

COVID-19: The Authoritative Chronology, December 2019–March 2020

Background paper 2a
The Independent Panel for Pandemic Preparedness and Response
May 2021







Glossary and abbreviations

AFCOR—Africa Task Force for Novel Coronavirus

AFR-WHO African Region

AMR-WHO Region of the Americas

AP—Associated Press

Article 6—International Health Regulations section regarding Member State notifications to the World Health Organization about a potential international health threat

Article 10—International Health Regulations section regarding Member State verification of emerging disease threat information

AU—African Union

CCDC-Chinese Center for Disease Control

COVID-19—the disease caused by SARS-CoV-2

DG—WHO Director-General

Dispersion factor k—describes how a disease clusters

EB—WHO Executive Board

ECDC—European Centre for Disease Prevention and Control

ED—Executive Director

EEA—European Economic Area

EMR- WHO Eastern Mediterranean Region

EU—European Union

EUR—WHO European Region

G7–Group of Seven

G20-Group of Twenty

GOARN—WHO Global Outbreak Alert and Response Network

HCWs-health care workers

h-to-h—human-to-human

HQ-headquarters

IASC-Inter-agency Standing Committee

IDVI—Infectious Disease Vulnerability Index

IFRC—International Federation of Red Cross and Red Crescent Societies

IHR—International Health Regulations

ILO—International Labour Organization

Mean serial interval—indicates the length of time between symptom onset of an initial case and any subsequent cases

nCoV—novel coronavirus

PCR—polymerase chain reaction

R&D—research and development

PHEIC—Public Health Emergency of International Concern

PPE—personal protective equipment

ProMED—Program for Monitoring Emerging Diseases

PUO—pneumonia of unknown origin

R0—R naught, basic reproduction number, estimates how many other cases one infected individual is likely to cause prior to institution of public health measures or development of immunity

Rt and Re—R at time t, effective reproduction number, estimates how many other cases one infected individual is likely to cause at a specific time, considering immunity and public health measures

RaTG13—a type of bat coronavirus

RCCE—Risk Communication and Community Engagement

SARS—severe acute respiratory syndrome

SARS-CoV-2—severe acute respiratory syndrome-coronavirus-2, the virus that causes COVID-19 disease

SCMP—South China Morning Post

SEAR-WHO South-East Asian Region

STAG-IH—WHO Strategic and Technical Advisory Group for Infectious Hazards

UN—United Nations

UNHCR—UN High Commissioner for Refugees

UK—United Kingdom

US—United States

US CDC—United States Centers for Disease Control and Prevention

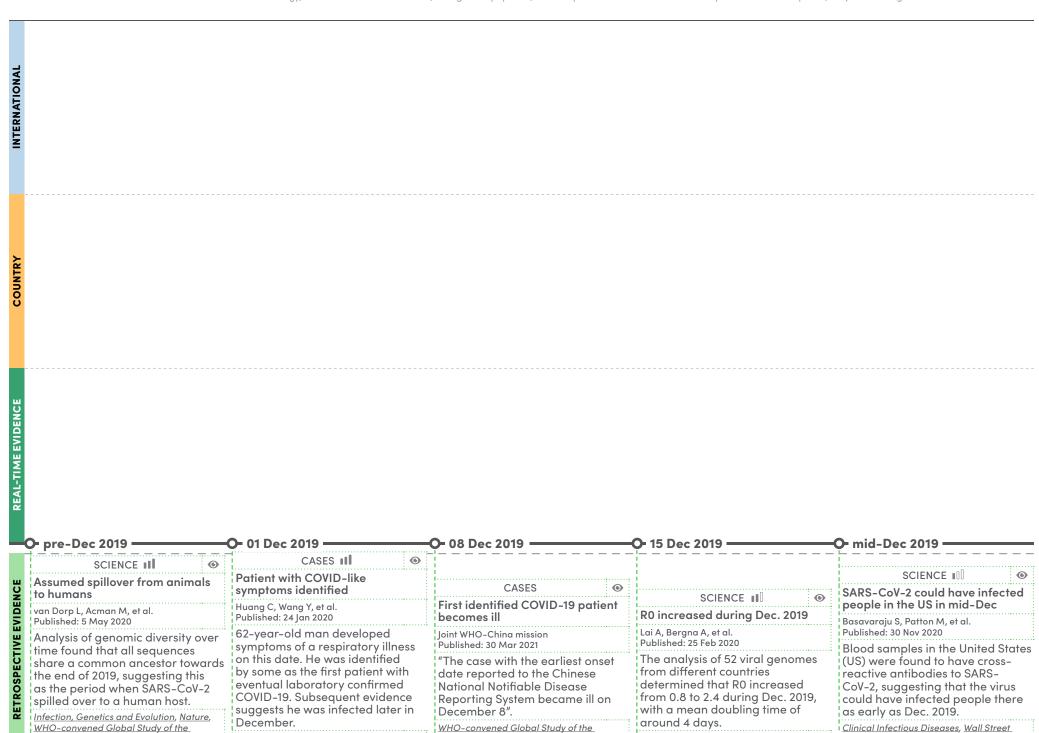
WASH-Water, Sanitation, and Hygiene

WHO-World Health Organization

WPRO-WHO Western Pacific Regional Office

2019-nCoV—novel coronavirus 2019

CHRONOLOGY LEGEND SUB-CATEGORY Headline Author/Actor Published: <<Date>> Caption Links to other sources e.g. news release Time zones CST - China Standard Time CET – Central European Time International actions Country actions Real-time evidence Retrospective evidence **Annotations** Key events Private document Public document WHO action Strength of research 1 - low quality pre-print 2 - medium peer reviewed 3 - high quality top tier journal



Origins of SARS CoV-2

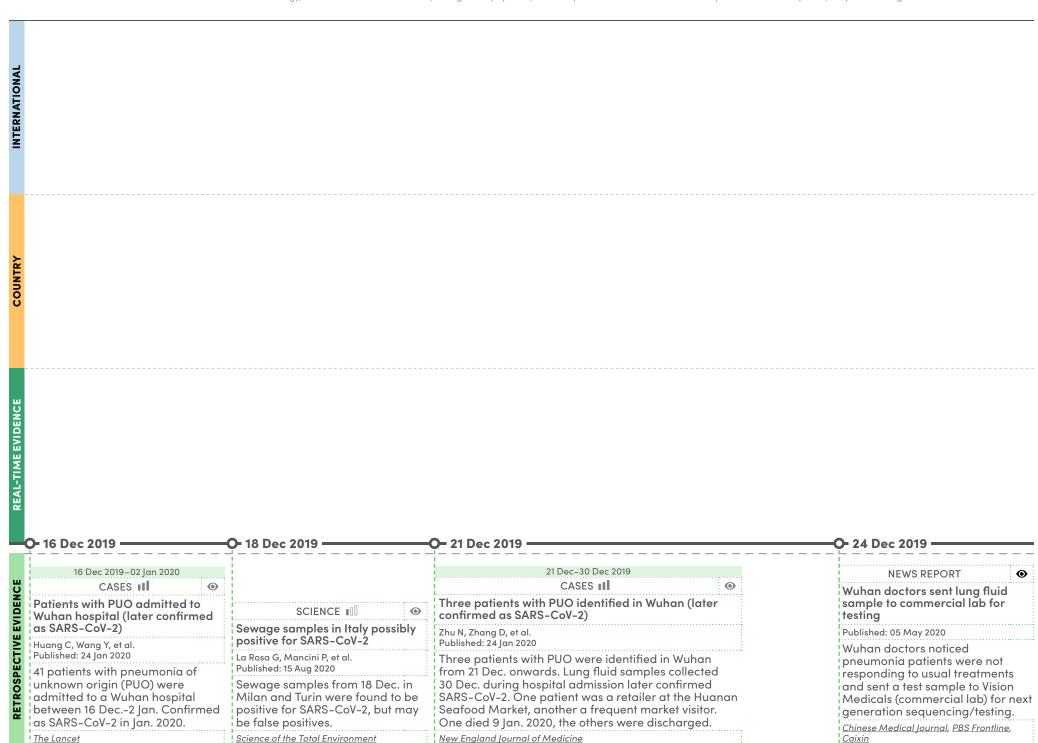
Journal of Medical Virology

Journal

Origins of SARS-CoV-2

The Lancet, WHO, WHO-convened Global

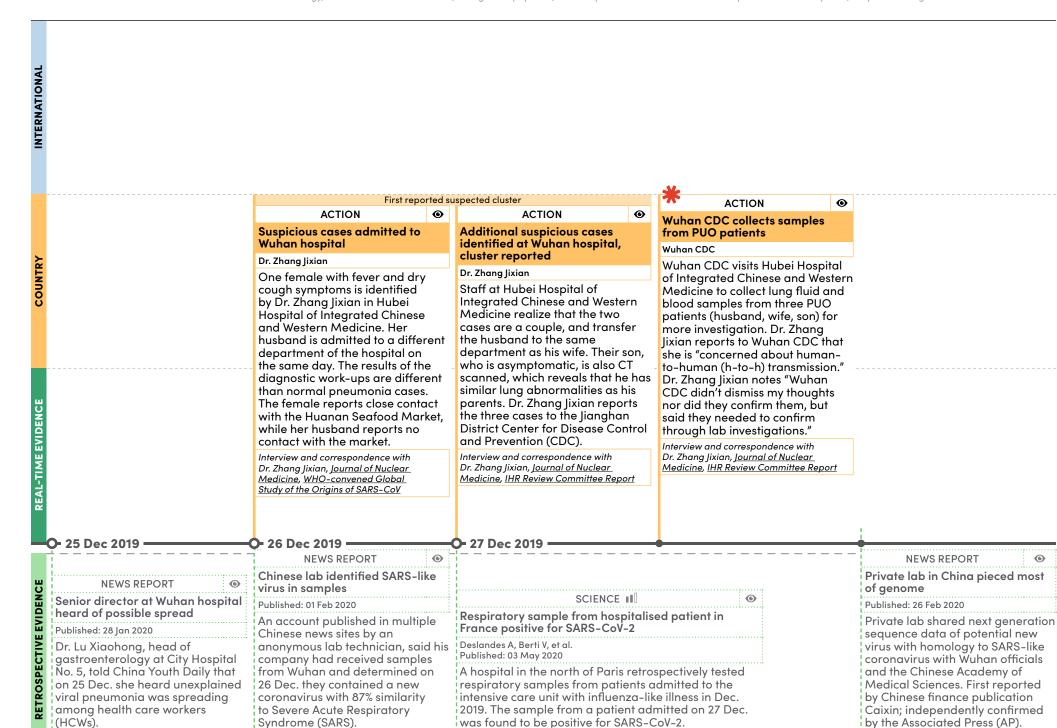
Study of the Origins of SARS-CoV-2



International Journal of Antimicrobial Agents, Reuters

by the Associated Press (AP)

