

COVID-19 Key COVID-19 metrics based on the latest available science – as of 8 May 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)

Glossary of epidemiologic terms ([IDM](#))

Transmission

- [Basic Reproduction Number](#): R_0 estimate: 2-3 (1.4-5.7) (multiple)
 - [Effective Reproduction Number](#): R_t estimates: [LSHTM](#), [Rtlive](#) (US-focused), [Hong Kong](#)
- Effective Reproduction number: varies greatly by country and time ([LSHTM estimates](#))
- Doubling time without intervention: 6-9 days ([IDM](#))
- Secondary attack rate (household/close contact): 3-35% (multiple)
- Risk of transmission is potentially greatest two days before symptom onset ([He et al](#)) and high early in development of symptoms 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](#))

Incubation period

- Estimates of median incubation period are 4-5 days with a range from 0-14 days ([CDC](#))
- 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 – combined estimate from 21 reports](#))
 - Varies by setting
 - [Diamond Princess](#) 18%
 - [Vo, Italy](#) 50-75%
 - [Japanese nationals evacuated from Wuhan](#) 31%
 - [Residents of a Long-Term Care Nursing Facility King County, Washington](#) 57% (includes pre-symptomatic, total 13% asymptomatic throughout)
 - [Children in China](#) 28% (10/36 children)

Clinical course

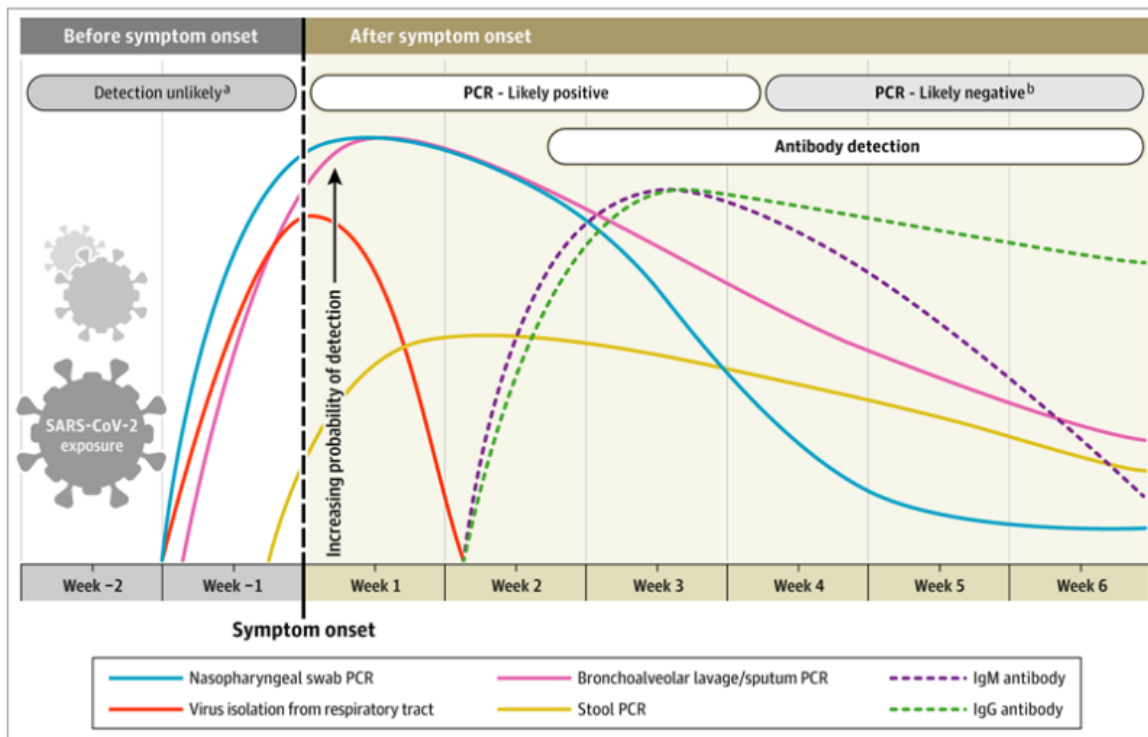
- Among patients who developed severe disease ([US CDC](#)),

