

## Current major event

### Role of rapid response teams in adjusting control measures for COVID-19

WHO has now defined seven transmission categories to describe the dynamic of the epidemic. Assessing the level of transmission is key to assessing the overall COVID-19 situation and therefore guiding essential decisions on response activities and control measures. Rapid response teams can support the response during community transmission to reduce case numbers and end community outbreaks.

#### Editorial note

Countries in the Eastern Mediterranean Region (EMR) have effectively utilized their rapid response team (RRT) capacities at the national, sub-national and local levels for the COVID-19 response through the investigation of cases, initial case management, laboratory sample collection and transport, contact tracing, community engagement activities, support and monitoring of quarantined or isolated persons, active case-finding, and submitting key count data (e.g. total cases, deaths, isolated, hospitalized, quarantined) to the surveillance and reporting mechanism. RRTs have, however, played only a limited role in decisions to select, implement and adjust public health and social measures (PHSM), including those popularly known as 'lockdowns'.

PHSM have proven critical to limiting transmission of COVID-19 and reducing deaths. The decision to implement or adjust PHSM at a given locality is guided by assigning a 'situational level' that is informed by assessing:

- the level of transmission as per the seven categories that indicate the prevailing risk to the general population, and
- the health system response capacity.

Transmission intensity is defined by WHO through seven transmission scenarios: no reported cases (including both zero transmission and the absence of detected and reported cases), sporadic cases, clusters of cases and community transmission (CT) which is further divided into low incidence (CT1), moderate incidence (CT2), high incidence (CT3) and very high incidence of locally-acquired, widely-dispersed cases during the past 14 days (CT4).

RRTs can collect, analyze, present and disseminate sub-national or local community data and indicators to assign or differentiate between the four levels of CT and therefore the level of risk. Four primary indicators are proposed to determine CT which are routinely collected by RRTs: hospitalization rate, mortality, case incidence and testing. Additional indicators such as ICU proportional occupancy, effective reproductive number ( $R_t$ ) and doubling time could be used. It is also important to

### Situational level assessment matrix

Transmission level	Response capacity			
	Adequate	Moderate	Limited	
No cases	0	0	1	<b>Situational Level 0</b> No known transmission of SARS-CoV-2 in the preceding 28 days
Imported / Sporadic cases	0	1	1	<b>Situational Level 1</b> Basic measures are in place to prevent transmission
Clusters of cases	1	1	2	<b>Situational Level 2</b> Low community incidence or a risk of community transmission beyond clusters
Community transmission Level 1	1	2	2	<b>Situational Level 3</b> Community transmission with limited additional capacity to respond and risk of health care system becoming overwhelmed
Community transmission Level 2	2	2	3	
Community transmission Level 3	2	3	3	<b>Situational Level 4</b> Uncontrolled epidemic with limited or no additional capacity to respond
Community transmission Level 4	3	3	4	

### Epidemiological indicators and assigned values for different transmission levels

Domain	CT 1	CT 2	CT 3	CT 4
Hospitalization rate	<5	5 - <10	10 - <30	30+
Mortality	<1	1 - <2	2 - <5	5+
Case Incidence	<20	20 - <50	50 - <150	150+
Testing	< 2%	2% - < 5%	5% - <20%	20%+

understand the direction of the trends of contributing indicators over time. Health system response capacity can be assessed using the different domains, indicators and ratings. Clinical care and public health service capacity and performance should be considered.

Finally, RRTs can establish the locally-indicative situational level based on the above indicators as applied to a geographic area to guide PHSMs, which may recommend:

- Situational level 0: There should be no restrictions on daily activities.
- Situational level 1: Limited and transient localized disruption to social and economic life.
- Situational level 2: Additional measures, limited disruptions to social and economic activities.
- Situational level 3: Larger combination of measures.
- Situational level 4: Requires extensive measures.

RRT should continuously assess and monitor the intensity of transmission and the capacity of the health system at the country and sub-national levels to guide in adjusting the PHSMs.

### Update on outbreaks

in the Eastern Mediterranean Region

### COVID-19 in 22 EMR countries

#### Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

#### Coronavirus disease 2019 (COVID-19): 2019-2020

Afghanistan	[47 901 (1875), 3.9%]
Bahrain	[87 732 (341), 0.4%]
Djibouti	[5692 (61), 1.1%]
Egypt	[118 014 (6750), 5.7%]
Iran (Islamic Republic of)	[1 028 986 (50 016), 4.9%]
Iraq	[562 520 (12 411), 2.2%]
Jordan	[237 513 (3010), 1.3%]
Kuwait	[144 164 (889), 0.6%]
Lebanon	[135 876 (1090), 0.8%]
Libya	[86 580 (1231), 1.4%]
Morocco	[376 738 (6184), 1.6%]
occupied Palestinian territory (oPt)	[109 702 (905), 0.8%]
Oman	[124 329 (1435), 1.2%]
Pakistan	[416 499 (8361), 2%]
Qatar	[139 783 (239), 0.2%]
Saudi Arabia	[358 526 (5954), 1.7%]
Somalia	[4525 (121), 2.7%]
Sudan	[19 747 (1303), 6.6%]
Syrian Arab Republic	[8320 (442), 5.3%]
Tunisia	[104 002 (3561), 3.4%]
United Arab Emirates	[175 276 (589), 0.3%]
Yemen	[2082 (607), 29.2%]