Overall strategy

The World Health Organization (WHO) Western Pacific Regional Office (WPRO) encourages countries to improve detection of COVID-19 transmission, to respond to detection with quick and targeted measures, and to focus efforts on preventing transmission among the vulnerable.

Key highlights

- New cases of COVID-19 were reported in 18 Western Pacific Region (WPR) countries or areas within the past seven days (Australia 111, Brunei Darussalam 1, Cambodia 4, China 207, French Polynesia 1 883, Guam 515, Japan 4 183, Republic of Korea 722, Lao PDR 1, Malaysia 6 415, Mongolia 14, New Zealand 31, Northern Mariana Islands 4, Papua New Guinea 7, Philippines 12 369, Singapore 59, Solomon Islands 5 and Viet Nam 31).

- Three countries or areas in the WPR that had reported cases in the past have reported no new cases within the past seven days (Fiji, New Caledonia, and Wallis and Futuna).

- American Samoa, Cook Islands, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Niue, Palau, Pitcairn Islands, Samoa, Tokelau, Tonga, Tuvalu, and Vanuatu have not reported a case to date.

Epi update

<table>
<thead>
<tr>
<th>COVID-19</th>
<th>Member States</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>countries or areas reporting cases in the past 7 days</td>
<td>18</td>
<td>26 562 past 7 days</td>
<td>488 past 7 days</td>
</tr>
<tr>
<td>countries or areas reporting ZERO cases for more than 7 days</td>
<td>17</td>
<td>718 526 cumulative cases</td>
<td>15 336 cumulative deaths</td>
</tr>
</tbody>
</table>

Deployments

<table>
<thead>
<tr>
<th>COVID-19 response</th>
<th>total deployments</th>
<th>deployments completed</th>
<th>actively supporting country offices</th>
<th>actively supporting regional office</th>
<th>currently supporting remotely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>252</td>
<td>142</td>
<td>60</td>
<td>28</td>
<td>22</td>
</tr>
</tbody>
</table>

Supplies and logistics

Personal protective equipment for health workers shipped to 21 countries or areas (as of 28 October 2020)

- 6 888 300 surgical masks
- 1 181 485 particulate respirators
- 399 209 medical gowns
- 296 717 goggles
- 726 680 face shields
- 20 373 bottles (100mL) alcohol-based hand rub
- 1 133 201 pairs of gloves
- 333 792 laboratory tests shipped
Weekly situation updates

- In the WPR, 21 countries/areas have reported COVID-19 cases since December 2019. Between 21 to 27 October 2020, a total of 26 562 cases with 488 deaths have been reported, for a cumulative 718 526 cases with 15 336 deaths (proportion of fatal cases (PFC) 2.1%) as of 28 October 2020, 10:00 (GMT+8). Available data indicate most countries or areas in the WPR have identified imported cases or localized community transmission. Both Malaysia and the Philippines are reporting increasing rates of community transmission. In the Philippines, large scale community transmission is occurring in three regions (National Capital Region, Region 3, and Region 4A). In Malaysia, community transmission is classified as large scale in the Sabah region. In Papua New Guinea, the National Capital District and Western Province are reporting large community transmission, whilst most of the provinces are reporting no case numbers. Evidence suggests that French Polynesia and Guam are also classified as having large-scale community transmission across the whole country. Figure 1 shows the geographical distribution of cases reported in the last seven days.

- Globally, 43 341 451 COVID-19 cases with 1 157 509 deaths have been reported in 218 countries or areas (2.7% PFC), as of 27 October 15:11 CEST. New cases continue to increase in countries or areas of the Eastern Mediterranean Region, the Region of Americas, and European Region, while the trend is decreasing in the South-East Asian Region and African Region.

