# COVID-19 Pandemic update

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## INTRODUCTION

The COVID-19 outbreak has resulted in a health crisis that is unprecedented. The global and local status of COVID-19 outbreak is a rapidly evolving situation. When the pandemic erupted even the super powers and high-income countries struggled on how to tackle the crisis in their own countries. They were all startled with the sudden turn of events and no country was prepared for this catastrophic event that has posed the world with new challenges, not only, for the governments and healthcare workers but also humanity. This editorial addresses issues as of first of May 2020.

### *Global situation update*

On 29 December 2019, the first four cases of COVID-19 were reported all linked to a seafood wholesale market in Huanan (Southern China).[1] By 20 January 2020, 282 confirmed cases of 2019-nCoV had been reported from four countries including 278 from China (Hubei Province 258, Guangdong 14, Beijing Municipality 5, Shanghai Municipality 1), Thailand (2 cases), Japan (1 case) and the Republic of Korea (1 case).[2] By 31 January, 9,826 confirmed cases were reported to the World Health Organization (WHO) and had spread to 19 countries outside China.[3] By 1 February 2020, out of the 11,953 confirmed cases, 11,821 (98.9%) were from China and the remaining 132 confirmed cases were reported from 23 countries. All the 259 reported deaths occurred in China. In China, 60.5% of all cases since the onset of the outbreak have been reported from Hubei Province. For the first time outside China, a healthcare worker in France was diagnosed as being ill with 2019-nCoV acute respiratory disease. The health worker had treated two patients who were later identified as probable cases. A third-generation of human-to-human transmissions outside China were then reported from Germany, South Korea, Japan and Thailand.[4] By 1 March 2020, the COVID-19 infection had already spread to 58 countries. Out of the 87,137 confirmed cases reported to the WHO, 79,968 (91.8%) were from China and the remaining 7,169 confirmed cases were reported from 58 countries. Of the 2,977 deaths globally, 2,873 (96.5%) deaths occurred in China alone and the remaining 104 deaths were reported from 58 countries.[5,6] By 1 April 2020, the COVID-19 infection had already spread worldwide. Out of the 823, 626 confirmed cases reported to the WHO, 81,589 (9.9%) were from China and the remaining 742,037 confirmed cases were reported outside China. Out of the 40,598 deaths globally, only 3,318 (8.2%) deaths occurred in China alone and the remaining 37,280 deaths were reported from other countries.[7] By 14 April 2020, based on country reports it appeared that there has been a big shift of the virus transmission from China to 213 countries. Out of the 1,844,863 confirmed cases reported to the WHO, only 83,696 (4.5%) were from China and the remaining 1,761,167 (95.5%) were reported from 58 countries. Highest confirmed cases reported to the WHO were: United States of America (USA) (553,822), Spain (169,496), Italy (159,516), Germany (125,098) United Kingdom (88,625) and Iran (73,303). There were 117,021 deaths reported globally, 3,351 (2.9%) deaths occurred in China alone and the remaining 113,670 (97.1%) deaths were reported globally.[8]

By 20 May 2020, the number of COVID-19 cases reported to WHO had jumped to 4,789,205 with 318,789 deaths. Out of these total cases and deaths, 1,477,459 (30.8%) cases and 89,271 (28.0%) deaths were reported from the USA. By 20 May 2020, the total cases and deaths from China was only 84,505and 4,645 respectively.[9] What we are seeing (or of being reported) may or may not be the tip of the iceberg. We do not know the actual situation at this point of stage of the pandemic. It is an accepted that the number of reported cases and deaths will always lag slightly behind compared to what is actually happening on the ground. The accuracy of the data coming out of China, is of concern. It is difficult to confirm whether there is an actual shift or whether there is under reporting by some countries, and this could sometimes be due to change in the criteria being used for reporting confirmed cases to the WHO by countries. It could also depend on the numbers of people being tested and when the test was done. Transmission from asymptomatic cases to uninfected people is another factor for concern. These persons who are asymptomatic can spread the virus not knowing of their actual status. As it is, those who are symptomatic will spread the virus more readily through coughing and sneezing as the virus is highly infectious. Another factor to be considered is the type and validity of the screening test used (sensitivity, specificity, percentage false negative, and false positive).

