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

Interim guidance 27 May 2021



# Key points

- Countries should continue to take all necessary public health and social measures to slow further spread of SARS-CoV-2, to prevent infections, especially in people vulnerable to severe disease or death, and avoid having their health systems overwhelmed.
- Variants of SARS-CoV-2 are circulating, some with increased transmissibility. However, the preparedness, readiness and response actions that are needed remain the same.
- Countries should administer COVID-19 vaccines according to their National Deployment and Vaccination Plans.
- Countries should be able to deliver the COVID-19 care pathway for patients, including life-saving therapies of corticosteroids and oxygen for those with severe disease, regardless of transmission scenario.
- There are seven transmission scenarios for COVID-19: no cases, sporadic cases, clusters of cases and four levels of community transmission. Countries should assess the transmission scenarios at sub-national levels
- Countries should respond to all transmission scenarios while including communities in decision making processes to enhance adherence to public health and social measures
- Prioritization of resources for each technical area will depend on which transmission scenario(s) a country is facing, as well as the response capacity.
- There is still much to understand about COVID-19 and its impact in different contexts. Preparedness, readiness and response actions will continue to be driven by rapidly accumulating scientific and public health knowledge.

## Introduction

This document is an update to the interim guidance entitled 'Critical preparedness, readiness and response actions for COVID-19', originally published on 22 March 2020 and last updated on 5 November 2020. This version provides updated guidance on contact tracing, laboratory testing, infection prevention and control, public health and social measures and health services, in the context of COVID-19 vaccination implementation. The full list of WHO technical guidance documents available for COVID-19 has also been updated.

This document outlines critical preparedness, readiness and response actions that are necessary, depending on the SARS-CoV-2 transmission scenario. Where possible, the transmission scenario should be assessed at the lowest administrative level (e.g., province, state, district, community) within each country.

### Background

Since January 2020, the scientific knowledge on SARS-CoV-2 (the virus that causes COVID-19), how it spreads, and the public health, economic and social impacts of the COVID-19 pandemic have continued to evolve. Many countries continue to demonstrate that SARS-CoV-2 transmission can be controlled. Variants of SARS-CoV-2 have been detected, including four which have been defined as <u>variants of concern</u>. However, the preparedness, readiness and response actions that are needed remain the same. These actions have saved lives and provided countries with more time to enhance emergency response systems; to increase capacity to detect cases and care for patients; to ensure hospitals have the necessary staff, supplies, including structures and systems, to ensure treatment for COVID-19 and non-COVID-19 conditions.

On 31 December 2020, WHO issued the first emergency use listing (EUL) of a COVID-19 vaccine. Since then, five more vaccines have received EUL. Vaccines and vaccination are now part of the global response for COVID-19, and the Strategic Advisory Group of Experts on Immunization recommends the prioritisation of vaccination for high-risk individuals. While vaccination plans are being implemented, countries should continue to take all necessary public health and social measures (PHSM) to slow further spread, to avoid having their health systems overwhelmed and to prevent infections, especially among older persons and those with chronic conditions who are at higher risk of severe outcomes and death.

The overarching aim of the <u>Strategic Preparedness and Response Plan for COVID-19</u> continues to be to suppress transmission of SARS-CoV-2 and prevent associated illness and death. In February 2021, the SPRP was updated to include vaccination into the global response. The 2021 global strategic objectives are:

 Suppress transmission through rollout of equitable COVID-19 vaccines and vaccination, through the implementation of recommended effective and evidence-based public health and social measures, and infection prevention and control measures, including detecting and testing suspected cases; investigating clusters of cases; tracing contacts;

