



“We know the coronavirus pandemic can be turned around, with determined action. We agree that now is a time for solidarity, unity, commitment, collaboration & mutual support.” - WHO DG, Dr. Tedros Adhanom Ghebreyesus

Highlight

- A total of 72,787 (3,003 today) confirmed cases from 21 countries in the East Mediterranean Region and total deaths are at 3,945 (164 today).
- Lebanon is still in level 3 of COVID 19 transmission scenarios “Lebanon is experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases)”.
- The first two planes bringing home Lebanese expatriates from Abu Dhabi and Riyadh arrived today.
- With the support of DFID, WHO delivered the first of a number of ventilators and portable X-ray to RHUH on 3 April 2020.



Global update

as per [WHO dashboard](#) 05 April 2020 at 9pm

Globally cases	1,133,758 (82,123 new)
Countries, areas or territories with cases	208 countries (1 new)
Total deaths (CFR: 3.4%)	62,784 (12,459 new)
Confirmed cases in China	82,930 (55 new)
Confirmed cases in USA	273,808 (32,105)
Confirmed cases in Spain	124,736 (7,026)
Confirmed cases in Italy	124,632 (4,805)
WHO RISK ASSESSMENT Global Level - Very High	

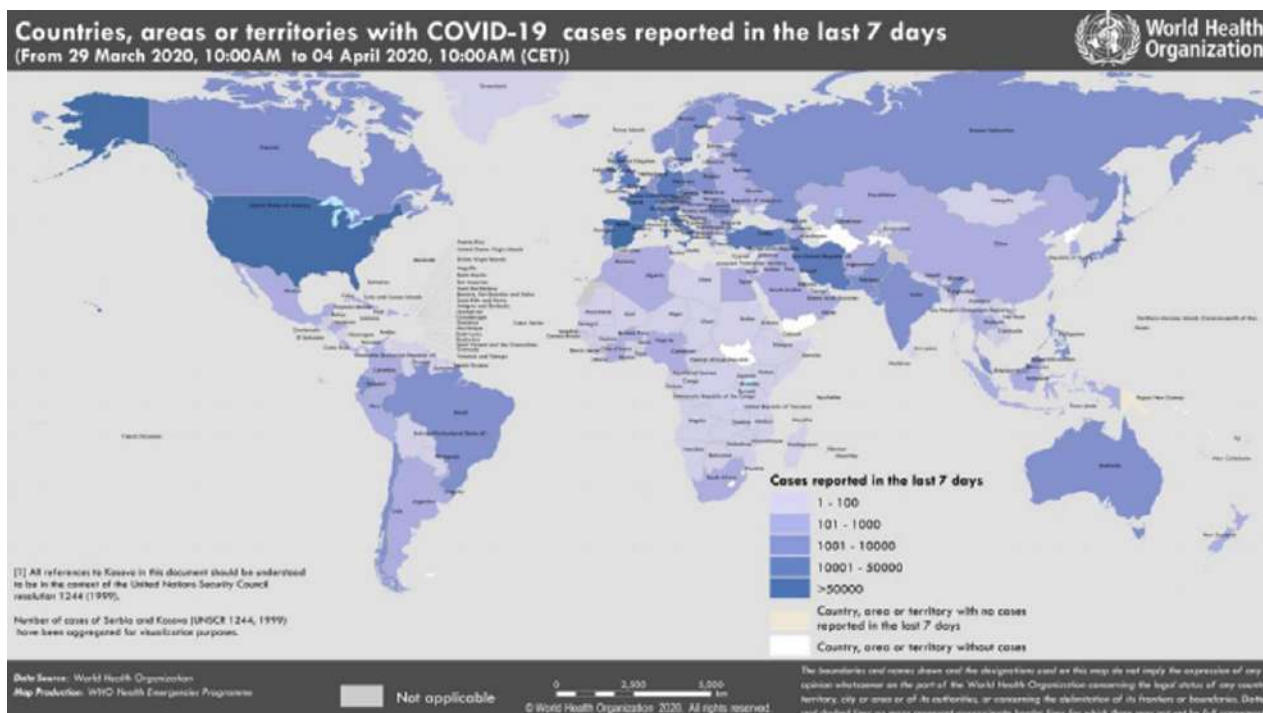


Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 4 April 2020

Distribution of COVID-19 cases as reported by the Epidemiological Surveillance Unit at the MOPH dashboard at 4pm

