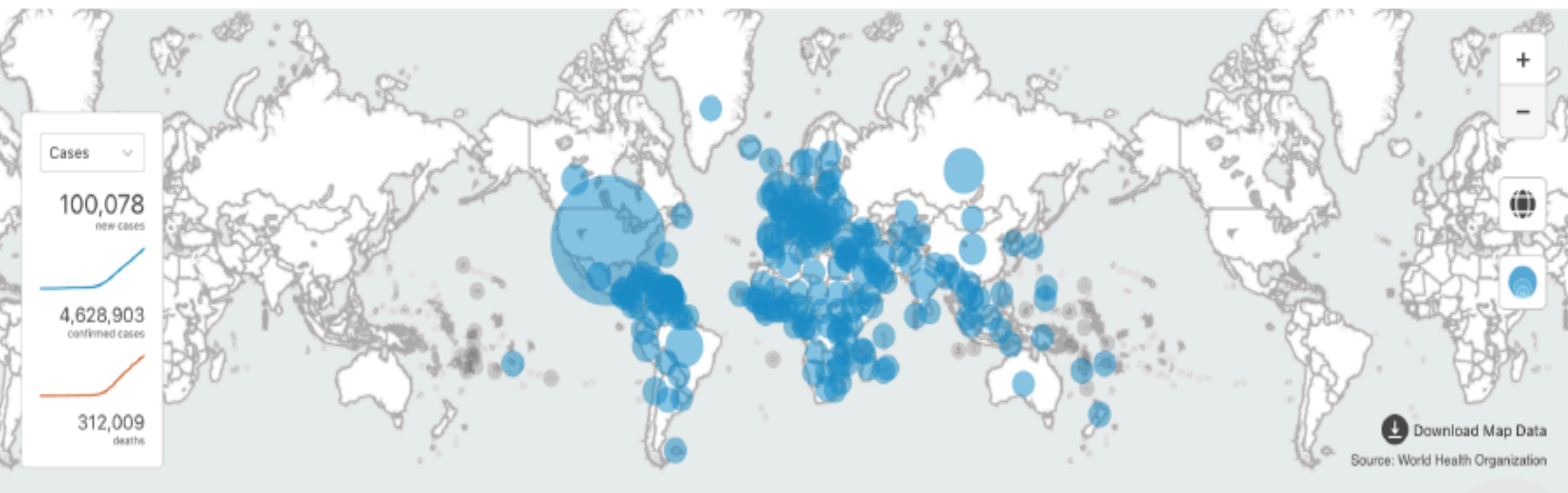


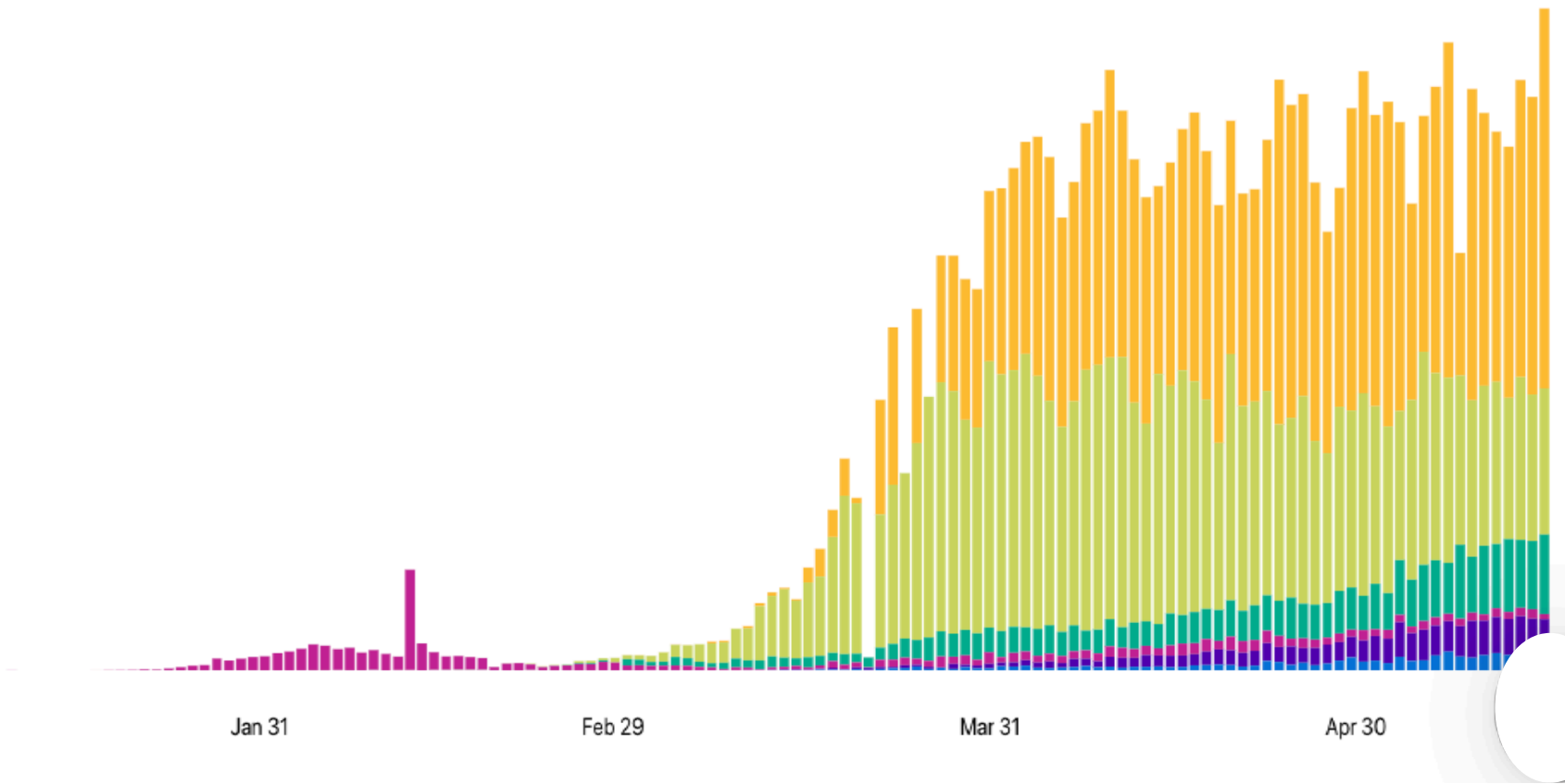
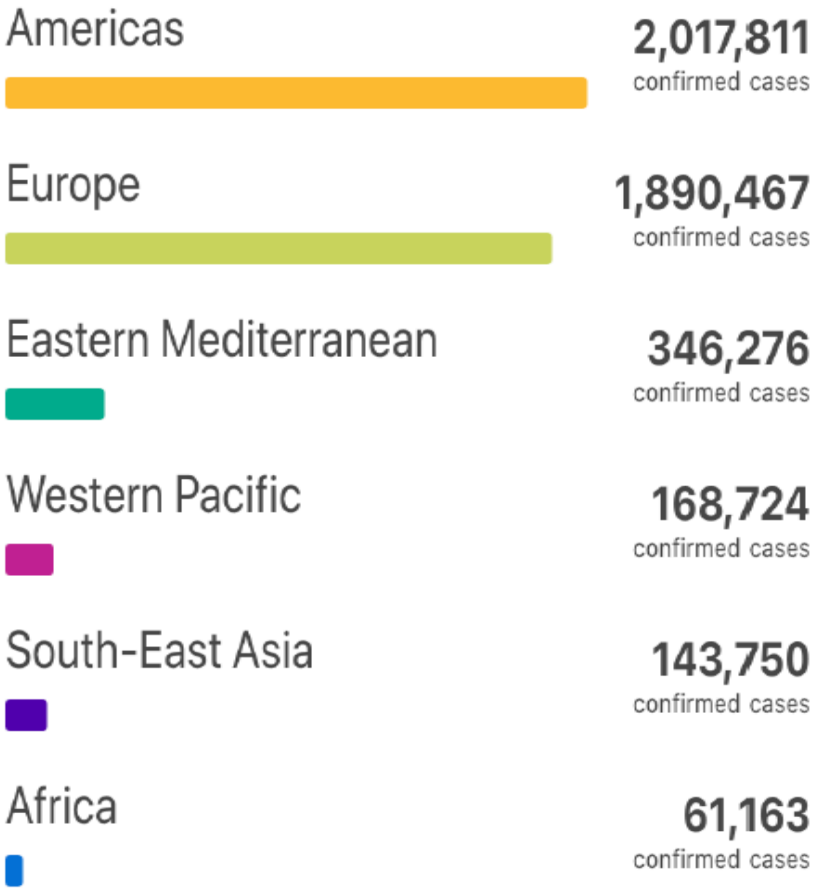
Globally, as of 6:51pm CEST, 18 May 2020, there have been 4,628,903 confirmed cases of COVID-19, including 312,009 deaths, reported to WHO.



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# Case Comparison

## WHO Regions



Cases

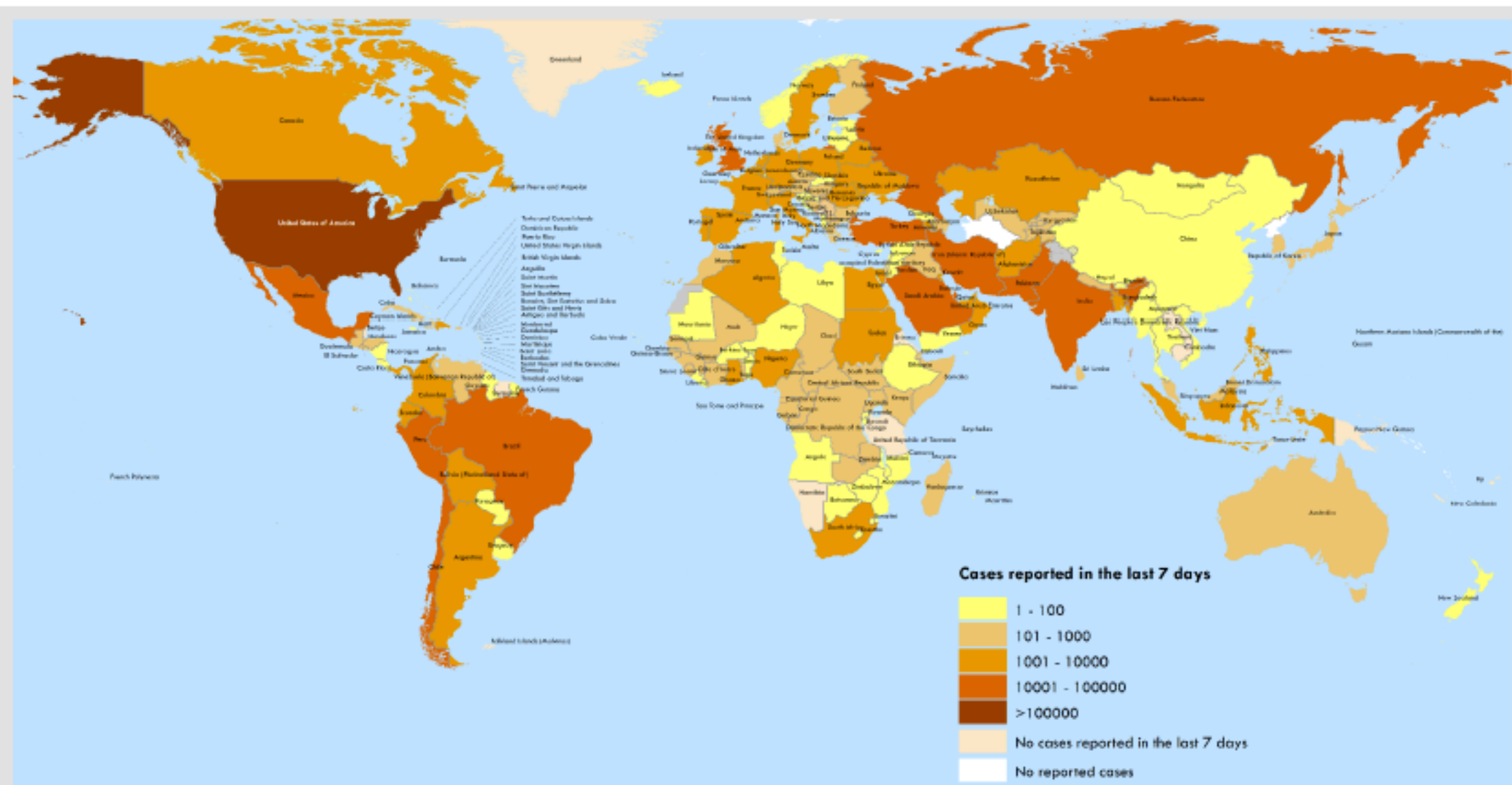




Date of production: 18/05/2020

The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

# Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 12 May to 18 May\*\*



Data Source: World Health Organization  
Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km  
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



United States of America

**1,432,265**  
confirmed cases



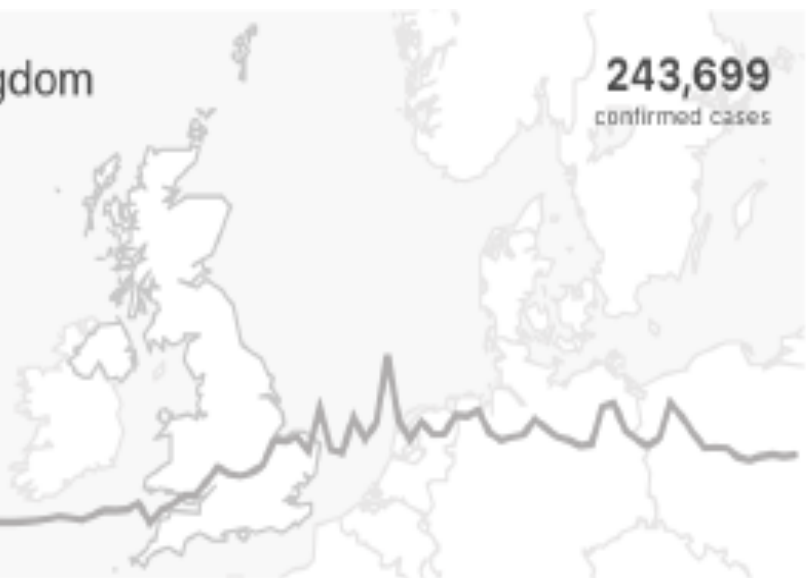
Russian Federation

**290,678**  
confirmed cases



The United Kingdom

**243,699**  
confirmed cases



Brazil

**233,142**  
confirmed cases





Spain

231,350

confirmed cases



Italy

225,435

confirmed cases



France

140,036

confirmed cases



Iran (Islamic Republic of)

