



City:

Date:

Checklist

Filters

S/N

Actions

Status

Step

Domain

Phase

1. Coordinated local plans in preparation for effective responses to health risks and impacts

1.1 Establishing a planning and coordination structure

1.1.1	Set up and fund an intersectoral taskforce, working group or equivalent with clear leadership, roles and responsibilities, and operating processes. Engage with various local authority departments, scientific and legal advisers, the private sector and stakeholders including community leaders and groups, nongovernmental organisations and civil society. If present, existing local coordination mechanisms, such as an incident management system (IMS), should be adapted for management of the outbreak.		1	Leadership and coordination	Preparedness and readiness
1.1.2	Activate the taskforce or working group early when a possible health emergency is expected, even if there are few or no cases.		1	Leadership and coordination	Preparedness and readiness
1.1.3	Ensure that all measures introduced follow legal decision-making processes and respect the rule of law, and that the impact of emergency laws and ordinances on human rights and vulnerable people ² is assessed before implementation and enforcement. Involve legal officers in planning processes.		1	Leadership and coordination	All phases
1.1.4	Ensure that emergency laws and ordinances have clear messages, are implementable and are designed in a way that encourages compliance.		1	Leadership and coordination	All phases
1.1.5	Engage with other levels of government (e.g. subnational/state levels and national/federal levels) using clear channels of communication and coordination. Work with national authorities (e.g. ministries of health) to align, support and amplify the national strategy and plans while meeting local needs. Local additional measures should complement and not contradict national and subnational plans.		1	Leadership and coordination	All phases

1.1.6	Put together a local action plan to support different phases of the outbreak ³ . Include support for early detection, contact tracing, testing, quarantine, isolation, access to essential services ⁴ , public health and social measures, and mitigation of adverse socioeconomic impacts.		1	Leadership and coordination	All phases
1.1.7	Coordinate and promote statutory, community and voluntary services that support the outbreak response, including the use of existing services and resources.		2	Leadership and coordination	Response
1.1.8	Collect, use and share timely information, using accurate sources, to improve local authorities' situational awareness and monitoring of the spread of the disease, the impact of public health and social measures, including on society and local economies, and the health and well-being of communities. This will also build trust in governments and enhance willingness to comply with measures.		2	Health, social cohesion and solidarity	Response
1.1.9	Regularly support the adjustment of plans in response to changes to the national and local situation concerning: COVID-19 epidemiology, emerging evidence, changes to vulnerabilities, capacities and resources over time, the effectiveness of public health and social measures, and their impact on populations. This includes during and after transition to recovery and periods between epidemic peaks.		2	Health, social cohesion and solidarity	All phases
1.1.11	Put together a local action plan for vaccinations or other means of prophylaxis in anticipation that such options may become available.		2	Leadership and coordination	Recovery
1.1.10	Adapt governance processes to ensure accountability and transparency. Consider the continued functioning of local councils, public participation and consultation, and access to information by the media.		2	Leadership and coordination	All phases
1.1.12	Discuss and negotiate common decisions and strategies across multiple levels of governance.		3	Leadership and coordination	All phases
1.1.13	Reach out and set up clear channels of communication and coordination with neighbouring local authorities ⁵ . Include formal and informal cross-border collaborations, leverage existing networks and resources for local authorities (e.g. central offices, communication databases).		3	Leadership and coordination	All phases
1.1.14	Set up channels of cooperation between cities of origin and destination to ensure appropriate care for migrants seeking to return to their country of origin.		3	Leadership and coordination	Response