- supported quarantine of contacts; isolating probable and confirmed cases; implementing measures to protect high-risk groups.
- Reduce exposure by enabling communities to adopt risk-reducing behaviours and practice infection prevention and control, including avoiding crowds and maintaining physical distance from others; practicing proper hand hygiene; through at the appropriate times; the correct and rational use of masks; and improving indoor ventilation.
- Empower communities to lead or be part of the response decision-making process by reinforcing risk communication and community engagement approaches that can reinforce local solutions, increase trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.
- Counter misinformation and disinformation by managing the infodemic, communicating with, engaging, and empowering communities, while also enriching the information eco-system online and offline through relevant, actionable and localized guidance that communicates, and by communicating risks and science for specific target populations, as needed.
- Protect the vulnerable through vaccination, ensuring vaccine deployment readiness in all countries and all populations, by communicating, implementing, and monitoring COVID-19 vaccination campaigns, by engaging health workers, and by building vaccine acceptance and demand based on priority groups, taking into account gender and equity perspectives to leave no one behind.
- Reduce mortality and morbidity from all causes by ensuring that patients with COVID-19 are diagnosed early and given quality care and treated in a COVID-19 Care pathway with access to corticosteroids and oxygen for patients with severe disease; that health systems can surge to maintain

- and meet the increasing demand for both COVID-19 care and other essential health services; that core health systems are strengthened; that demand-side barriers to care are addressed; and by ensuring that all priority groups in every country are vaccinated.
- Accelerate equitable access to new COVID-19 tools including vaccines, diagnostics and therapeutics, and support safe and rational allocation and implementation in all countries.

This update recognises that all countries have increased their level of preparedness, alert and response to implement national COVID-19 plans, and that there is no one-size-fits-all approach to managing cases and outbreaks of COVID-19. As such, each country should continually assess its risk and rapidly implement the necessary measures at the appropriate scale to reduce both SARS-CoV-2 transmission, COVID-19 morbidity and mortality, as well as the broader economic, public and social impacts.

### **Scenarios**

The transmission scenarios defined by WHO are outlined in Table 1: no (active) cases (including both zero transmission and the absence of detected and reported cases), imported/sporadic cases, clusters of cases and community transmission. The community transmission (CT) classification is now divided into four levels, from low incidence (CT1) to very high incidence (CT4).

This is described in further detail in <u>Considerations in adjusting public health and social measures in the context of COVID-19</u>. Further explanation of these categories and when to adjust public health and social measures can also be found in WHO guidance <u>Public health criteria to adjust public health and social measures in the context of COVID-19</u> and <u>Considerations for implementing a risk-based approach to international travel in the context of COVID-19</u>.

Table 1: Definition of the categories for transmission classification

Category name	Definition	
	Countries/territories/areas with:	
No (active) cases	No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust* surveillance system. This implies a near-zero risk of infection for the general population.	
Imported / Sporadic cases	Cases detected in the past 14 days are all imported, sporadic (e.g. laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.	
Clusters of cases	Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location <b>and</b> common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.	

Category name	Definition Countries/territories/areas with:
Community transmission – level 1 (CT1)	Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
Community transmission – level 2 (CT2)	<b>Moderate incidence</b> of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population subgroups. Moderate risk of infection for the general population.
Community transmission – level 3 (CT3)	<b>High incidence</b> of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
Community transmission – level 4 (CT4)	Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.

<sup>\*</sup> Note that in situations where COVID-19 surveillance is not robust, a lack of identified cases should not be interpreted as an absence of transmission.

Countries could experience one or more of these scenarios at the sub-national level and should define the transmission scenario and response actions at the lowest administrative level. Transmission scenarios may also move in both directions, such that "No cases" includes both never having had a COVID-19 case and having no active cases.

Countries should prepare to be able to respond to all transmission scenarios, following the framework laid out in the <u>Strategic Preparedness and Response Plan for COVID-19</u>. Prioritization of resources for each technical area will depend on which transmission scenario(s) a country is managing.