Caixin, Associated Press



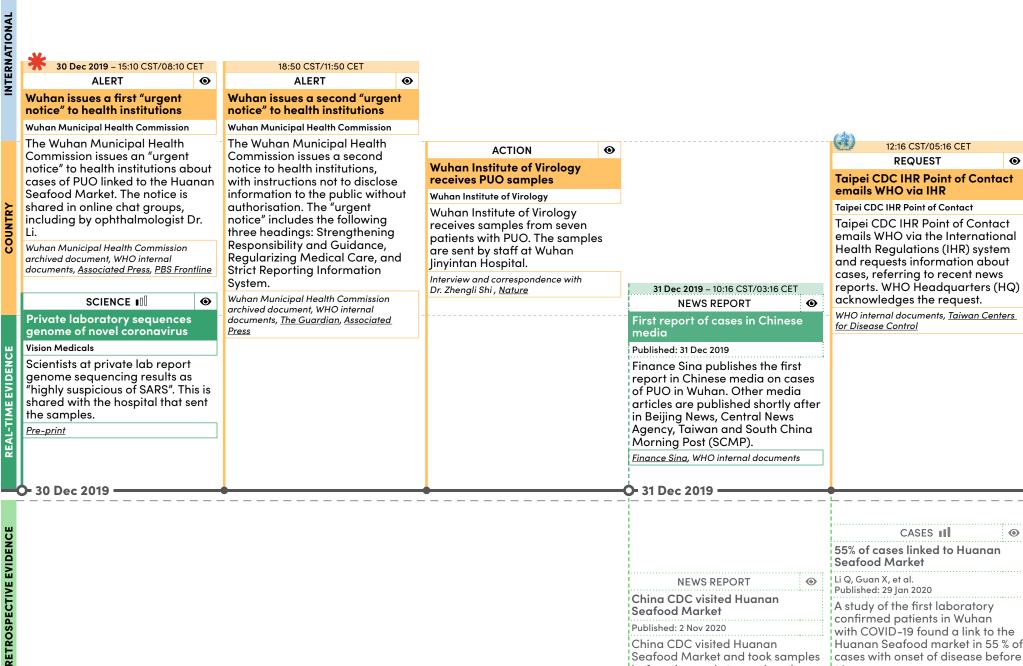
(HCWs).

China Youth Daily, NY Times

Syndrome (SARS).

Washington Post, Caixin





before the market was closed. NY Times

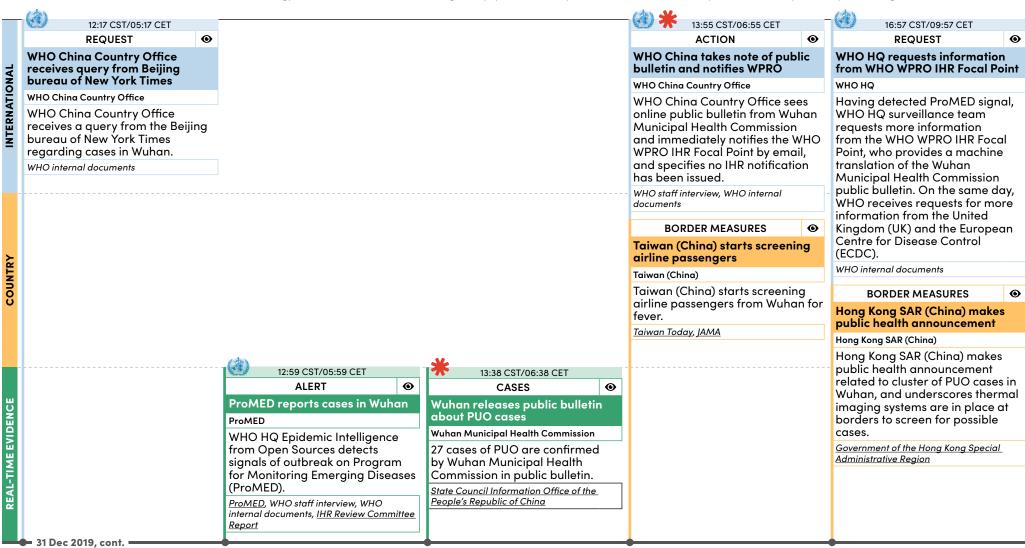
Seafood Market and took samples

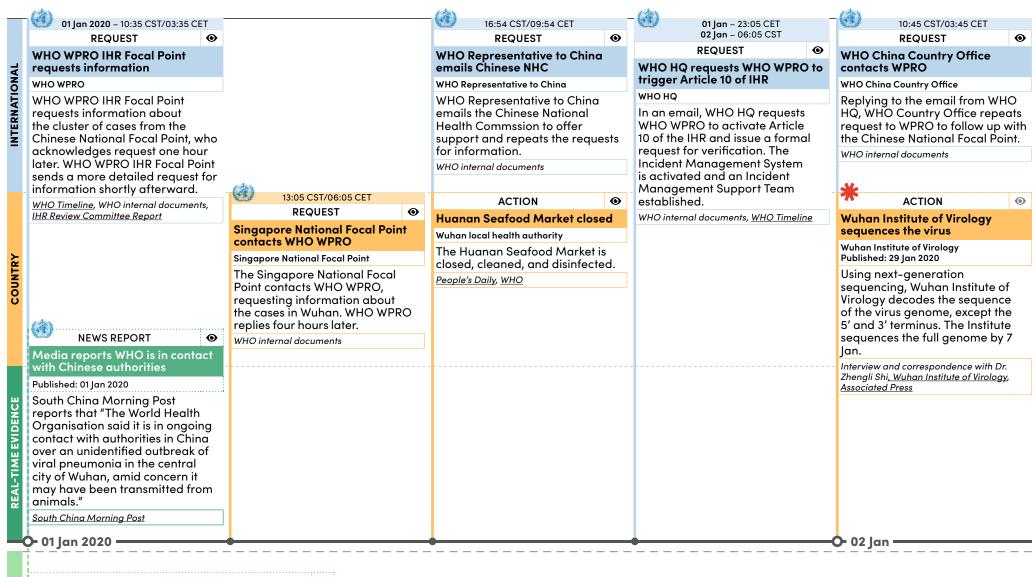
China CDC visited Huanan

Published: 2 Nov 2020

confirmed patients in Wuhan with COVID-19 found a link to the Huanan Seafood market in 55 % of cases with onset of disease before

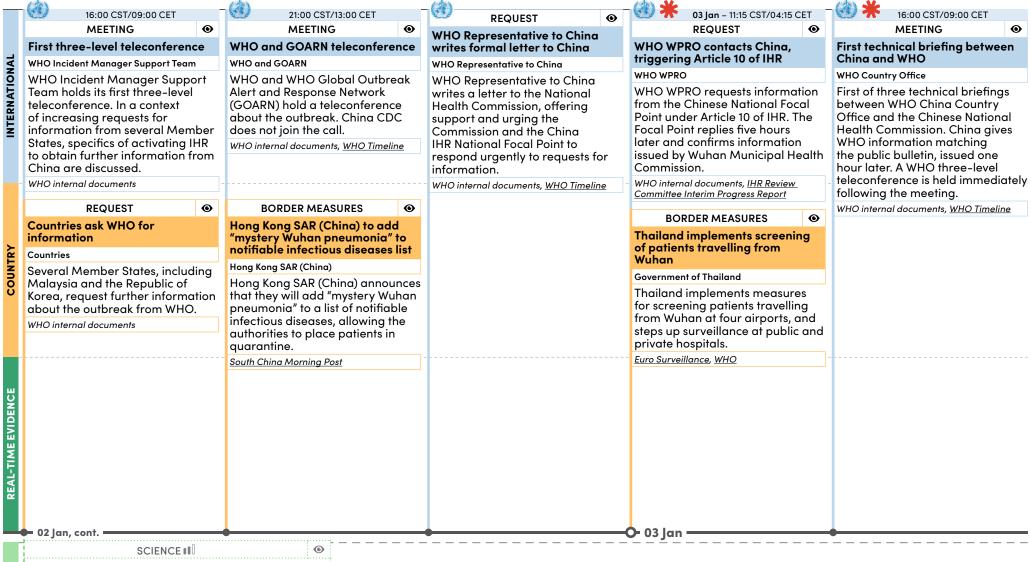
New England Journal of Medicine







Washington Post, The Lancet

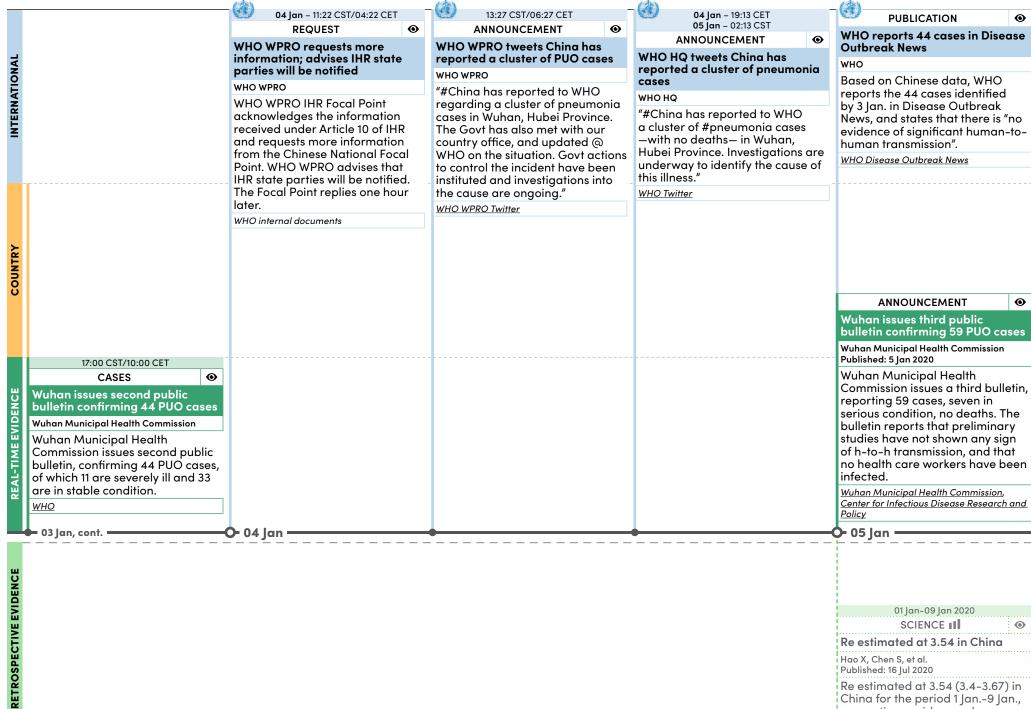


Sampling at Huanan Seafood Market showed the virus was present in the environment, not in animals

Joint WHO-China mission Published: 31 Jul 2020

Of 336 samples collected from animals at Huanan Seafood Market, none was positive by polymerase chain reaction (PCR) for SARS-CoV-2. 69 out of 842 environmental samples were positive by PCR for SARS-CoV-2. Three genetic sequences of SARS-CoV-2 from environmental samples at Huanan Seafood Market eventually were published on the Global Initiative on Sharing All Influenza Data.

