Critical preparedness, readiness and response actions for COVID-19

Interim guidance 24 June 2020



This document is an update to the interim guidance document entitled 'Critical preparedness, readiness and response actions for COVID-19', published on 22 March 2020. This version provides update recommendations in the table of critical preparedness, readiness and response actions for each transmission scenario for COVID-19 and provides an update to 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 controlled. 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 necessary staff, supplies, structure and system; and to develop life-saving medical interventions. Even as transmission dynamics change as the pandemic evolves, every country should continue to take all necessary measures to slow further spread, to avoid their health systems becoming overwhelmed, and to prevent infection among elderly and persons with co-morbidities who are at higher risk of severe outcomes, including death.

The overarching aim of the <u>Strategic Preparedness and Response Plan for COVID-19</u> is to control COVID-19 by slowing down transmission of the virus and preventing associated illness and death. The global strategic objectives are:

- Mobilize all sectors and communities to ensure that every sector of government and society takes ownership of and participates in the response and in preventing cases through hand hygiene, respiratory etiquette and individual-level physical distancing.
- Control sporadic cases and clusters and prevent community transmission by rapidly finding and isolating all cases, providing them with appropriate care, and tracing, quarantining, and supporting all contacts.
- Suppress community transmission through contextappropriate infection prevention and control measures, population level physical distancing measures, and appropriate and proportionate restrictions on non-essential domestic and international travel.
- Reduce mortality by providing appropriate clinical care for those affected by COVID-19, ensuring the continuity of essential health and social services, and

- protecting frontline workers and vulnerable populations.
- Develop safe and effective vaccines and therapeutics that can be delivered at scale and that are accessible based on need.

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. No cases: Countries/ territories/ areas with no cases;
- 2. Sporadic cases: Countries/ territories/ areas with one or more cases, imported or locally detected;
- 3. Clusters of cases: Countries/ territories/ areas experiencing cases, clustered in time, geographic location, and/or by common exposure;
- 4. Community transmission: Countries/ territories/areas experiencing larger outbreaks of local transmission, defined through an assessment of factors including, but not limited to:
 - Large numbers of cases not linkable to transmission chains
 - Large numbers of cases from sentinel lab surveillance or increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories
 - Multiple unrelated clusters in several areas of the country/ territory / area

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 may also move in both directions between transmission scenarios, such that "No cases" includes both countries that have never had any COVID-19 cases and countries that have had COVID-19 cases, but currently have no active cases.

Countries should prepare to respond to all transmission scenarios, following the framework laid out in the <u>Strategic Preparedness and Response Plan for COVID-19</u>. Prioritization and focus 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.

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
Transmission scenario	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.
Aim	Stop transmission and prevent spread.	Stop transmission and prevent spread.	Stop transmission and prevent spread.	Slow 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> mechanisms.	Enhance <u>emergency response</u> mechanisms.	Scale up emergency response mechanisms.	Scale up emergency response mechanisms.
Risk communication and community engagement (RCCE)	Educate and actively communicate with the public through risk communication and community engagement, ensuring building and maintaining trust, through two-way communication. - Establish/revise RCCE working group - Assess situation and develop detailed RCCE plan, including resources, clear roles and responsibilities - Assess RCCE capacity and prepare training - Prepare risk perception assessment (formative research) - Prepare feedback loop mechanism - Setup monitoring system	Educate and actively communicate with the public through risk communication and community engagement, ensuring building and maintaining trust, through two-way communication. - Assess and revise RCCE plan according to situation with RCCE working group Provide training for surge staff - Implemented feedback loop mechanism - Engage communities as needed - Assess initial risk perception assessment (formative research) - Implement feedback loop mechanism - Monitor process	Educate and actively communicate with the public through risk communication and community engagement, ensuring building and maintaining trust, through two-way communication. - Assess and revise RCCE plan according to situation with RCCE working group Provide training for surge staff - Implemented feedback loop mechanism - Engage communities as needed - Assess initial risk perception assessment (formative research) - Implement feedback loop mechanism - Monitor process	Educate and actively communicate with the public through risk communication and community engagement, ensuring building and maintaining trust, through two-way communication. - Assess and revise RCCE plan according to situation with RCCE working group - Continue risk perception assessment (formative research) - Implement feedback loop mechanism - Monitor process

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Surveillance	Conduct active case finding; 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. Implement or maintain enhanced surveillance for residential facilities and for vulnerable groups.	Enhance active case finding; isolation of cases. Implement COVID-19 surveillance using existing community-based surveillance, respiratory disease surveillance systems and hospital-based surveillance, event based surveillance and investigation of clusters. Implement enhanced surveillance for residential facilities and for vulnerable groups.	Intensify <u>case finding</u> ; isolation of cases. Expand COVID-19 surveillance using <u>existing community-based surveillance</u> , respiratory disease surveillance systems and hospital-based surveillance, event based surveillance and investigation of clusters. Implement <u>enhanced surveillance for residential facilities and for vulnerable groups</u> .	Continue case finding, where possible, especially in newly infected areas; 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. Implement enhanced surveillance for residential facilities and for vulnerable groups.
Contact tracing and management	Prepare for surge in contact tracing needs	Conduct contact tracing and monitoring; quarantine of contacts.	Intensify contact tracing, monitoring; quarantine of contacts.	Continue contact training and monitoring where possible; quarantine of contacts
Public health measures	Hand hygiene, respiratory etiquette, practice social distancing, environmental cleaning. Ensure universal access to hand hygiene facilities in front of all public buildings and transport hubs (e.g. markets, shops, places of worship, educational institutions, train or bus stations). Functioning handwashing facilities with water and soap should be available within 5m of all toilets, both public and private. Conduct risk assessments for mass gatherings and communicate the outcome of the risk assessment to the public.	Hand hygiene, respiratory etiquette, practice social distancing, environmental cleaning. Ensure universal access to hand hygiene facilities in front of all public buildings and transport hubs (e.g. markets, shops, places of worship, educational institutions, train or bus stations). Functioning handwashing facilities with water and soap should be available within 5m of all toilets, both public and private. Conduct risk assessments for mass gatherings and communicate the outcome of the risk assessment to the public.	Hand hygiene, respiratory etiquette, practice social distancing, environmental cleaning. Ensure universal access to hand hygiene facilities in front of all public buildings and transport hubs (e.g. markets, shops, places of worship, educational institutions, train or bus stations). Functioning handwashing facilities with water and soap should be available within 5m of all toilets, both public and private. Conduct risk assessments for mass gatherings and communicate the outcome of the risk assessment to the public.	Hand hygiene, respiratory etiquette, practice social distancing, environmental cleaning. Ensure universal access to hand hygiene facilities in front of all public buildings and transport hubs (e.g. markets, shops, places of worship, educational institutions, train or bus stations). Functioning handwashing facilities with water and soap should be available within 5m of all toilets, both public and private. Conduct risk assessments for mass gatherings and communicate the outcome of the risk assessment to the public. To consider: distance learning suspension of classes or school closures for a limited time; where feasible, encourage teleworking and staggered shifts in the workplace; reduce crowding, or close public spaces and transportation.

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Infection prevention and control (IPC) – health care setting	(Re)train staff in IPC and clinical management specifically for COVID-19.	(Re)train staff in IPC and clinical management specifically for COVID-19.	(Re)train staff in IPC and clinical management specifically for COVID-19.	Retrain staff in IPC and clinical management specifically for COVID-19.
	Implement IPC strategies to prevent of limit transmission in health care settings. Use appropriate PPE by health care workers providing direct care to COVID-19 patients. In care settings in which aerosol generating procedures are performed, health workers should wear a respirator.	Implement IPC strategies to prevent of limit transmission in health care settings. Use appropriate PPE by health care workers providing direct care to COVID-19 patients. In care settings in which aerosol generating procedures are performed, health workers should wear a respirator.	Implement IPC strategies to prevent of limit transmission in health care settings. Use appropriate PPE by health care workers providing direct care to COVID-19 patients. In care settings in which aerosol generating procedures are performed, health workers should wear a respirator.	Reinforce IPC strategies to limit transmission in health care settings. Continuous use of medical masks for health care workers who work in clinical areas. Use of appropriate PPE by health care workers providing direct care to COVID-19 patients. In care settings in which aerosol generating procedures are performed, health workers should wear a respirator. In care settings in which aerosol generating procedures are regularly performed, health workers should wear a respirator.
	Prepare for surge in health care facility needs, including respiratory support, IPC, PPE supplies, and mental health support for health workers.	Prepare for surge in health care facility needs, including respiratory support, IPC, PPE supplies, and mental health support for health workers.	Prepare for surge in health care facility needs, including respiratory support, IPC, PPE supplies and mental health support for health workers.	Implement health facilities surge plans, including respiratory support, IPC, PPE supplies and mental health support for health workers.
	Review surge in health care facility needs, including respiratory support, IPC and PPE supplies.	Review surge in health care facility needs, including respiratory support, IPC and PPE supplies.	Advocate for home care for mild cases, if health care systems are overwhelmed.	Advocate for home care for mild cases, if health care systems are overwhelmed.
IPC – general public	Use of medical masks by anyone with symptoms suggestive of COVID-19; and those caring for sick patients at home.	Use of medical masks by anyone with symptoms suggestive of COVID-19; and those caring for sick patients at home.	Use of medical masks by anyone with symptoms suggestive of COVID-19; and those caring for sick patients at home.	Use of medical masks by anyone with symptoms suggestive of COVID-19; and those caring for sick patients at home. Encourage the use of medical mask by
				vulnerable populations (people aged >60 years and/or with comorbid conditions); use of fabric mask may be encouraged for the general public where physical distancing cannot be achieved
Laboratory testing ¹	Test all individuals meeting the suspect case definition. See also considerations for testing during clinical care.	Test all individuals meeting the suspect case definition. See also considerations for testing during clinical care.	Test all individuals meeting the suspect case definition. See also considerations for testing during clinical care.	If diagnostic capacity is insufficient, implement prioritized testing and measures that can reduce spread (e.g. isolation), including priority testing of:
	Test a subset of samples from SARI/ILI surveillance for COVID-19.	Test a subset of samples from SARI/ILI surveillance for COVID-19.	Test a subset of samples from SARI/ILI surveillance for COVID-19.	people who are at risk of developing severe disease and vulnerable

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
	Test patients with unexpected clinical presentation or an increase in hospital admissions in a specific demographic group that could be COVID-19.			populations, who will require hospitalization and advanced care for COVID-19 - health workers (including emergency services and non-clinical staff) regardless of whether they are a contact of a confirmed case (to protect health workers and reduce the risk of nosocomial transmission) - the first symptomatic individuals in a closed setting (e.g. schools, long term living facilities, prisons, hospitals) or fragile settings (e.g. humanitarian operations, refugee/migrant camp and non-camp settings) to quickly identify outbreaks and ensure containment measures
Case management strategy ²	Set up or maintain screening and triage protocols at all points of access to the health system. Prepare to treat COVID-19 affected patients. Set up or maintain COVID-19 hotline and referral system; ready hospitals for potential surge.	Screen and triage patients at all points of access to the health system. Care for all suspected and confirmed patients according to disease severity and acute care need. Ready hospitals for surge; ready communities for surge, including by setting up community facilities for isolation of mild/moderate cases; establish protocol for home isolation.	Screen and triage patients at all points of access to the health system. Care for all suspected and confirmed patients according to disease severity and acute care needs. Activate surge plans for health facilities, activate community facilities; activate protocols for home isolation.	Screen and triage patients at all points of access to the health system. Care for all suspected and confirmed patients according to disease severity and acute care needs. Scale up surge plans for health facilities, community facilities and home care, including enhancement of COVID-19 referral system.
Case management recommendations by case severity and risk factors ²	Test suspect COVID-19 cases according to diagnostic strategy Mild cases and moderate cases with no risk factors, there are three options for care and isolation: - Health facilities, if resources allow; - Community facilities (i.e. stadiums, gymnasiums, hotels) with access to rapid health advice (i.e. adjacent COVID-19 designated health post, telemedicine); - Self-isolation at home according to WHO guidance with consideration of alternative delivery platforms such as telemedicine or community outreach teams For moderate cases with risk factors, and all severe/critical cases: hospitalization (in-patient treatment), with appropriate isolation/ cohorting. The decision of location should be made on a case-by-case basis and will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe diseases, and conditions at home, including the presence of vulnerable persons in the household.			

	No Cases	Sporadic Cases	Clusters of Cases	Community Transmission
Maintaining essential health services (EHS)	Prepare or review health system capacity and surge strategies.	Implement health system capacity and surge strategies.	Enhance health system capacity and surge strategies.	Intensify health system capacity and surge strategies.
	Designate an EHS focal point to the national COVID-19 IMT. Generate a country-specific list of core EHS and map to (HR and material) resource needs. Establish triggers or thresholds for phased	Establish mechanisms of coordination and communication among the IMT and service providers. Ensure that 24-hour acute care services are available at all first-level hospital emergency units (or similar) and ensure public awareness.	Implement protocols for targeted referral and counter-referral pathways. Schedule appointments, limit visitors and create uni-directional patient and staff flow to ensure sufficient distancing. Implement tools and information	Continue to monitor delivery of EHS at community and facility level, identify barriers to access and anticipate restoring suspended services based on changing needs. Establish weekly reporting from major distribution points on critical products
	reallocation of capacity and dynamic adaptation of services as the pandemic evolves. Establish or review mechanisms to monitor the ongoing delivery of EHS.	Conduct rapid capacity assessments (HR and material resources). Suspend user fees at the point of care for EHS for all patients.	systems to support teleconsultations. Coordinate additional funding to ensure timely payment of salaries, overtime, sick leave and incentive or hazard pay. Maintain and reinforce surveillance for	that may be at risk of shortage Coordinating primary care support, adjust hospital admission and discharge protocols as appropriate to limit duration of inpatient stays.
	Initiate rapid trainings to expand HW capacity in key areas (including screening triage, emergency care, etc.). Maintain and reinforce surveillance for vaccine preventable diseases; develop or review strategies for delivering immunization services.	Maintain and reinforce surveillance for vaccine preventable diseases; implement strategies for delivering immunization services.	vaccine preventable diseases; implement strategies for delivering immunization services.	Document adaptive responses implemented during the pandemic phase that should be considered for longer-term integration into health system operations. Maintain surveillance for vaccine preventable diseases; implement strategies for delivering immunization services.
Societal response	Develop all-of-society and business continuity plans. Review and update all-of-society and business continuity plans as evidence becomes available.	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

Critical preparedness, readiness and response actions for COVID-19

- Responding to community spread of COVID-19
- Overview of Public Health and Social Measures in the context of COVID-19
- Considerations in adjusting public health and social measures in the context of COVID-19
 - Considerations for public health and social measures in the workplace in the context of COVID-19
 - Considerations for school-related public health measures in the context of COVID-19
 - <u>Public health criteria to adjust public health and social</u> measures in the context of COVID-19
 - Considerations for mass gatherings in the context of COVID-19

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)
- Surveillance strategies for COVID-19 human infection
- Contact tracing in the context of COVID-19
 - Digital tools for COVID-19 contact tracing
 - Ethical considerations to guide the use of digital proximity tracking technologies for COVID-19 contact tracing
- Operational considerations for COVID-19 surveillance using GISRS
- Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19

Guidance for national laboratories

- <u>Laboratory testing for coronavirus disease (COVID-19) in</u> <u>suspected human cases</u>
- <u>Laboratory testing strategy recommendations for COVID-19</u>
- <u>Laboratory biosafety related to coronavirus disease (COVID-</u> 19)
- WHO reference laboratories providing confirmatory testing for COVID-19
- <u>Guidance for laboratories shipping specimens to WHO</u>
 <u>reference laboratories that provide confirmatory testing for</u>
 COVID-19 virus

Clinical care for COVID-19 patients

- Clinical management of COVID-19
- Clinical care of severe acute respiratory infections Tool kit
- Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts
- Operational considerations for case management of COVID-19 in health facility and community
- Severe Acute Respiratory Infections Treatment Centre
- Recommendations: Prehospital Emergency Medical Services (EMS) COVID-19
- Use of chest imaging in COVID-19
- Maintaining a safe and adequate blood supply during the pandemic outbreak of coronavirus disease (COVID-19)
- Global COVID-19 Clinical Characterization Case Record Form
 Clinical characterization case record form: Pregnancy module
 Case Report Form for suspected cases of multisystem inflammatory syndrome (MIS) in children and adolescents

