

Updated February 27, 2020

COVID-2019: Global Implications and Responses

Overview

As of February 27, 2020, the novel coronavirus first identified in patients in Wuhan, China, in early January 2020 had spread to over 45 countries, including the United States. Daily new cases reported outside China now exceed those reported in China. The World Health Organization (WHO) has declared the outbreak a Public Health Emergency of International Concern but has resisted labeling it a “pandemic.” WHO Director-General Tedros Adhanom Ghebreyesus stated on February 26 that using the word “pandemic” could “signal that we can no longer contain the virus, which is not true.” WHO has named the new virus “severe acute respiratory syndrome coronavirus 2” (SARS-CoV-2) and the disease that it causes “coronavirus disease 2019” (COVID-19).

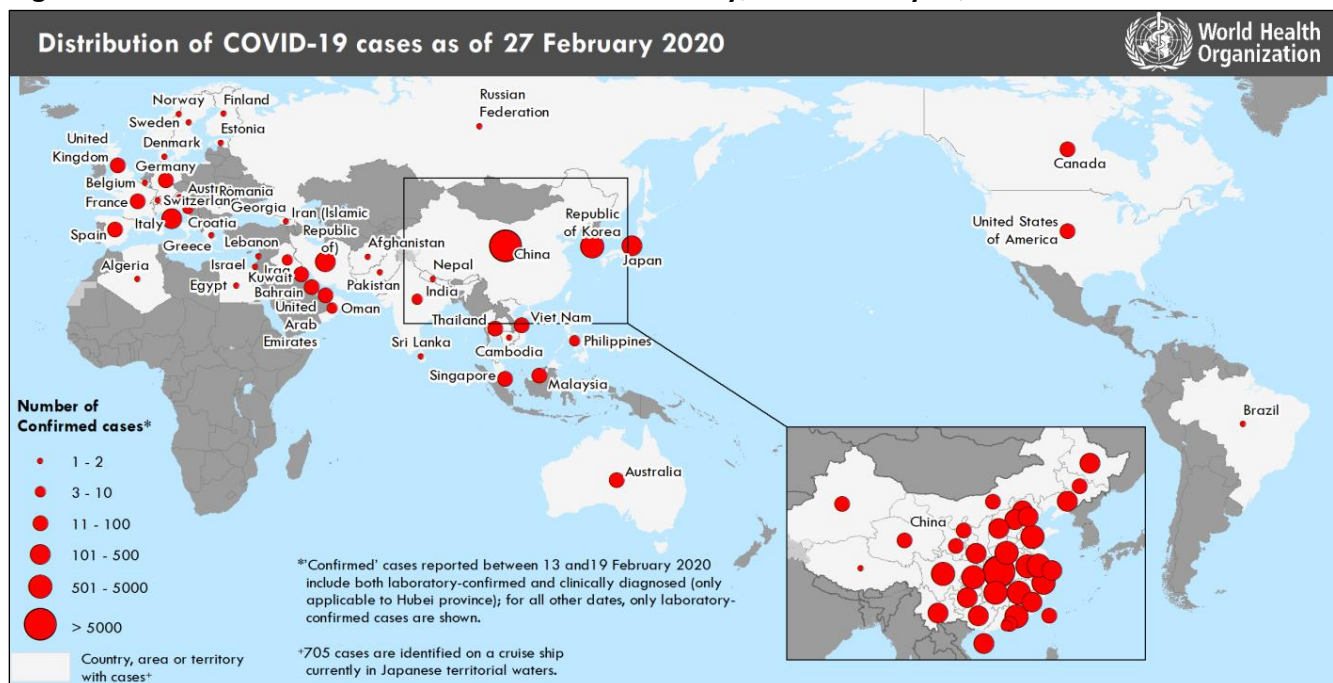
The Virus

Coronaviruses are a large family of zoonotic viruses (viruses transmissible between animals and humans) that can cause illness ranging from the common cold to more severe diseases such as Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most common symptoms among confirmed COVID-19 patients include fever, dry cough, and shortness of breath. As of February 26, 2020, WHO reported more than 80,000 confirmed COVID-19 cases globally, including more than 2,700 deaths. All but 5% of the cases and 60 of the deaths

were in mainland China, and over 80% of cases in mainland China were reported in Hubei Province, whose capital is Wuhan. Of confirmed COVID-19 patients in China, about 80% experienced only mild symptoms, 13% experienced severe symptoms, and 6% became critically ill. Outside mainland China, the jurisdictions with the highest reported caseloads were South Korea, Italy, Japan, and Iran. More than 700 cases have been detected from the *Diamond Princess* cruise ship, docked alongside Yokohama, Japan. In addition to China, the United States and Germany have confirmed community transmission of COVID-19, indicating the global response may need to move from a containment strategy to one of mitigation.

Within days of Chinese scientists’ sequencing the virus, scientists around the globe developed lab tests to diagnose COVID-19. Current diagnostic supplies are insufficient to meet global demand, however. While trying to increase supply of these tests, developers are also trying to create faster, cheaper, and more easily administered tests. No specific treatments or vaccines for COVID-19 exist. The U.S. National Institutes of Health (NIH) indicated in late January that a candidate vaccine for COVID-19 could be ready for early-stage human testing within three months, compared to the 20 months it took to begin early-state development of an investigational SARS vaccine.