122,492

confirmed cases





Germany

**174,697**  
confirmed cases



Turkey

**149,435**  
confirmed cases

Deaths





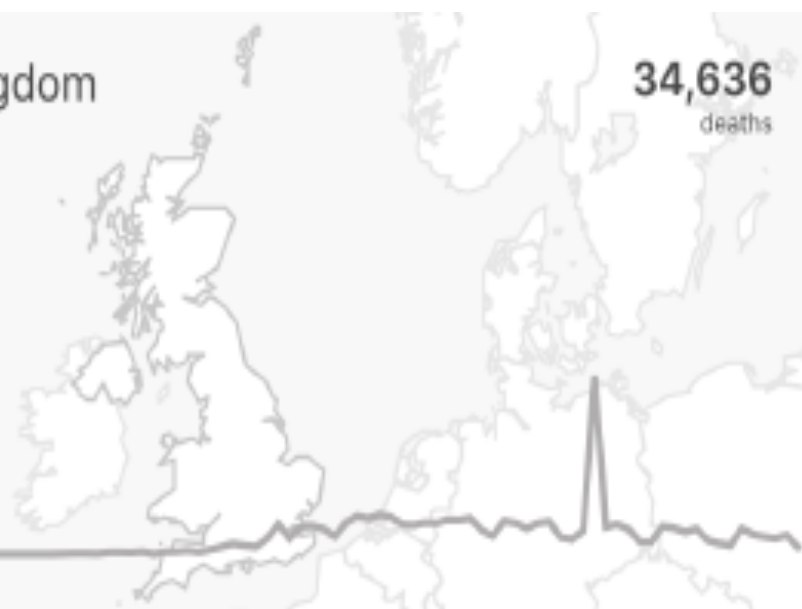
United States of America

**87,180**  
deaths



The United Kingdom

**34,636**  
deaths



Italy

**31,908**  
deaths



France

**28,059**  
deaths





Spain

27,650  
deaths



Brazil

15,633  
deaths



Belgium

9,052  
deaths



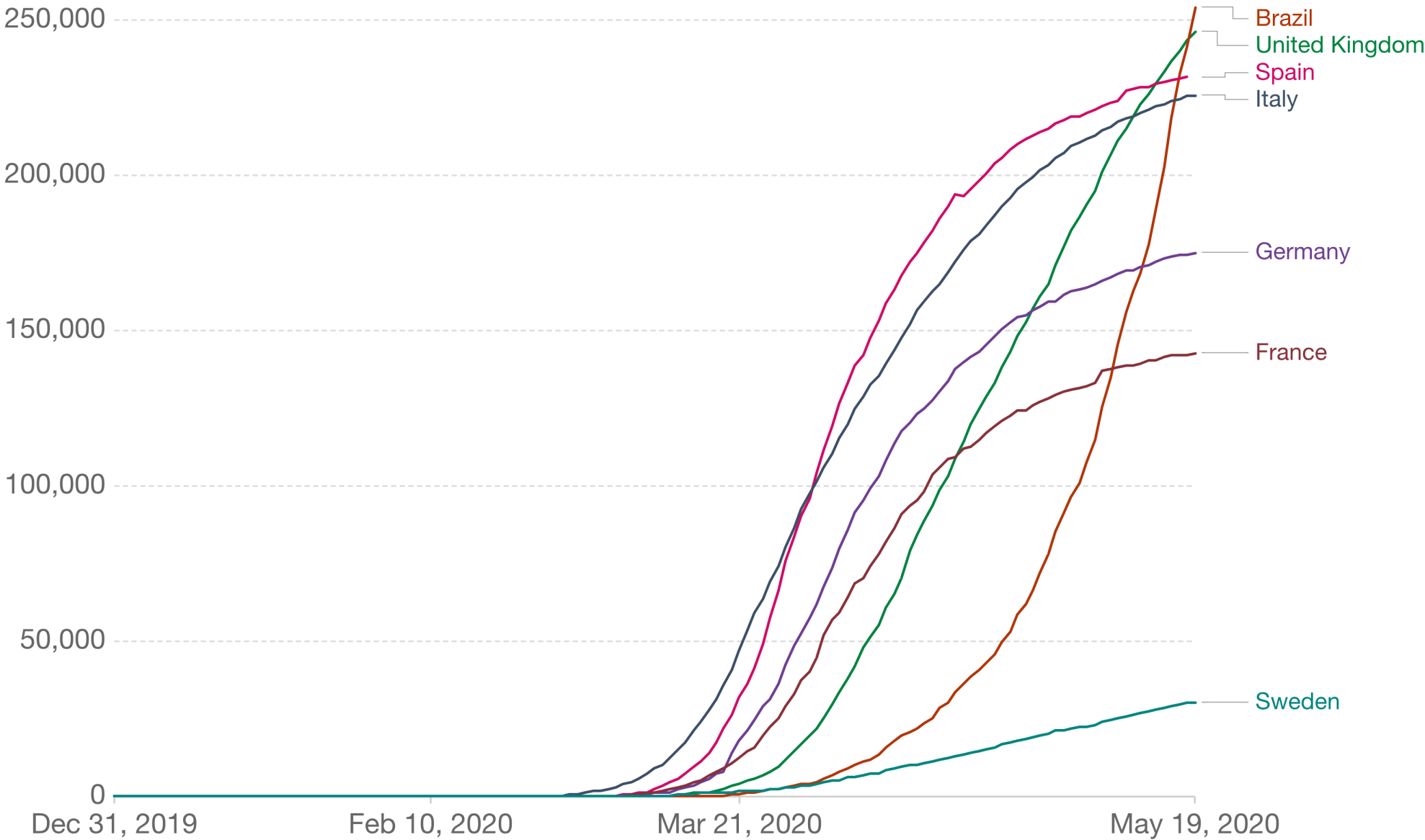
Germany

7,935  
deaths

# Trajectories

# Total confirmed COVID-19 cases

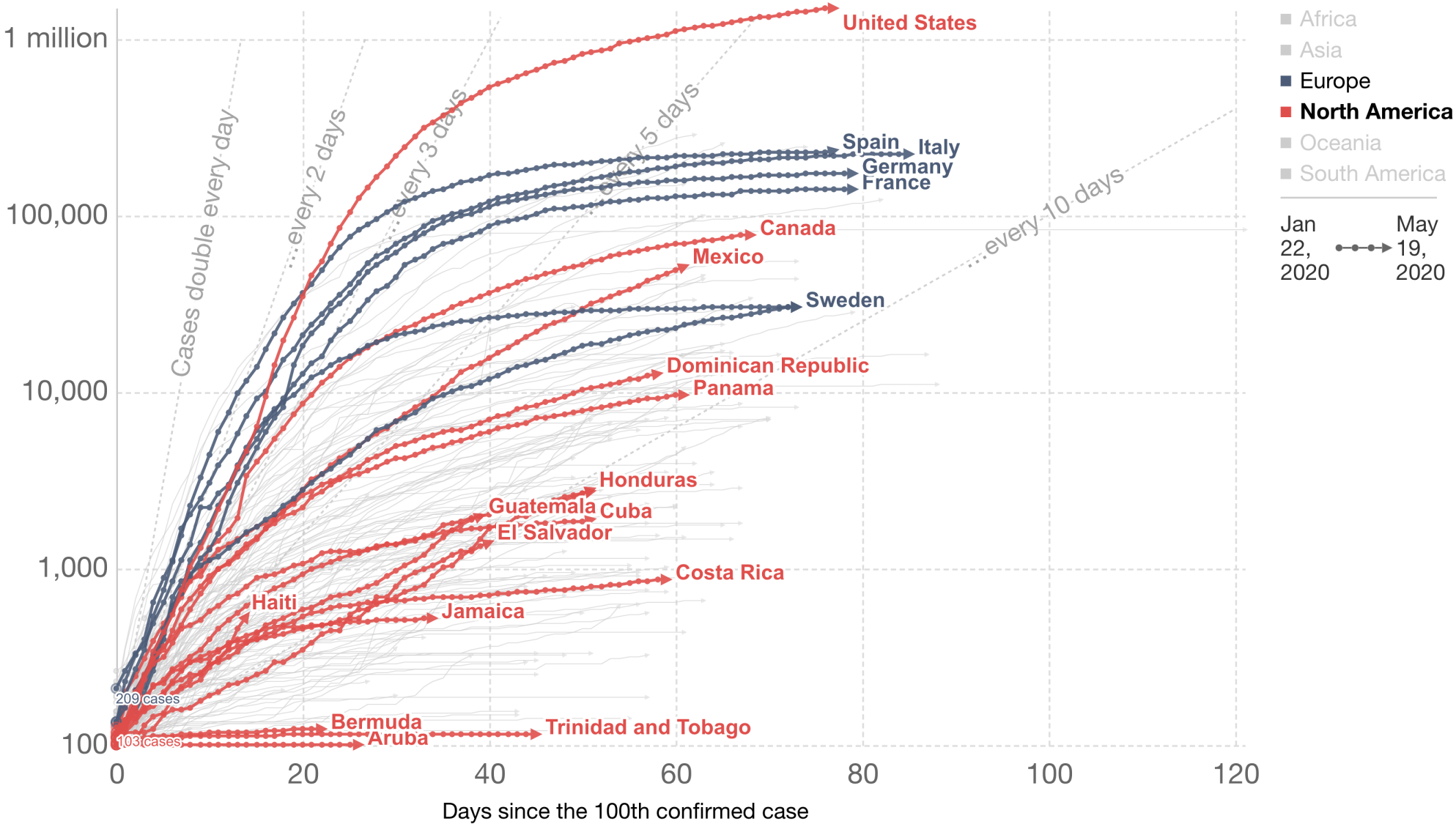
The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: European CDC – Situation Update Worldwide - Data last updated 19th May, 12:23 (GMT+02:00)

# Total confirmed COVID-19 cases: how rapidly are they increasing?

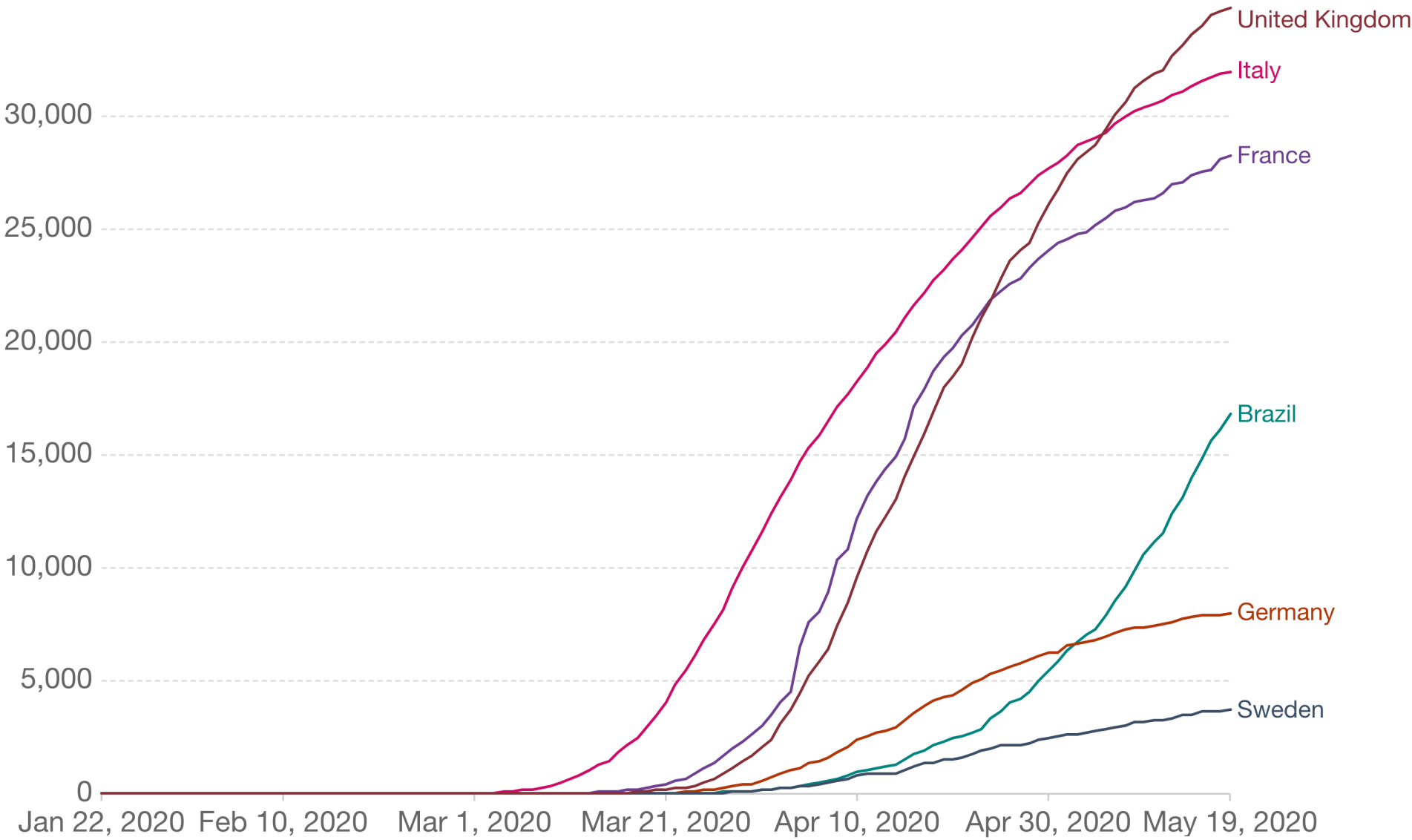
The number of confirmed COVID-19 cases is lower than the number of total cases. The main reason for this is limited testing.



Source: European CDC – Situation Update Worldwide – Last updated 19th May, 11:30 (London time)

# Total confirmed COVID-19 deaths

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

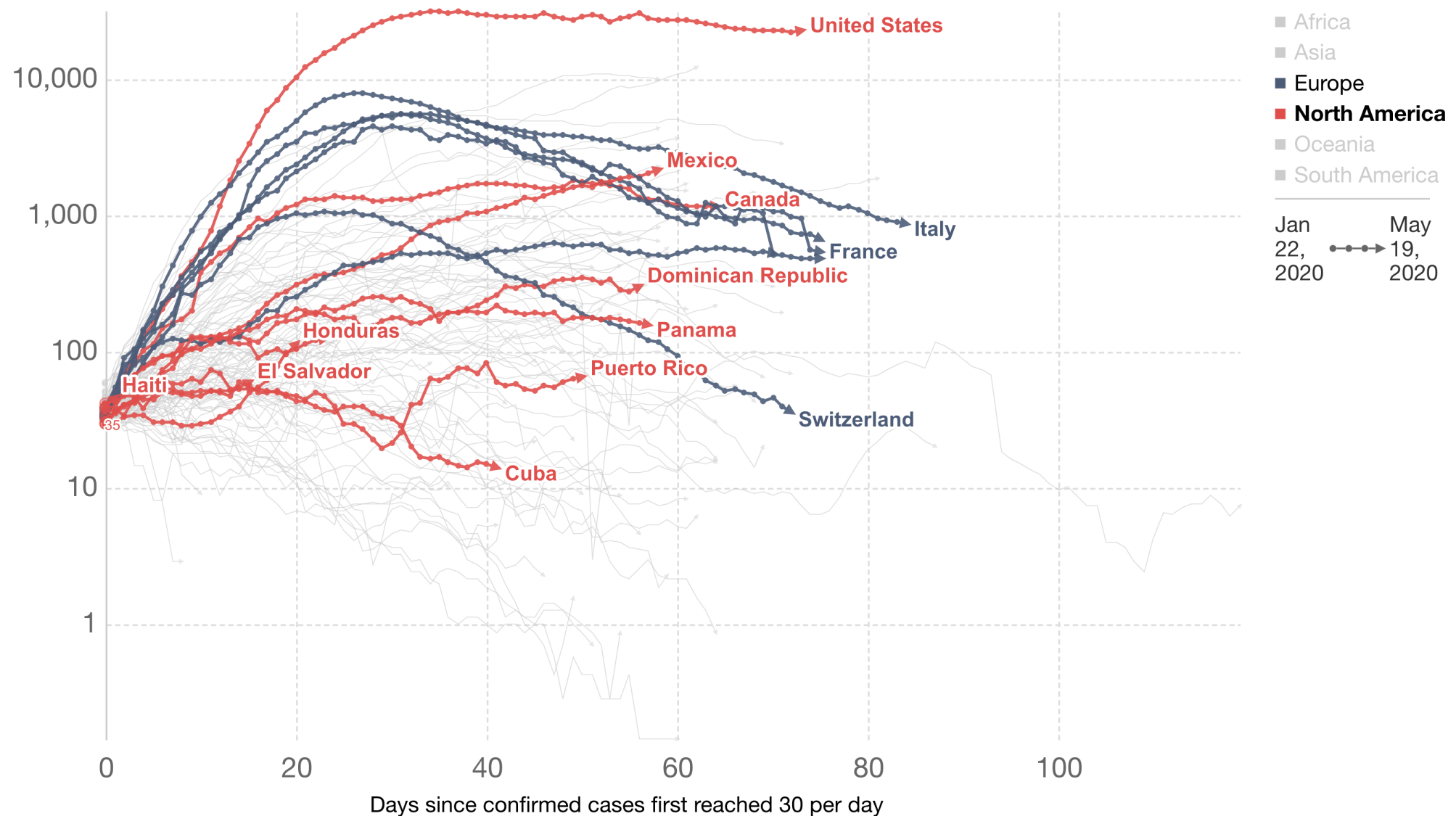


Source: European CDC – Situation Update Worldwide – Last updated 19th May, 11:30 (London time)



