



Great apes, COVID-19 and the SARS CoV-2

Joint Statement of the IUCN SSC Wildlife Health Specialist Group and the Primate Specialist Group, Section on Great Apes

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The purpose of this document is to update great ape site managers, researchers, tourism operators and others of the potential risk posed by a coronavirus now called SARS CoV-2 and the disease it causes in humans (COVID-19).

SUMMARY INFORMATION

The World Health Organization China office was first alerted to several cases of pneumonia in people in the city of Wuhan, Hubei Province, China on December 31, 2019. A novel coronavirus (temporarily named 2019-nCoV) was confirmed as the cause on January 7, 2020. On January 30, 2020, the World Health Organization declared a global public health emergency, and on March 11, 2020 a pandemic. Many countries and territories around the world have since reported cases. Current information on the pandemic can be found here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

The virus is now officially called SARS CoV-2 and the disease it causes in humans is COVID-19. In people, SARS CoV-2 infection can present as do other respiratory illnesses: nasal discharge, sore throat, cough and fever. Symptoms can be mild to severe; deaths are due to severe pneumonia. Treatment is in the form of supportive care; there is no vaccine. Not all infected people develop severe disease; some may develop only mild illness. The case-fatality rate, or the proportion of confirmed COVID-19 patients who die due to infection, is currently approximately 3%. SARS CoV-2 is spread via contact with aerosolized droplets emitted by an infected person who sneezes or coughs. Coronaviruses can also be spread through exposure to feces and bodily fluids from infected individuals. Infected individuals shed the virus several days before they show any clinical signs. The virus is thought to be able to survive in the environment between a few hours to several days; simple disinfectants (e.g. 60-80% ethanol or isopropyl alcohol or 10% household bleach solution) will kill the virus. It appears that the first case was in China in Hubei, but at present, it is unknown how this virus emerged. Bats are a wildlife reservoir of SARS-like coronaviruses, and are therefore a putative source.

It is not yet known if great apes are susceptible to SARS CoV-2. However, there is abundant scientific evidence that great apes are susceptible to infection with human respiratory pathogens. ***At this point, it is safest to assume that great apes are susceptible to SARS CoV-2 infection.***

TO MINIMIZE THE POTENTIAL FOR SARS CoV-2 TRANSMISSION TO WILD GREAT APES:

There is no more effective measure for prevention of the introduction of SARS CoV-2 to wild great apes than to minimize direct and indirect contact between great apes and infected people. ***It is strongly recommended that***

great ape visitations by humans are reduced to the minimum (time spent near great apes, number of people) needed to ensure the safety and health monitoring for the great apes. For those essential staff, great ape visitation rules need to be strictly enforced at all sites, most especially:

- ❖ **Maintenance of a distance of at least 7 meters from great apes at all times; however, 10 meters is strongly advised in the current situation**
- ❖ **Assurance that no person (park staff, researcher, tourist, etc.) who is clinically ill, or who has been in contact with anybody ill in the preceding 14 days is allowed to visit great apes**

*IUCN Best Practice Guidelines for Health Monitoring and Disease Control in Great Ape Populations*¹ identify the following considerations (among several) for disease prevention that are particularly relevant to the current SARS CoV-2 outbreak:

- ❖ Ensure that all individuals coming into close proximity of great apes are wearing clean clothing and disinfected footwear prior to park entry
- ❖ Provide hand-washing facilities and supplies for all individuals entering protected areas or great ape sites
- ❖ Require that a surgical face mask be worn by anyone coming within 10 meters of great apes
- ❖ Reinforce instructions that people who need to sneeze or cough should cover their mouths and noses with the crook of their elbows rather than their hands; if they need to sneeze or cough they should immediately leave the area and not return
- ❖ Provide hand sanitizer
- ❖ Ensure toilet use is exclusively away from the forest
- ❖ Impose a 14-day quarantine for all people arriving from outside the country who will come into more frequent and longer-term close proximity with wild great apes (e.g., veterinarians, researchers, journalists).

In closing – Strict adherence to best practices for great ape disease prevention and great ape tourism is a critical and effective barrier to transmission of SARS CoV-2 to wild great apes.

In the current situation and beyond the recommendations in the *Best Practices*, suspension of great ape tourism and reduction of field research should be considered. Deciding whether this additional measure should be implemented requires risk assessments integrating our rapidly evolving understanding of the situation based on new data, establishing mechanisms to offset loss of profit and employment from tourism, and bolstering public health in local human populations.

¹ For the full recommendations for disease prevention in great apes, and tourism with great apes, please see:

- *IUCN Best Practice Guidelines for Health Monitoring and Disease Control in Great Ape Populations* <https://portals.iucn.org/library/node/45793>
- *IUCN Best Practice Guidelines for Great Ape Tourism* <https://portals.iucn.org/library/node/9636>