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 emergency response mechanisms.	Enhance <u>emergency response</u> mechanisms.	Scale up <u>emergency response</u> mechanisms.	Scale up <u>emergency response</u> mechanisms.
Risk communication and public engagement	Educate and actively communicate with the public through <u>risk communication</u> and community engagement.	Educate and actively communicate with the public through risk communication and community engagement.	Educate and actively communicate with the public through <u>risk communication</u> and community engagement.	Educate and actively communicate with the public through <u>risk communication and community engagement.</u>
Case finding, contact tracing and management	Conduct active case finding, contact tracing and monitoring; quarantine of contacts and isolation of cases.	Enhance active case finding, contact tracing and monitoring; quarantine of contacts and isolation of cases.	Intensify <u>case finding</u> , contact tracing, monitoring, <u>quarantine of contacts</u> , and isolation of cases.	Continue contact tracing where possible, especially in newly infected areas, <u>quarantine</u> of contacts, and isolation of cases; apply self-initiated isolation for symptomatic individuals.
Surveillance	Consider testing for COVID-19 using existing respiratory disease surveillance systems and hospital-based surveillance.	Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance.	Expand COVID-19 surveillance using existing respiratory disease surveillance systems and hospital-based surveillance.	Adapt existing surveillance systems to monitor disease activity (e.g. through sentine sites).
Public health measures	Hand hygiene, respiratory etiquette, practice social distancing.			
Laboratory testing	Test suspect cases per WHO case definition, contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per WHO case definition, contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per WHO case definition, contacts of confirmed cases; test patients identified through respiratory disease surveillance.	Test suspect cases per WHO case definition and symptomatic contacts of probable/confirmed cases; test patients identified through respiratory disease surveillance. If testing capacity is overwhelmed prioritize testing in health care settings and vulnerable groups. In closed settings test the first symptomatic suspect cases.

Case management strategy	Set up screening and triage protocols at all points of access to the health system; Prepare to treat COVID-19 affected patients; Set up 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 needs; Ready hospitals for surge; Ready communities for surge, including by setting up community facilities for isolation of mild/moderate cases.	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.	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 and ad-hoc community facilities, including enhancement of COVID-19 referral system.		
Case management recommendations by case severity and risk factors	Test suspect COVID-19 cases according to diagnostic strategy. Mild cases and moderate cases with no risk factors: Isolation/cohorting in: 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 For moderate cases with risk factors, and all severe/critical cases: Hospitalization (in-patient treatment), with appropriate isolation and cohorting.					
IPC	Train staff in IPC and clinical management specifically for COVID-19.	Train staff in IPC and clinical management specifically for COVID-19.	Train staff in IPC and clinical management specifically for COVID-19.	Retrain staff in IPC and clinical management specifically for COVID-19.		
	Prepare for surge in health care facility needs, including respiratory support and PPE.	Prepare for surge in health care facility needs, including respiratory support and PPE.	Advocate for home care for mild cases, if health care systems are overwhelmed, and identify referral systems for high risk groups.	Implement health facilities surge plans.		
Societal response	Develop all-of-society and business continuity plans.	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.		