1.1.15	Conduct or support a simulation exercise to test national and local action plans for different phases of the outbreak ³ . This should be done as part of emergency planning and in conjunction with other stakeholders (e.g. emergency service providers).		3	Leadership and coordination	Preparedness and readiness
1.1.16	Create a repository or database to document actions taken, experiences and lessons learnt, and share this with other cities. Positive opportunities include ways to increase safe active mobility (e.g. walking, cycling), to reduce air pollution and to adjust community responses to ensure social connectedness.		3	Leadership and coordination	All phases
1.2 Identifying vulnerabilities					
1.2.1	Keep in mind other known hazards and possible incidents that may occur at the same time as the outbreak. Use the Strategic tool for risk assessment (STAR) to assess these and security issues that may arise as a result of the outbreak or of measures instituted.		1	Leadership and coordination	All phases
1.2.2	Collect and use available data to make a list and prioritise people that are likely to be at higher risk of poor outcomes from the disease (e.g. older people and those with other underlying medical conditions) and people that are likely to be at higher risk of the impact of public health and social measures ² .		1	Health, social cohesion and solidarity	Preparedness and readiness
1.2.3	Identify places where people that are likely to be at higher risk of poor outcomes from the disease and people that are likely to be at higher risk of the impact of public health and social measures are likely to be located ⁶ .		1	Health, social cohesion and solidarity	Preparedness and readiness
1.2.4	Identify places and activities that are likely to be hotspots of local transmission, such as informal settlements, crowded marketplaces, public transport systems and large gatherings (e.g. religious, sports and cultural events).		1	Urban environment and security	Preparedness and readiness
1.2.5	Find existing gaps at local level that may hinder preparedness, response and recovery from the emergency, and develop action plans for rapid responses in the most critical areas.		1	Leadership and coordination	Preparedness and readiness
1.2.6	Identify places, communities and groups where poor access to water, sanitation and hygiene (WASH) facilities makes it difficult to adhere to recommendations for hand hygiene and respiratory etiquette.		2	Urban environment and security	Preparedness and readiness
1.2.7	Identify places, communities and groups where high population density or other barriers (e.g. in informal settlements, where there are risks of domestic violence, among single parents and those with acute health needs or disabilities) make it difficult to implement physical distancing, self-isolation or quarantine measures.		2	Health, social cohesion and solidarity	Preparedness and readiness

1.2.8	Identify places, communities and groups where poor access to safe and good quality housing (e.g. overcrowding, homelessness) makes it difficult to adhere to physical distancing, self-isolation or quarantine measures, and introduce mitigation measures such as emergency housing of appropriate standards and telephone helplines.		2	Health, social cohesion and solidarity	Preparedness and readiness
1.2.9	Map out points of entry ⁷ and their existing capacities in terms of facilities, equipment, trained staff and communication channels for identification of suspect cases. Work with national authorities to develop capacity if necessary.		2	Urban environment and security	Preparedness and readiness
1.2.10	Map out relevant information in neighbouring local authorities ⁵ that may be dependent on services in the city or whose communities may provide the key workforce for essential services ⁴ .		3	Leadership and coordination	Preparedness and readiness
1.2.11	Put together a local action plan to deal with movement across the city, urban–rural movement and vice-versa, including ways to reduce disease spread and to ensure support to essential goods and services ⁴ . Ensure that key workers can continue to reach their workplaces in a safe and protected manner.		3	Leadership and coordination	Preparedness and readiness
1.3 Identifying capacities and resources					
1.3.1	Make a list and consult critical sectors and stakeholders within local authorities and with trusted organisations, essential service providers ⁴ , community organisations, nongovernmental organisations and the private sector.		1	Leadership and coordination	Preparedness and readiness
1.3.2	Document and communicate the expected roles of these sectors and stakeholders in different phases of the outbreak ³ .		1	Leadership and coordination	Preparedness and readiness
1.3.3	Map supply chains for food, food distribution systems, essential medicines including vaccines, and infrastructure to support other essential goods and services ⁴ .		1	Leadership and coordination	Preparedness and readiness
1.3.4	Identify community-level organisations and assets, including volunteers and civil society organisations, that can mobilise and self-organise. Ensure that they are supported and enabled to participate in local response efforts when required.		2	Health, social cohesion and solidarity	Response
1.3.5	Make a list of the cross-sector workforce, including translators and interpreters, and their communication channels and contact details, so that they can be mobilised to support response operations, including meeting possible surges in health care demand.		2	Health, social cohesion and solidarity	Response
1.3.6	Map out major points of entry ⁷ that can serve in the delivery of medical, emergency and other essential supplies when necessary.		2	Transport	Response