Figure 1: Cases by age group

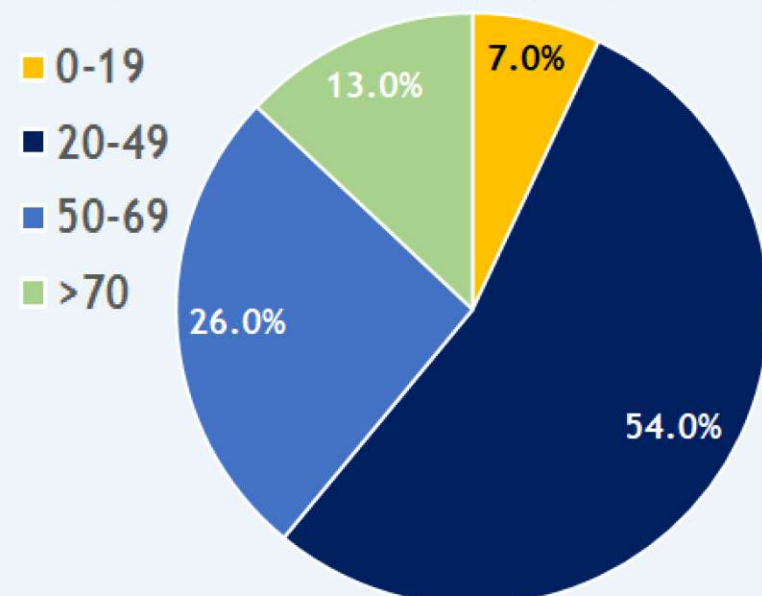


Figure 2: Cases by source of exposure

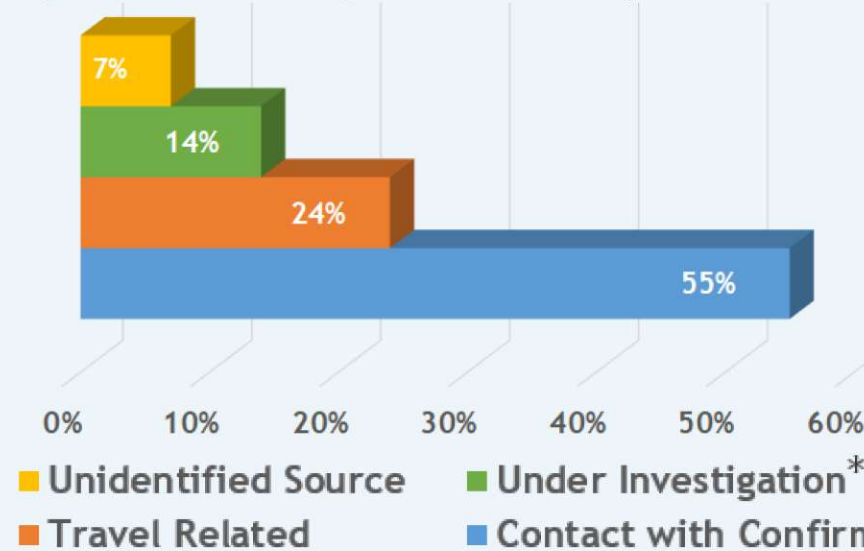


Figure 3: Cases by clinical presentation

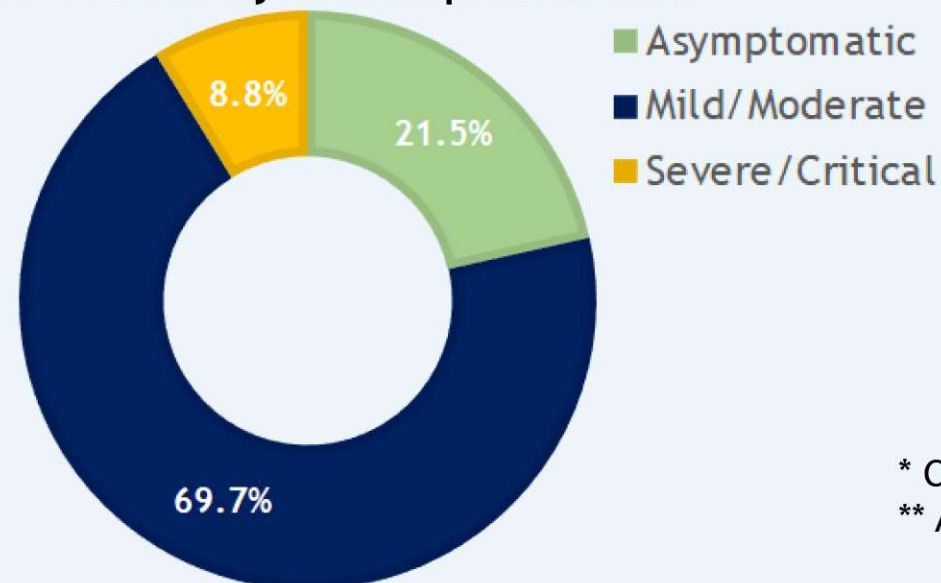


Figure 4: Cases by date of confirmation