There is still much to understand about COVID-19 and its impact in different contexts. Preparedness, readiness and response actions will continue to be driven by rapidly accumulating scientific and public health knowledge. Table 2 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 2. Critical preparedness, readiness and response actions for each transmission scenario for COVID-19

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Transmission scenario	No reported cases.	One or more cases, imported or locally detected, without evidence of local transmission.	Cases limited to well-defined clusters, related by time, geographic location and common exposures	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.
Aim	Suppress transmission and prevent spread.	Suppress transmission and prevent spread.	Suppress transmission and prevent spread.	Suppress transmission, reduce case numbers, end community outbreaks.
Priority areas of work				
Emergency response mechanisms	Activate <u>emergency response</u> mechanisms.  Review and maintain <u>emergency response</u>	Scale up <u>emergency response</u> mechanisms.	Scale up <u>emergency response</u> mechanisms.	Scale up <u>emergency response</u> mechanisms.
	mechanisms.			
Risk communication and community engagement (RCCE) and infodemic management	Engage the public through RCCE and ensure people and communities participate in sharing trustworthy information, lead community actions and nurture trust in public health and social measures, through two-way communication.	Engage the public through RCCE and ensure people and communities participate in sharing trustworthy information, lead community actions and nurture trust in public health and social measures, through two-way communication.	Engage the public through RCCE and ensure people and communities participate in sharing trustworthy information, lead community actions and nurture trust in public health and social measures, through two-way communication.	Engage the public through RCCE and ensure people and communities participate in sharing trustworthy information, lead community actions and nurture trust in public health and social measures, through two-way communication.
	<ul> <li>Establish/revise RCCE working group</li> <li>Assess situation and develop detailed RCCE plan, including resources, clear roles and responsibilities</li> <li>Assess RCCE capacity and prepare training</li> <li>Prepare risk perception assessment (formative research)</li> <li>Prepare feedback loop mechanism</li> <li>Set up monitoring system</li> <li>Address rumours and misinformation with trustworthy information and facts shared through trusted channels and sources</li> </ul>	<ul> <li>Assess and revise RCCE plan according to situation with RCCE working group.</li> <li>Provide training for surge staff</li> <li>Engage communities as needed, with a focus on enhancing community dialogue and trust</li> <li>Assess initial risk perception assessment (formative research)</li> <li>Implement feedback loop mechanism</li> <li>Monitor process</li> </ul>	<ul> <li>Assess and revise RCCE plan according to situation with RCCE working group.</li> <li>Reinforce community-led activities to motivate individual and social responsibility to slow down transmission, alleviate stretched health systems and protect the most vulnerable</li> <li>Provide training for surge staff</li> <li>Engage communities as needed, with a focus on enhancing community dialogue and trust</li> </ul>	<ul> <li>Assess and revise RCCE plan according to situation with RCCE working group</li> <li>Reinforce community-led activities to motivate individual and social responsibility to slow down transmission, alleviate stretched health systems and protect the most vulnerable</li> <li>Continue risk perception assessment (formative research)</li> <li>Implement feedback loop mechanism</li> </ul>

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
	<ul> <li>Engage people and communities in designing strategies on how to take up and sustain the recommended individual and public health and social measures, including vaccination.</li> <li>Ready communities for introduction of vaccines, treatments and tests.</li> <li>Build resilience within communities to prepare for a shift in case scenarios and to ward off complacency of public health and social measures.</li> </ul>	<ul> <li>Address rumours and misinformation with trustworthy information and facts shared through trusted channels and sources</li> <li>Engage people and communities in designing strategies on how to take up and sustain the recommended individual and public health and social measures, including vaccination.</li> <li>Ready communities for introduction of vaccines, treatments and tests.</li> <li>Build resilience within communities to prepare for a shift in case scenarios and to ward off complacency of public health and social measures.</li> </ul>	<ul> <li>Assess initial risk perception assessment (formative research)</li> <li>Implement feedback loop mechanism</li> <li>Monitor process to guide implementation of RCCE plan</li> <li>Address rumours and misinformation with trustworthy information and facts shared through trusted channels and sources; amplify information and support from trusted community leaders and influencers including though trusted media</li> <li>Engage people and communities in designing strategies on how to take up and sustain the recommended individual and public health and social measures, including vaccination.</li> <li>Ready communities for introduction of vaccines, treatments and tests.</li> <li>Build resilience within communities to prepare for a shift in case scenarios and to ward off complacency of public health and social measures.</li> </ul>	<ul> <li>Engage communities as needed, with a focus on enhancing community dialogue and trust</li> <li>Monitor process to guide implementation of RCCE plan</li> <li>Address rumours and misinformation with trustworthy information and facts shared through trusted channels and sources; amplify information and support from trusted community leaders and influencers including though trusted media</li> <li>Engage people and communities in designing strategies on how to take up and sustain the recommended individual and public health and social measures, including vaccination.</li> <li>Ready communities for introduction of vaccines, treatments and tests.</li> <li>Build resilience within communities to prepare for a shift in case scenarios and to ward off complacency of public health and social measures.</li> </ul>
Surveillance	Actively test for COVID-19 among suspected cases; rapid isolation of cases.  Implement testing for COVID-19 using existing community-based surveillance, respiratory disease surveillance systems, hospital-based surveillance, event-based surveillance and investigation of clusters.  Include variants of concern in surveillance capacities, including sequencing where available.	Actively test for COVID-19 among suspected cases; rapid isolation of cases.  Implement COVID-19 surveillance using existing community-based surveillance, respiratory disease surveillance systems, hospital-based surveillance, event-based surveillance and investigation of clusters.  Include variants of concern in surveillance capacities, including sequencing where available.	Actively test for COVID-19 among suspected cases; rapid isolation of cases.  Expand COVID-19 surveillance using existing community-based surveillance, respiratory disease surveillance systems, hospital-based surveillance, event-based surveillance and investigation of clusters.  Include variants of concern in surveillance capacities, including sequencing where available.	Actively test for COVID-19 among suspected cases; where possible, especially in newly infected areas; rapid isolation of cases and apply self-initiated isolation for symptomatic individuals.  Adapt existing surveillance systems to monitor disease activity. Continue event-based surveillance and investigation of clusters. Include variants of concern in surveillance capacities, including sequencing where available.
	Implement or maintain enhanced surveillance for residential facilities and for vulnerable groups.	Implement enhanced surveillance for residential facilities and for vulnerable groups.	Implement enhanced surveillance for residential facilities and for vulnerable groups.	Implement enhanced surveillance for residential facilities and for vulnerable groups.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
	Develop national strategy for genomic surveillance for SARS-CoV-2 variants.	Where possible, track vaccination status of infected individuals in order to contribute to awareness of vaccine effectiveness  Develop national strategy for genomic surveillance for SARS-CoV-2 variants.	Where possible, track vaccination status of infected individuals in order to contribute to awareness of vaccine effectiveness  Develop national strategy for genomic surveillance for SARS-CoV-2 variants.	Where possible, track vaccination status of infected individuals in order to contribute to awareness of vaccine effectiveness  Implement genomic surveillance for SARS-CoV-2 variants.
Contact tracing and management	Prepare for surge in contact tracing needs.	Conduct contact tracing and monitoring; quarantine of contacts.	Conduct contact tracing, monitoring; quarantine of contacts. Conduct cluster investigations.	Conduct contact tracing and monitoring where possible; guarantine of contacts. Conduct cluster investigations.  Contact tracing capacity may be stretched and should therefore prioritize the identification and investigation of clusters, high risk settings and those at risk of severe disease.