1.3.7	Establish formal agreements with public, private and community based local health facilities including hospitals and clinics on linking public health needs and clinical care needs for suspect and confirmed cases.		3	Health, social cohesion and solidarity	Preparedness and readiness
2. Risk and crisis communication and community engagement that encourage compliance with measures					
2.1 Communicating information on the disease and public health measures					
2.1.1	Put together a local risk communications plan, based on and aligned with subnational and national risk communication plans, that ensures the provision of accurate and consistent messages by the different sectors and stakeholders. Messages should be provided in culturally appropriate and language-specific ways and via mediums appropriate for the local context, taking into account indigenous languages, people who do not speak the local language, have hearing or vision impairments, are illiterate, or may not have easy access or regular use of the internet. Messages should also cover all classes of society.		1	Health, social cohesion and solidarity; Communications	All phases
2.1.2	Take into consideration levels of health literacy and use easily understood messages and visuals about the action plan and public health and social measures where possible.		1	Health, social cohesion and solidarity	All phases
2.1.3	Involve local media (traditional and non-traditional) in the dissemination of public health messages aimed at stopping the spread of disease and management of the emergency.		1	Health, social cohesion and solidarity; Communications	All phases
2.1.4	Ensure that misleading, ambiguous and false information, including rumours, is not perpetuated through local government or partner media channels.		1	Health, social cohesion and solidarity; Communications	All phases
2.1.5	On a regular (initially preferably daily) basis, use multiple channels to provide timely and accurate updates in multiple languages on the current local situation and measures being implemented at national, subnational and local levels. Include information on the accessibility, suspension or modified provision of services.		2	Health, social cohesion and solidarity	All phases
2.1.6	On a regular (initially preferably daily) basis, conduct public education programmes in multiple languages that explain relevant information about the disease and risk factors for its spread. Use positive messages about how people can protect themselves and others.		2	Health, social cohesion and solidarity	All phases

2.1.7	Provide specific groups of workers with tailored evidence-based and coherent information on how to protect themselves when carrying out essential services ⁴ .		2	Health, social cohesion and solidarity	Response
2.1.8	Disseminate information and guidance on coping with stress and other unintended consequences of public health and social measures for the general population and for specific groups such as children, older people and single households, health and social care workers, and newly unemployed workers.		2	Health, social cohesion and solidarity	Response
2.1.9	Select ways to monitor perceptions, knowledge and attitudes to the disease and to public health and social measures that have been put in place among the general public and/or specific groups. Depending on the resources available, this may range from using national data, drawing inferences from regularly collected data (e.g. on public transport use and footfall), to collecting targeted information via existing community engagement channels (e.g. surveys).		3	Leadership and coordination	Response
2.1.10	Set up a free telephone support number or equivalent (e.g. instant messaging or mobile application) in multiple languages to respond to queries about the disease and the public health and social measures instituted.		3	Health, social cohesion and solidarity	Response
2.1.11	Set up mechanisms to disseminate information through mobile services to reach people who are out of reach of traditional media channels.		3	Health, social cohesion and solidarity; Communications	All phases
2.2 Mobilising resources in the community					
2.2.1	Work with local community leaders and partners to create risk communication campaigns on why public health and social measures are needed and how to comply with them, and identify effective communication channels and mechanisms to foster dialogues.		1	Communications	All phases
2.2.2	Work with local community leaders and partners to identify the best ways to mitigate the impact of public health and social measures, especially for vulnerable populations ² , and facilitate dialogue.		1	Communications	Response
2.2.3	Build on existing community networks, including those used for delivering other health and social services to reach hard-to-reach and other vulnerable populations ² .		2	Health, social cohesion and solidarity	All phases

2.2.4	Set up voluntary and adequately equipped outreach groups to disseminate self- and community-protection information for the general population, with a focus on the most vulnerable groups ⁴ .		2	Health, social cohesion and solidarity	All phases
2.2.5	Encourage initiatives to promote community resilience and solidarity through partnerships with social and cultural organisations, by making investments in community-based initiatives and by supporting and enabling local response efforts.		3	Health, social cohesion and solidarity	Recovery
3. Contextually appropriate approaches to public health measures, especially physical distancing, hand hygiene and respiratory etiquette					
3.1 Selecting appropriate public health and social measures					
3.1.1	Work with relevant authorities to make a list of possible public health and social measures, triggers for use and loosening of these measures, and approaches for implementation (e.g. using a defined and structured decision-making process). These should align with national and subnational policies and plans, and be based on the best available evidence and latest WHO guidance on adjusting public health and social measures.		1	Leadership and coordination	All phases
3.1.2	Ensure that public health and social measures are appropriately implemented across all parts of cities, with appropriate enforcement as necessary, and tailored to vulnerable populations ² . Involve community groups.		1	Urban environment and security	Response
3.1.3	Assess and document the likely impact of public health and social measures, likely duration of sustainability, and ways to reduce socioeconomic impacts on affected populations.		1	Leadership and coordination	Recovery
3.1.4	Ensure cautious adjustments of public health and social measures, including loosening and reinstating. Adjustments should follow WHO guidance and be based on risk assessments that take into account epidemiological factors, health care and public health capacities and the availability of effective pharmaceutical interventions. They should be implemented in a controlled, slow and stepwise manner.		1	Leadership and coordination	Recovery
3.2 Promoting compliance to reduce transmission – physical distancing					
3.2.1	Develop clear guidance to help people comply with physical distancing in crowded housing situations, especially in informal settlements, working with community leaders, property management and residents' committees.		1	Urban environment and security	Response