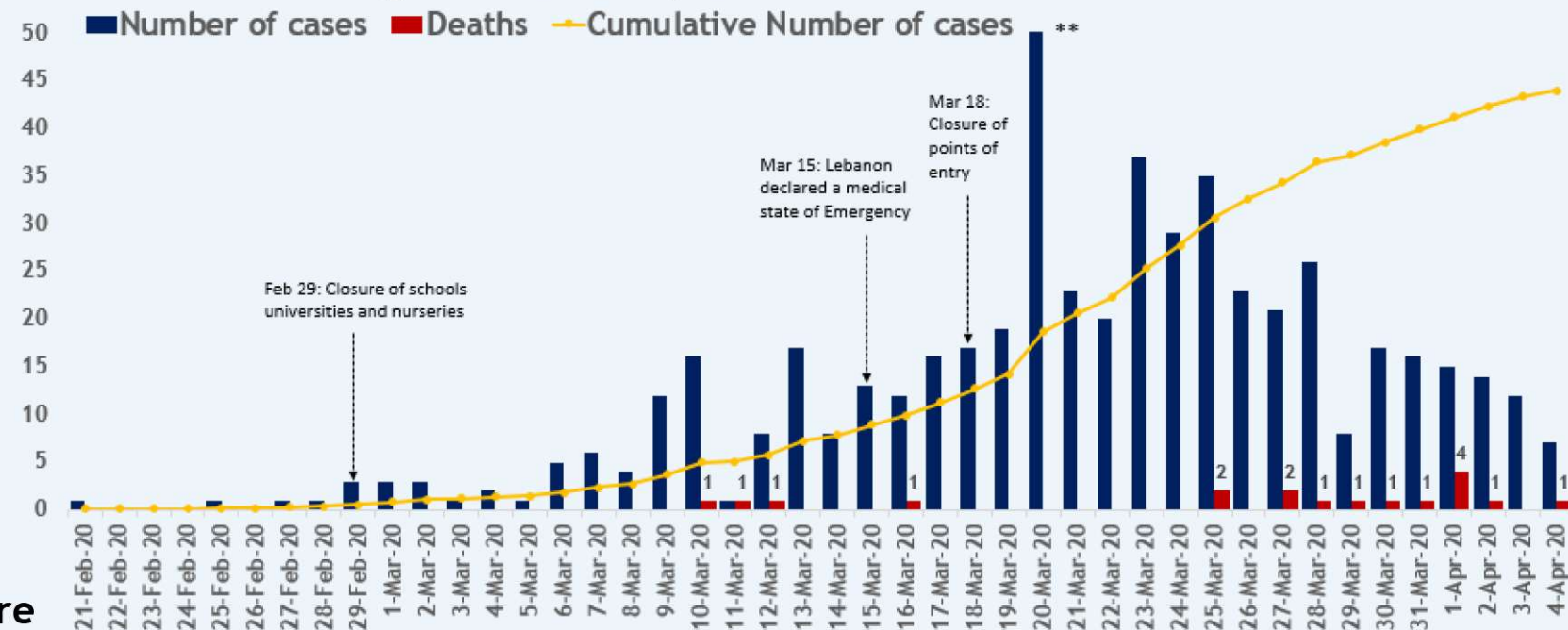


Table 1: Distribution of fatalities by age group

Age (years)	Deaths (n)	CFR
<10y	0	0.0%
10-19y	0	0.0%
20-29y	0	0.0%
30-39y	0	0.0%
40-49y	1	1.2%
50-59y	4	5.2%
60-69y	3	5.3%
70-79y	6	15.8%
80+y	4	14.8%
Total	18	3.4%