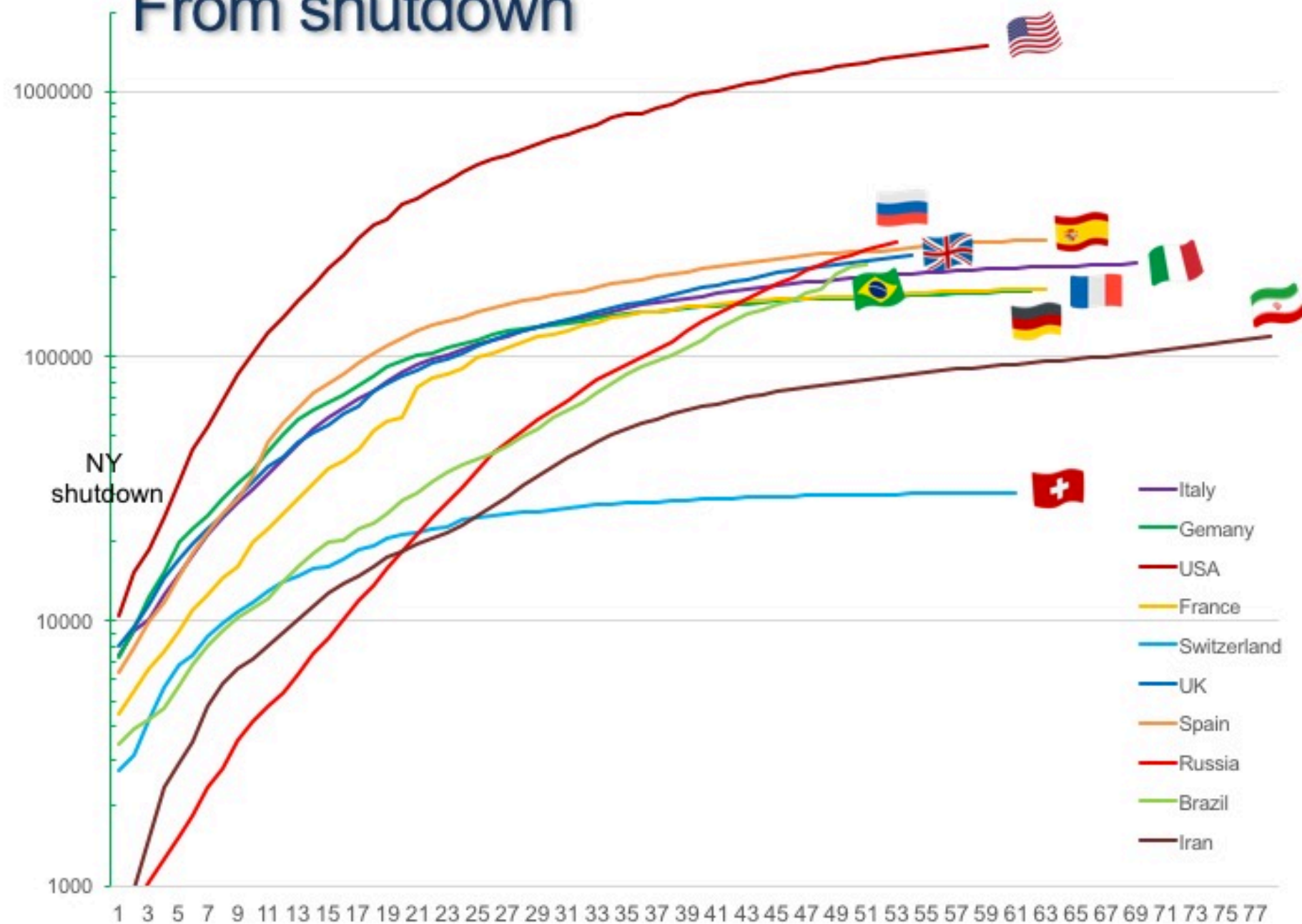
# Daily confirmed COVID-19 cases: are we bending the curve?

Because not everyone is tested the total number of cases is not known. Shown is the 7-day rolling average of confirmed cases.

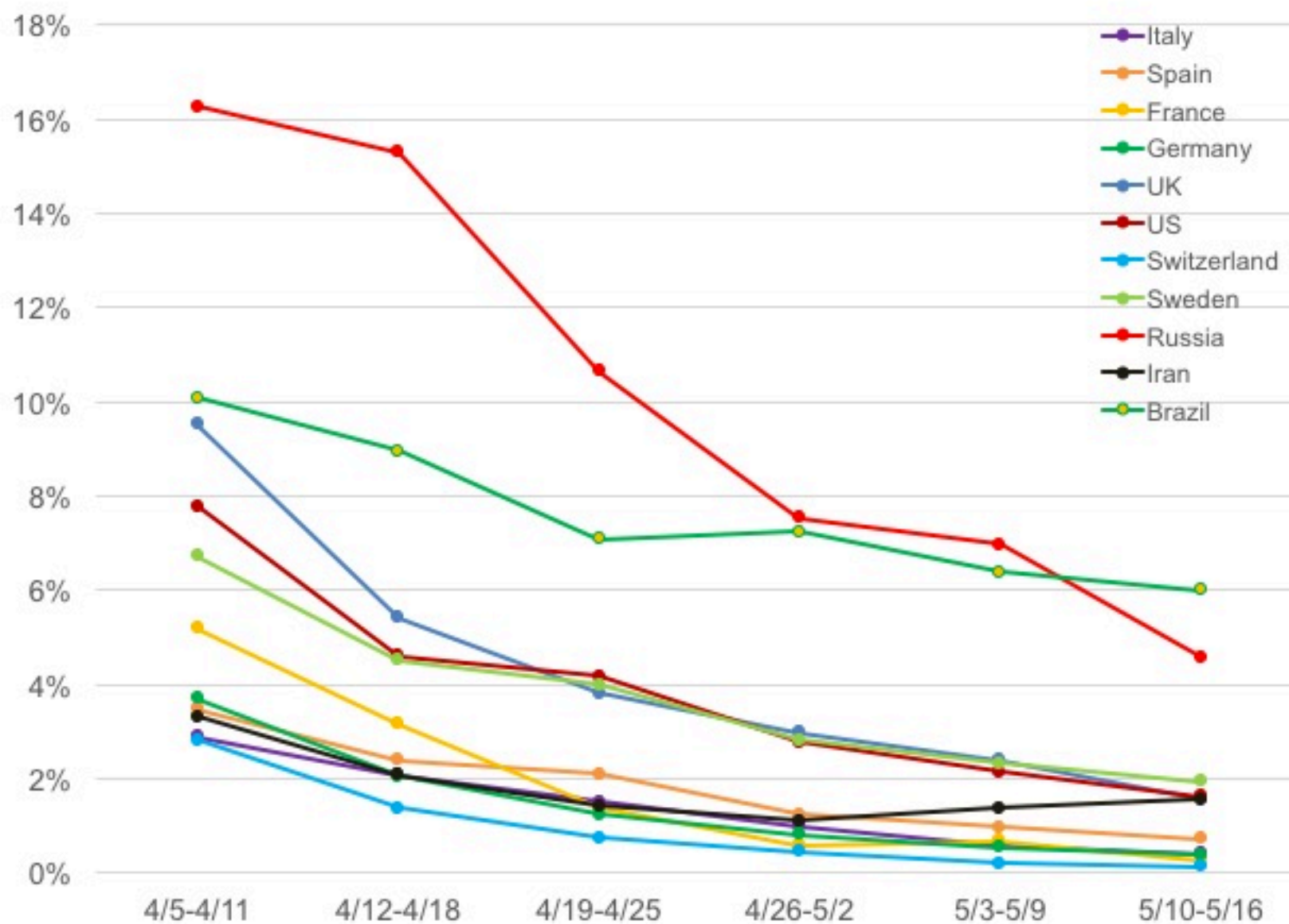


Source: European CDC – Situation Update Worldwide – Last updated 19th May, 11:30 (London time)

# From shutdown

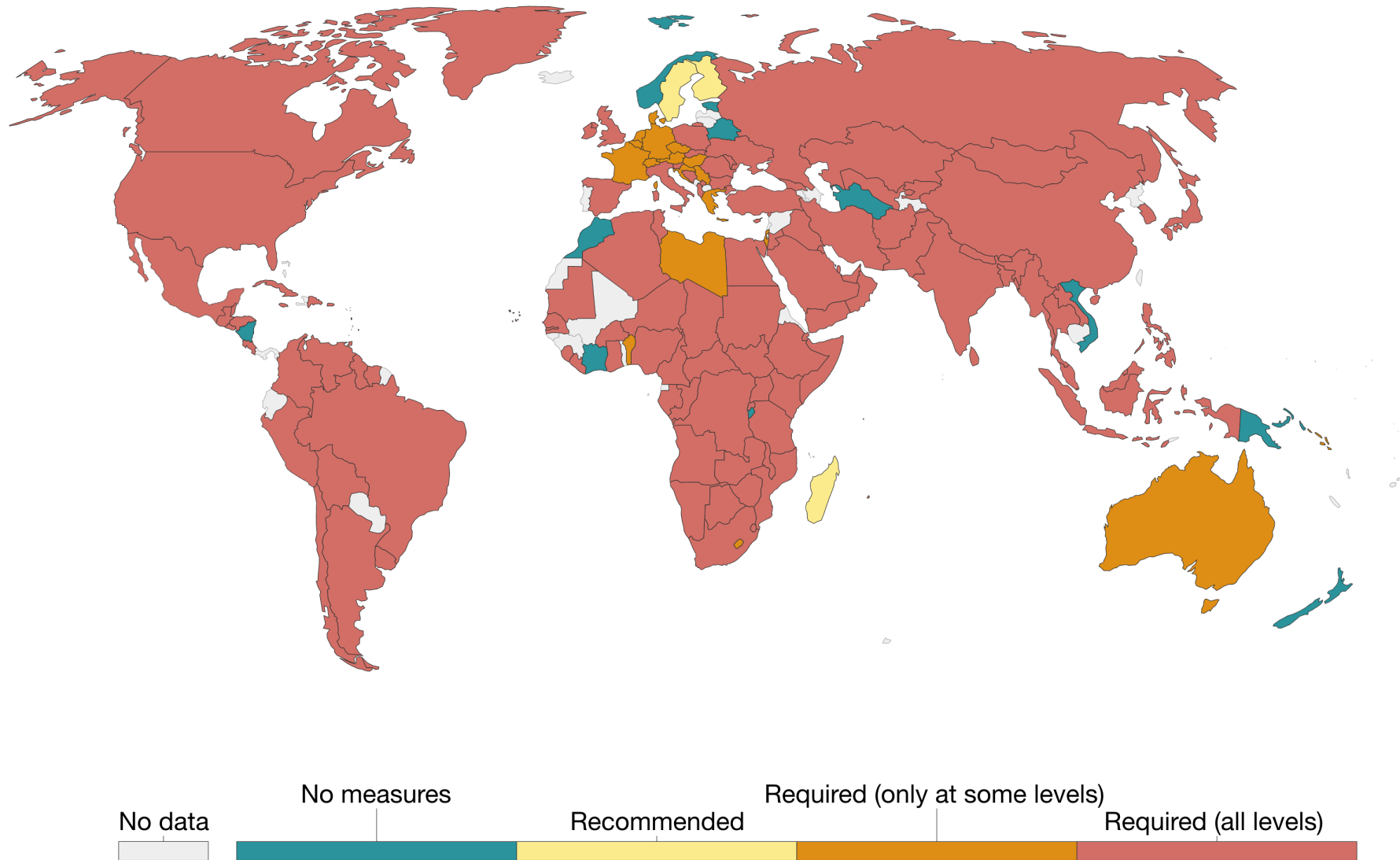


## Average weekly growth rate – World



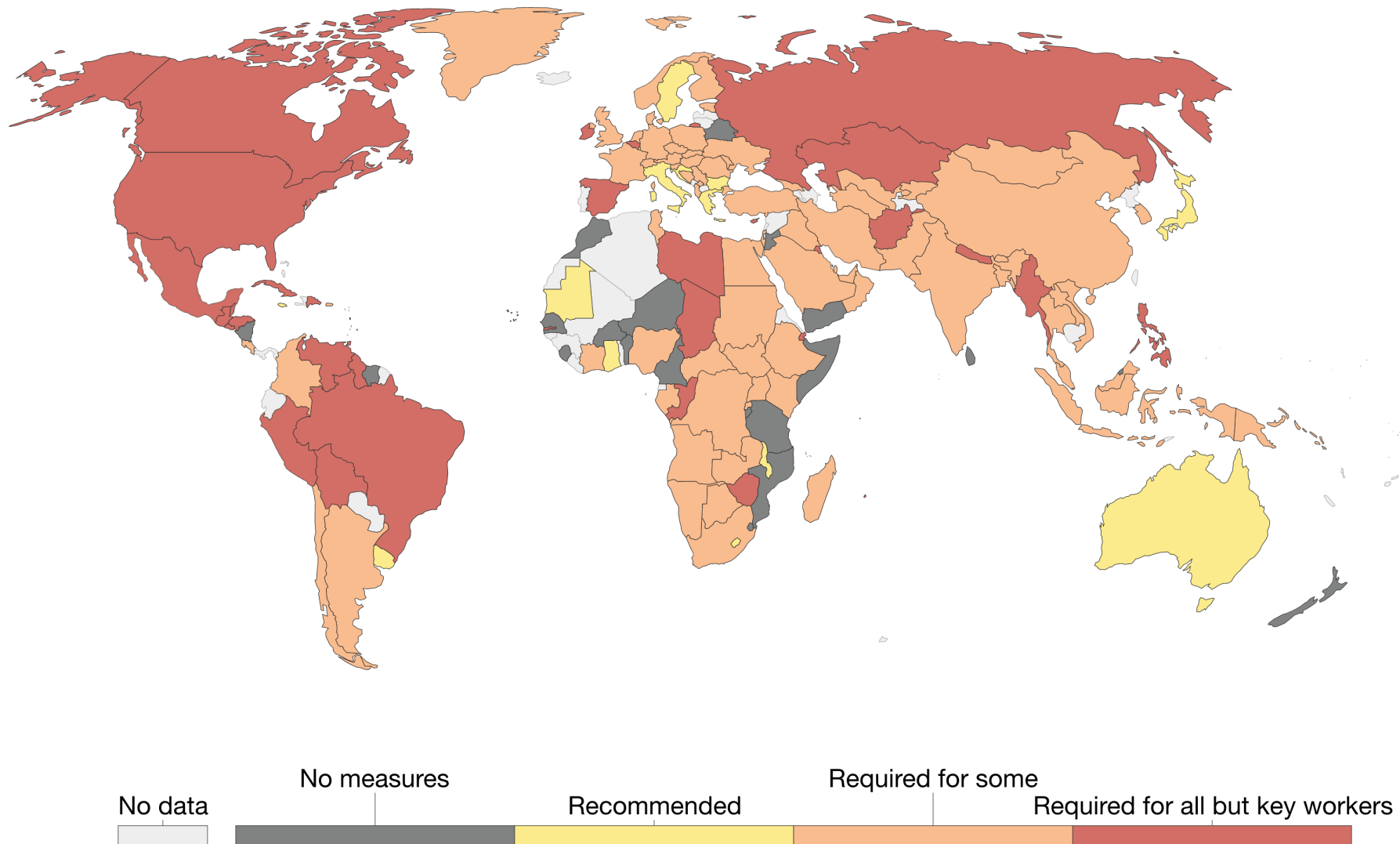
**Response**

# School closures during the COVID-19 pandemic, May 19, 2020



Source: Hale, Thomas and Samuel Webster (2020). Oxford COVID-19 Government Response Tracker