WHO-Convened Global Study of the Origins of SARS-CoV-2



China for the period 1 Jan.-9 Jan., suggesting rapid spread.

<u>Nature</u>

China.

Associated Press

Standing Committee.

<u>BBC</u>

issue public warnings.

Associated Press

on 14 Jan. and 17 Jan.

GenBank submission, Nature

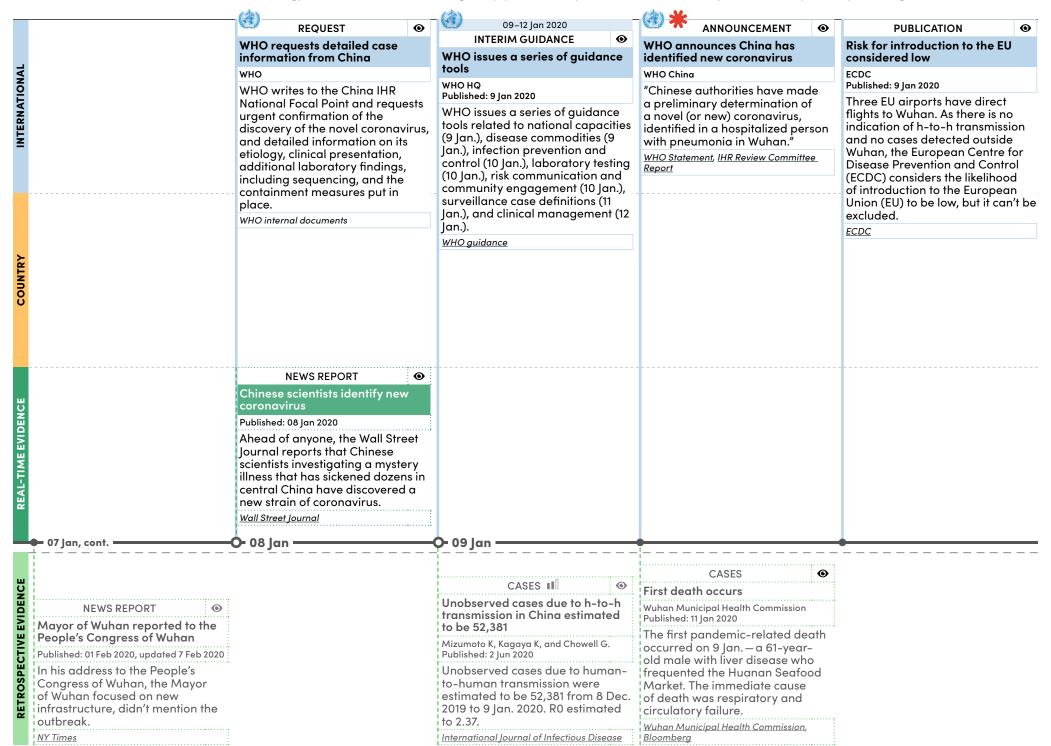
IHR

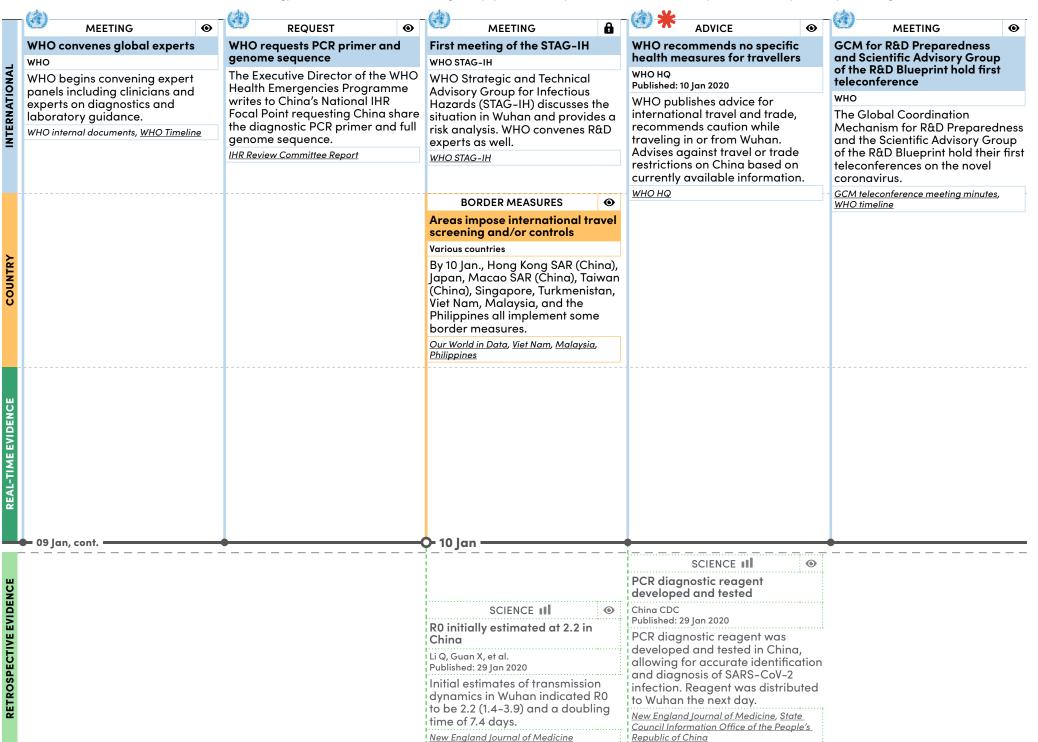
WHO

<u>Report</u>

REAL-TIME EVIDENCE

Interview and correspondence with Dr. Zhengli Shi, Wuhan Institute of Virology

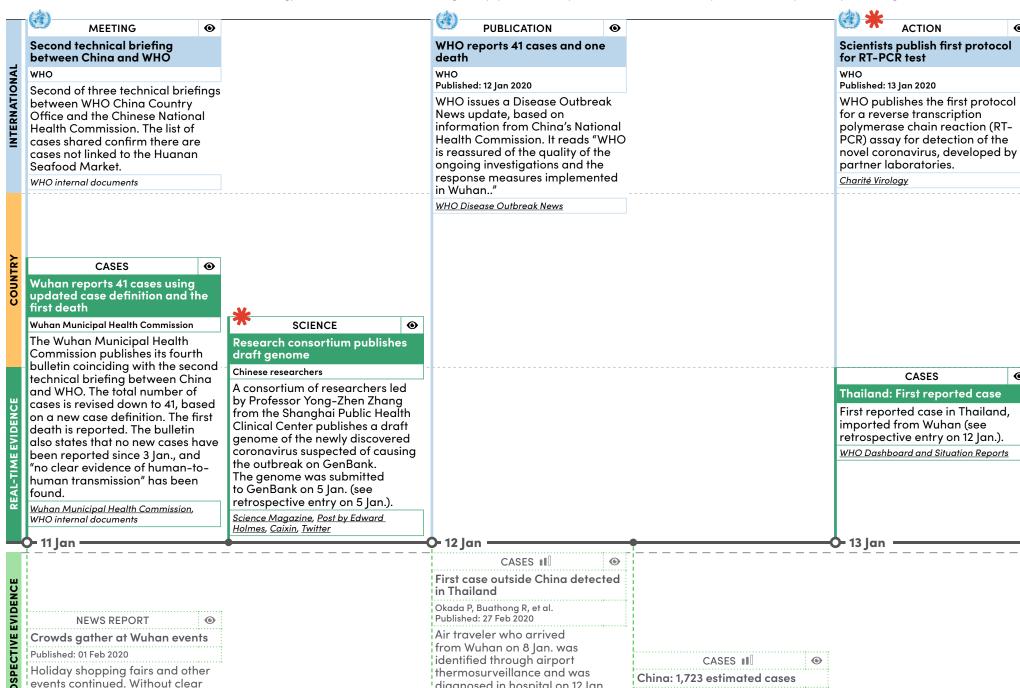




ACTION

CASES

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government warnings, people

Washington Post

kept travelling within and beyond

diagnosed in hospital on 12 Jan.