### *In Malaysia*

The first three cases in Malaysia were reported on 25 January 2020.[10] By 31 March 2020, there were a cumulative total of 2,766 cases with 43 deaths.[10] The larger clusters were detected from those who attended a massive *tabligh* gathering at Masjid Sri Petaling Selangor between 27 February 2020 till 3 March 2020 which was attended by an estimated 15,000 or more participants. By 14 April 2020, there were 4,987 confirmed cases and 82 deaths.[11] The *tabligh* cluster has thus far contributed to the bulk of cases in Malaysia.[11] The Movement Control Order (MCO) was first enforced on 18 March 2020 and the fourth phase of the MCO has now been extended to 12 May 2020. The current outbreak is a propagated (or progressive) source epidemic. It began with a single index case(s) who infected a number of other individuals. One or more of those people who attended the *tabligh* gathering infected (in the initial wave) infected

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another group of people who became the second wave of infection. This transmission is human-to-human, so there may yet be fourth, fifth or even sixth wave of infection. Similar spread, may also be happening with other clusters.

The government combat against COVID-19 led by the Prime Minister himself and has been transparent about the risk of communication, using all its resources to interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers. The Malaysian government is trying its utmost to minimise social and economic impact through multi-sectoral partnerships by taking several measures to help mitigate the effects of the coronavirus on the economy. The staff of the Ministry of Health, police and army have carried out their duties very efficiently and professionally in this trying situation. Many companies, organisations, non-governmental organisations (NGOs) and individuals have come out to contribute to the Malaysian society, especially to cushion the economic burden of those in the low-income group. Most of the front-liners are not visible to the public. They risk their lives, so that the population at large, can be safe from the infection. The public in appreciation of the role of the front-liners have donated meals, masks and personal protection equipment (PPE). The government on 27 March 2020 announced a stimulus package worth 250 billion Ringgit Malaysian ($58.28 billion).[12] This was the second in a month, to help cushion the economic blow from the coronavirus pandemic. These stimulus packages included additional cash payments to medical front-liners and monetary handouts to households to cope with income loss during the MCO, which has shut businesses so far for six weeks. COVID-19 stimulus package included a one-off cash payout totaling 'RM Ten billion was allocated for the B40 and M40 group to deal with the impact of COVID-19 outbreak on the economy.

The payout, based on income level, are listed below:

- RM1,600 to households earning up to RM4,000 per month.
- RM1,000 to households earning from more than RM4,000 to RM8,000 per month.
- RM800 to singles aged 21 and above earning up to RM2,000 per month.
- RM500 to singles aged 21 and above earning from more than RM2,000 to RM4,000 per month.
- RM200 for every student studying at the institutes of higher education

RM one billion was allocated for equipment purchases and healthcare services on top of the RM500 million announced earlier that week. A sum of RM one billion was set aside to ensure sufficient food supply throughout the country. The package also included cash handouts to civil servants, six months of rent exemption to families living in government's low-cost flats, nationwide electricity discounts for all, free internet as well as cash for employers to retain staff, e-hailing drivers, contract workers and small business owners. A special allowance for healthcare workers from RM400 to RM600 a month from April 1 2020 to the end of pandemic and additional special allowance of RM200 a month for front-liners such as for the police, immigration, Customs Department.[12] As there is no vaccine currently available to prevent the coronavirus disease 2019 (COVID-19), the best way to prevent illness is to avoid being exposed. Travel restrictions on entering and leaving a country (including border control), social distancing or physical distancing, MCO, personal hygiene, such as frequent hand-cleaning, use of personal protective equipment (example: coverall suits, surgical face mask, face shields and surgical gloves) by healthcare workers are some of the important strategies to prevent human-to-human transmission. In addition, early and effective surveillance, contact tracing, and quarantine must be implemented early and intensely. The virus has the capability to spread rapidly and infect a large portion of the population which will then overwhelm the healthcare systems. The objective of MCO or lock down at this stage of the crisis is to break the chain of infection and flatten the current curve of incidence. In epidemiology, the term 'flattening the curve' is used to indicate slowing the spread of a virus so that fewer people need to seek treatment at any given time.