3.2.2	Develop plans to help maintain physical distancing at all times in public and private places that remain open. Restrict the number of people allowed into enclosed venues and place markings on the ground, particularly in public administration venues, shops, markets and street vending areas.		1	Urban environment and security	Response
3.2.3	Develop plans to help maintain physical distancing on public transportation systems and protect public transport workers, making changes to operations as necessary.		1	Urban environment and security	Response
3.2.4	Develop emergency support and relief packages for people that are dependent on the informal sector for their livelihoods, especially during periods where there are expected losses in daily income. Invest in existing networks and initiatives and support the creation of local and community-led solutions as appropriate.		1	Health, social cohesion and solidarity	Response
3.2.5	Develop plans to provide temporary and emergency housing to people who are homeless or inadequately housed. Allocate vacant housing to people in need including using public assets and cooperating with the private sector to make use of underutilised spaces and repurposed buildings.		2	Health, social cohesion and solidarity	Response
3.2.6	Develop plans to mitigate the risk of people becoming homeless, for example by ceasing evictions, suspending mortgage payments and creating emergency funds and/or cash transfers.		2	Health, social cohesion and solidarity	Response
3.2.7	Work with leaders and managers of shelters and other short- and long-term care facilities ⁶ , to help residents with physical distancing as necessary.		2	Health, social cohesion and solidarity	Response
3.2.8	Implement local initiatives to promote and protect mental and physical well-being while ensuring safe physical distancing, especially during periods of restricted movement.		2	Health, social cohesion and solidarity	Response
3.2.9	Work with domestic abuse prevention and civil society organisations, health care providers, local women and men, child protection groups, schools and youth organisations to promote programmes to reduce the risk of domestic violence, especially during periods of restricted movement.		2	Health, social cohesion and solidarity	Response
3.2.10	Ensure that contact with known survivors of violence and children at high risk of violence is maintained throughout periods of restricted movement and that survivors of violence can access health care and other support.		2	Health, social cohesion and solidarity	Response
3.2.11	Develop guidance for caregivers of people that require daily support and assistance, so as to protect both caregivers and those receiving care.		2	Health, social cohesion and solidarity	Response

3.2.12	Put in place measures to promote safe active mobility, including walking and cycling, while ensuring physical distancing. Consider the use of pavements, the creation of cycle lanes and the closure of streets to vehicular traffic.		3	Urban environment and security	Response
3.2.13	Set up a free telephone line for the provision of psychosocial support for suicide prevention, and for people experiencing loneliness, domestic violence and other mental health symptoms, including depression and anxiety.		3	Health, social cohesion and solidarity	Response
3.2.14	Work with health providers, civil society organisations and the private sector to provide evidence-based tips on positive parenting to caregivers to prevent child maltreatment.		3	Health, social cohesion and solidarity	Response
3.2.15	Consider adjusting, postponing or waiving the payment of charges for businesses (e.g. fees for markets or for use of additional public spaces) to encourage implementation of better physical distancing measures.		3	Commerce and development	Response
3.2.16	Work with businesses to prepare gender-responsive business continuity plans. Promote measures to establish safe workplaces such as by rotating the number of staff in offices, increasing distance between tables and seats including at places of dining, allowing employees to work from home where possible and adjustments in delivery and pick-up of goods. Ensure sensitivity to single-parent workers and those with additional care responsibilities.		3	Commerce and development	All phases
3.3 Promoting compliance to reduce transmission – hand hygiene and respiratory etiquette					
3.3.1	Use simple and accurate educational materials in multiple languages on the importance of frequent and appropriate hand washing and on reducing the potential harm from actions such as sneezing and coughing.		1	Health, social cohesion and solidarity	All phases
3.3.2	Promote socioculturally acceptable alternatives to social greetings that involve physical contact such as handshakes, hugs and cheek-kissing.		1	Health, social cohesion and solidarity	All phases
3.3.3	Messages on the use of masks should be in keeping with WHO guidance.		1	Health, social cohesion and solidarity	All phases
3.3.4	Deploy and ensure that WASH infrastructure is in place, and improve access to supplies required for good hand washing practices, such as the distribution of hand soap and the availability of running water to communities.		2	Urban environment and security	All phases