Virus was genetically identical to

Euro Surveillance, IHR Review Committee

30 Dec. strains in Wuhan.

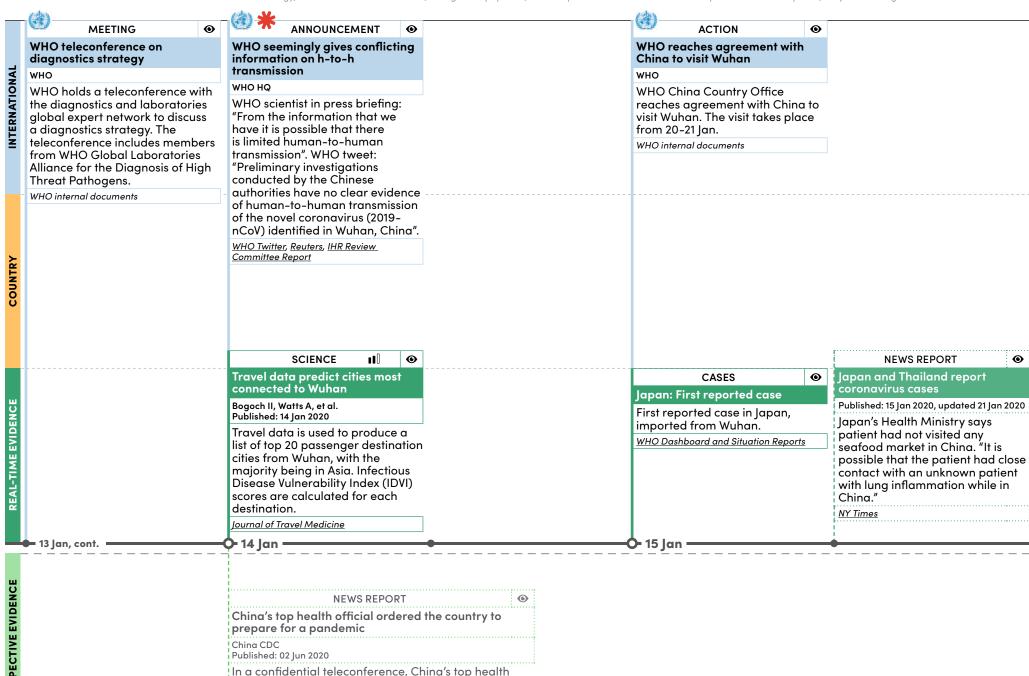
Report

Estimated cases of COVID-19 were

1,723 based on data looking at

probability of exportation.

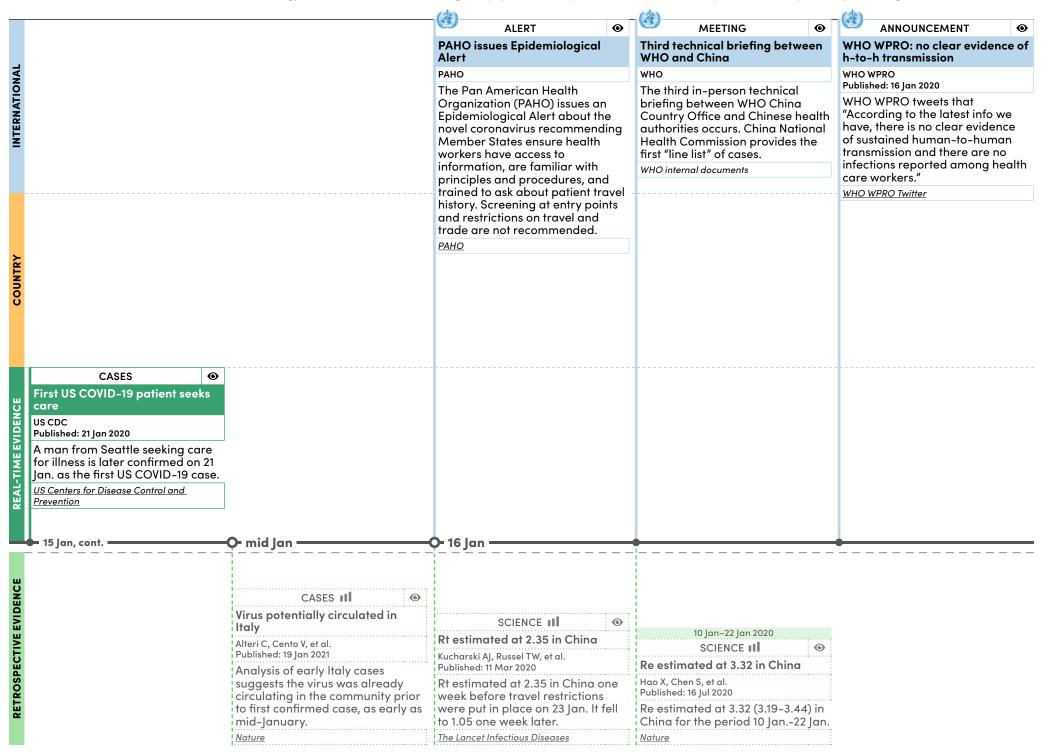
Imperial College



official ordered the country to prepare for a pandemic. China CDC internally declared level one emergency. Chinese officials still said that the chance of sustained

h-to-h transmission was low.

Associated Press, PBS Frontline

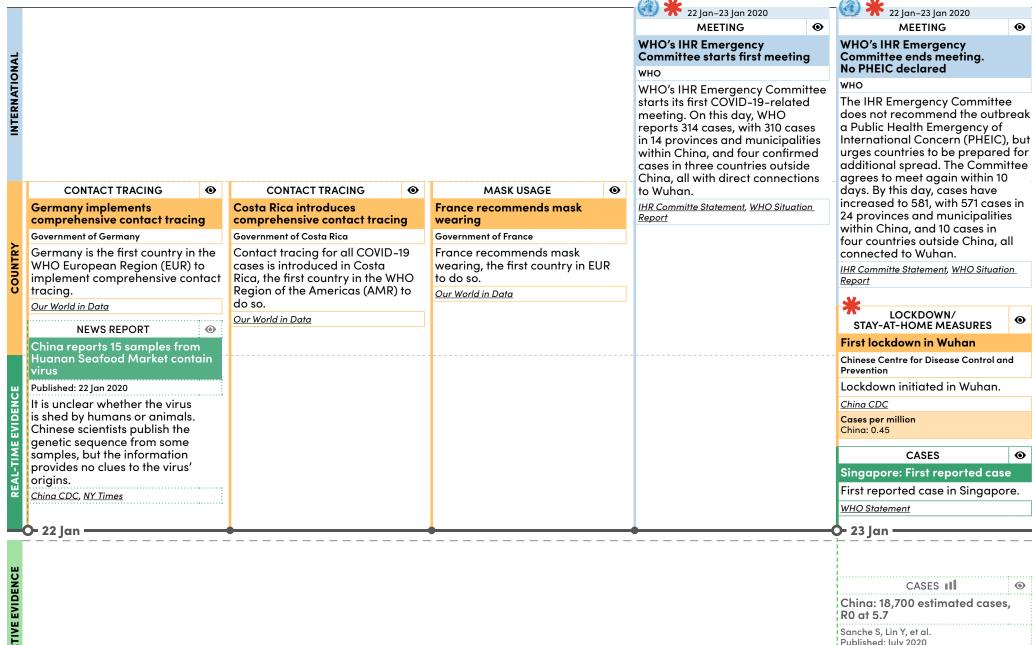


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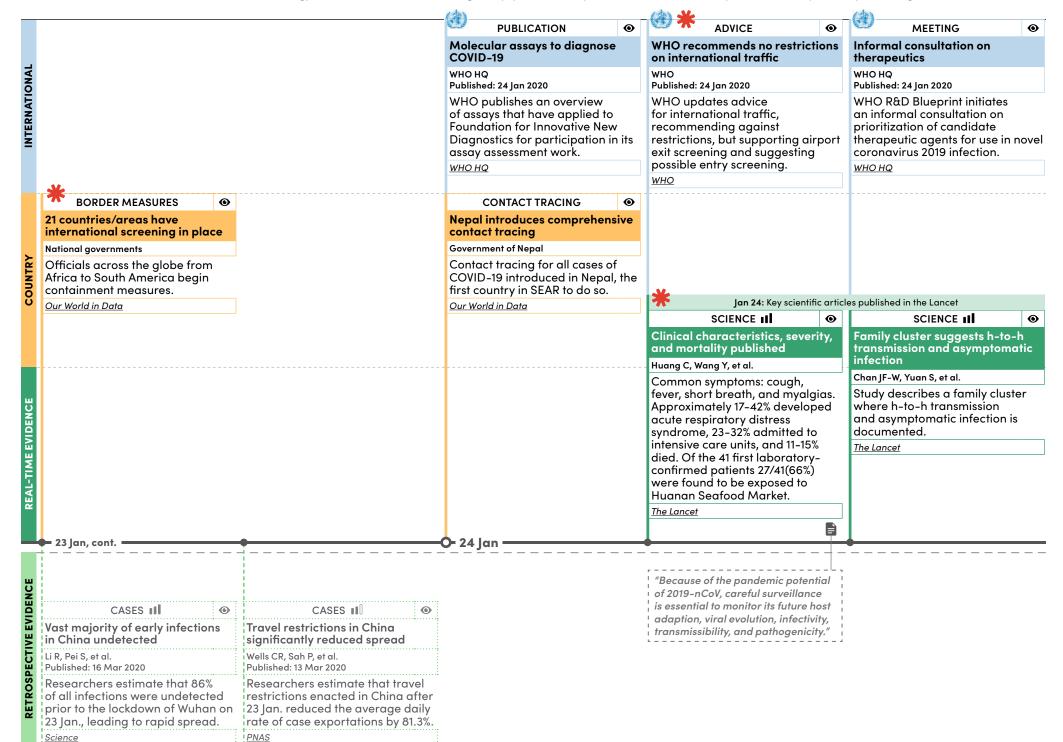
O- 17 Jan