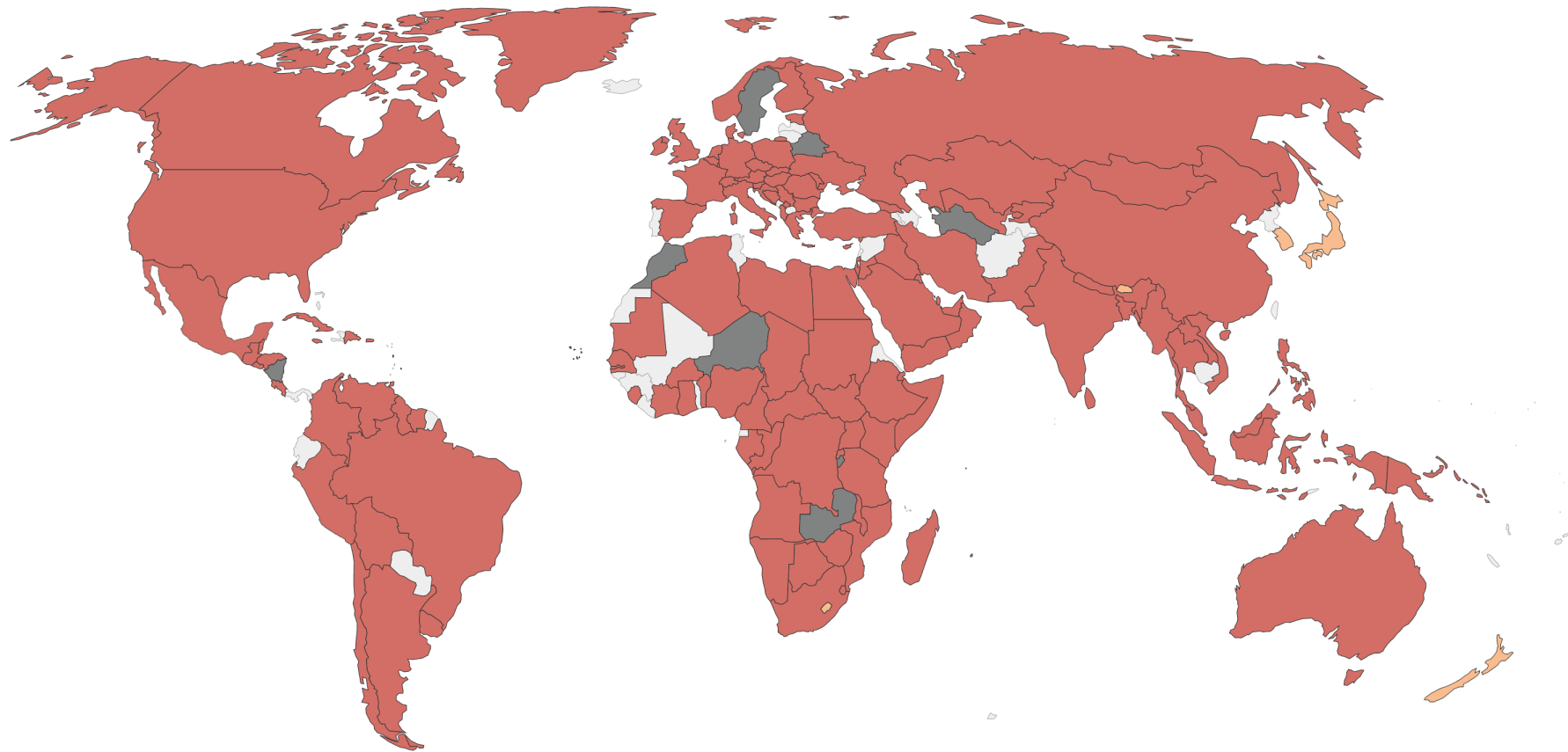
# Workplace closures during the COVID-19 pandemic, May 19, 2020



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.



# Cancellation of public events during COVID-19 pandemic, May 19, 2020



No data

No measures

Recommended cancellations

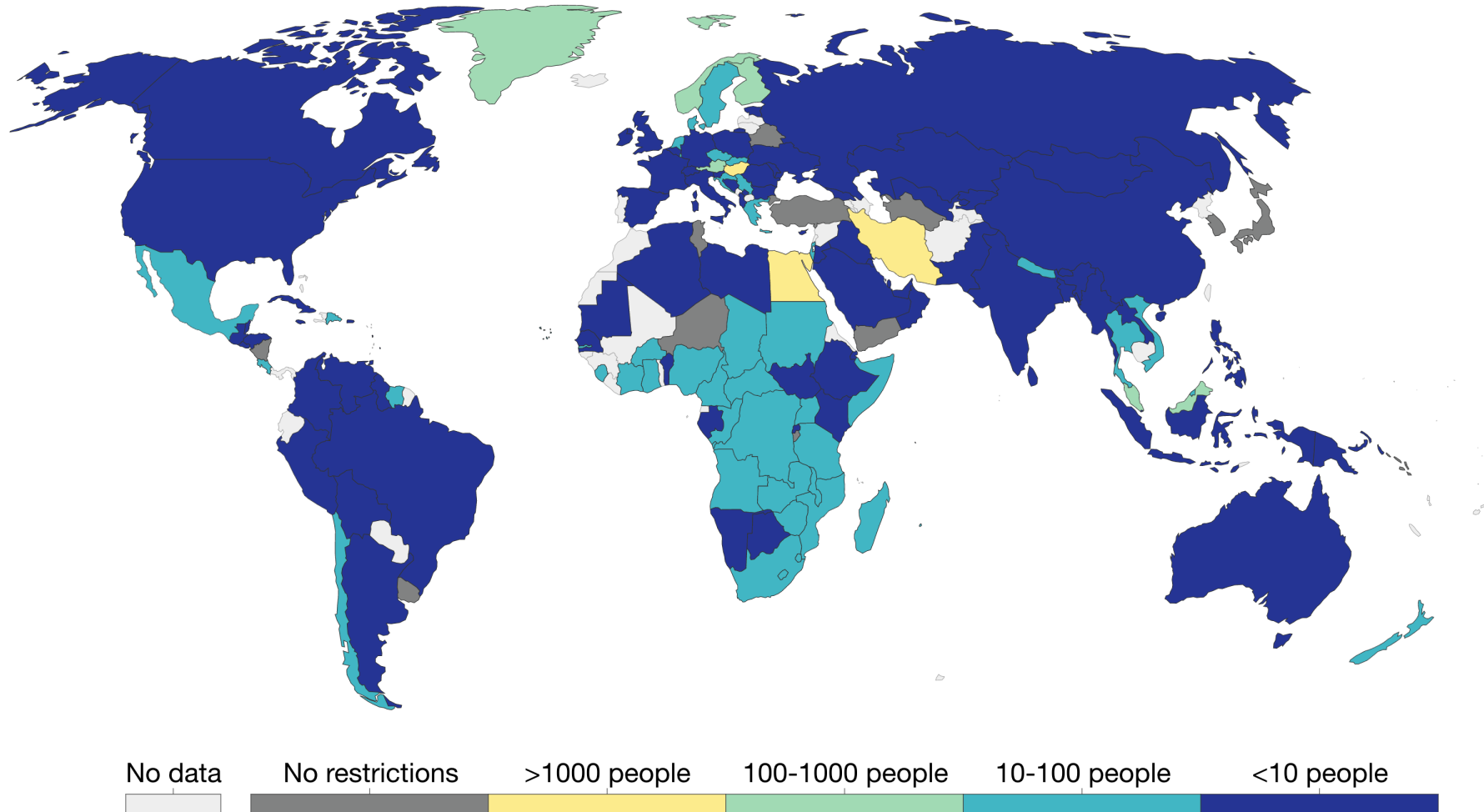
Required cancellations

Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.

# Restrictions on public gatherings in the COVID-19 pandemic, May 19, 2020

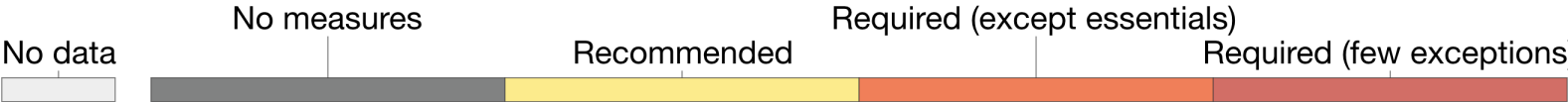
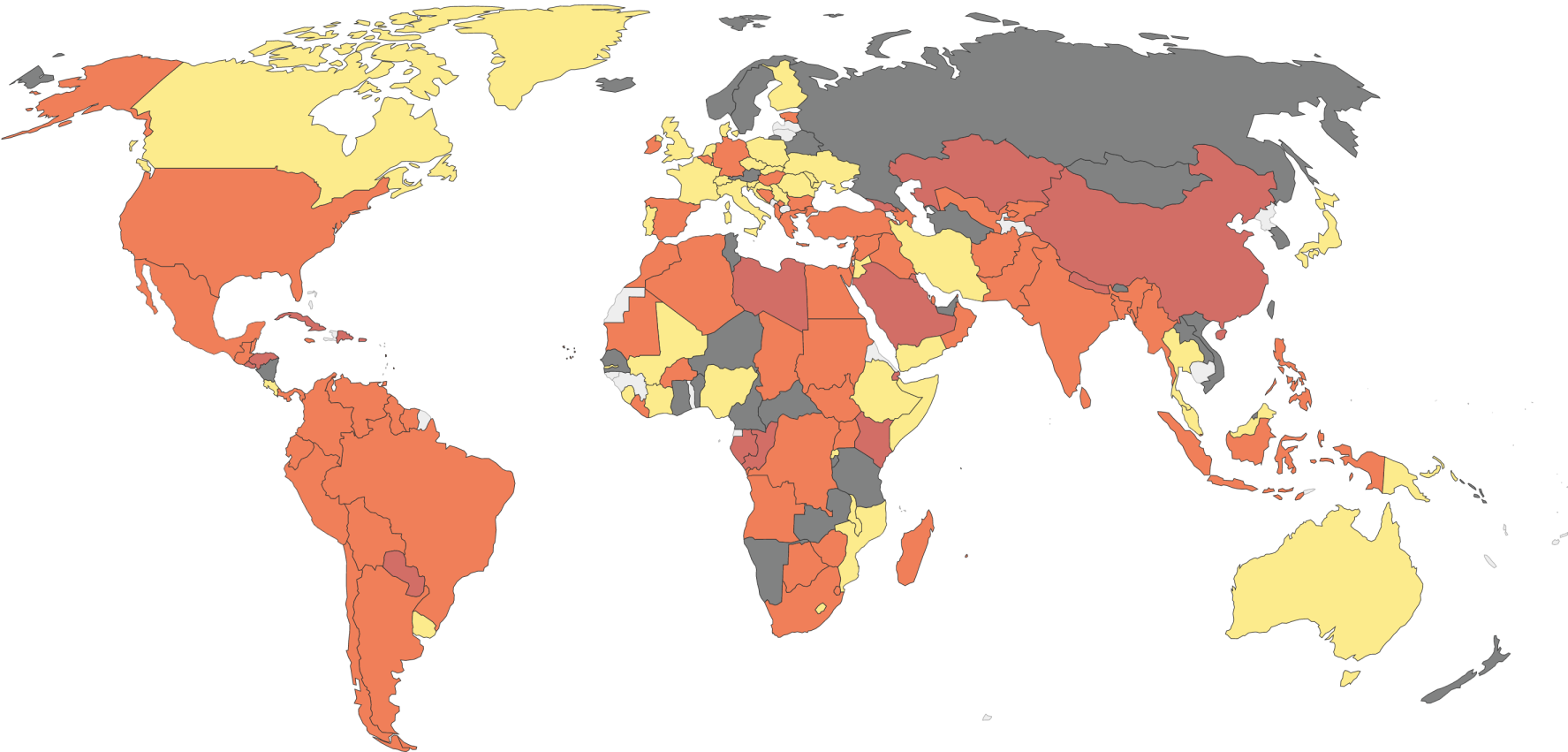
Restrictions are given based on the size of public gatherings as follows:

- 1 - Restrictions on very large gatherings (the limit is above 1000 people)
- 2 - gatherings between 100-1000 people
- 3 - gatherings between 10-100 people
- 4 - gatherings of less than 10 people