- 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 seven 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)

Figure. Estimated Variation Over Time in Diagnostic Tests for Detection of SARS-CoV-2 Infection Relative to Symptom Onset



Estimated time intervals and rates of viral detection are based on data from several published reports. Because of variability in values among studies, estimated time intervals should be considered approximations and the probability of detection of SARS-CoV-2 infection is presented qualitatively. SARS-CoV-2 indicates severe acute respiratory syndrome coronavirus 2; PCR, polymerase chain reaction.

^aDetection only occurs if patients are followed up proactively from the time of exposure.

^bMore likely to register a negative than a positive result by PCR of a nasopharyngeal swab.

Source: <https://jamanetwork.com/journals/jama/fullarticle/2765837>

Case fatality rate (CFR) / Infection fatality rate (IFR)

- Global observed CFR 7.1% as of 8 May 2020 (ECDC) is an overestimate due to undetected cases (mild, presymptomatic, asymptomatic)

- In China, the CFR was higher in the early stages of the outbreak (17% for cases from 1 to 10 January) and reduced to 0.7% for patients with symptom onset after 1 February ([link](#))
- Estimate true infection fatality rate (IFR) (accounts for undetected cases): 0.1-1.3% (multiple, most recent [Oxford](#))
 - Age specific IFRs ([Rinaldi et al](#))
 - Under 60 years - 0.05% (95% CI 0-0.19%)
 - 60 and above - 4.25% (3.01-6.39%)
 - US IFR estimate 1.3% (0.6-2.1%) ([Health Affairs](#))

TREATMENT

Limited 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](#))
- Preliminary evidence suggests remdesivir is effective at reducing the duration of COVID-19 illness, more data is needed to confirm this result ([NIH](#))
- [NIH COVID-19 treatment guidelines](#)

ENVIRONMENT

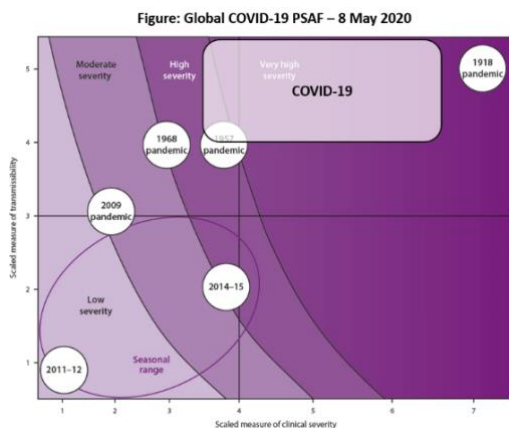
Temperature

- 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](#))

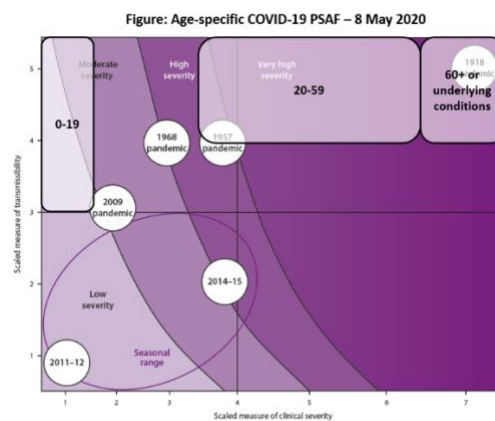
Fomites

- 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
- Study of hospital wards in Wuhan, China tested air and surface samples. Virus was widely distributed on floors, computer mice, trash cans, and sickbed handrails and was detected in air ≈4 m from patients ([EID](#))

PANDEMIC SEVERITY ASSESSMENT FRAMEWORK UPDATE:



Overall



By age group