3.3.5	Work with retailers to encourage appropriate hand hygiene in shops and markets, such as the use of alcohol-based hand-rubs in shops that have many high-touch activities (e.g. grocers, supermarkets, automated teller machines), and to adapt facilities to minimise touching of surfaces, for example keeping the shops of doors open.		3	Commerce and development	All phases
3.3.6	Work with transport operators to encourage appropriate hand hygiene on public transport.		3	Transport	All phases
4. Access to health care services and the continuation of essential services					
4.1 Preparing for the identification and management of cases by local health authorities					
4.1.1	Ensure that personal protective equipment is prioritised for use by frontline workers, including medical and support staff, and those providing services in long-term care facilities and communities ⁶ .		1	Health, social cohesion and solidarity	All phases
4.1.2	Develop plans for the identification of suspect cases, medical evaluation, testing and contact tracing, especially among populations with higher levels of vulnerability ⁴ , regardless of legal status (e.g. citizenship).		1	Health, social cohesion and solidarity	All phases
4.1.3	Develop plans for the management of COVID-19 patients in health facilities and in the community, including appropriate triage and separation of non COVID-19 cases, and share these widely with all relevant stakeholders involved in their care.		1	Health, social cohesion and solidarity	All Phases
4.1.4	Develop plans to increase the health workforce. Consider permitting early access to professional societies or the reallocation of tasks and competencies beyond traditional roles. This may involve temporary changes to regulations and the mobilisation of qualified volunteers, such as members of community health networks, retired professionals and medical students.		2	Health, social cohesion and solidarity	Response
4.1.5	Develop plans to increase the capacities of health service infrastructure, for example through the early involvement of public and private hospitals and laboratories, and other health facilities.		2	Health, social cohesion and solidarity	Response
4.1.6	Develop plans for the management of all residential facilities ⁶ , particularly those with vulnerable populations ² . Work with the leaders and managers of facilities to enhance rapid notification to local health authorities and the rapid introduction of control measures.		2	Health, social cohesion and solidarity	Response
4.1.7	Develop plans for the safe and socioculturally acceptable management of dead bodies that include funerals, burials and cremations, and bereavement counselling services.		2	Urban environment and security	Response

4.1.8	Establish or use existing systems to monitor the availability of local health care capacity including isolation facilities, intensive care beds and critical equipment such as ventilators.		3	Health, social cohesion and solidarity	All phases
4.1.9	Develop plans to address the post-disease rehabilitation needs of people recovering from COVID-19.		3	Health, social cohesion and solidarity	Response
4.1.10	Develop plans for the use of possible additional resources and facilities, beyond the health sector, such as veterinary, military and research laboratories, and hotels, stadiums and convention centres that can be mobilised and repurposed to support possible surges in health care demand. Stakeholders that manage these (e.g. the private sector) should be engaged early to discuss activation when predetermined triggers have been met.		3	Leadership and coordination	Response
4.1.11	Develop plans for the repurposing of industries and businesses to produce essential goods for use by the health sector.		3	Commerce and development	Response
4.1.12	Develop plans for the safe transfer of COVID-19 patients and other people with urgent medical needs between overloaded hospitals within the city and with other cities.		3	Leadership and coordination	Response
4.2 Ensuring the continuation of essential services for health					
4.2.1	Develop plans to ensure the continued provision of essential health services: including essential prevention and treatment of communicable diseases, particularly vaccination; reproductive health, including pregnancy and childbirth; core services for vulnerable populations ² . Plans should also cover: the provision of medication and supplies for the ongoing management of chronic communicable and noncommunicable diseases and mental health conditions, including community pharmacies and delivery of prescription; critical inpatient therapies; management of emergency health conditions and common acute presentations requiring time-sensitive intervention; and auxiliary services such as basic diagnostic imaging, laboratory services, and blood bank services. Coverage should be regardless of legal status.		1	Health, social cohesion and solidarity	All phases
4.2.2	Prepare hospitals and ensure that they remain accessible and functioning at maximum capacity during the outbreak.		1	Health, social cohesion and solidarity	Response
4.2.3	Establish formal agreements to maintain essential health services in community settings where appropriate. Support community health services and primary health care providers in giving types of care usually delivered in hospitals and clinics.		2	Health, social cohesion and solidarity	Response