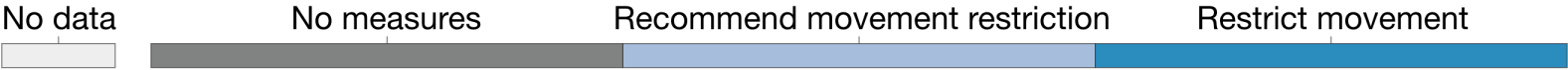
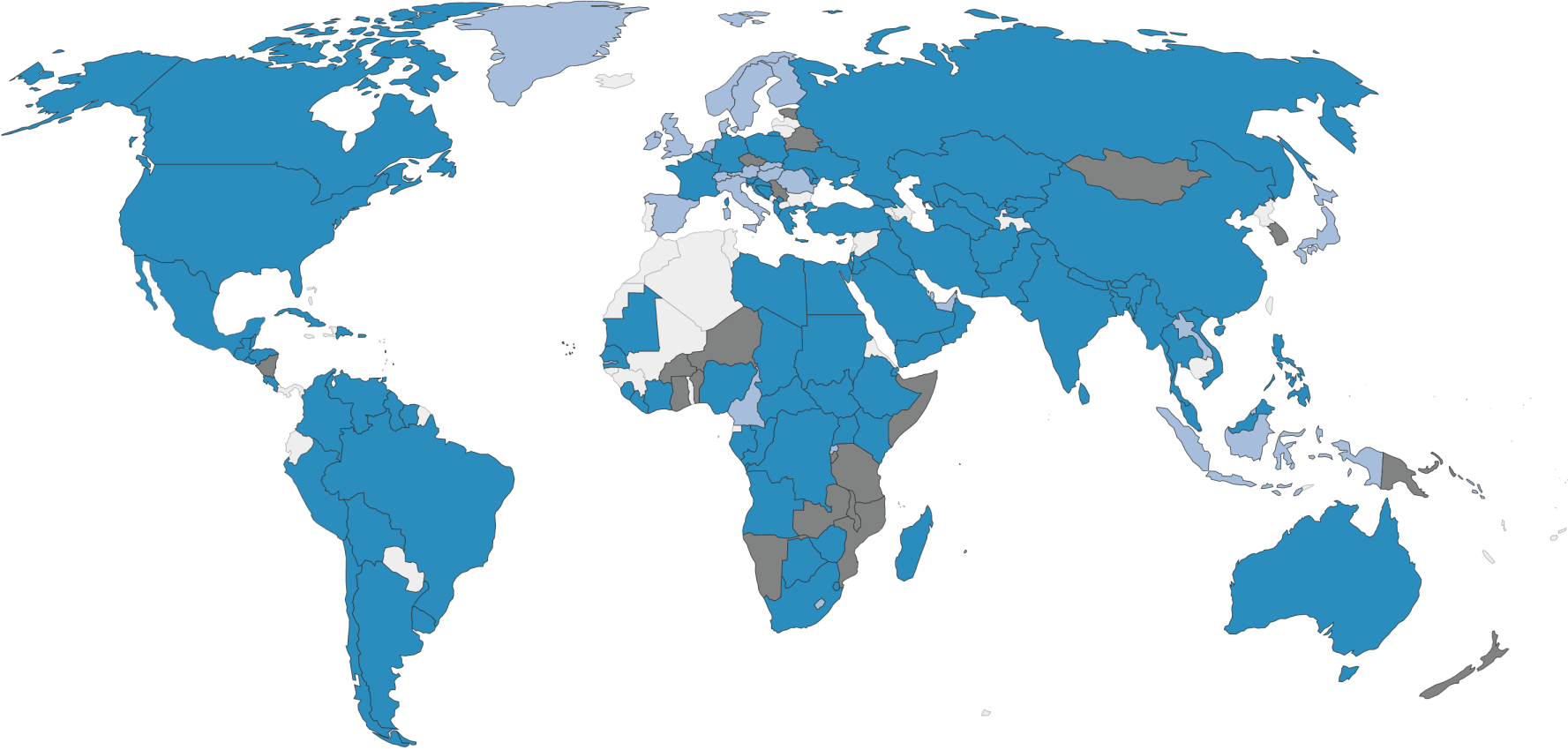
Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.

# Stay-at-home requirements during the COVID-19 pandemic, May 19, 2020



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.

Restrictions on internal movement during the COVID-19 pandemic, May 19, 2020



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.

# COVID-19 Testing Policies, May 19, 2020

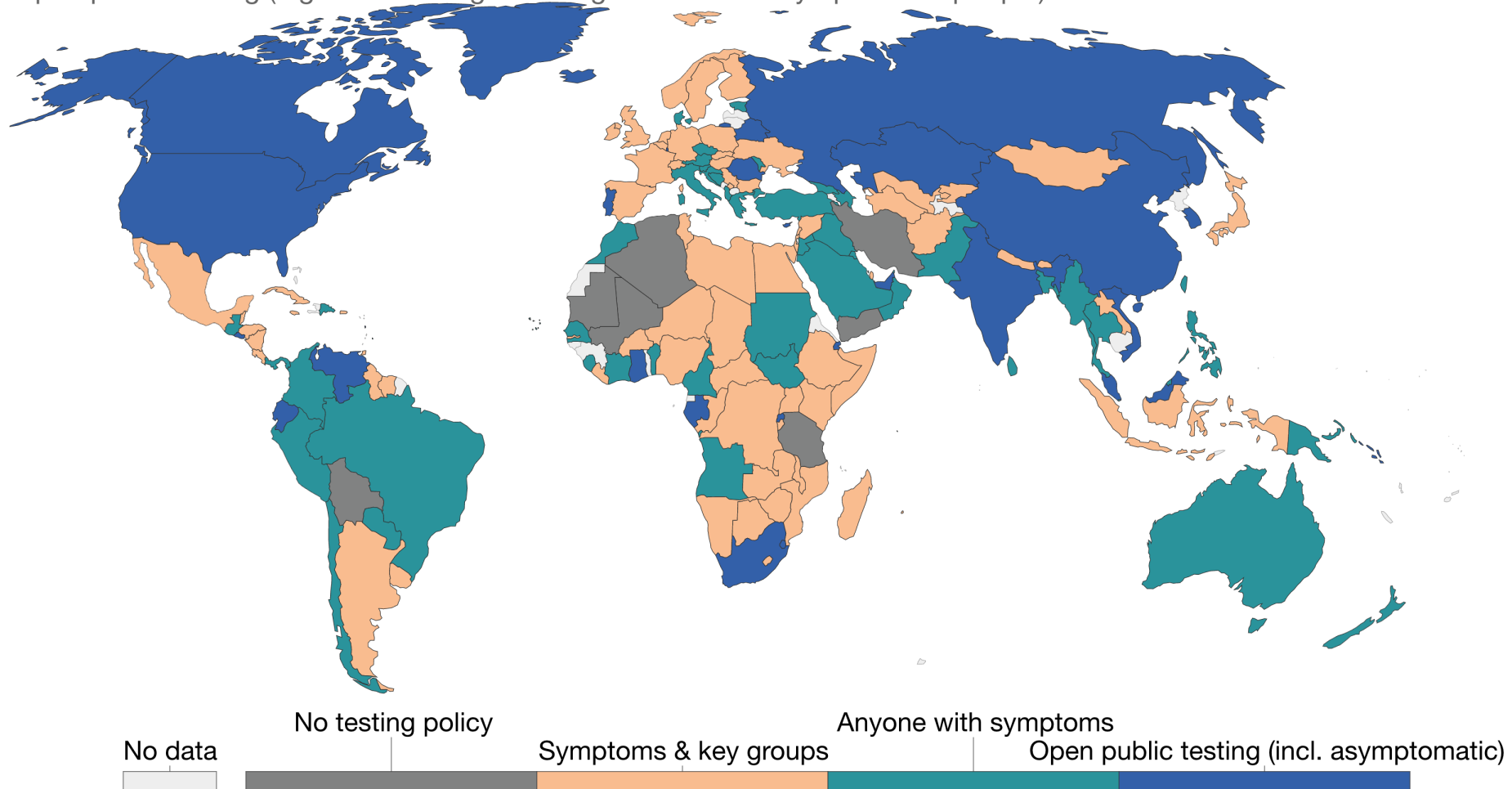
COVID-19 testing policies are categories as follows:

0 = No testing policy

1 = Only those who both (a) have symptoms AND (b) meet specific criteria (eg key workers, admitted to hospital, came into contact with a known case, returned from overseas)

2 = testing of anyone showing COVID-19 symptoms

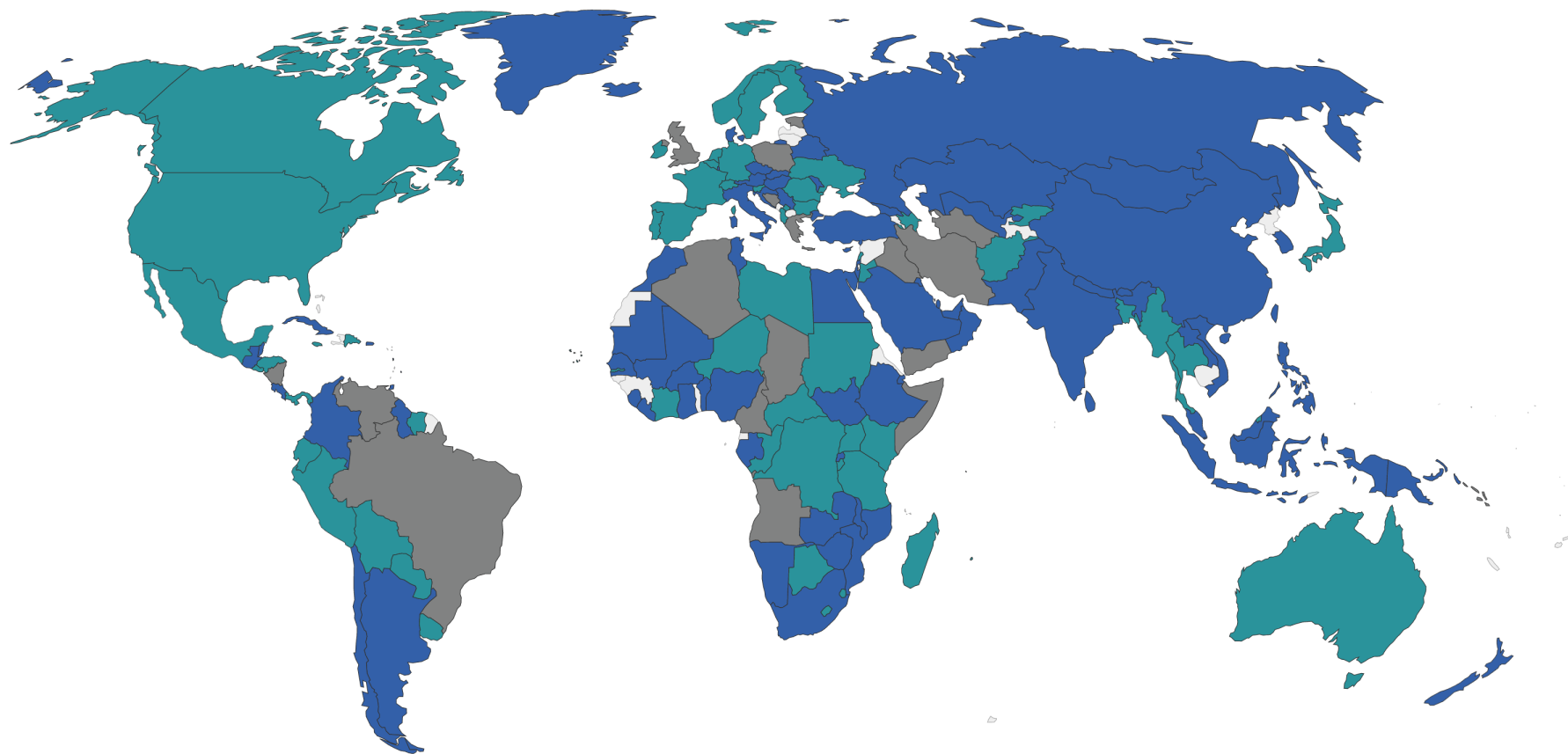
3 = open public testing (e.g “drive through” testing available to asymptomatic people)



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.

# Which countries do COVID-19 contact tracing?, May 19, 2020

'Limited' contact tracing means some, but not all, cases are traced. 'Comprehensive' tracing means all cases are traced.



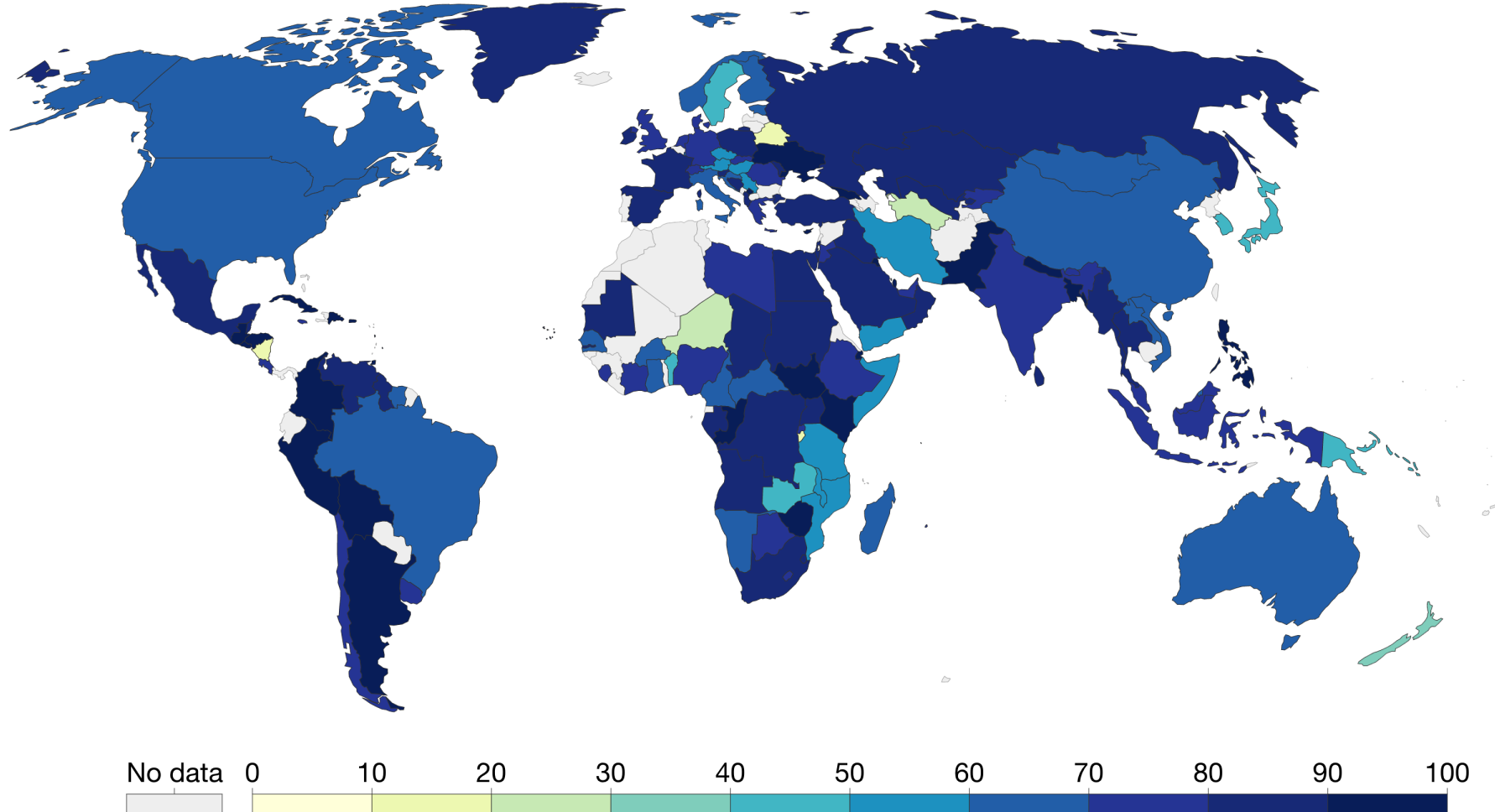
Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.



# COVID-19: Government Response Stringency Index, May 19, 2020

The Government Response Stringency Index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest response).

This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response.



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last Updated 19th May.