Figure 1. Locations with Confirmed COVID-19 Cases Globally, as of February 27, 2020



Source: World Health Organization and National Health Commission of the People's Republic of China.

Developments in China

China first reported cases of pneumonia of an unknown cause to the WHO on December 31, 2019. Chinese scientists isolated the virus on January 7, 2020, and shared its genetic sequence with the world on January 12. China's government did not raise the alarm to its own people until January 20, however. Before then, the government appears to have worked to suppress information about the outbreak. Observers have suggested that by withholding information, the government may have squandered an early window of opportunity to stem the virus's spread.

After January 20, Chinese authorities began taking aggressive actions to prevent the virus from spreading further. By February 20, they had imposed *cordon sanitaires*, or restrictions on movement in and out of defined areas, on as many as 760 million people. Human rights groups and others have questioned such measures. Bruce Aylward, the Canadian co-team leader of a WHO-China Joint Mission on COVID-19, praised China, however, for a "bold approach" that "changed the course" of the epidemic and prevented "probably hundreds of thousands of cases of COVID-19 in China."

The WHO-China Joint Mission, which included representatives from the U.S. Centers for Disease Control and Prevention (CDC) and NIH, carried out an on-the-ground investigation of the outbreak in China from February 16 to 24. The mission concluded that the epidemic in China peaked and plateaued between January 23 and February 2, and has been waning since. Aylward acknowledged that the outbreak is not yet controlled in Wuhan, and he warned of the risk that the epidemic could "come back up again as people start to move again, the shops start to open, restaurants open, schools open." He said that risk was "being managed very carefully."

WHO Response

PHEIC. Following the emergence of a disease that might be deemed a Public Health Emergency of International Concern (PHEIC), WHO convenes an advisory group, the IHR Emergency Committee, to review data and make recommendations to the WHO Director-General. At its second meeting, on January 30, WHO's 15-member IHR Emergency Committee for Pneumonia due to the Novel Coronavirus COVID-19 concluded the outbreak had become a PHEIC. That day, WHO Director-General Tedros issued a PHEIC declaration, prompting countries to take specific actions, including heightening surveillance and reporting of the disease. In the case of the United States, Department of Health and Human Services (HHS) Secretary Alex Azar declared "a public health emergency for the entire United States." A PHEIC declaration can prompt countries to provide additional resources for global and domestic response and enable WHO to access certain emergency funding, such as from the United Nations Central Emergency Response Fund (CERF) and the World Bank Pandemic Emergency Financing Facility (PEF).

Pandemic Designation Debate. Some observers have questioned why WHO has not labeled the global COVID-19 outbreak a pandemic. On February 26, WHO Director-General Tedros defended WHO's caution, arguing, "For the moment, we are not witnessing sustained and intensive community transmission of this virus, and we are not

witnessing large-scale severe disease or death." He nonetheless urged countries to "prepare for a potential pandemic," stating, "Every country needs to be ready to detect cases early, to isolate patients, trace contacts, provide quality clinical care, prevent hospital outbreaks, and prevent community transmission."

WHO Funds. On February 5, WHO announced a \$675 million COVID-19 preparedness plan for February through April. It aims to provide international coordination and operational support, bolster country readiness and response capacity (particularly in low-resource countries), and accelerate relevant research and innovation. As of February 26, six donors had pledged to provide \$30.0 million in support of the plan and WHO had received \$1.4 million.

U.S. Response

Leadership. On January 29, President Donald J. Trump announced the formation of the President's Coronavirus Task Force, led by HHS and coordinated by the National Security Council. On February 27, the President appointed Vice President Mike Pence as the Administration's COVID-19 task force leader, and the Vice President subsequently appointed President's Emergency Plan for AIDS Relief (PEPFAR) Ambassador Deborah Birx as the "White House Coronavirus Response Coordinator."

Funds for Global COVID-19 Control. On February 7, the Department of State and the U.S. Agency for International Development committed to use up to \$100 million of existing funds to assist China and other affected countries with COVID-19 responses. HHS has made available up to \$105 million from the Infectious Disease Rapid Response Reserve Fund for domestic and international COVID-19 responses. In late February, the Administration stated those funds would be exhausted by the end of the month. On February 24, the Administration asked Congress for an emergency supplemental appropriation of \$1.25 billion for COVID-19 response efforts. The Administration also asked Congress to allow repurposing of another \$1.25 billion in existing funds from across the government, including HHS funds for current Ebola response activities.

Travel Issues and Evacuations. On January 31, 2020, the President suspended the entry into the United States of any foreign national who has been in China within the prior 14 days. On February 2, the Department of Homeland Security issued instructions subjecting returning U.S. citizens with recent travel to Hubei Province to mandatory quarantine of up to 14 days. The State Department has issued a Level 4 ("Do Not Travel") advisory for China and evacuated U.S. citizens and others from Wuhan. The Department ordered the mandatory departure of nonemergency U.S. personnel and their families from the U.S. consulate in Wuhan, and the voluntary departure of nonemergency U.S. personnel and their families from other diplomatic posts in China. The U.S. government also repatriated U.S. citizens from the *Diamond Princess* cruise ship in Japan.

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