

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

Interim guidance  
19 March 2020



This document is an update to the interim guidance document entitled 'Critical preparedness, readiness and response actions for COVID-19.' This version provides updated links to WHO guidance materials and provides the full list of WHO technical guidance available for COVID-19.

## Background

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 their health systems becoming overwhelmed as a result of 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, 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 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 WHO Technical Guidance are provided.

All technical guidance for WHO can be found on the [WHO website](#).

**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> mechanisms.	Scale up <a href="#">emergency response</a> mechanisms.
<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> , and 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>	Test suspect cases per <a href="#">WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per <a href="#">WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per <a href="#">WHO case definition</a> , contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per <a href="#">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 the first symptomatic suspect cases.

<b>Case management strategy</b>	Set up screening and triage protocols at all points of access to the health system; Prepare to <a href="#">treat</a> COVID-19 affected patients; Set up COVID-19 hotline and referral system; Ready hospitals for potential surge.	Screen and triage patients at all points of access to the health system; <a href="#">Care</a> for all suspected and confirmed patients according to disease severity and acute care needs; Ready hospitals for surge; Ready communities for surge, including by setting up community facilities for isolation of mild/moderate cases.	Screen and triage patients at all points of access to the health system; <a href="#">Care</a> for all suspected and confirmed patients according to disease severity and acute care needs; Activate surge plans for health facilities.	Screen and triage patients at all points of access to the health system; <a href="#">Care</a> for all suspected and confirmed patients according to disease severity and acute care needs; Scale up surge plans for health facilities and ad-hoc community facilities, including enhancement of COVID-19 referral system.
<b>Case management recommendations by case severity and risk factors</b>	<p>Test suspect COVID-19 cases according to diagnostic strategy.</p> <p>Mild cases and moderate cases with no risk factors:</p> <p>Isolation/cohorting in:</p> <ul style="list-style-type: none"> <li>• Health facilities, if resources allow;</li> <li>• Community facilities (i.e. stadiums, gymnasiums, hotels) with access to rapid health advice (i.e. adjacent COVID-19 designated health post, telemedicine);</li> <li>• Self-isolation at home according to WHO guidance</li> </ul> <p>For moderate cases with risk factors, and all severe/critical cases: Hospitalization (in-patient treatment), with appropriate isolation and cohorting.</p>			
<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 PPE.	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 resilience, 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.

## WHO Technical Guidance for COVID-19

### Country-level coordination, planning, and monitoring

- [Draft operational planning guidance for UN country teams](#)
- [COVID-19 Partners Platform based on Operational Planning Guidance.](#)
- [Training modules: Operational Planning Guidelines and COVID-19 Partners Platform.](#)
- [National capacities review tool for a novel coronavirus](#)

### Surveillance, rapid response teams, and case investigation

- [Global Surveillance for human infection with coronavirus disease \(COVID-19\).](#)
- [Considerations in the investigation of cases and clusters of COVID-19.](#)
- [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\).](#)

### Guidance for national laboratories

- [WHO interim guidance for laboratory testing](#)
- [WHO interim guidance for laboratory biosafety related to COVID-19 virus.](#)
- [Molecular assays to diagnose 2019-nCoV](#)
- [WHO reference laboratories providing confirmatory testing for COVID-19.](#)

### Clinical care for COVID-19 patients

- [Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected.](#)
- [Home care for patients with suspected novel coronavirus \(nCoV\) infection presenting with mild symptoms and management of contacts.](#)

### Infection Prevention and Control for COVID-19

- [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected.](#)
- [Rational use of personal protective equipment for coronavirus disease \(COVID-19\).](#)
- [Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV.](#)
- [Health workers exposure risk assessment and management in the context of COVID-19 virus.](#)
- [Water, sanitation, hygiene and waste management for COVID-19.](#)

### Risk communication and Community engagement

- [Risk communication and community engagement \(RCCE\) readiness and response to the 2019 novel coronavirus.](#)
- [A guide to preventing and addressing social stigma associated with COVID-19.](#)
- [Mental Health Considerations during COVID-19 Outbreak](#)

### Guidance for COVID-19 in schools and workplaces

- [Key Messages and Actions for COVID-19 Prevention and Control in Schools.](#)
- [Getting your workplace ready for COVID-19](#)

### Operational support and logistics

- [Disease commodity package](#)

### Points of entry and mass gatherings

- [Q&A on Mass Gatherings](#)
- [Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak.](#)
- [Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak \(Interim guidance\).](#)
- [Public health preparedness and response for aviation sector](#)
- [Operational considerations for managing COVID-19 cases/outbreak on board ships.](#)
- [Handbook for management of public health events on board ships.](#)

### Online training courses available for COVID-19

- [Introduction to COVID-19](#)
- [eProtect Respiratory Infections](#)
- [Critical Care for Severe Acute Respiratory Infections](#)
- [Infection Prevention and Control for COVID-19](#)
- [Country Preparedness and response planning](#)
- [Online course for public health preparedness for mass gathering events.](#)

### Early investigation protocols

- [The First Few X \(FFX\) Cases and contact investigation protocol for COVID-19 infection.](#)
- [Household transmission investigation protocol for COVID-19 infection.](#)
- [Protocol for assessment of potential risk factors for COVID-19 infection among health care workers in a health care setting.](#)
- [Surface sampling of coronavirus disease COVID-19 virus: A practical “how to” protocol for health care and public health professionals.](#)
- [Global COVID-19 Clinical Characterization Case Record Form and new data platform for anonymized COVID-19 clinical data](#)

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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