Figure 1. Countries or areas with reported confirmed cases of COVID-19, covering the period from 21 October to 27 October 2020, as of 28 October 2020 10:00 (GMT+8)
Figure 2. Current selected non-pharmaceutical interventions in countries or areas due to COVID-19, covering the period from 21 October to 27 October 2020, as of 28 October 2020 10:00 (GMT+8)

Figure 3. Epidemic curve of confirmed COVID-19 cases in countries or areas with >5,000 cases, covering the period from 21 October to 27 October 2020, as of 28 October 2020 10:00 (GMT+8)
Figure 4. Epidemic curve of confirmed COVID-19 cases in countries or areas with <5,000 cases, covering the period from 21 October to 27 October 2020, as of 28 October 2020 10:00 (GMT+8)

Table 1. Countries or areas with reported laboratory-confirmed COVID-19 cases and deaths, covering the period from 21 October to 27 October 2020, as of 28 October 2020 10:00 (GMT+8) (n = 718,526)
<table>
<thead>
<tr>
<th>Country or area</th>
<th>New cases (cumulative)</th>
<th>New deaths (cumulative)</th>
<th>Change in 7-day average</th>
<th>Days since last reported case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nauru</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>New Caledonia</td>
<td>0 (27)</td>
<td>0 (0)</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>New Zealand</td>
<td>31 (1 587)</td>
<td>0 (25)</td>
<td>-1.0</td>
<td>0</td>
</tr>
<tr>
<td>Niue</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Northern Mariana Islands</td>
<td>4 (92)</td>
<td>0 (2)</td>
<td>-1.0</td>
<td>1</td>
</tr>
<tr>
<td>Palau</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>7 (588)</td>
<td>0 (7)</td>
<td>-1.29</td>
<td>2</td>
</tr>
<tr>
<td>Philippines</td>
<td>12 369 (373 144)</td>
<td>363 (7 053)</td>
<td>-527.57</td>
<td>0</td>
</tr>
<tr>
<td>Pitcairn Islands</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Samoa</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Singapore</td>
<td>59 (57 980)</td>
<td>0 (28)</td>
<td>3.14</td>
<td>0</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>5 (8)</td>
<td>0 (0)</td>
<td>0.71</td>
<td>0</td>
</tr>
<tr>
<td>Tokelau</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tonga</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>31 (1 172)</td>
<td>0 (35)</td>
<td>0.43</td>
<td>0</td>
</tr>
<tr>
<td>Wallis and Futuna</td>
<td>0 (1)</td>
<td>0 (0)</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

**New science**

- Large scale mobility data has become a popular tool to monitor mobility patterns and analyse impacts of non-pharmaceutical interventions put in place to tackle the challenges posed by COVID-19. A study[^2] has analysed the impact of non-compulsory measures in Tokyo, Japan on temporal changes in human mobility behaviour, social contact rates, and their correlations with the transmissibility of COVID-19. The analysis concludes that by 15 April 2020 (1 week into state of emergency), human mobility behaviour decreased by around 50%, resulting in a 70% reduction of social contacts in Tokyo, showing the strong relationships with non-compulsory measures. Furthermore, the reduction in data-driven human mobility metrics showed correlation with the decrease in estimated effective reproduction number of COVID-19 in Tokyo. Such empirical insights could inform policy makers on deciding sufficient levels of mobility reduction to contain the disease.

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[^2]: References
New guidance

- A new Interim Guidance was published on Disaster evacuation shelters in the context of COVID-19. The Western Pacific is the world’s most disaster-prone region. When a disaster occurs, people may need to seek accommodation in a disaster evacuation shelter. However, it may be difficult in these settings to avoid confined and enclosed spaces with poor ventilation; crowded places with many people nearby; and close-contact settings, such as close-range conversations. This document outlines key considerations and strategies that should be considered for the establishment of a disaster evacuation shelter in the context of COVID-19, including considerations and strategies as outlined for the lead up, response and recovery phases of disasters.

New communications materials

How to wear a medical mask safely

How to wear a medical mask safely:

1. Perform hand hygiene
   - Soap and water (40-60 sec)
   - Alcohol-based handrub (20-30 sec)

2. Put mask to your face
   - Position the mask over your nose and mouth allowing the straps to hang freely on the sides of your face.

3. Secure with straps
   - Make sure your chin and nose are covered.

4. Secure nosepiece
   - Mold the nosepiece to the shape of your nose using fingers.

5. Once in position, Do not touch mask

How to wear a medical mask safely


Published on WPRO Facebook

Find more information: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
Despite the challenges we are all facing now due to COVID-19, we can still find purpose in our lives and be supportive of one another.