By 18 April 2020, the total number of cases and deaths reported to the Malaysian public and WHO from COVID-19 were 5,251 and 86 respectively. However, number of new cases of COVID-19 confirmed per day show a decline.[13] This may indicate that the peak is over. It does not indicate that COVID-19 outbreak has ended. In a propagated source outbreak, we may experience many peaks, the successive waves may involve more and more people, until the pool of susceptible people is exhausted. If there is a sudden increase of COVID-19 in an area, MCO can be implemented localised to the area. On 21 April 2020, the Director General of Health outlined six criteria before MCO can officially can be lifted in Malaysia, namely, 'ensuring border control measures such as screening and placing Malaysians, entering Malaysia, under quarantine, MCO is well placed, reduction of time taken by the health care system for polymerase chain (PCR) screening, enforcement of laws to protect the high risk groups, the population at large is able to integrate the new norms (such as social distancing and personal hygiene) in their daily lives, the Ministry of Health and other government agencies are able to work with the community to enforce preventive measures.[14]

By 20 May 2020, there were a total of 6,978 confirmed cases and 114 deaths reported to WHO.[9] The Prime Minister of Malaysia announced that 'more restrictions would be lifted and a new conditional movement order will be in place from May 4, 2020 and almost all in the economic sector and business activities will be allowed to operate. However, those business and social activities that exposed individuals to risk of being infected by COVID-19 infection will still not be allowed'.[15] The MCO enforced by the Government during the current crisis, allowed the healthcare system (including facilities, human resources, equipment, financial resources and accessibility) to cope with the sudden increase of ill patients. We must be clear, that when we refer to the term preparedness of our healthcare system, it means both, the government base and the co-existing private healthcare system. During a crisis like the present COVID-19 pandemic, it is the duty of the government to ensure that the private sector is not forgotten. How well a healthcare system in a country is able to cope depends again on several factors

including the projected number of people who will contract COVID-19 over a given period of time. One must remember that the flattening the curve does not mean eradication of the disease. COVID-19 infection will be around for a while. We have to get used to the new norms of life. Mask should be worn when taking care of a person with suspected COVID-19 infection or also ones who are not suspected of COVID-19 infection. This is because we can never be sure if the patient who is asymptomatic, is actually a carrier. We need to be aware that there are people who were earlier tested negative but later found to be positive when admitted. Thus, there is also the possibility that a person who was tested negative, moves around spreading the disease. Healthcare workers are also required to wear mask if they are coughing or sneezing. In the earlier editorial (March 2020), Rampal and Liew[16] emphasised that all should wear a face mask when they have to go out of their homes. Many countries have made it mandatory now. The wearing of mask in public is to prevent infected individuals infecting others in public places. It is important that one must also know how to use it and dispose of the mask properly. If the supply of mask is insufficient, cloth coverings may be used during this crisis. It is clearly one of the preventive measures that can limit the spread of COVID-19. In addition to these health issues, healthcare workers must not underestimate other vital issues such as national security and food security and readers are encouraged to read on this issues during disaster occurrence. The role of front-liners is equally important. Sometimes, there is tendency to get emotional about our roles that we forget that there are many people out there helping the nation to see us through this crisis. The decline in new cases in Malaysia indicates that we are able to see light at the end of the tunnel and the ability of the nation to act as a united society. It also indicates the ability of the Malaysian Government to respond and handle disasters effectively. However, life is not going to be the same for some time (may be months). We can never be sure when a new cluster of COVID-19 cases may rear its ugly head. Risk of sudden wave of COVID-19 still exist in Malaysia. We need to stay vigilant, be prepared and continue taking preventive measures.

