work</b>				
<b>Emergency response mechanisms.</b>	Activate <a href="#">emergency response</a> mechanisms.	Enhance <a href="#">emergency response</a> mechanisms.	Scale up <a href="#">emergency response</a> mechanism.	Scale up <a href="#">emergency response</a> mechanism
<b>Risk communication and public engagement.</b>	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .	Educate and actively communicate with the public through <a href="#">risk communication and community engagement</a> .
<b>Case finding, contact tracing and management.</b>	Conduct <a href="#">active case finding</a> , contact tracing and monitoring; <a href="#">quarantine of contacts</a> and isolation of cases.	Enhance <a href="#">active case finding</a> , contact tracing and monitoring; <a href="#">quarantine of contacts</a> and isolation of cases.	Intensify <a href="#">case finding</a> , contact tracing, monitoring, <a href="#">quarantine of contacts</a> , and isolation of cases.	Continue contact tracing where possible, especially in newly infected areas, <a href="#">quarantine of contacts</a> , & isolation of cases; apply self-initiated isolation for symptomatic individuals.
<b>Surveillance</b>	Consider testing for COVID-19 using existing respiratory disease surveillance systems and hospital-based surveillance.	Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance.	Expand COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance.	Adapt existing surveillance systems to monitor disease activity (e.g. through sentinel sites).
<b>Public health measures.</b>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>	<a href="#">Hand hygiene, respiratory etiquette, practice social distancing.</a>

<b>Laboratory testing</b>	<a href="#">Test suspect cases per WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	<a href="#">Test suspect cases per WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	<a href="#">Test suspect cases per WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	<a href="#">Test suspect cases per WHO case definition</a> and symptomatic contacts of probable/confirmed cases; test patients identified through respiratory disease surveillance. If testing capacity is overwhelmed prioritize testing in health care settings and vulnerable groups. In closed settings test only the first symptomatic suspect cases.
<b>Case management</b>	<a href="#">Prepare to treat patients</a> , Ready hospitals for potential surge	<a href="#">Treat patients</a> and ready hospitals for surge; develop triage procedures	<a href="#">Treat patients</a> and ready hospitals for surge; enhance triage procedures; activate surge plans for health facilities	Prioritize <a href="#">care</a> and activate triage procedures. Scale up surge plans for health facilities (designate referral hospitals, defer elective procedures)
	Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health systems	Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system	Activate surge plans for health facilities (designate referral hospitals, defer elective procedures)	Implement self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health systems
<b>IPC</b>	Train staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19	Train staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19	Train staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19	Retrain staff in <a href="#">IPC</a> and <a href="#">clinical management</a> specifically for COVID-19
	Prepare for surge in health care facility needs, including respiratory support and PPE	Prepare for surge in health care facility needs, including respiratory support and PP	Advocate for <a href="#">home care for mild cases</a> , if health care systems are overwhelmed, and identify referral systems for high risk groups	Implement health facilities surge plans
<b>Societal response</b>	Develop all-of-society and business continuity plans	Implement all-of-society, repurpose government and ready business continuity plans	Implement all-of-society resilience, repurpose government, business continuity, and community services plans	Implement all-of-society resilience, repurpose government, business continuity, and community services plans

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