When faced with a difficult situation, focus on what you can change, accept matters that are beyond your control and always strive to live by your values.

Stress and adversity can also be a path towards growth and meaning.

To learn more about skills that can help you manage stressful situations, download the publication "Doing what matters during times of #stress": [https://bit.ly/36swY3P](https://bit.ly/36swY3P)

Published on WPRO Twitter

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**Key information and announcements**

**Finance and administration**

- A total of 252 deployments have been made since the onset of the pandemic. At present, 60 experts are supporting WHO Country Offices, 28 experts are supporting the WHO Regional Office from Manila, and 22 experts continue to provide remote support.

- WHO WPRO continues to deploy support to WHO Country Offices in China and Papua New Guinea. For Papua New Guinea, deployment of one GOARN consultant on Laboratory from China, and one clinical management consultant from Malaysia are being processed.

**Health service delivery**

- Preparation is underway for the sixth Virtual Meeting of the Asia-Pacific National Ethics Committees Working Group on COVID-19, to be held on 25 November 2020. These monthly meetings are jointly convened by WHO, and the United Nations Educational, Scientific and Cultural Organization (UNESCO). Each month the working group, composed of national ethics committee focal points, come together to share experiences and issues related to ethics and COVID-19. While previous meetings have discussed issues such as pandemic preparedness, resource allocation and vaccine trials, the sixth meeting will explore ethics related to digital technologies.
Information and planning

- WHO WPRO is further supporting French Polynesia in their response to the COVID-19 outbreak through a linkage with the Doherty Institute COVID-19 modelling consortium (Australia). Rapid modelling is underway to support short and long term forecasts of the outbreak to help guide clinical and laboratory responses and public health measures, in consultation with local authorities.

- WHO WPRO has continued the weekly monitoring of non-pharmaceutical interventions in Member States across the region. Updated information is available in the WPRO dashboard.

- WHO WPRO has continued monitoring of COVID-19 case incidence and transmission levels with Member States across the region. The subnational level transmission assessment of Lao People’s Democratic Republic and the Philippines have been added to the WPRO dashboard.

Operations support and logistics

- WHO WPRO continues to collect Cepheid GeneXpert kits weekly from the United States of America for the Pacific. 72,400 tests have been collected to date, which accounts for 75% of the total order. All 10 destinations in the Northern Pacific have received their full allocation.

- Biomedical equipment continues to be consolidated in Singapore prior to transportation to Fiji with the first flight departing last 22 October 2020. Two more flights are planned for the month of November. From Fiji, the supplies will be shipped to Pacific Island countries.

- Additional COVID-19 supplies donated by the WHO to the Department of Health of the Philippines include personal protective equipment and biomedical equipment with a total of 500 oxygen concentrators, 2.1 million surgical masks and other biomedical equipment, for a value of approximately US$ 3.3 million.

- The 40 foot container of PPE and Biomed equipment is due to arrive in Kota Kinabalu, Malaysia on 17 November 2020 which contains large amounts of personal protective equipment, 30 oxygen concentrators with spare parts and consumables for 6 months supply.

Partner coordination

- WHO WPRO facilitated a Global Outbreak Alert and Response Network (GOARN) Tier 1.5 virtual workshop entitled ‘GOARN Introduction to International Outbreak Response – Infection Prevention and Control (IPC)’ in partnership with the National Center for Global Health and Medicine Hospital, Japan. The objective of this training was to prepare IPC specialists with skills and knowledge required when deployed on a mission with GOARN.

- WHO WPRO participated in a panel discussion held as part of the World Health Summit entitled ‘GOARN 2020: Changing the Face of Outbreak Support / 20 years of GOARN’. The panel debate consisted of representatives of GOARN partners and networks reflecting on the highly interconnected multidisciplinary and operational nature of outbreak response. Discussion focusing on the major operational gaps and technical challenges that have been exposed by the pandemic, the steps needed now as our pandemic response evolves, and to accelerate national and global preparedness and rapid response for further emerging disease threats.
Strategic communication

- The new story titled “WHO: COVID-19 must not derail tobacco cessation efforts” has been prepared and published on the WPRO website. The story draws attention to the fresh challenges the pandemic has brought for the fight against tobacco.