

COVID-19 Key COVID-19 metrics based on the latest available science – as of 10 April 2020

SURVEILLANCE CASE DEFINITIONS ([WHO](#) UPDATED 20 MARCH)

Suspect case

- A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;
OR
- A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;
OR
- A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable case

- A suspect case for whom testing for the COVID-19 virus is inconclusive
OR
- A suspect case for whom testing could not be performed for any reason.

Confirmed case

- A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

EPIDEMIOLOGY (BEST ESTIMATES BASED ON MULTIPLE SOURCES, AVAILABLE UPON REQUEST IF NOT LISTED)

Transmission

- Basic Reproductive Ratio: R_0 estimate: 2-2.5 (1.4-3.3) (multiple)
- Effective Reproduction number: varies greatly by country ([LSHTM estimates](#), [IC forecast](#))
- Secondary attack rate (household/close contact): 7-15% (0.45%-35%) (multiple)
- Risk of transmission is greatest when patients are symptomatic since viral shedding is greatest at the time of symptom onset and declines over the course of several days to weeks. ([US CDC](#))
- Viral loads from 14 patients peaked between days 0-3 after symptom onset ([Zou et al.](#))
- The proportion of SARS-CoV-2 transmission due to asymptomatic or pre-symptomatic infection compared to symptomatic infection is unclear ([US CDC](#))
- Precautions: WHO continues to recommend droplet and contact precautions for those people caring for COVID-19 patients. WHO continues to recommend airborne precautions for circumstances and settings in which aerosol generating procedures and support treatment are performed ([WHO](#))

Clinical findings

Incubation period

- Estimates of median incubation period are 5-6 days with a range from 0-14 days ([WHO](#))
- 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days of SARS-CoV-2 infection ([Lauer et al](#))

Clinical presentation

- Signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease, most persons with COVID-19 will experience the following ([US CDC](#)):
 - Fever (83–99%)
 - Cough (59–82%)
 - Fatigue (44–70%)
 - Anorexia (40–84%)
 - Shortness of breath (31–40%)
 - Sputum production (28–33%)
 - Myalgias (11–35%)
- 81% of cases are mild or moderate (including outpatient pneumonia), 14% severe, and 4% critical ([China CDC Weekly](#))
- Proportion of asymptomatic infection (5-80%) ([CEBM – 21 reports](#))
- There are no data concerning the possibility of re-infection with SARS-CoV-2 after recovery from COVID-19 ([US CDC](#))

Clinical course

- Among patients who developed severe disease ([US CDC](#)),
 - the median time to dyspnea ranged from 5 to 8 days,
 - the median time to acute respiratory distress syndrome (ARDS) ranged from 8 to 12 days, and
 - the median time to ICU admission ranged from 10 to 12 days.
- 17.8 days (95% CI 16.9-19.2) mean duration from onset of symptoms to death ([Verity et al](#))
- 24.7 day (95% CI 22.9-28.1) mean duration from symptoms to hospital discharge ([Verity et al](#))
- Median duration from ICU admission to death was 7 days for non-survivors ([Yang et al.](#))

Diagnostic testing

- Detection of SARS-CoV-2 viral RNA is better in nasopharynx samples compared to throat samples ([US CDC](#))
- Lower respiratory samples may have better yield than upper respiratory samples ([US CDC](#))
- SARS-CoV-2 RNA has also been detected in stool and blood. Detection of SARS-CoV-2 RNA in blood may be a marker of severe illness ([US CDC](#))
- Viral RNA shedding may persist over longer periods among older persons and those who had severe illness requiring hospitalization. (median range of viral shedding among hospitalized patients 12–20 days) ([US CDC](#))
- Viral shedding appears before symptom onset and is highest in the first week of symptom onset then declines with time ([To et al](#), [He et al](#), [ECDC](#))
- Infection with both SARS-CoV-2 and with other respiratory viruses has been reported, and detection of another respiratory pathogen does not rule out COVID-19([US CDC](#))

Case fatality rate (CFR)

- Global observed CFR 6.2% as of 11 April 2020 ([ECDC](#)) an overestimate due to undetected cases (mild, presymptomatic, asymptomatic)
- Estimate true infection fatality rate (IFR) (accounts for undetected cases): 0.6-1% (multiple, most recent [Verity et al](#))

TREATMENT

No robust evidence of effective COVID-19 therapies

- Give supplemental oxygen therapy immediately to patients with SARI and respiratory distress, hypoxemia or shock and target > 94% ([WHO](#))
- Give empiric antimicrobials to treat all likely pathogens causing SARI and sepsis as soon as possible, within 1 hour of initial patient assessment for patients with sepsis ([WHO](#))
- Do not routinely give systemic corticosteroids for treatment of viral pneumonia outside of clinical trials ([WHO](#))
- Use of investigational anti-COVID-19 therapeutics should be done under ethically approved, randomized, controlled trials ([WHO](#))
- No specific treatment for COVID-19 is currently FDA approved. No FDA-approved drugs have demonstrated safety and efficacy in randomized controlled trials for patients with COVID-19 ([US CDC](#))

Selected current candidate treatments being evaluated ([Article](#))

- Inhibition of SARS-CoV-2 fusion/entry
 - Recombinant human ACE2, camostat mesylate, baricitinib, arbidol, chloroquine phosphate, hydroxychloroquine
- Disruption of SARS-CoV-2 replication
 - remdesivir, favipiravir, lopinavir/ritonavir, arbidol
- Suppression of excessive inflammatory response
 - tocilizumab
- Convalescent plasma

ENVIRONMENT

Temperature

- Emerging non-peer reviewed evidence appears to suggest that weather conditions may influence the transmission of the novel coronavirus (SARS-CoV-2), with cold and dry conditions appearing to boost the spread. This phenomenon may manifest itself through two mechanisms: the stability of the virus and the effect of the weather on the host. The weather effect is minimal, and all estimates are subject to significant biases reinforcing the need for robust public health measures ([Oxford](#))

- Epidemic peak could shift to winter in temperate countries. Seasonal changes in transmission rate could shift the timing of the peak into winter months, which will have important implications for healthcare capacity planning ([Danon](#))

Fomites

- Survival of SARS-CoV-2 in a controlled setting: ([NEJM](#))
 - 72 hours after application to plastic, 48 hours on stainless steel, 24 hours on cardboard and 4 hours on copper
- In one study in Singapore, one cluster of COVID-19 involved likely contact transmission on a church seat (captured by close-circuit camera) ([MMWR](#))

PANDEMIC SEVERITY ASSESSMENT FRAMEWORK UPDATE:

