



WHO CORONAVIRUS DISEASE 2019 (COVID-19) SITUATION REPORT-98

SITUATION IN NUMBERS

Total (new) cases in
last 24 hours

Globally

2 878 196 confirmed (85 530)

198 668 deaths (4982)

Western Pacific Region

144 121 confirmed (1482)

5958 deaths (15)

European Region

1 359 380 confirmed (29 659)

124 525 deaths (2307)

South-East Asia Region

46 060 confirmed (2214)

1824 deaths (77)

Eastern Mediterranean Region

165 933 confirmed (5347)

6991 deaths (104)

Region of the Americas

1 140 520 confirmed (45 674)

58 492 deaths (2453)

African Region

21 470 confirmed (1154)

865 deaths (26)



President of Pakistan visited mosques in order to check the precautionary arrangements during Ramadan

Global News

- Czechs report six-week low in daily rise of new coronavirus cases.
- Russia reports record daily rises in new coronavirus cases and deaths.
- Spain reports drop in daily virus death toll for fifth day in a row.
- UK says some children have died from syndrome linked to Covid-19.
- Dubai 'hopes' to welcome tourists in July, process could be delayed until September.
- German virus spread worsens as lockdown eases.
- Indonesia death toll much higher than official figure: report.
- Australia permits home visits, opens beaches as coronavirus lockdown eases.
- Trump says US may seek damages from China over virus.

Global Response

- Wuhan's Yellow Crane Tower to reopen for tourists on World Labour Day.
- Scandinavian airline SAS hints at laying off half of its workforce.
- Washington's popular food trucks are ditching their spots to follow customers into the suburbs.
- Japan would 'scrap' Games if not held next year, says Tokyo 2020's president.
- Oil prices dive as world runs low on storage capacity while demand plunges.
- Ramazan bazaars go digital in Southeast Asia amid pandemic.
- Ardern tells nation to 'move cautiously' as NZ starts easing lockdown.

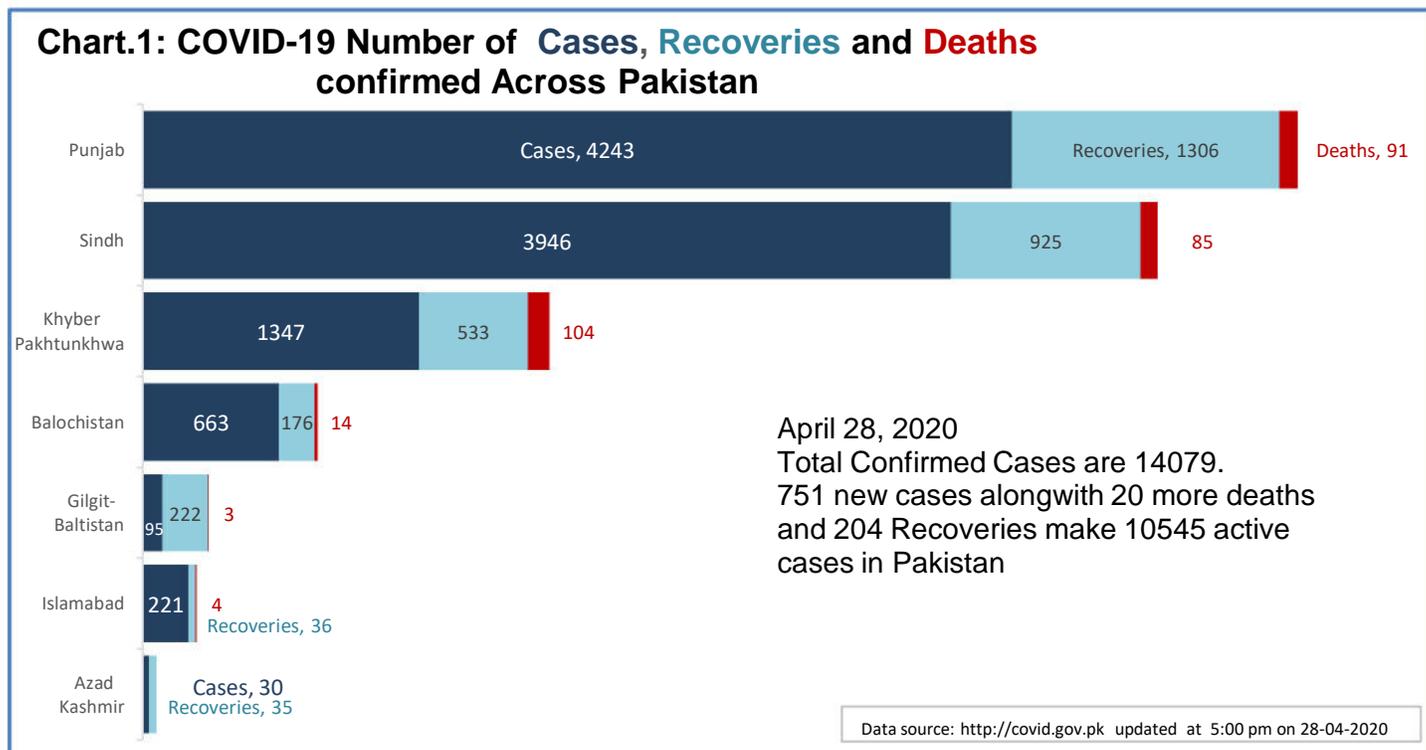
Local News

- New cases reported in Sindh, Punjab; national COVID-19 tally hits 14,000.
- Cabinet approves Rs75bn package to provide relief to daily wagers.
- Daraz launches Humqadam program with Rs4.5 crore subsidy to facilitate businesses transitioning online.
- 50 Pakistanis repatriated from Sri Lanka.
- 204 recoveries recorded in Pakistan.
- Covid-19 intensity still low in Pakistan: PM Imran
- Sindh Governor Imran Ismail falls prey to coronavirus.
- Bank of Khyber told to seal head office after several employees test positive for Covid-19.

Local Response

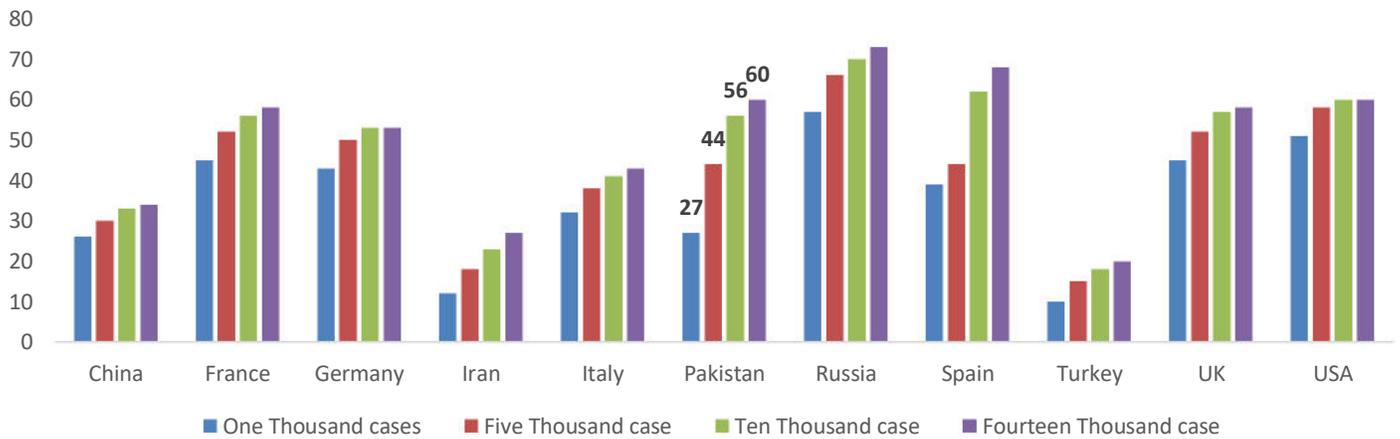
- Ministry of Overseas Pakistanis to host virtual town hall for nationals in Saudi Arabia.
- All resources being utilised to bring back stranded nationals in phases: FM Qureshi.
- President Alvi takes notice of mosque flouting SOPs during visit.
- Balochistan CM says will take steps to 'tighten lockdown'.
- Pakistan to conduct 40,000 coronavirus tests a day soon.
- Pakistan's energy imports shrink 33% to \$668 million.
- Covid-19 block set up in Nishtar Hospital.
- Overseas Pakistanis undergo Covid-19 test at Faisalabad quarantine centre.

During the last 24 hours, 751 new cases have been confirmed by different laboratories, bringing the national tally to 14079. Eight deaths from Punjab, six from KP, Four from Sindh and one from Balochistan and Islamabad each have been reported in the last 24 hours. There are a total 301 deaths and 3233 recoveries across the country, see Chart.1.



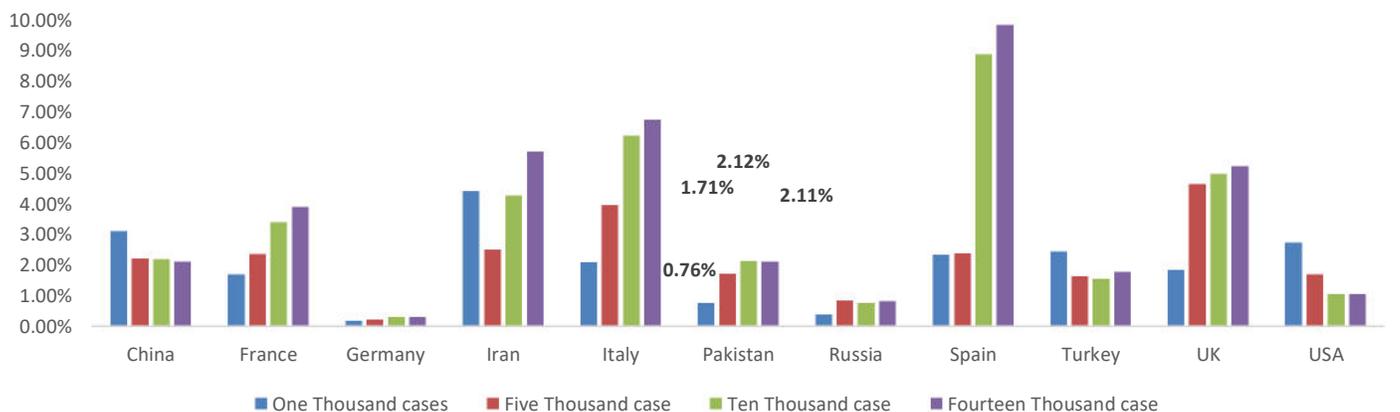
Since the first COVID-19 case reported on 26 Feb 2020 in Pakistan, number of cases crossed one thousand in 27 days, with in next 17 days the number of COVID-19 cases reached five thousand this is the period when lockdown was imposed by the provincial governments. On 15 April 2020 the lockdown was soften and it is observed that within 56 days since the first COVID-19 case reported in Pakistan the number of cases reached ten thousand and within next four days the count reaches to fourteen thousand, see Chart.2. A comparison of COVID-19 cases since first cases reported in top ten affected countries with Pakistan reveals that there is no significant difference except for lockdown period. There is a need of constrained social interaction to contain the COVID-19 outbreak. A serious awareness campaign is needed to educate masses about severity of COVID-19 pandemic.

Chart.2: COVID-19 days since the First Case reported



In Pakistan the death ratio due to COVID-19 is less than the average global death ratio by COVID-19. The death ratio remained less than one percentage points till first one thousand COVID-19 cases reported in Pakistan, by the fourteen thousand COVID-19 cases the death ratio is around two percentage points, see Chart.3. A comparison of death ratio in top ten infected countries and Pakistan reveals that death ratio in Pakistan is relatively low as compare to most of the top ten COVID-19 affected countries. More than sixty percentage population is youngsters in Pakistan having high immunity against diseases; amid many reasons this low death ratio might be the result of younger population. But being young couldn't safeguard against getting infected, but it help recover more rapidly; a restricted social interaction is the only cure against COVID-19 pandemic. Till the fourteen thousand COVID-19 cases Germany has remarkably very low death ratio, Germany strictly organised and properly quarantined the immigrants and travellers arrived at Germany and it worked contain the death by COVID-19 pandemic.

Chart.3: COVID-19 death ratio since the first case reported



Frequently Asked Questions

What is WHO recommending to countries that are considering public mask use in community?

For countries that are currently considering the use of masks, WHO advises decision makers to apply a risk-based approach and consider the following:

Purpose of mask use: if the intention is preventing the wearer transmitting infection to others (that is source control) or to offer protection to the wearer against infection (that is prevention).

Risk of exposure to COVID-19

- Due to epidemiology/number of cases in the population: if there is high community transmission and other measures such as contact tracing or ability to carry out testing are not possible.
- Depending on occupation: e.g., individuals working in close contact with public (e.g., community health worker, cashier).

Vulnerability of the mask wearer/population: for example, if supplies are adequate medical masks could be used by people with comorbidities, such as cardiovascular disease or diabetes mellitus, older people, immunocompromised patients.

Setting in which the population lives: settings with high population density (e.g. refugee camps, those living in cramped conditions) and settings where individuals are unable to keep a safe distance (e.g. crowded buses or other transport).

Feasibility: availability and costs of masks, access to clean water to wash non-medical masks, and ability of mask wearers to tolerate adverse effects of wearing a mask.

Type of mask: medical mask versus non-medical mask (prioritisation of medical masks for health care providers, symptomatic people and their caregivers).

In addition to these factors, potential advantages of the use of masks by healthy people in the community setting include reducing potential exposure risk from an infected person during the 'pre-symptomatic' period or if an infected person is asymptomatic.

There are potential risks and disadvantages that should be taken into account in any decision-making process on the use of masks:

- Non-medical or cloth masks could increase potential for COVID-19 to infect a person if the mask is contaminated by dirty hands and touched often, or kept on other parts of the face or head and then placed back over the mouth and nose
- Depending on the type of mask used, could cause difficulty in breathing
- They can lead to facial skin breakdown
- They can lead to difficulty with communicating clearly
- They can be uncomfortable to wear
- It is possible that mask use, with unclear benefits, could create a false sense of security in the wearer, leading to diminished practice of recognized beneficial preventive measures such as physical distancing and hand hygiene.

Source: World Health Organization



A woman preparing snacks for quarantined ramadan—Reuters



Medical workers from a hospital collect swabs from high school teachers for nucleic acid tests at a school, in Yichang, Hubei province, China.



People following precautions line up to receive food as the time to break the fast approaches—*Sohail Shahzad*

COVID-19: Timeline of a Pandemic (March 02, 2020 — March 03, 2020)

March 2 — The United States commits \$37 million from the Emergency Reserve Fund for Contagious Infectious Diseases at the U.S. Agency for International Development for countries affected by COVID-19 or at high risk of its spread. These are the first of the funds committed from the pledge of up to \$100 million announced on Feb. 7. Countries include Afghanistan, Angola, Bangladesh, Burma, Cambodia, Ethiopia, Indonesia, Iraq, Kazakhstan, Kenya, Kyrgyzstan, Laos, Mongolia, Nepal, Nigeria, Pakistan, South Africa, Tajikistan, Thailand, the Philippines, Turkmenistan, Uzbekistan, Vietnam, Zambia, and Zimbabwe.

A team of WHO experts lands in Iran to support the outbreak response with technical assistance, bringing medical supplies and protective equipment for over 15,000 health care workers and enough laboratory kits to test nearly 100,000 people. A WHO staff member in Iran tests positive for COVID-19.

Over the past 24 hours, there were nearly nine times more new cases reported outside China than within China.

Influenza is different than COVID-19 because there are treatments, vaccines, and there is an understanding of its transmission and patterns, says Dr. Michael Ryan, executive director at the WHO Health Emergencies Programme, during a press conference. "Here we have a disease in which we have no vaccine, no treatment, we don't fully understand transmission, we don't really understand case fatality. What we have been genuinely heartened by is that unlike influenza, where countries have fought back, where they've put in place strong measures, we've remarkably seen that the virus is suppressed."

Indonesia, Senegal, Portugal, Andora, Latvia, Jordan, Morocco, Saudi Arabia, and Tunisia report their first cases of COVID-19.

March 3 — The World Bank Group commits \$12 billion in immediate support to help countries strengthen health systems and to help cope with economic impacts of the COVID-19 outbreak.

To meet global demand for personal protective equipment, WHO estimates that industry needs to increase manufacturing by 40%. An estimated 89 million medical masks, 76 million examination gloves, and 1.6 million goggles are required each month for the COVID-19 response.

Ukraine, Argentina, and Chile report their first cases of COVID-19.

Source: <https://www.devex.com/>

Experts' View

With the challenges of Covid-19 becoming more obvious, countries must construct a vibrant and responsive social sector response besides boosting the local economy, healthcare system, etc. This requires us to rethink participatory policy, interdependence, service delivery and, most importantly, democratic governance at all levels. **(Peter Jacob, DAWN)**

The coronavirus pandemic has assigned more responsibilities and roles to police. Globally, the police are making changes in operational strategies and reallocating whatever human and financial resources they have at their disposal. However, an effective response requires far more, including: additional funds, enlistment of volunteers, active communication strategies, optimum use of technology, drafting of SOPs, improved institutional coordination, and strengthening of community networks. **(Mohammad Ali Babakhel, DAWN)**