Infection Prevention and Control for COVID-19

temporally related to COVID-19

- Infection prevention and control during health care when COVID-19 is suspected
- Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages
- Advice on the use of masks in the context of COVID-19
- Water, sanitation, hygiene and waste management for COVID-19
- Infection prevention and control for the safe management of a dead body in the context of COVID-19
- Infection prevention and control for long-term care facilities in the context of COVID-19
- Cleaning and disinfection of environmental surfaces in the context of COVID-19
- Surveillance protocol for SARS-CoV-2 infection among health workers
- Health workers exposure risk assessment and management in the context of COVID-19 virus

Essential resources planning

- COVID-19 Essential Supplies Forecasting Tool
- FAQ: COVID-19 Essential Supplies Forecasting Tool (COVID-19 ESFT)
- Adapt Surge Planning Support Tool
- Health Workforce Estimator
- Emergency global supply chain system catalogue
- <u>List of priority medical devices for COVID-19 case</u> <u>management</u>
- Technical specifications for invasive and non-invasive ventilators for COVID-19
- Oxygen sources and distribution for COVID-19 treatment centres
- Technical specifications for Pressure Swing Adsorption (PSA)
 Oxygen Plants

Maintaining essential health services

- Maintaining essential health services: operational guidance for the COVID-19 context
- Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic
- Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus
- Guiding principles for immunization activities during the COVID-19 pandemic
 - FAQ: Immunization in the context of COVID-19 pandemic
- <u>Framework for decision-making: implementation of mass</u>
 vaccination campaigns in the context of COVID-19

Risk communication and community engagement

- Risk communication and community engagement readiness and response to coronavirus disease (COVID-19)
- Mental health considerations during COVID-19 outbreak
- COVID-19 risk communication package for healthcare facilities
- A guide to preventing and addressing social stigma associated with COVID-19
- COVID-19 message library

Guidance for COVID-19 in schools, workplaces and institutions

- Key messages and actions for COVID-19 prevention and control in schools
- IASC: COVID-19 prevention and control in schools
- Getting your workplace ready for COVID-19
- COVID-19 and Food Safety: Guidance for competent authorities responsible for national food safety control systems
- COVID-19 and food safety: Guidance for food businesses
- Operational considerations for COVID-19 management in the accommodation sector
- Preparedness, prevention and control of COVID-19 in prisons and other places of detention
- Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health

Humanitarian operations, camps and other fragile settings

- IASC: Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings (jointly developed by IFRC, IOM, UNHCR and WHO)
- Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings
- Public health and social measures for COVID-19 preparedness and response in low capacity and humanitarian settings
- Preparedness for cyclones, tropical storms, tornadoes, floods and earthquakes during the COVID-19 pandemic

Operational support and logistics

<u>Disease commodity package</u>

Points of entry and mass gatherings

- Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak
- Mass gatherings COVID-19 risk assessment
 - Risk assessment tool
 - Decision tree
 - Considerations for risk assessment for sports federations/sports event organizers
 - Risk assessment tool for sports federations/sports event organizers
- Management of ill travellers at Points of Entry international airports, seaports and ground crossings – in the context of COVID-19 outbreak
- Operational considerations for managing COVID-19 cases/outbreak on board ships
- Operational considerations for managing COVID-19 cases or outbreak in aviation
- Controlling the spread of COVID-19 at ground crossings
- Practical considerations and recommendations for religious
 leaders and faith-based communities in the context of COVID 19
 - Risk assessment tool
 - Decision tree
- Safe Ramadan practices in the context of the COVID-19

Reducing animal-human transmission of emerging pathogens

- Origin of SARS-CoV-2
- Recommendations to reduce risk of transmission of emerging pathogens from animals to humans in live animal markets or animal product markets

Early investigation protocols (the Unity Studies)

- The First Few X (FFX) Cases and contact investigation protocol for COVID-19 infection
- Household transmission investigation protocol for COVID-19 infection
- Prospective cohort protocol for assessment of potential risk factors for COVID-19 infection among health care workers in a health care setting
- <u>Case-control protocol for assessment of potential risk factors</u> for COVID-19 infection among health care workers in a health care setting
- Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection
- Surface sampling of coronavirus disease COVID-19 virus: A practical "how to" protocol for health care and public health professionals

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

	Critical preparedness, readiness and response actions for COVID-19: Interim guidance
WHO continues to monitor the situation closely for any char	nges 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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