Public health and social measures (PHSM)	Prepare to adjust public health and social measures based on an analysis of the level of transmission, the capacity of the health system to respond and other contextual factors.  Ensure that basic risk mitigation measures in relation to international travel are in place (such as travel advice, selfmonitoring for international travellers, and environmental controls and public health and social measures at points of entry and on board conveyances). Conduct systematic and regular risk assessments to inform the introduction, adjustment or discontinuation of supplementary measures (such as screening, testing and quarantine of international travellers) for all travel routes.  Advise against the use of COVID-19 vaccination as a condition for travellers to enter or exit the country, or to attend gatherings.	Adjust public health and social measures based on an analysis of the level of local transmission, the capacity of the health system to respond and other contextual factors.  Ensure that basic risk mitigation measures in relation to international travel are in place (such as travel advice, selfmonitoring for international travellers, and environmental controls and public health and social measures at points of entry and on board conveyances). Conduct systematic and regular risk assessments to inform the introduction, adjustment or discontinuation of supplementary measures (such as screening, testing and quarantine of international travellers) for all travel routes.  Advise against the use of COVID-19 vaccination as a condition for travellers to enter or exit the country, or to attend gatherings.	Adjust public health and social measures based on an analysis of the level of local transmission, the capacity of the health system to respond and other contextual factors.  Ensure that basic risk mitigation measures in relation to international travel are in place (such as travel advice, selfmonitoring for international travellers, and environmental controls and public health and social measures at points of entry and on board conveyances). Conduct systematic and regular risk assessments to inform the introduction, adjustment or discontinuation of supplementary measures (such as screening, testing and quarantine of international travellers) for all travel routes.  Advise against the use of COVID-19 vaccination as a condition for travellers to enter or exit the country, or to attend gatherings.	Adjust public health and social measures based on an analysis of the level of local transmission, the capacity of the health system to respond and other contextual factors.  Ensure that basic risk mitigation measures in relation to international travel are in place (such as travel advice, selfmonitoring for international travellers, and environmental controls and public health and social measures at points of entry and on board conveyances). Conduct systematic and regular risk assessments to inform the introduction, adjustment or discontinuation of supplementary measures (such as screening, testing and quarantine of international travellers) for all travel routes.  Advise against the use of COVID-19 vaccination as a condition for travellers to enter or exit the country, or to attend gatherings.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
	Any decision to restrict, modify, postpone, cancel, or proceed with holding a mass gathering should be based on a rigorous risk-assessment exercise, tailored to the event, positioned within the context of the public health and social measures (PHSMs) implemented in the hosting country or area where the event is planned.	No gatherings should occur unless the basic precautionary measures are observed. Any decision to restrict, modify, postpone, cancel, or proceed with holding a mass gathering should be based on a rigorous risk-assessment exercise, tailored to the event, positioned within the context of the public health and social measures (PHSMs) implemented in the hosting country or area where the event is planned.	No gatherings should occur unless the basic precautionary measures are observed. Any decision to restrict, modify, postpone, cancel, or proceed with holding a mass gathering should be based on a rigorous risk-assessment exercise, tailored to the event, positioned within the context of the public health and social measures (PHSMs) implemented in the hosting country or area where the event is planned.	No gatherings should occur unless the basic precautionary measures are observed. Any decision to restrict, modify, postpone, cancel, or proceed with holding a mass gathering should be based on a rigorous risk-assessment exercise, tailored to the event. In case of high or very high risk, postponing or cancelling an event should always be considered, positioned within the context of the public health and social measures (PHSMs) implemented in the hosting country or area where the event is planned.