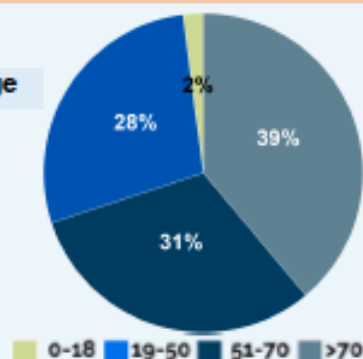
**Italy**

**225,549** cases of COVID-19\*

**26,426** health-care workers<sup>§</sup>

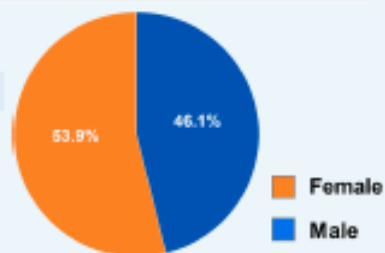
**30,332** associated deaths

**Age**



Median age of cases: **62 years**

**Sex**



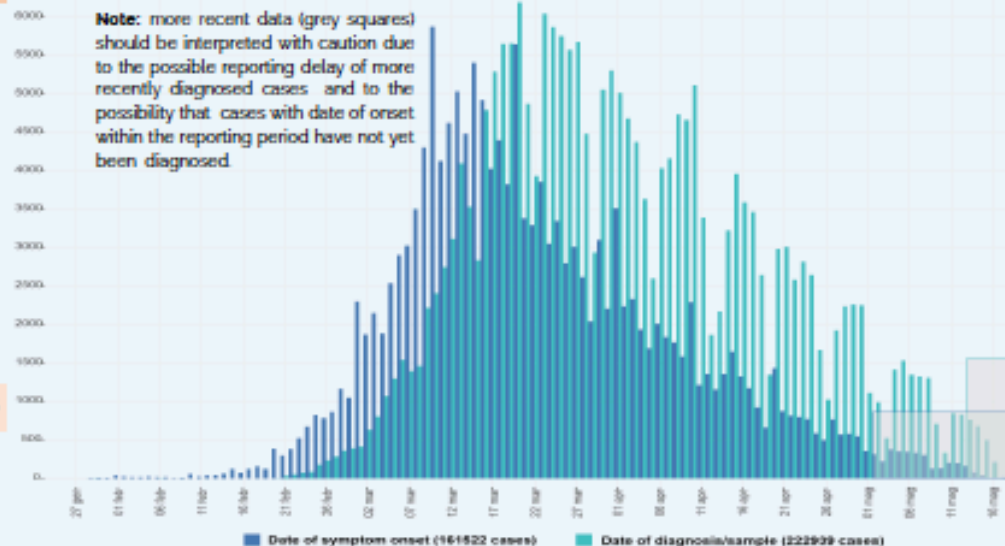
Age (years)	Deaths (n (%))	CFR <sup>§</sup>
0-9	4 (0%)	0.2%
10-19	0 (0%)	0%
20-29	12 (0%)	0.1%
30-39	60 (0.2%)	0.3%
40-49	262 (0.9%)	0.9%
50-59	1081 (3.6%)	2.7%
60-69	3174 (10.5%)	10.5%
70-79	8337 (27.5%)	25.5%
80-89	12387 (40.8%)	31.1%
>=90	5015 (16.5%)	27.6%
Not reported	0 (0%)	0%
Total	30332 (100%)	13.4%

## Integrated surveillance of COVID-19 in Italy

(Ordinanza n. 540 del 27/02/2020)

**18 May 2020 UPDATE**

**Note:** more recent data (grey squares) should be interpreted with caution due to the possible reporting delay of more recently diagnosed cases and to the possibility that cases with date of onset within the reporting period have not yet been diagnosed.



**99%** of the clinical samples processed were confirmed by the National Reference Laboratory at the Istituto Superiore di Sanità



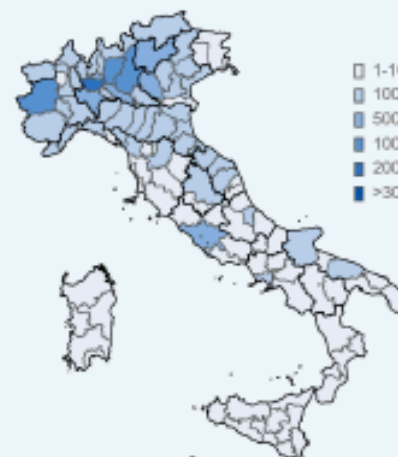
Data available for 35,167 cases

### Total number of COVID-19 cases diagnosed by the Italian Regional Reference Laboratories



By Region/Autonomous Province of diagnosis

(data available for 225,549)



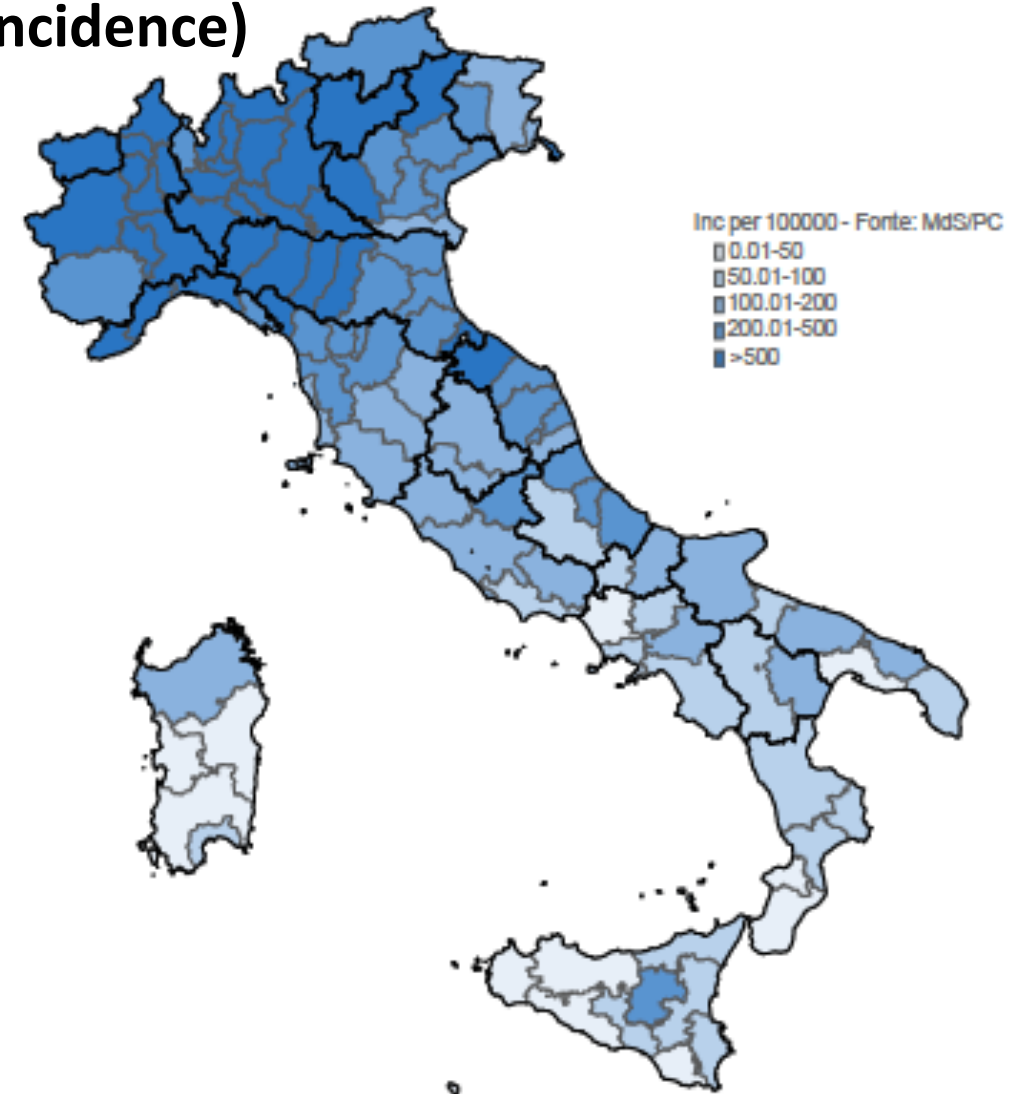
By province of residence

(data available for 222,179)

The case definition considers as a confirmed case any person with laboratory confirmation of virus causing COVID-19 infection, irrespective of clinical signs and symptoms: <https://www.ecdc.europa.eu/en/case-definition-and-european-surveillance-human-infection-novel-coronavirus-2019-ncov>

\*ISS collects data on cases that tested positive for SARS-CoV-2 infection diagnosed by all Italian Regions/Autonomous Provinces. Data could differ from aggregated data from the Italian Ministry of Health and the Italian Civil Protection. <sup>§</sup>The term "health-care worker" is based on the occupation and not on the place of exposure. <sup>§</sup>Case Fatality Rate

## The three Italies (cumulative incidence)



Inc per 100000 - Fonte: MdS/PC

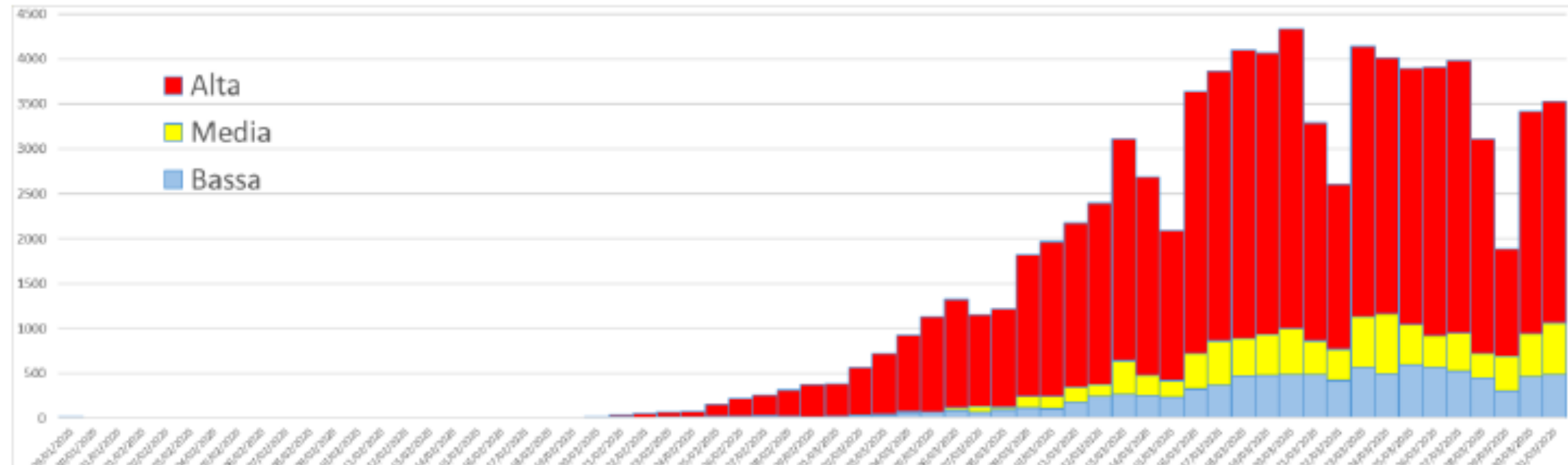
- 0.01-50
- 50.01-100
- 100.01-200
- 200.01-500
- >500

Incidenza per 100000 0.01-50 50.01-100 100.01-200 200.01-500 >500

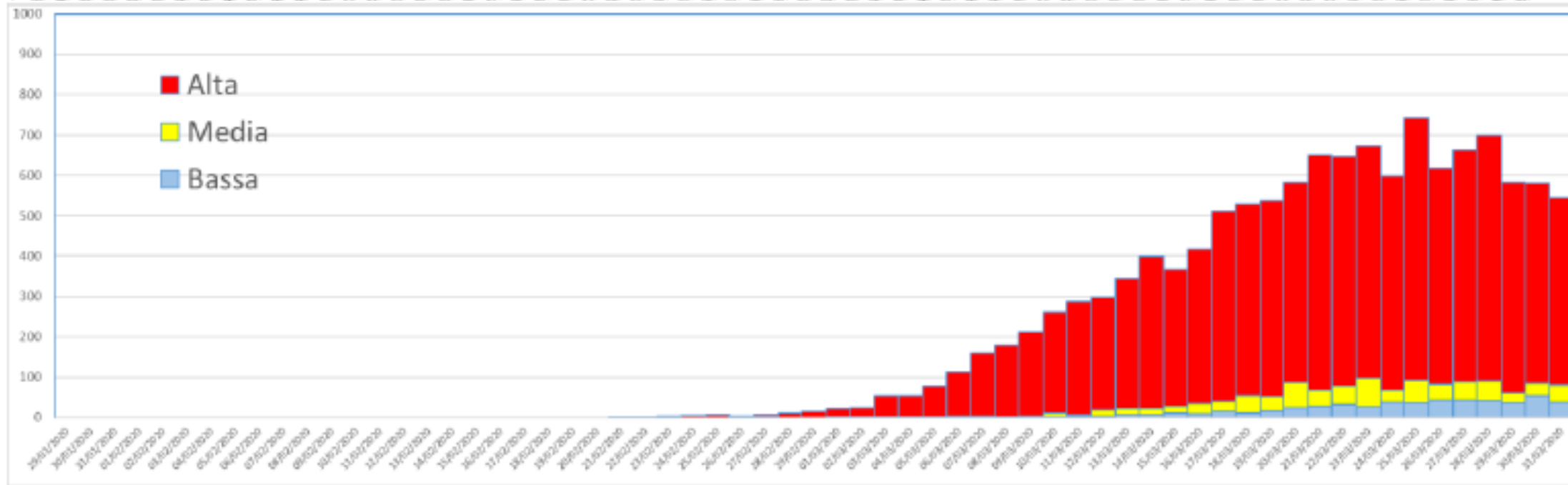
N. casi (diagnosi 7gg) (7/5-13/5) 500 1000 1500