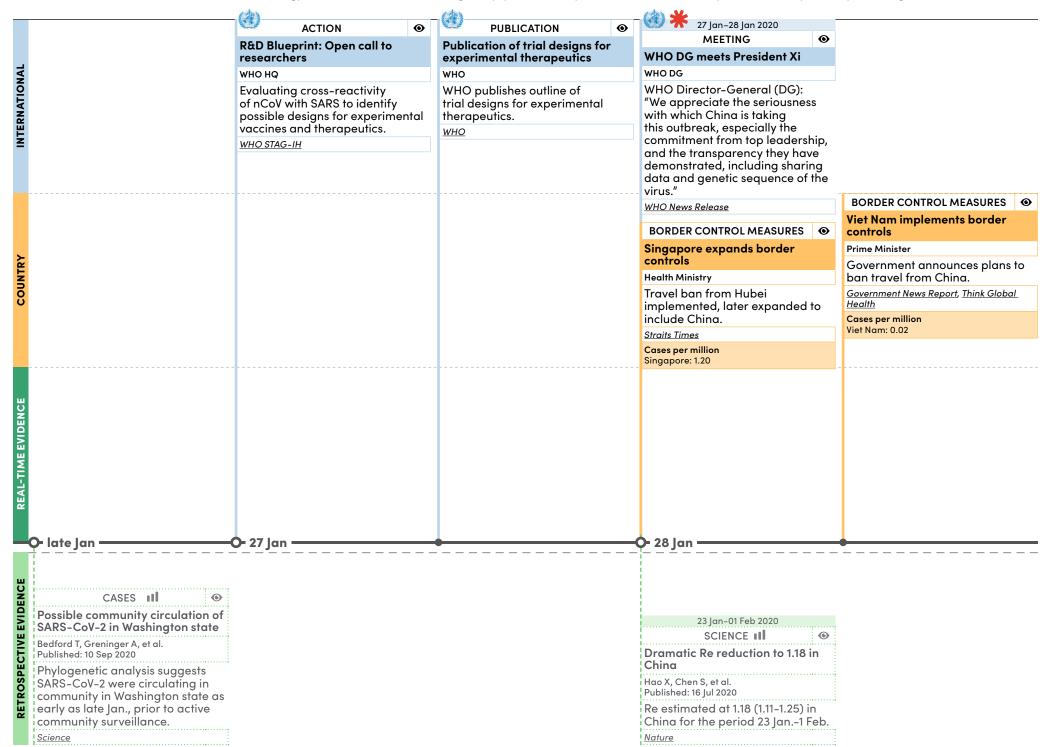
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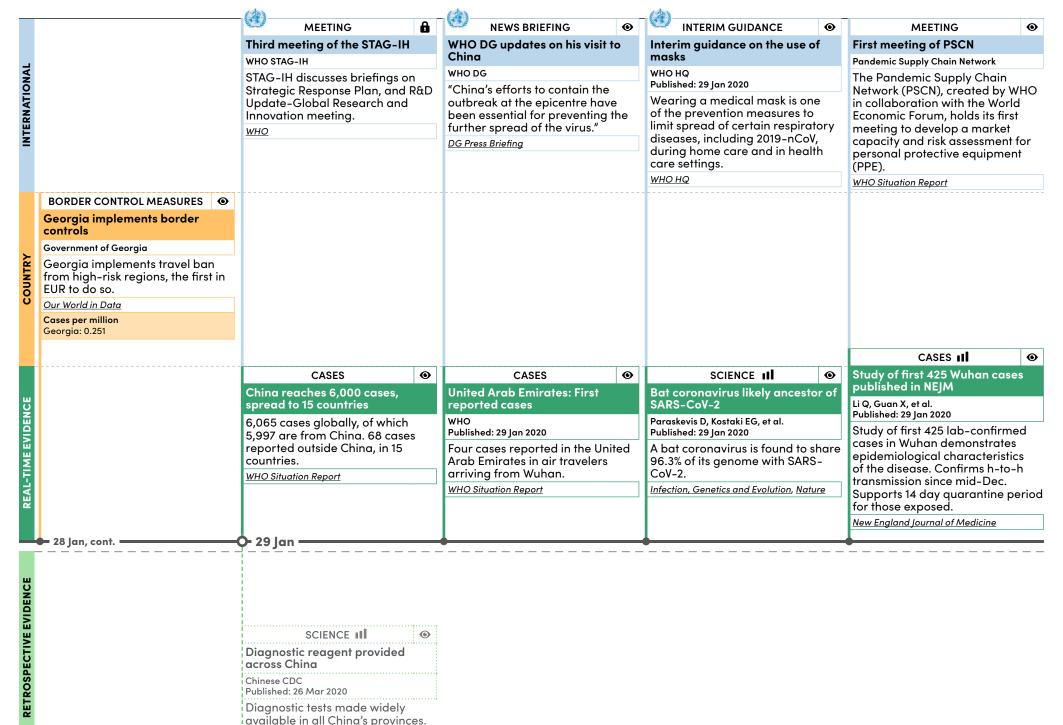


RETROSPECTIVE EVIDENCE

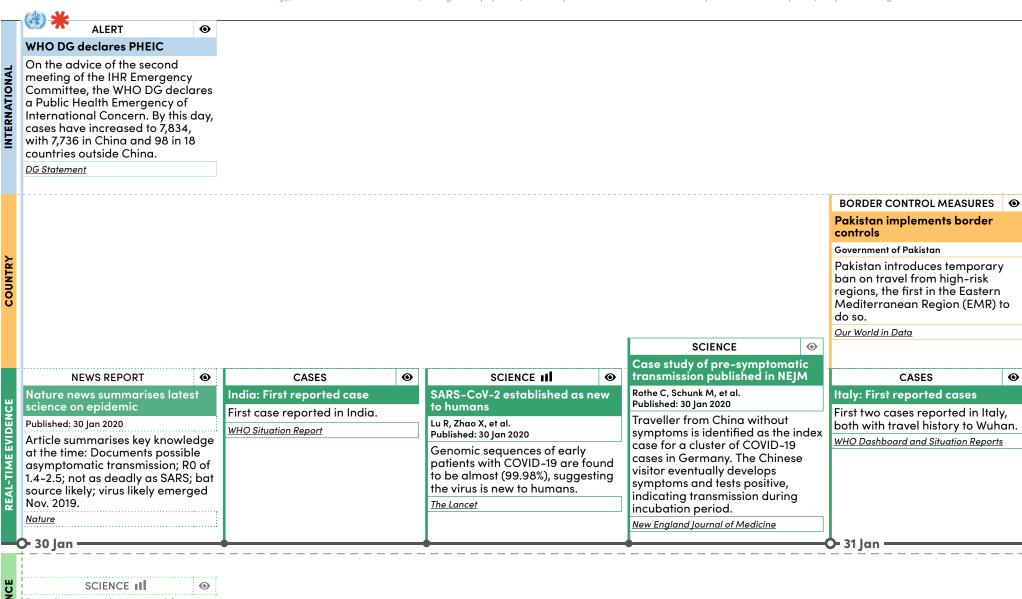
Published: July 2020 18,700 estimated cases in China. Transmission dynamics of early Wuhan spread were possibly as high as R0 5.7, with a doubling time of 2.3-3.3 days. Emerging Infectious Diseases







New England Journal of Medicine



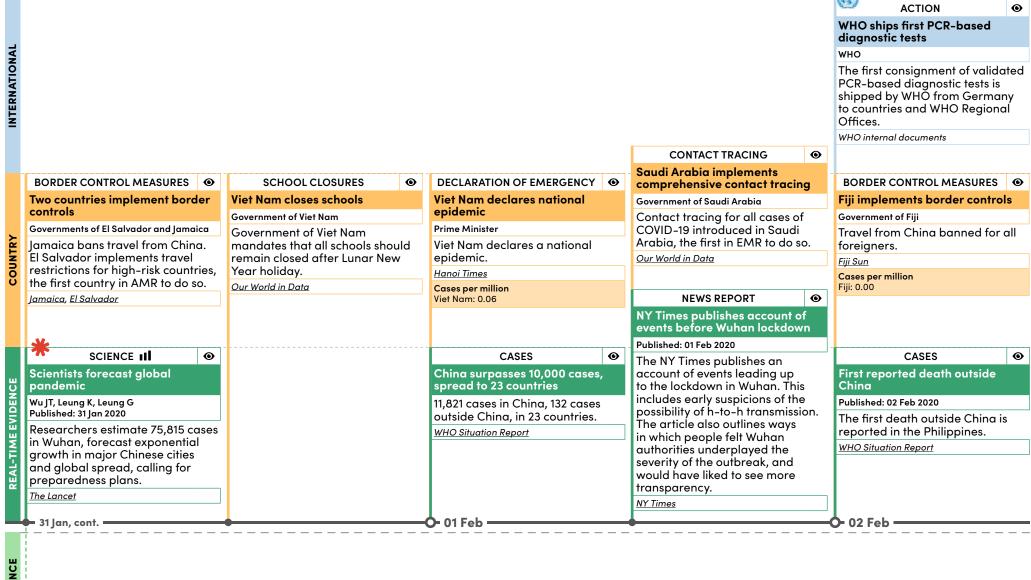
KEI KOSPECIIVE EVIDENCE

Rt <1 in 30 provinces outside
Hubei

Zhang J, Litvinova M, et al.
Published: 02 Apr 2020

Rt estimated to be below the epidemic threshold (<1) in 30 provinces outside Hubei after 30 Jan., suggesting containment measures rapidly lowered

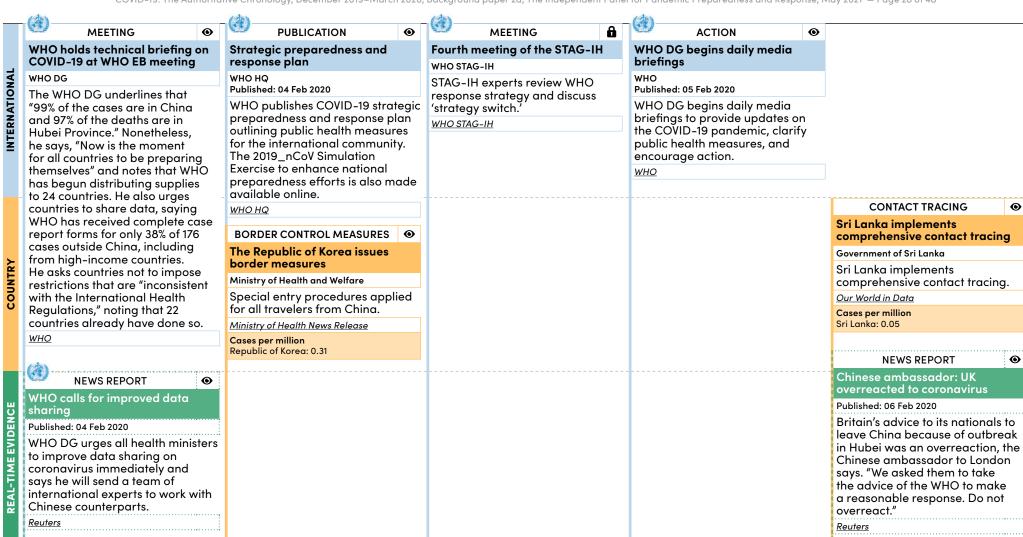
transmission. The Lancet





WHO Representative to China holds video briefina with diplomats Published: 02 Apr 20 On the video briefing, WHO's representative to China "praised the Chinese...response. Then he went a step further, calling on other countries not to step out of line with the WHO recommendations..." Globe and Mail