Infection prevention and control (IPC) – health care setting	Identify national and facility level IPC focal points. (Re)train staff in IPC and clinical management specifically for COVID-19.  Implement IPC strategies and measures to prevent or control transmission in health care settings.  Use appropriate personal protective equipment (PPE) by health workers providing direct care to patients with COVID-19. Develop plan to forecast essential supply needs and a strategic allocation plan for severe shortages if disruption in PPE supply is anticipated.	Identify national and facility level IPC focal points. (Re)train staff in IPC and clinical management specifically for COVID-19.  Implement IPC strategies and measures to prevent or control transmission in health care settings.  Use appropriate PPE by health care workers providing direct care to patients with COVID-19. Implement essential supply forecasting and strategic planning for severe shortages if disruption in PPE supply is anticipated or experienced.  Implement guidance on mask use for	Identify national and facility level IPC focal points. (Re)train staff in IPC and clinical management specifically for COVID-19.  Implement IPC strategies and measures to prevent or control transmission in health care settings.  Use appropriate PPE by health care workers providing direct care to patients with COVID-19. Implement essential supply forecasting and strategic planning for severe shortages if disruption in PPE supply is anticipated or experienced.  Implement guidance on mask use for	Identify national and facility level IPC focal points. Retrain staff in IPC and clinical management specifically for COVID-19.  Reinforce IPC strategies and measures to prevent or control transmission in health care settings.  Use of appropriate PPE by health workers providing direct care to patients with COVID-19. Implement essential supplies forecasting and strategic planning for severe shortages if disruption in PPE supply is anticipated or experienced.  Implement guidance on mask use for
prever	Prepare strategies for detecting, preventing and managing SARS-CoV-2 infections among health workers.	health facilities. Implement strategies for detecting, preventing and managing SARS-CoV-2 infections among health workers.	health facilities. Consider universal masking in health care facilities at this level.  Implement strategies for detecting, preventing and managing SARS-CoV-2 infections among health workers.	health facilities. Consider universal masking in health care facilities at this level. Implement strategies for detecting, preventing and managing SARS-CoV-2 infections among health workers.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
	Prepare for surge in health care facility needs, including respiratory support, IPC, IPC and PPE supplies, screening of health workers for infection and mental health support for health workers.	Prepare for surge in health care facility needs, including respiratory support, IPC, IPC and PPE supplies, screening of health workers for infection and mental health support for health workers.	Prepare for surge in health care facility needs, including respiratory support, IPC, IPC and PPE supplies, screening of health workers for infection and mental health support for health workers.	Implement health facilities surge plans, including respiratory support, IPC, IPC and PPE supplies, screening of health workers for infection and mental health support for health workers.
	Implement environmental and engineering controls, including <u>adequate ventilation</u> and environmental cleaning.	Implement environmental and engineering controls, including <u>adequate ventilation</u> and environmental cleaning.	Implement environmental and engineering controls, including <u>adequate ventilation</u> and environmental cleaning.	Implement environmental and engineering controls, including <u>adequate ventilation</u> and environmental cleaning.
Infection prevention and control (IPC) – community settings	Anyone with symptoms suggestive of COVID-19 and those caring for sick persons at home should use medical masks and be mindful of other IPC recommendations such as environmental cleaning and ventilation.	Anyone with symptoms suggestive of COVID-19 and those caring for sick patients at home should use medical masks and be mindful of other IPC recommendations such as environmental cleaning and ventilation.	Anyone with symptoms suggestive of COVID-19 and those caring for sick patients at home should use medical masks and be mindful of other IPC recommendations such as environmental cleaning and ventilation	Anyone with symptoms suggestive of COVID-19 and those caring for sick patients at home should use medical masks and be mindful of other IPC recommendations such as environmental cleaning and ventilation.
		Maintain physical distancing of at least 1 meter, wear a mask when physical distance of at least 1 meter cannot be maintained. Encourage outdoor activities	Maintain physical distancing of at least 1 meter, wear a mask when physical distance of at least 1 meter cannot be maintained. Encourage outdoor activities	Maintain physical distancing of at least 1 meter, wear a mask when physical distance of at least 1 meter cannot be maintained. Encourage outdoor activities

over indoor activities, where possible

预览已结束, 完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5\_23857



over indoor activities where possible.

Encourage the use of medical masks by nasks by sk of individuals/people with higher risk of severe complications from COVID-19 ID-19 with (people aged >60 years and/or with comorbid conditions); use of fabric mask oric mask /sical for the general public where physical distancing of at least 1 m cannot be t be achieved, or if indoors where ventilation ntilation cannot be assessed or is known to be i to be poor. Encourage outdoor activities over indoor activities, where possible. isk for Encourage the use of fabric mask for when nber of the households, in indoor settings, when there is visitor who is not a member of the

household.

over indoor activities, where possible.