***COVID-19 and smoking***

In Malaysia, non-communicable diseases are the leading cause of death. Tobacco use is a major risk factor for cardiovascular, respiratory diseases, cancers, and other debilitating health conditions. According to the WHO, more than eight million people die from tobacco use yearly. Second-hand exposure to tobacco smoke causes 1.2 million deaths annually.[17] Reducing tobacco use is not only a global health priority, but also an economic, sustainable development and human rights issue. Globally, there are 1.3 billion smokers, 80% of who live in low- and middle-income countries.[18] Although large reductions in the estimated prevalence of daily smoking have been observed at the global level for both men and women, but because of population growth of the world, the number of smokers has increased significantly.[19] Recently, Vardavas and Nikitara carried out a systematic review of studies on COVID-19 that included information on patients' smoking status to evaluate the association between smoking and COVID-19 outcomes. The literature search conducted on 17 March 2020, reported that smoking is most likely associated with the negative progression and adverse outcomes of COVID-19.[20] Further research is warranted in this area as the weight of the evidence will increase as the pandemic progresses. Whether, smoking is associated with the adverse outcomes of COVID-19, the fact still remains that globally several million people die yearly from tobacco use (in Malaysia 20,000). Nicotine present in tobacco is very addictive and is characterized by compulsive drug-seeking and use, even in the face of negative health consequences. Majority of smokers would wish to stop smoking find it very challenging to quit because they are addicted to the nicotine in the tobacco. Some of them require several attempts before they eventually quit permanently. The theme of 'World NO Tobacco Day 2020' is 'Protecting youth from industry manipulation and preventing them from tobacco and nicotine use.[21] The WHO has stated that 'For decades, the tobacco industry has deliberately employed strategic, aggressive and well-resourced tactics to attract youth to tobacco and nicotine products. Internal industry documents reveal in-depth research and calculated approaches designed to attract a new generation of tobacco users, from product design to marketing campaigns aimed at replacing the millions of people who die each year from tobacco-attributable diseases with new consumers–youth'.[21]

***Highlights of Tobacco Control Measures***

Currently, in Malaysia, we have more than five million smokers and more than 20,000 deaths per year related to tobacco use. The prevalence amongst adult males is approximate 43%. The socio-economic costs to the individuals, families, businesses, governments and health systems was already very high without the economic impact due to COVID-19 crisis. As the government is currently focusing on its effort to control this imminent crisis, it must not forget to give priority to tobacco control. The Malaysian national target is to reduce smoking prevalence by 30%, from 23.1 % in 2011 to 16.2% in 2025 and to less than 5% by 2045. To achieve these goals much greater intensified efforts are needed to control tobacco use. Having worked in the prevention and control of tobacco use in Malaysia for more than 30 years and member of the WHO Framework Convention on Tobacco Control (FCTC) Steering Committee Ministry of Health Malaysia, I would like to reiterate that the whole Government, Members of Parliament and the people to work together to ensure the following measures:

1. Expedite implementation of licensing of tobacco and tobacco products that has been outstanding since 2011.
2. Expedite the tabling of Tobacco Control Bill in coming parliament session which is long overdue.
3. Immediately ban vape and e-cigarette in the country.
4. Increase the penalty to be deterrent for offences related to illicit trade in tobacco and tobacco products.
5. Ratify the Protocol to Eliminate Illicit Trade in Tobacco Products adopted by the Conference of the Parties to the WHO Framework Convention on Tobacco Control.
6. The nationwide smoking ban at eateries must be diligently monitored and strictly enforced.
7. Taxation on tobacco and tobacco products be increased to at least 70% of the retail price in accordance with the recommendation of the World Bank.
8. Increase the age limit for the sale to, and purchase of tobacco and tobacco products from below age of 18 to below age of 21 years.

9. Designate the display of tobacco and tobacco products at point of sale as a form of advertisement and be banned.
10. Enforce no smoking at all workplace environment as provided for in the Occupational Safety and Health laws and government service circulars.