# The three Italies

cases

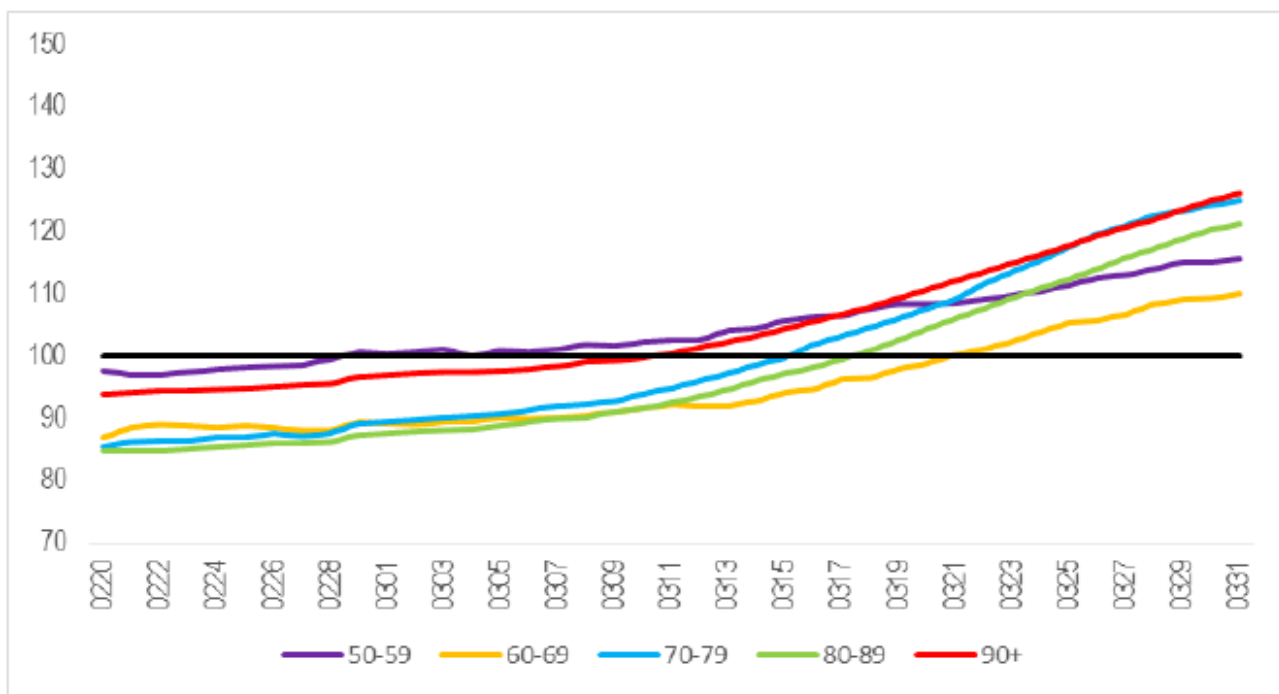


deaths

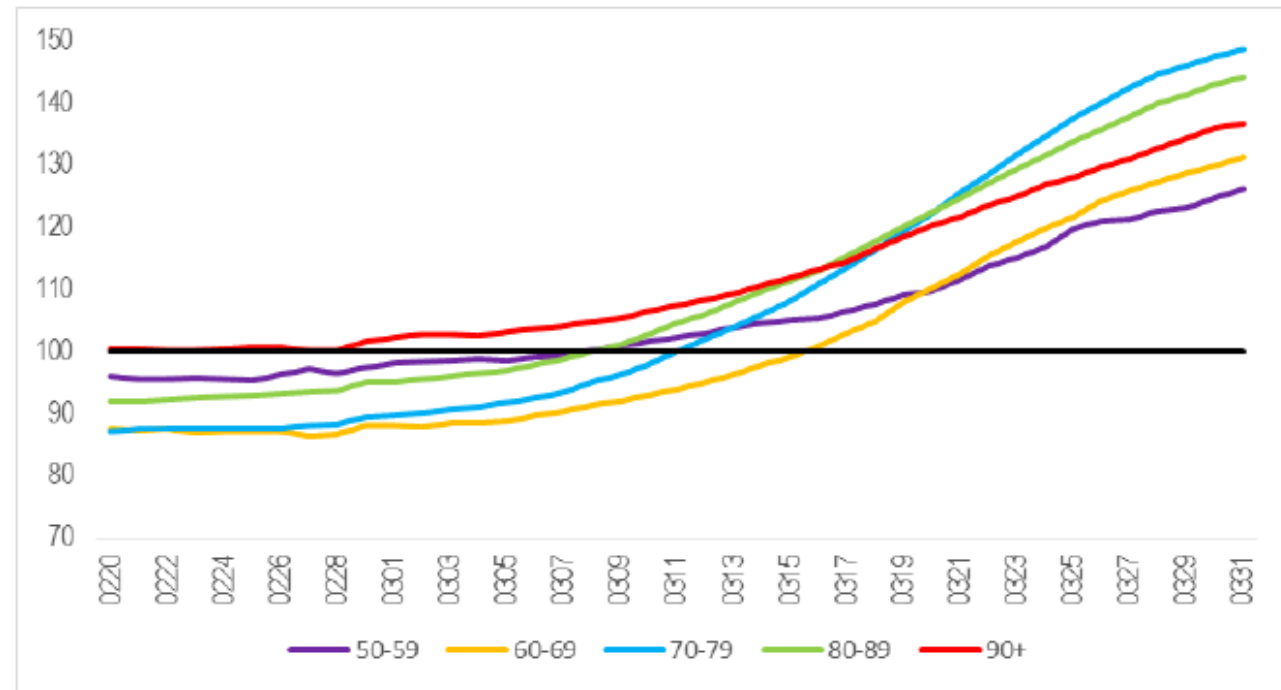


## Recorded vs expected mortality in high transmission areas

females

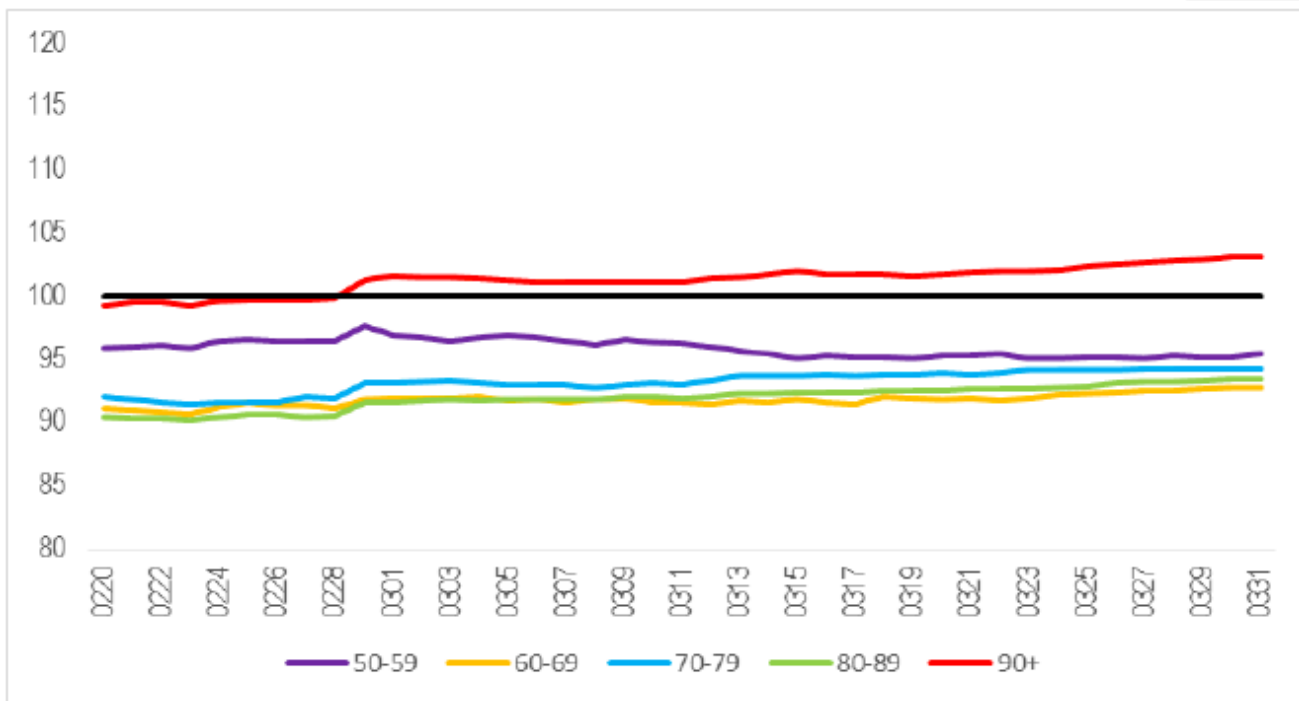


males

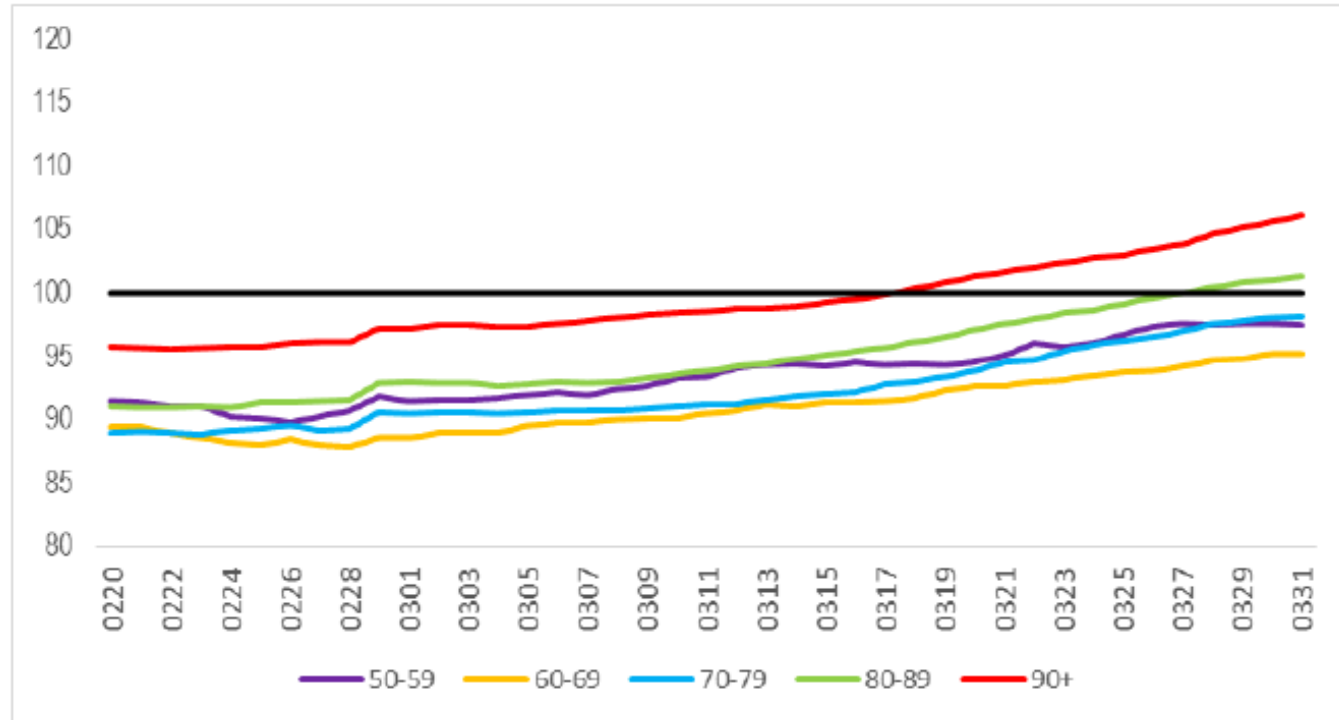


# Recorded vs expected mortality in mid and low transmission areas

low

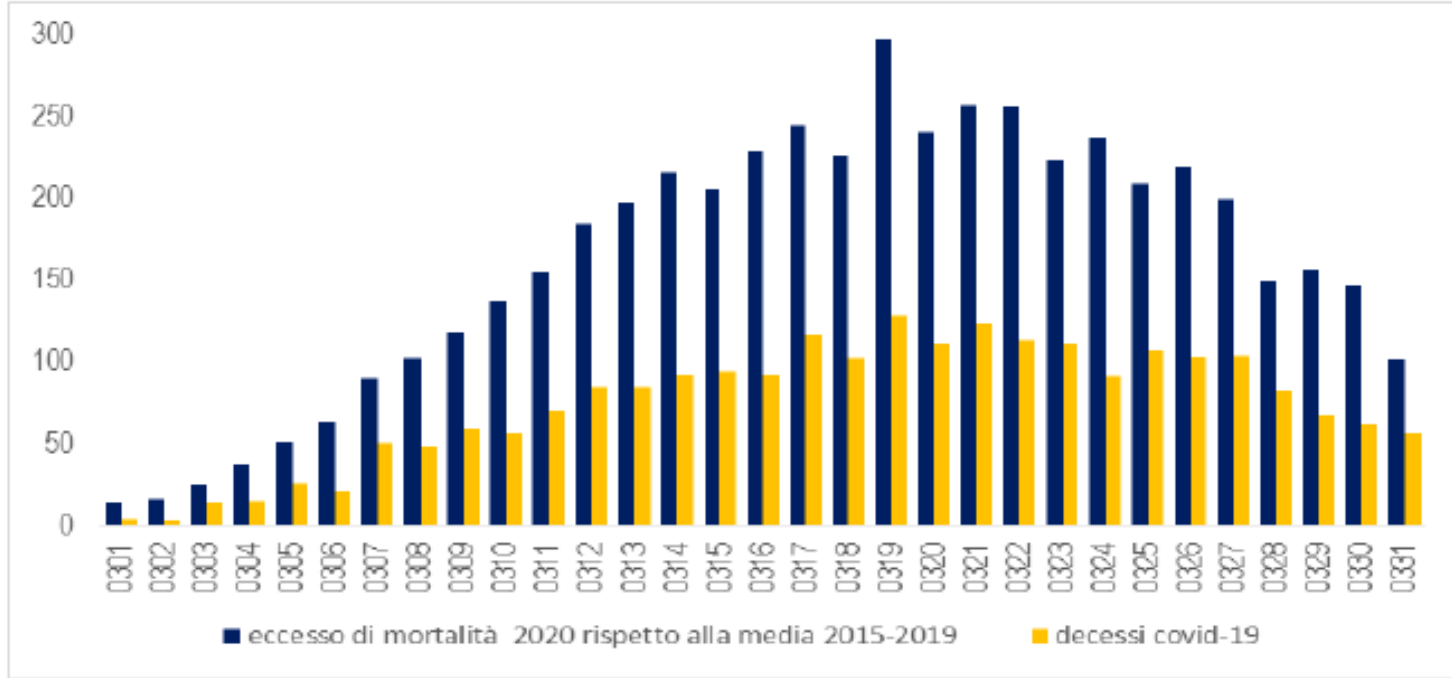
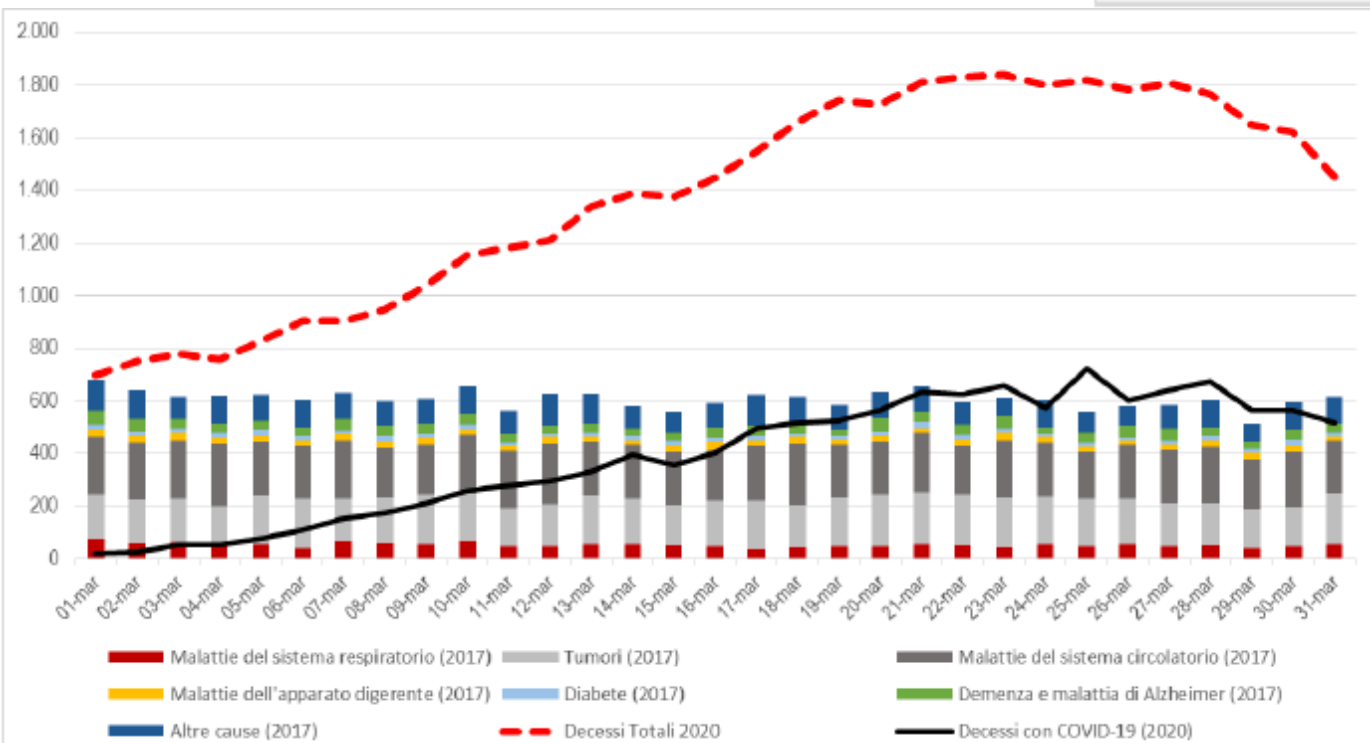