Experts' Opinion

Covid-19 has neither sped up the Afghan government's appetite for a settlement with the Taliban, nor instigated a rethink in New Delhi over its brutal annexation of Kashmir. Covid-19 can change many things, but it will not change Pakistan's geography. Only the laziest of national discourses will pretend otherwise. So, how long can Covid-19 continue to provide the proverbial carpet under which we brush some of the more enduring and profound challenges we face? A little while longer, but not a whole lot. The old normal will not evaporate into thin air. Indeed, the new normal will be a more complicated version of the old. **(Mosharraf Zaidi, The News)**

Middle-class savers have had one avenue to invest their savings. That was real estate. In an effort to prevent speculators, the government has hit middle-class savers hard. Real-estate transactions have come to a halt. It is not clear what the government has achieved by closing down a whole sector. Bear in mind that investment in the stock exchange is very risky for anyone who is not an expert. The National Savings Scheme often offers below inflation returns. Real estate was the credible option for the middle classes. If holding of empty plots is an issue, the government should encourage house building by offering loans at preferential rates. Partly, the new construction policy has dealt with the matter. I hope it will be effective in reviving the sector. The virus has a message for us. It is a wakeup call that our economic policies don't work and that we must revisit the social contract in the country. It is critical to respond to this call. **(Humayun Akhtar Khan, The News)**

World Health Organization
Coronavirus disease (COVID-19) advice for the public

Yes. Respiratory viruses can be passed by shaking hands and touching your eyes, nose and mouth.

Greet people with a wave, a nod or a bow instead.

Should I avoid shaking hands because of the new coronavirus?



World Health Organization

#Coronavirus #COVID19

9 March 2020



A musician is seen at Cemetery, where people who have died from the coronavirus are being buried, in Tijuana, Mexico—*Reuters*

COVID-19 READS

1. **COVID-19: Proof that a mask can protect you**
<https://gulfnews.com/lifestyle/health-fitness/covid-19-proof-that-a-mask-can-protect-you-1.1587885955668>
2. **How to clean, reuse or hack a coronavirus mask**
<https://www.usatoday.com/in-depth/news/2020/04/27/how-clean-care-for-store-and-reuse-masks-protect-coronavirus-n-95-elastometric-homemade-covid-19/5148025002/>
3. **Germany's Covid-19 expert: 'For many, I'm the evil guy crippling the economy'**
<https://www.theguardian.com/world/2020/apr/26/virologist-christian-drosten-germany-coronavirus-expert-interview>
4. **How Apple and Google Are Enabling Covid-19 Contact-Tracing**
<https://www.wired.com/story/apple-google-bluetooth-contact-tracing-covid-19/>
5. **What would the COVID-19 pandemic look like if it happened 20 years ago?**
<https://www.weforum.org/agenda/2020/04/covid-19-digital-work-society>
6. **At least 12 UK children have needed intensive care due to illness linked to Covid-19**
<https://www.theguardian.com/world/2020/apr/27/nhs-warns-of-rise-in-children-with-new-illness-that-may-be-linked-to-coronavirus>
7. **UK tourism hotspots could face worst of post-lockdown job losses**
<https://www.theguardian.com/society/2020/apr/27/uk-tourism-hotspots-could-face-worst-of-post-lockdown-job-losses>
8. **How Europeans may be Able to Holiday with a COVID-19 Passport**
<https://www.forbes.com/sites/tamarathiessen/2020/04/27/how-europeans-may-be-able-to-holiday-with-a-covid-19-passport/#e1dc49829a3e>
9. **Global tourism and the COVID-19 pandemic**
<https://www.dailysabah.com/opinion/op-ed/global-tourism-and-the-covid-19-pandemic>
10. **Supporting the EU's cultural sector through Covid-19**
<https://www.europarl.europa.eu/news/en/headlines/society/20200423STO77704/supporting-the-eu-s-cultural-sector-through-covid-19>
11. **What future will millenials have after COVID-19? | Culture Clash**
<https://www.euronews.com/2020/04/10/what-future-will-millenials-have-after-covid-19-culture-clash>
12. **Quebec experts cautiously optimistic about COVID-19 hospital projections**
<https://globalnews.ca/news/6876035/quebec-experts-optimistic-covid-19-hospitals/>

Idea by VC PIDE, Dr. Nadeem Ul Haque

Prepared by:

Dr. Zulfiqar Ali Kalhoro, Dr. Saud Ahmed Khan, Dr. Hassan Rasool
Dr. Ahsan ul Haq Satti, Dr. Amena Urooj, Ms. Fizzah Khalid Butt
and Fahd Zulfiqar