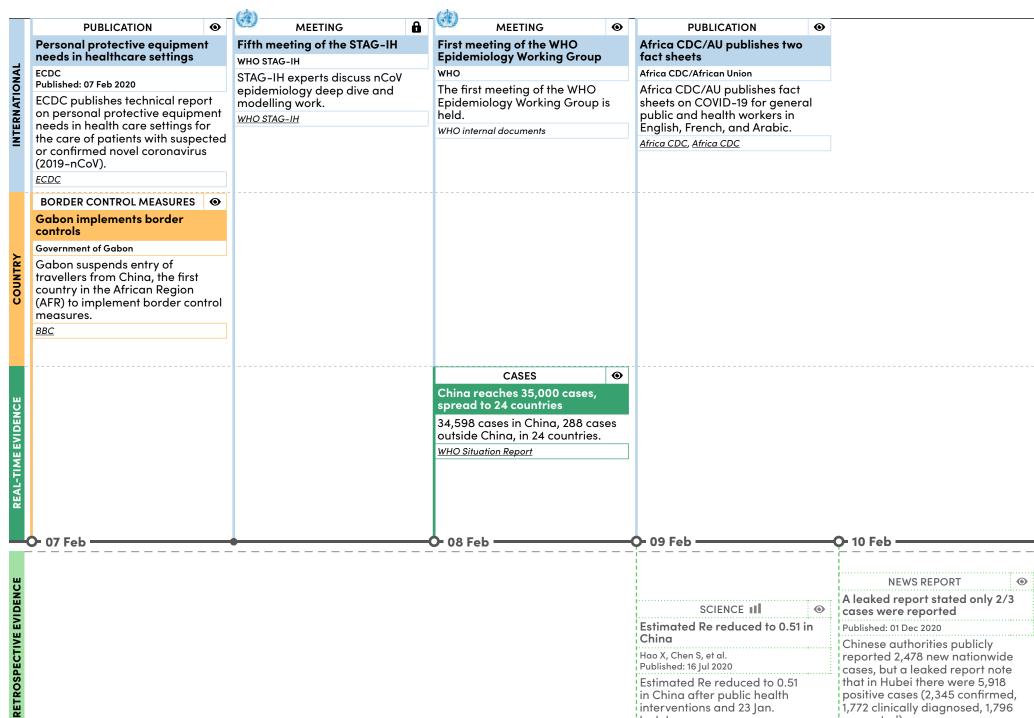
NEWS REPORT



0- 06 Feb

O= 05 Feb

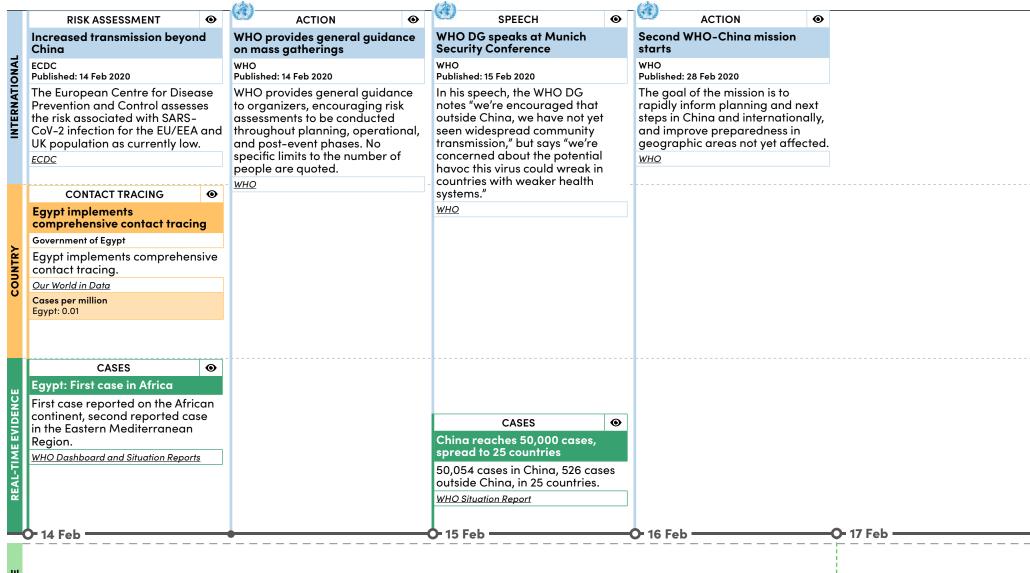
O- 04 Feb



lockdown.

<u>Nature</u>

suspected).



RETROSPECTIVE EVIDENCE

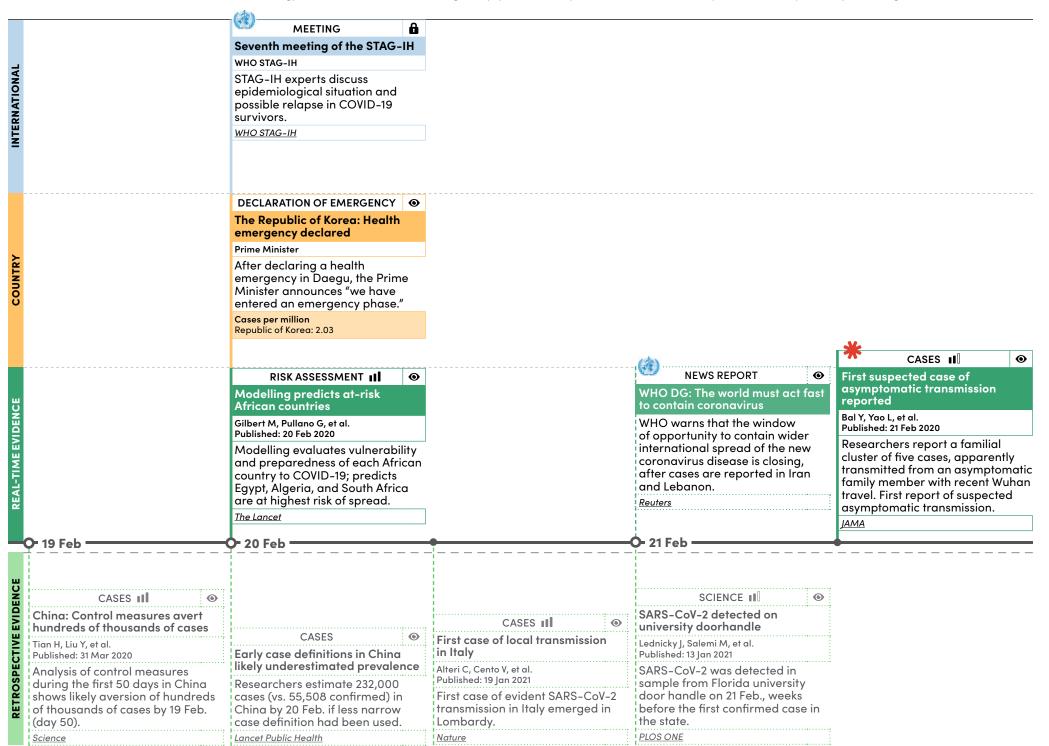
NEWS REPORT

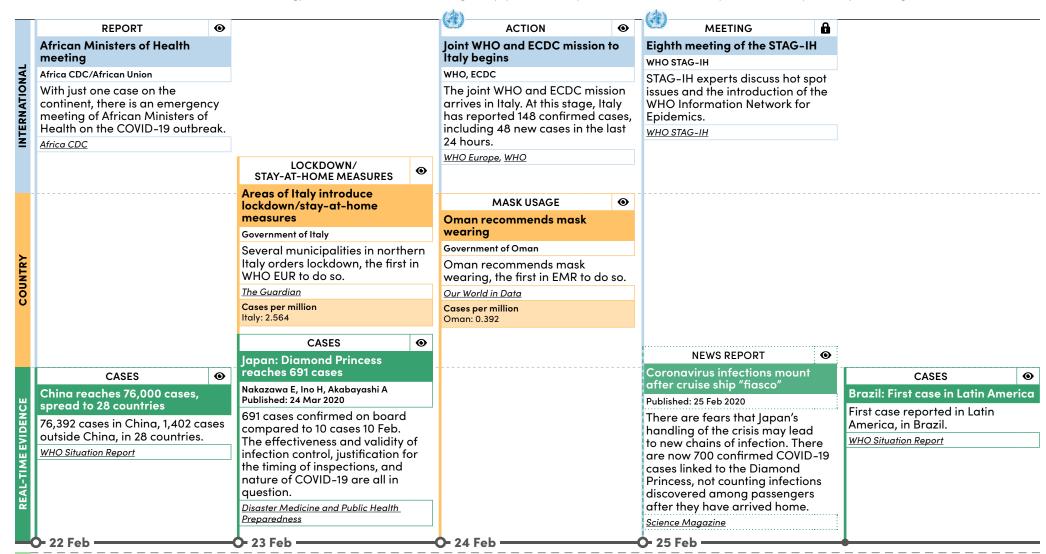
Leaked report: Fewer than half of new deaths in China reported