mid





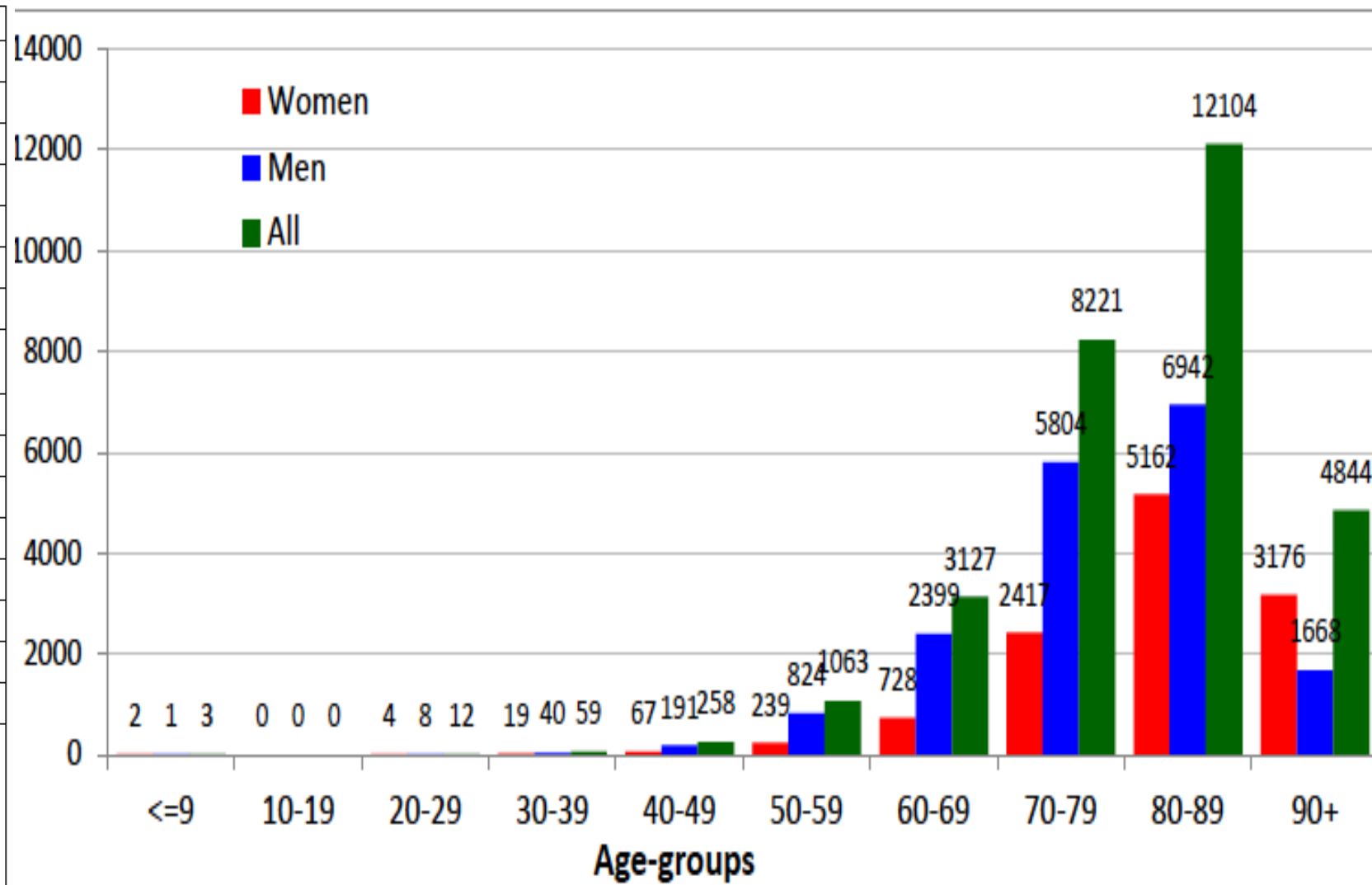
## Mortality curve by diagnosis



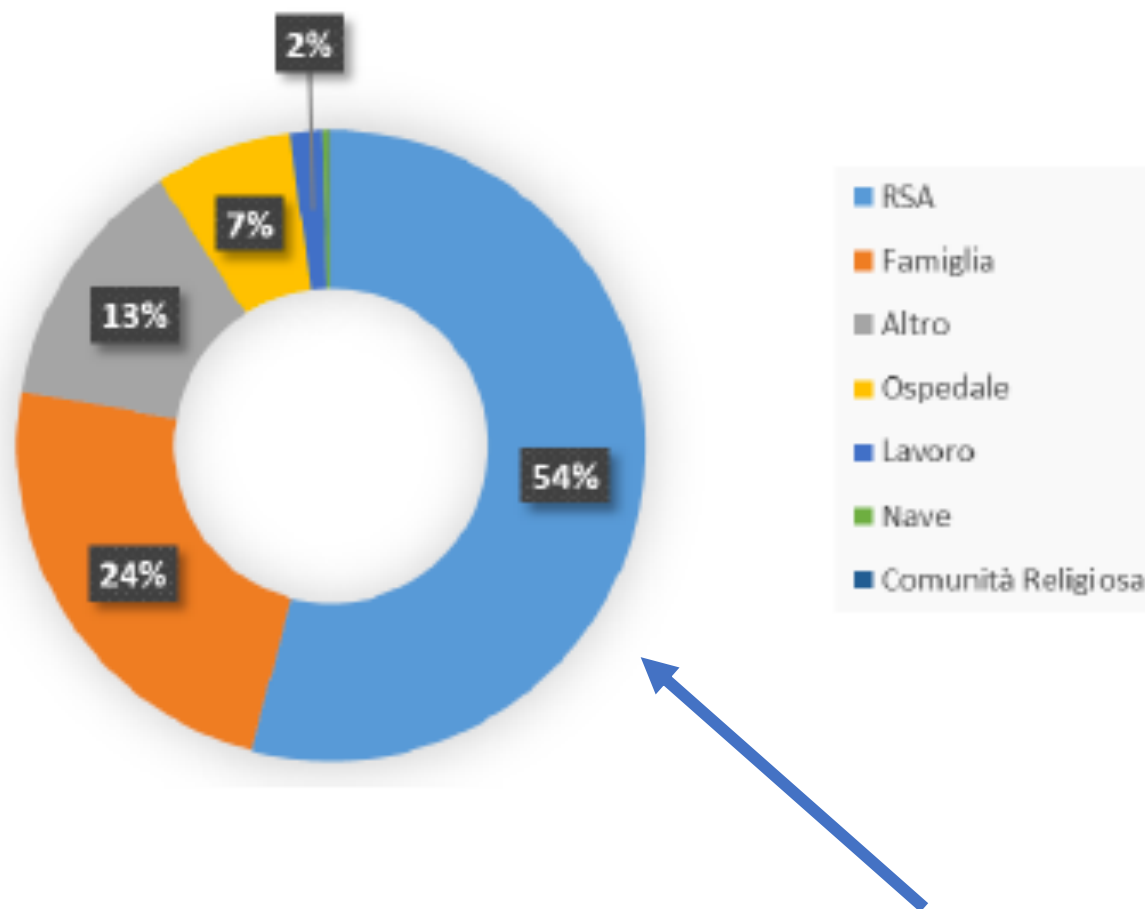
## Mortality from diagnosed COVID vs excess mortality

# Mortality associated to COVID (Italy)

<b>Diseases</b>	<b>N</b>	<b>%</b>
<i>Ischemic heart disease</i>	804	28.2
<i>Atrial Fibrillation</i>	642	22.5
<i>Heart failure</i>	457	16.0
<i>Stroke</i>	301	10.6
<i>Hypertension</i>	1940	68.1
<i>Type 2-Diabetes</i>	870	30.5
<i>Dementia</i>	450	15.8
<i>COPD (Chronic Obstructive Pulmonary Disease)</i>	470	16.5
<i>Active cancer in the past 5 years</i>	454	15.9
<i>Chronic liver disease</i>	113	4.0
<i>Chronic renal failure</i>	585	20.5
<i>Dialysis</i>	53	1.9
<i>Respiratory failure</i>	142	5.0
<i>HIV Infection</i>	6	0.2
<i>Autoimmune diseases</i>	108	3.8
<i>Obesity</i>	307	10.8
<b>Number of comorbidities</b>		
<i>0 comorbidities</i>	111	3.9
<i>1 comorbidity</i>	425	14.9
<i>2 comorbidities</i>	608	21.3
<i>3 comorbidities and over</i>	1704	59.8



## Place of (possible) exposure



# Timeline in WHO

### **31 Dec 2019**

Wuhan Municipal Health Commission, China, reported [a cluster of cases of pneumonia](#) in Wuhan, Hubei Province. A novel coronavirus was eventually identified.

### **1 January 2020**

WHO had set up the IMST (Incident Management Support Team) across the three levels of the organization: headquarters, regional headquarters and country level, putting the organization on an emergency footing for dealing with the outbreak.

### **4 January 2020**

WHO [reported on social media](#) that there was a cluster of pneumonia cases – with no deaths – in Wuhan, Hubei province.

### **5 January 2020**

WHO published the [first Disease Outbreak News](#) on the new virus. It contained a risk assessment and advice, and reported on what China had told the organization about the status of patients and the public health response on the cluster of pneumonia cases in Wuhan.

## **10 January 2020**

WHO issued technical guidance online with advice to all countries on how to detect, test and manage potential cases, based on what was known about the virus at the time. Based on experience with SARS and MERS and known modes of transmission of respiratory viruses, infection and prevention control guidance were published to protect health workers recommending droplet and contact precautions when caring for patients, and airborne precautions for aerosol generating procedures conducted by health workers.

## **12 January 2020**

China publicly [shared](#) the genetic sequence of COVID-19.

## **13 January 2020**

Officials confirm a case of [COVID-19 in Thailand](#), the first case outside of China.

## **14 January 2020**

WHO's technical lead for the response noted there may have been limited human-to-human transmission of the coronavirus (in the 41 confirmed cases), mainly through family members, and that there was a risk of a possible wider outbreak.

## **20-21 January 2020**

WHO experts from its China and Western Pacific regional offices conducted a brief field visit to Wuhan.

## **22 January 2020**

WHO mission to China issued a [statement](#) saying that there was evidence of human-to-human transmission in Wuhan but more investigation was needed to understand the full extent of transmission.

## **22- 23 January 2020**

The WHO Director- General [convened](#) an Emergency Committee (EC) under the International Health Regulations (IHR 2005) to assess whether the outbreak constituted a public health emergency of international concern. They asked to be reconvened within 10 days after receiving more information.

## **28 January 2020**

A WHO delegation led by the DG [travelled to Beijing to meet China's leadership](#), learn more about China's response, and to offer any technical assistance.

An international team of leading scientists would eventually travel to China.



### **30 January 2020**

The WHO Director-General reconvened the [Emergency Committee \(EC\)](#) that reached consensus and advised the DG that the outbreak constituted a Public Health Emergency of International Concern (PHEIC). The DG declared the novel coronavirus outbreak (2019-nCoV) a PHEIC. This is the 6th time WHO has declared a PHEIC since the International Health Regulations (IHR) came into force in 2005.

WHO's [situation report](#) for 30 January reported 7818 total confirmed cases worldwide, with the majority of these in China, and 82 cases reported in 18 countries outside China. WHO gave a risk assessment of very high for China, and high at the global level.

### **3 February 2020**

WHO releases the international community's [Strategic Preparedness and Response Plan](#) to help protect states with weaker health systems.

### **11-12 February 2020**

WHO convened a [Research and Innovation Forum](#) on COVID-19, attended by more than 400 experts and funders from around the world.

## **16-24 February 2020**

The WHO-China Joint mission, with experts from Canada, Germany, Japan, Nigeria, Republic of Korea, Russia, Singapore and the US (CDC, NIH) went to Beijing, Wuhan and two other cities. The report of the joint mission can be found here: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

## **11 March 2020**

Deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction, WHO made the assessment that COVID-19 can be characterized as a pandemic.

## **13 March 2020**

[COVID-19 Solidarity Response Fund](#) launched to receive donations from private individuals, corporations and institutions.

## **18 March 2020**

WHO and partners launch the [Solidarity Trial](#), an international clinical trial that aims to generate robust data from around the world to find the most effective treatments for COVID-19.

**Europe**

## Areas of the Commission's response

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[Public health](#)



[Jobs and economy](#)



[Travel and transportation](#)



[Crisis management and solidarity](#)



[Research and innovation](#)



[Digital](#)



[Fighting disinformation](#)



[Emergency support](#)

The [Emergency Support Instrument](#) provides strategic and direct support across Member States, in particular as concerns the healthcare sector, to address the coronavirus public health emergency. The Emergency Support Instrument has a budget of **€2.7 billion** from the EU, and is deployed to mitigate the immediate consequences of the pandemic and anticipate the needs related to the exit and recovery.

On **17 March**, the EC set up [an advisory panel on coronavirus](#) composed of [7 expert epidemiologists](#) and virologists from several Member States to formulate science-based EU response guidelines and coordinate risk management measures. The panel, which was created following a [mandate by EU Member States](#), is chaired by Commission President, Ursula von der Leyen and Stella Kyriakides, Commissioner for health and food safety.

## Areas of the Commission's response



[Public health](#)



[Jobs and economy](#)



[Travel and transportation](#)



[Crisis management and solidarity](#)



[Research and innovation](#)



[Digital](#)



[Fighting disinformation](#)



[Emergency support](#)

On **2 April** the EC [adopted Guidelines](#) on cross-border healthcare cooperation between national, regional and local authorities. The aim is to facilitate the transfer of patients from one Member State to another, help qualified medical personnel to offer their assistance in other Member States.

On the same day, the EC launched the [EU Solidarity for Health Initiative](#), aimed at directly supporting the healthcare systems of EU Member States in combating the coronavirus pandemic. This initiative will provide for around €6 billion to cater for the needs of European health systems.

Public procurement of medical and protective equipment – masks, gloves, goggles, face-shields, and overalls – as well as medical ventilators and testing kits. The voluntary Joint Procurement Agreement with Member States (and the United Kingdom and Norway) enables the joint purchase of equipment and supplies.

The EC has [decided](#) to approve requests from all Member States and the UK to temporarily waive customs duties and VAT on the import of medical devices, and protective equipment.

On **19 March**, as an additional safety net, the EC proposed creating a strategic [RescEU stockpiling](#) – a common European reserve - of medical equipment such as ventilators, personal protective equipment, reusable masks, vaccines and therapeutics and laboratory supplies.

On **24 March**, the EC adopted decisions on [revised harmonised standards](#) to cover equipment such as medical facemasks, personal eye protection, medical gloves, protective clothing as well as respiratory protective devices