* Cases under investigation have not yet been classified by exposure

** Addition of new reporting laboratories

527 Cumulative cases of COVID-19

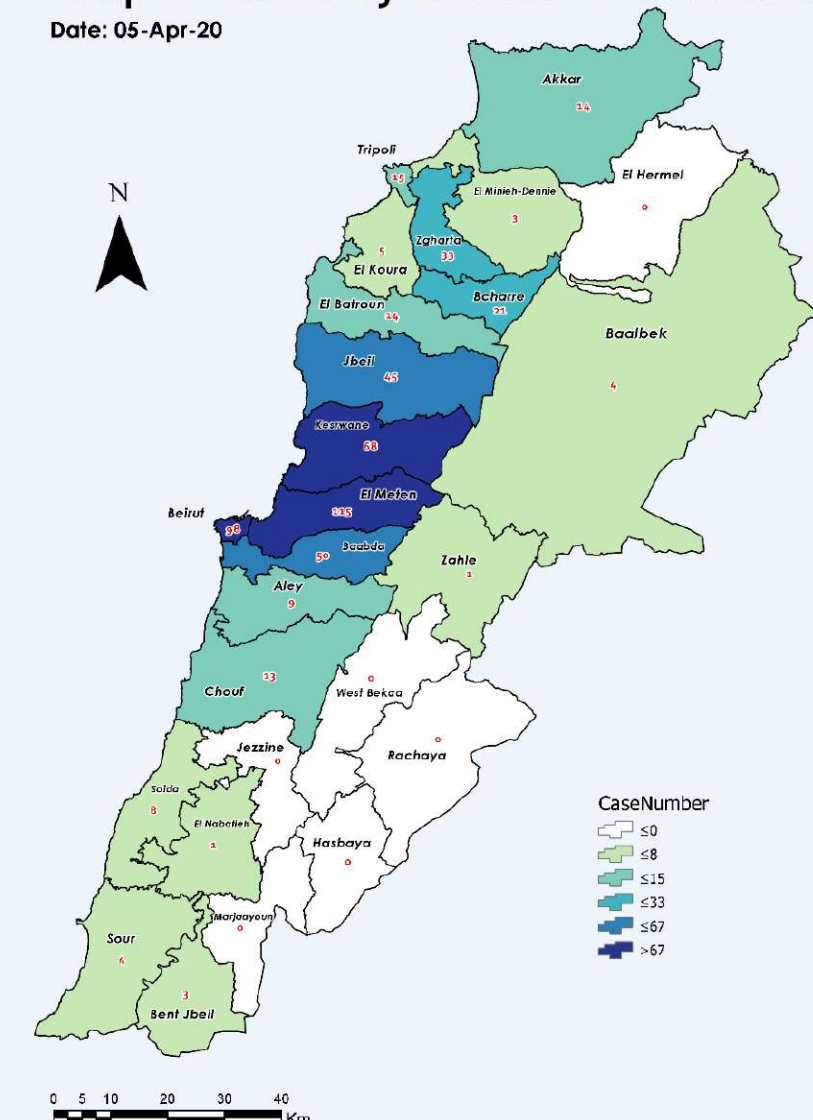
- 7 new cases
- 48 healthcare workers
- 18 associated deaths

Call center:

- 4190 Cumulative calls received
- 313 referred to RHUH

Map 1 : Cases by district of residence

Date: 05-Apr-20





Can people who do not have symptoms (asymptomatic) spread COVID-19?

Can people who do not have symptoms spread COVID-19?

There are reports of transmission in the pre-symptomatic period; which is on average 5-6 days between infection and developing actual symptoms

- Common symptoms of COVID-19 disease are dry cough, fever and fatigue. People with mild symptoms may think they have another infection such as a common cold. Additional symptoms such as loss of smell, loss of taste and red eyes have been reported in some COVID-19 patients
- Studies show that the viral load in COVID-19 patients is highest at symptom onset, or shortly afterwards. It is possible that patients could be infectious immediately before symptom onset^{1,2}; however the extent of transmission in the presymptomatic phase is not yet known
- COVID-19 spreads through respiratory droplets that can land on people who are less than 1 meter away. People with respiratory symptoms such as a cough, are more likely to transmit the disease than pre-symptomatic people

What is known about the transmission of COVID-19 via the faecal/oral route?