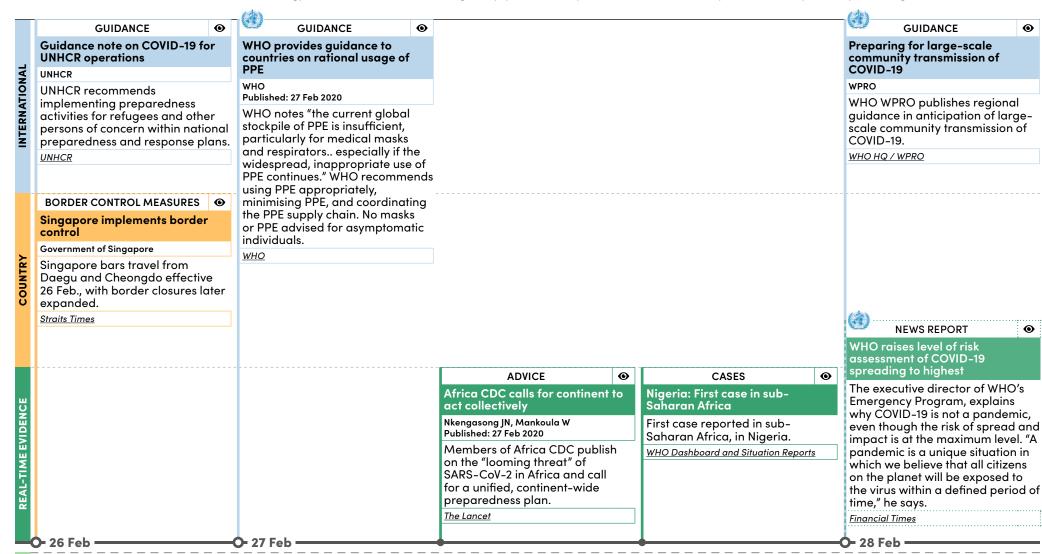
Published: 01 Dec 2020

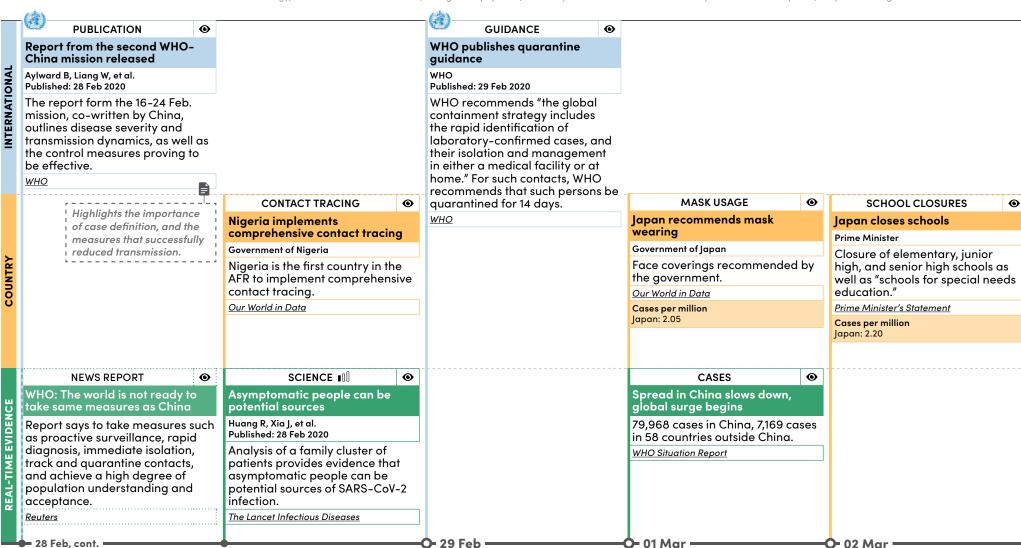
196 deaths recorded in Hubei, but publicly only 93 reported.