## CONCLUSIONS

The coronavirus COVID-19 will continue to spread for months and may take a while for the crisis to end. At this point of time, the number of new confirmed cases per day is showing a decline COVID-19. This indicates the ability of the Malaysian Government to respond and handle disasters effectively. Our health care workers fighting on the frontlines of the battle against COVID-19 have shown great dedication and professionalism. The Public Health professionals have shown to the world their ability to prevent and control the outbreak under leadership of Director General of Health. However, the risk of sudden surge of COVID-19 still exist. We have to get used to the new norms. The whole Government, Members of Parliament, community leaders and the people need to continue to work together to ensure the end of the COVID-19 crisis in Malaysia. The government must also upgrade its priority on tobacco control and its use. Health authorities must collate data on smoking among all COVID-19 cases including deaths. The entire Government, NGOs and the community must join forces to beat the COVID-19 crisis.

## REFERENCES


1. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y et al. Early transmission dynamics in Wuhan, China, of novel coronavirus–infected pneumonia. N Engl J Med 2020; 382: 1199-207.
2. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 1, January 21, 2020. [cited April 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf.
3. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 11, January 31 2020. [cited April 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200131-sitrep-11-ncov.pdf.
4. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 12, February 1, 2020. [cited April 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200201-sitrep-12-ncov.pdf.
5. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 41, March 1, 2020. [cited April 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200301-sitrep-41-covid-19.pdf.
6. Worldometers. Coronavirus info update by country. [cited April 2020] https://www.worldometers .info/coronavirus/country.
7. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 72, April1 1, 2020. [cited April 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200401-sitrep-72-covid-19.pdf.
8. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 85, April 14, 2020. [cited April 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200414-sitrep-85-covid-19.pdf.
9. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 121, May 20, 2020. [cited May 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200520-covid-19-sitrep-121.pdf?sfvrsn= c4be2ec6_2
10. Data world. COVID-19 Malaysia Monitoring the Covid-19 daily status updates by Ministry of Health, Malaysia. [cited April 2020] Accessed from: https://data.world/erhanazra.
11. Ministry of Health Malaysia. Press Statement by Director General of Health on January 25, 2020 Current Status on Coronavirus 2019 (COVID-19) in Malaysia. [cited April 2020] Accessed from: https://kpkesihatan.com/2020/01/25/kenyataan-akhbar- kpk-25-januari-2020-pengesanan-kes-baharu-yang-disahkan-dijangkiti-2019-novel-coronavirus-2019-ncov-di-malaysia/.
12. The edge Markets. COVID-19 stimulus package: One-off cash pay out totalling RM10b for M40 and B40 covid19-stimulus-package-rm10b-oneoff-cash-payout-m40-and-b40. [cited April 2020] Accessed from: https://www.theedgemarkets.com /article/.
13. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report 89, April 18, 2020. [cited May 2020] Accessed from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200418-sitrep-89-covid-19.pdf.
14. Noor Hisham A. Six criteria must be met before MCO can end; Malaysians reminded. The Star. 2020 April 22: Sect. Nation: 3 (col. 1-2).
15. Prime Minister's Department. Teks ucapan perutusan khas YAB Perdana Menteri sempena Hari Pekerja 1 May 2020. [cited May 2020] Accessed from: https://www.pmo.gov.my/ PerutusanKhas 010520.php.
16. Rampal L and Liew BS. Coronavirus disease (COVID-19) pandemic. Med J Malaysia 2020; 75 (2): 95-7.
17. World Health Organization. Tobacco Key Facts.2020. [cited April 2020] Accessed from: https://www.who.int/news-room/fact-sheets/detail/tobacco.
18. World Health Organization. Global Tuberculosis Control: WHO Report 2010. Geneva, Switzerland: World Health Organization; 2010.
19. Ng M, Freeman MK, Fleming TD, Robinson M, Dwyer-Lindgren L, Thomson B, et al. Smoking prevalence and cigarette consumption in 187 countries, 1980-2012. JAMA 2014; 311: 183-92.
20. Vardavas CI, Nikitara K. COVID-19 and smoking: A systematic review of the evidence. Editorial Tob Induc Dis 2020;18:20 https://doi.org/10.18332/tid /119324.
21. World Health Organization. World No Tobacco Day 31 May 2020 – Protecting youth from industry manipulation and preventing them from tobacco and nicotine use. [cited April 2020] Accessed from: http://www.euro.who.int/en/media-centre/events/events/2020/05/world-no-tobacco-day-2020-protecting-youth.