As yet, we have no evidence of COVID-19 transmission via the faecal/oral route

- Some studies have shown contamination of toilets with viral RNA from the COVID-19 virus and viral RNA has been detected in feces; however to date, there have not been reports of faecal-oral transmission of COVID-19
- There is no evidence to date, on survival of the COVID-19 virus in water or sewage. Based on its structure, it probably does not survive long

What is the role of children and adolescents in the transmission of COVID-19?

Children and adolescents can be infected and spread COVID-19

- Evidence suggests that children tend to have milder disease than adults^{1,2}
- Reports indicate that young children are as likely to be infected as adults^{1,2}
- Children and adults should follow the same guidance on self-isolation if there is a risk they have been exposed or are showing symptoms. It is particularly important that children avoid contact with older people and others who are at risk of more severe disease.

WHO Guides

Recommendations to countries to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus. [Click here](#).

Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations. [Click here](#)

Protect others from getting sick

When coughing and sneezing
cover mouth and nose with
flexed elbow or tissue



Throw tissue into closed bin
immediately after use

Clean hands with alcohol-based
hand rub or soap and water
after coughing or sneezing and
when caring for the sick





Two studies: Transmission of COVID-19

STUDY NO. 1	STUDY NO. 2
Air, surface, environmental and protective equipment contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) from a symptomatic patient. Ong SWX, Tan YK, Chia PY et al. JAMA, March 4 2020. DOI:10.1001/JAMA.2020.3227	Aerosol and surface stability of SARS-CoV-2 [COVID-19 virus] as compared with SARS-CoV-1. Van Doremalen N, Morris DH, Holbrook MG et al. NEJM. 17 March 2020. DOI: 10.1056/NEJMc2004973
Setting: The individual hospital rooms of 3 symptomatic COVID-19 patients in Singapore	Setting: Experiment in a research laboratory.
Investigation: Swabs taken from surfaces in the room (including tables, lockers, light switches, door handles, toilet and sinks, chairs and handrails) both before and after routine cleaning with a chlorine solution were tested. Air was collected for testing using special samplers.	Investigation: Virus grown in laboratory cultures was placed on a variety of surfaces (plastic, stainless steel, copper and cardboard). Surfaces were swabbed at different time points and tested for live virus. Special laboratory equipment was used to create very fine sprays (liquid particles less than 5 microns in size) that can hang in the air.
Findings: There was extensive contamination of surfaces prior to cleaning but swabs were negative after cleaning. All air samples were negative.	Findings: Under these favorable laboratory conditions COVID-19 virus could survive for up to 72 hours on plastic and stainless steel, up to 24 hours on cardboard and up to 4 hours on copper. It could also survive for up to three hours in aerosols.
Conclusion: COVID-19 is spread through droplet transmission - respiratory droplets that are relatively heavy, do not travel far and fall quickly to the ground or other surfaces. Extensive contamination of the environment can occur however, chlorine-based disinfectant is effective at cleaning surfaces. Although airborne spread seems to be unlikely in normal circumstances further evidence is needed before it is considered an insignificant route of transmission.	Conclusion: Given the right environmental conditions, COVID-19 virus can survive for long periods on certain surfaces and in fine aerosols that are sometimes produced during advanced medical procedures. Special precautions are needed for these aerosol-generating procedures.

Useful Links

- WHO real time [dashboard](#)
- WHO [COVID-19 page](#)
- Protect yourself ([English/Arabic](#))
- Q&A ([English/Arabic](#))
- WHO Lebanon [website](#)
- WHO Lebanon [Facebook](#) [Twitter](#) [Instagram](#)

Important numbers

- MOPH Hotline 1214
- Airport quarantine section 01-629352
- Preventive medicine center 01-843769 | 01830300
- **Call Centre 01-594459**

- Preventive medicine center 01-843769 | 01-830300
- Call Centre 76-592699
- Epidemiological Surveillance Unit
01-614194 | 01-614196