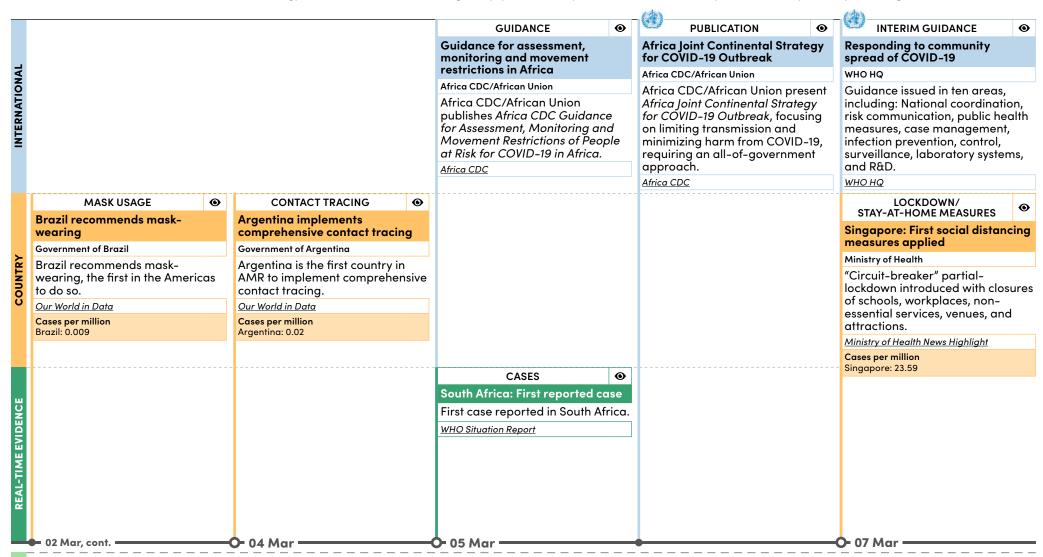
CNN

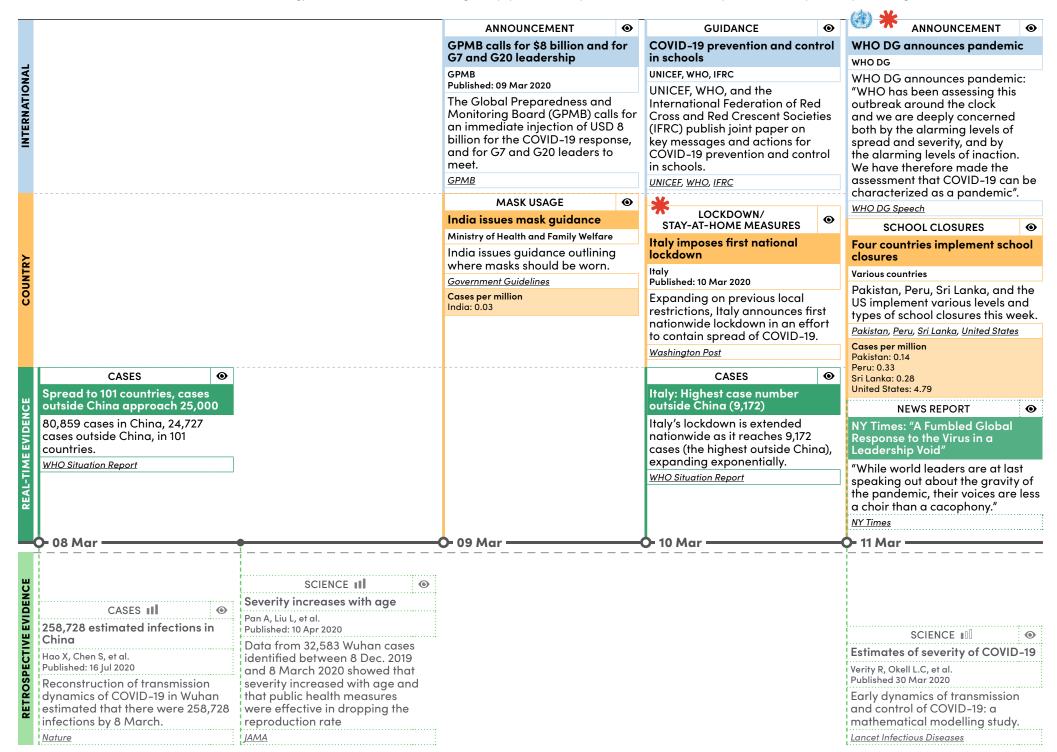


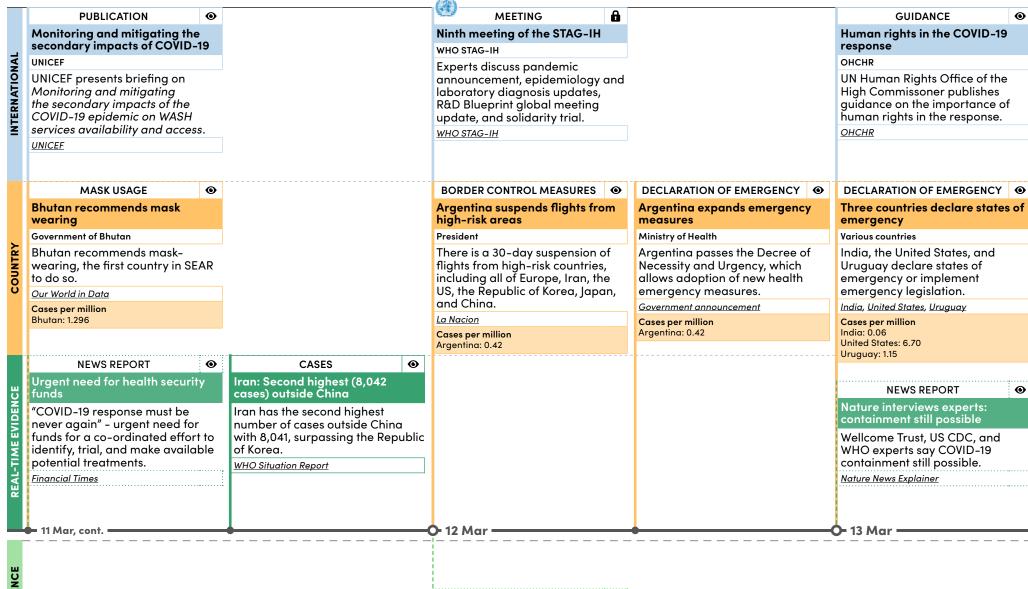












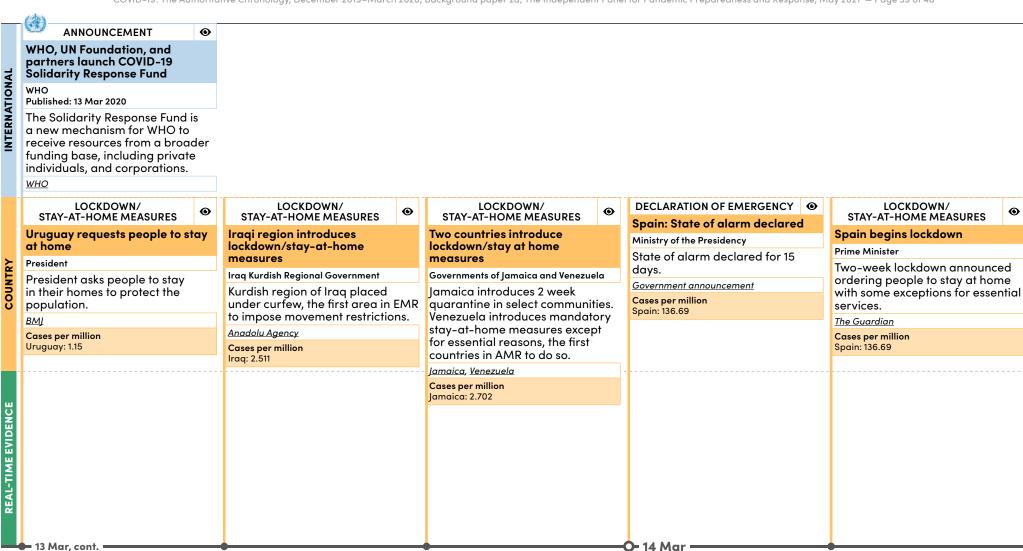


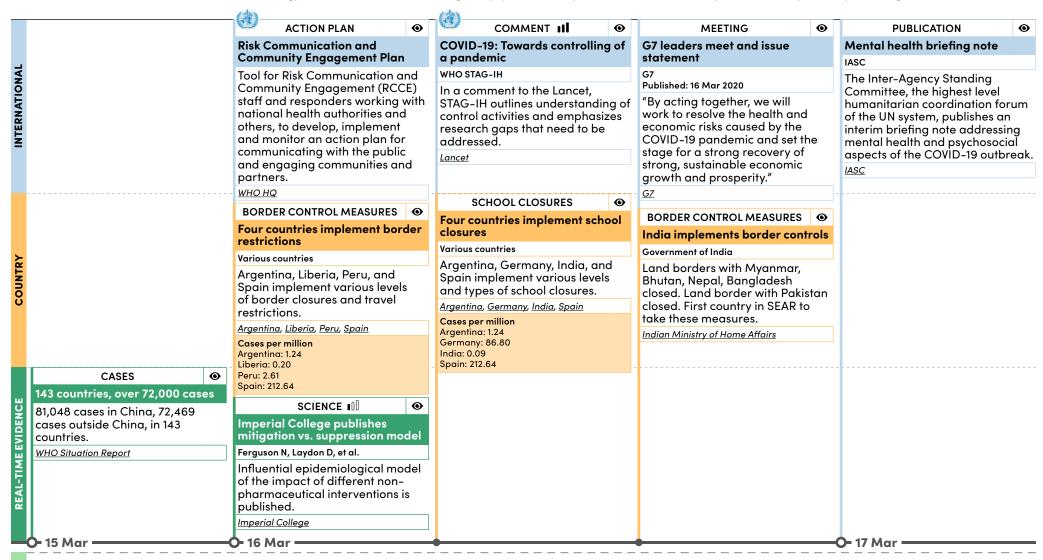
108,689 estimated US infections Perkins TA, Cavany SM, et al. Published: 21 Aug 2020 Modelling study finds that fewer than 10% of cases were detected due to lack of testing; likely 108,689 infections in the US by 12 March.

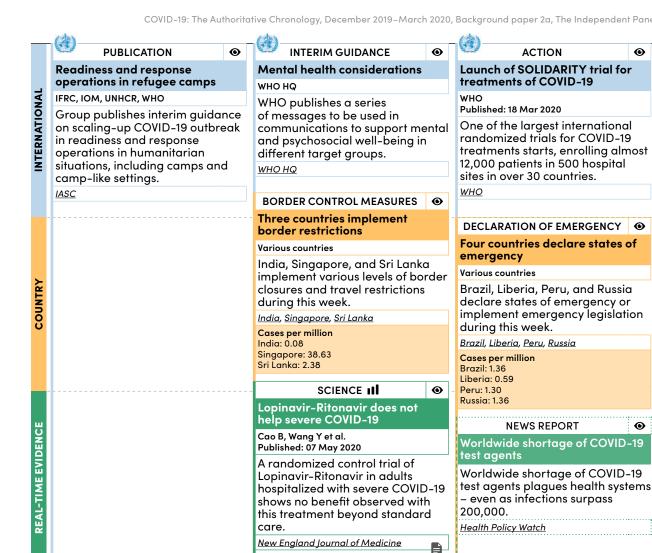
PNAS

CASES III

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0 LOCKDOWN/ • STAY-AT-HOME MEASURES Five countries introduce lockdown/stay-at home measures Various countries MASK USAGE 0 Liberia, Niger, Peru, the Republic Three countries introduce mask of Korea, and the US impose usage recommendations/orders various levels of lockdown or stay-Various countries at-home measures during this Argenting, Ching, and Viet Nam week. introduce recommendations or Liberia, Niger, Peru, Republic of Korea, orders around mask usage during United States this week. Cases per million Liberia: 0.59 Argentina, China, Viet Nam Peru: 2.61 Cases per million Republic of Korea: 171.62 Argentina: 1.00 United States: 9.70 China: 56.32 Viet Nam: 0.63 SCIENCE III 0 Wuhan: Estimating the clinical severity of COVID-19 Wu J, Leung K et al. Published: 19 Mar 2020 Estimating clinical severity of

COVID-19 from transmission

dynamics in Wuhan to end Feb

2020 – with symptomatic case

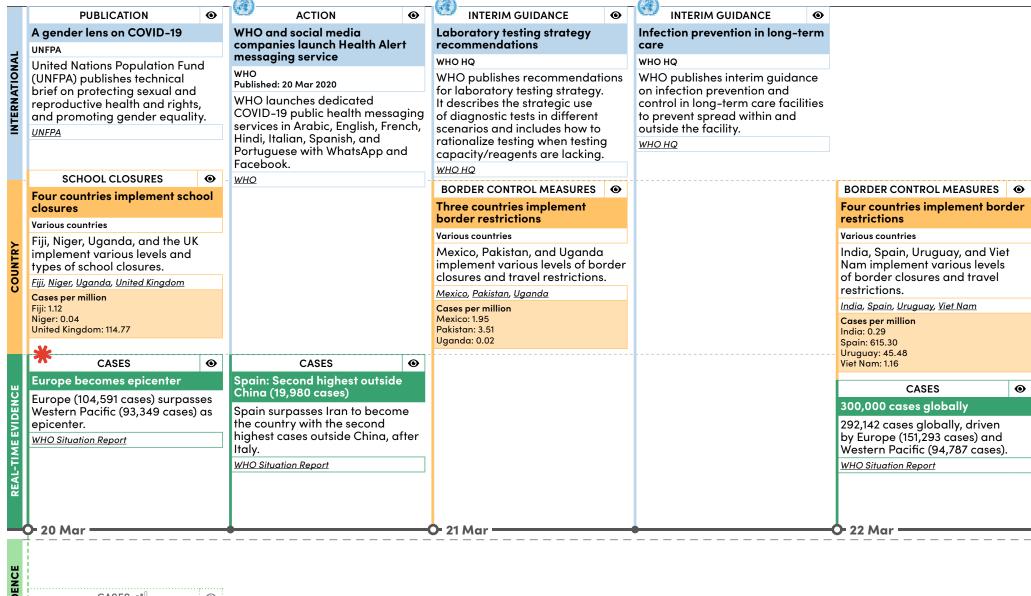
fatality rate 1.4%.

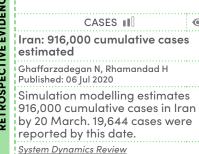
Nature Medicine (Letter)

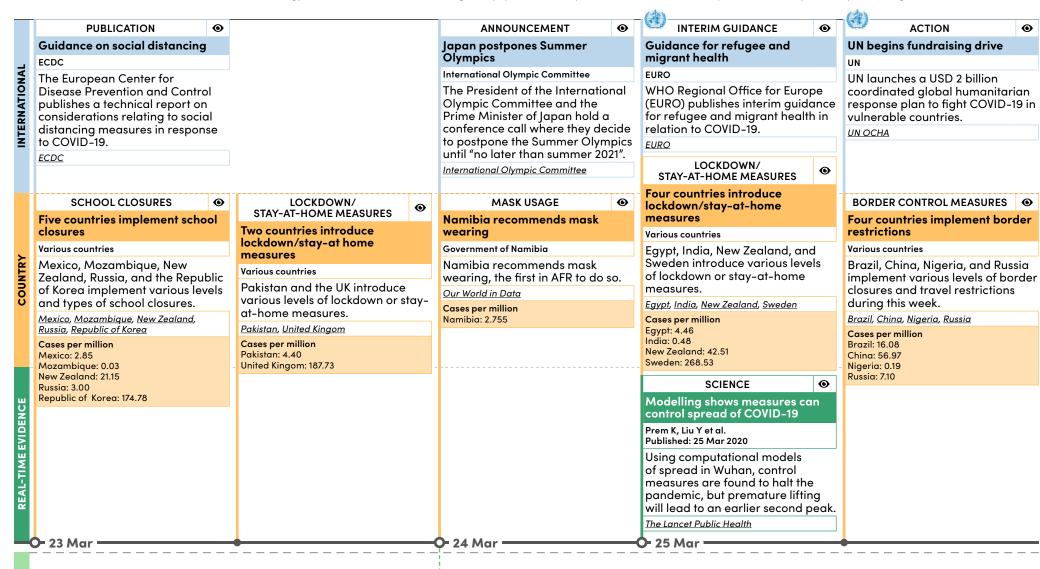
18 Mar

Pre-print published 18 March, final version published 7 May.

17 Mar, cont.







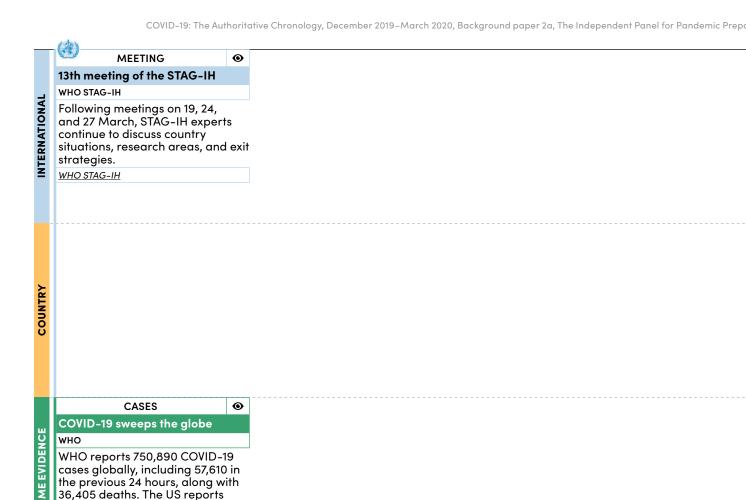


Seroprevalence in Wuhan and outside approximately 3% Xu X, Sun J, et al. Published: 05 Jun 2020 Seroprevalence in Wuhan range

SCIENCE III

Seroprevalence in Wuhan ranged from 3.2% and 3.8% during 9 March-10 April, and anywhere from 1.3% and 3.6% in two cities outside Wuhan but within Hubei.

experienced adults were estimated to be 2,139,300. Annals of Epidemiology



O- 31 Mar

WHO Situation Report

CASES III Lockdown led to rapid reduction of transmission in New Zealand Geoghegan JL, Ren X, et al. Published: 11 Dec 2020

Genomic epidemiology reveals rapid reduction of transmission within one week of lockdown in New Zealand. Re decreased from 7 to 0.2.

the highest number of cases with 140,640. Italy reports the highest number of deaths with 11,591.

Nature Communications