4.2.4	Address the fears of persons with medical conditions accessing acute and chronic health care services during an outbreak or epidemic. Offer them advice on safe travel to health care facilities and options such as telemedicine and home care.		2	Health, social cohesion and solidarity	Response
4.3 Ensuring the continuation of essential services beyond health					
4.3.1	List and review essential goods and services ⁴ that must be continued, and document critical interdependencies across different sectors that ensure their continued functioning.		1	Leadership and coordination	Preparedness and readiness
4.3.2	List and review essential needs and activities, especially among vulnerable populations ² , that might require exemption from movement restrictions.		1	Leadership and coordination	Preparedness and readiness
4.3.3	Assess the impact of interruption or failure of services and develop ways to mitigate such risks. Set priorities for resources and services to ensure continued functioning.		1	Leadership and coordination	Preparedness and readiness
4.3.4	Work with public and private organisations that provide social services, including delivery of medicines, food and basic supplies, and develop plans to avoid service interruption of logistics and supply.		1	Health, social cohesion and solidarity	Response
4.3.5	Identify and mobilise support services for workers providing essential services ⁴ through public transport, child care services, temporary housing and food and laundry services as needed.		2	Leadership and coordination	Response
4.3.6	Plan for the continuum of care for older people, involving health care facilities, local authorities and other relevant organisations to ensure continuous integrated, person-centred, health and social care across different settings.		2	Health, social cohesion and solidarity	Response
4.3.7	Work with social and cultural organisations, civil society, schools and the voluntary sector to continue to provide social and cultural services to build social cohesion, to tackle loneliness and isolation, to support mental health and well-being, and to contribute to community resilience.		3	Health, social cohesion and solidarity	All phases
4.3.8	Develop and test business continuity plans for essential services ⁴ , using simulation exercises. Take a ‘no regrets’ approach to maintaining commitments to health and human-centred urban economic models that include protection of green spaces, investment in active mobility, health and social investments, and gender-responsive and equity-sensitive policies and measures.		3	Leadership and coordination	Preparedness and readiness
4.3.9	Assess the impact of teleworking for local government employees needed to provide essential public services ⁴ .		3	Leadership and coordination	Response
4.3.10	Prepare plans to move public services offered by local government online to ensure safe and uninterrupted provision of essential services ⁴ .		3	Leadership and coordination	Response

1 - Suggested Input Options	
Not applicable / not a priority	-
Needed but does not exist	X
Needs further improvement	√
Well-developed	√√

Notes
2 – Vulnerable populations that are likely to be at higher risk of the impact of public health and social measures include informal workers and their families, refugees and internally displaced persons, asylum seekers, migrants, homeless and inadequately housed, disabled, people that require care from others for activities of daily living, older people living alone, people with health needs but avoiding essential care, and those at greatest risk of mental health impacts.
3 – Different phases of the outbreak include preparedness, readiness, response and recovery / periods between epidemic peaks.
4 – Essential goods and services include emergency housing, medicine and food distribution, refuse collection, burial services, water, sanitation and hygiene (WASH) and telecommunications.
5 – Neighbouring local authorities include regional jurisdictions, adjacent cities, metropolitan areas, and interdependent periurban and rural areas
6 – Places where people at risk of poor outcomes from the disease or the impact of public health and social measures may be located include informal settlements, institutions that house vulnerable persons, such as long-term care facilities for people who are older, have physical or mental health conditions or are living with disabilities, orphanages and children’s homes, facilities providing harm-reduction programmes for drug users, housing for homeless populations, reception and asylum centres, camps for refugees and internally displaced persons, and prisons and detention centres.
7 – Points of entry include airports, seaports and land border crossings

WHO continues to monitor the situation closely for any changes that may affect this scientific brief. Should any factors change, WHO will issue a further update. Otherwise, this scientific brief document will expire 2 years after the date of publication

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