



Update 8 (27th of February 2020)

**Information about Infection disease
COVID-19 (novel coronavirus)**



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in Munich**

27th of February 2020

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December 2019, a novel coronavirus emerged in Wuhan City, China. Since then the virus spread to 41 countries including Europe and America. Since then the virus showed evidence for human-to-human transmission as well as evidence of asymptomatic transmission. At 30th January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11th of February. The virus itself has been named SARS-CoV-2.

HIGHLIGHTS/NEWS

- 15 new States (Afghanistan, Iraq, Oman, Pakistan, Austria, Croatia, Switzerland, Denmark, Norway, Greece, Georgia, North Macedonia, Romania, Brazil and Algeria) reported cases of COVID-19 in the past 24 hours.
- For the first time, since onset of the outbreak in December 2019, there have been more new cases reported from countries outside of China than from China.
- Italy has in recent days become Europe's worst-affected country. Most new cases in Europe were tied to the Italian cluster. South Italy reported first cases (Lazio, Sicilia, Liguria and Marche).
- Brazil is the first South American state reporting a case of COVID-19.
- First cases in soldiers were reported. An US soldier stationed in South Korea and a German soldier in Koblenz have been tested positive for the virus.
- A joint WHO and European Centre for Disease Prevention and Control (ECDC) together with the Health Ministers of Italy, Austria, Croatia, Switzerland, Slovenia, France and Germany meet on 24 February to support Italy on the COVID-19 situation and to discuss about further proceeding.
- The WHO-China joint mission concluded their work and made a range of findings about the transmissibility of the virus, the severity of disease and the impact of the measures taken. First outcomes you will find [here](#). The complete report will highlight questions we still don't have an answer, and include 22 recommendations.
- WHO still only talks about epidemics in different parts of the world but do not see a pandemic since now. As there is no uncontained global spread of the virus, and there is no large-scale severe disease or death.
- All WHO technical guidance documents regarding COVID-19, you can find [here](#).

GLOBALLY

82 132

confirmed cases

2 801 death

Dated: 27.02.2020

CHINA (mainland)

78 528

confirmed cases

(including 65 596 from Hubei province)

2 745 death

EU/EEA and the UK

477

confirmed cases

14 death (France, Italy)

US, Canada and Australia

94

confirmed cases

**Outside of CHINA
total**

3 503

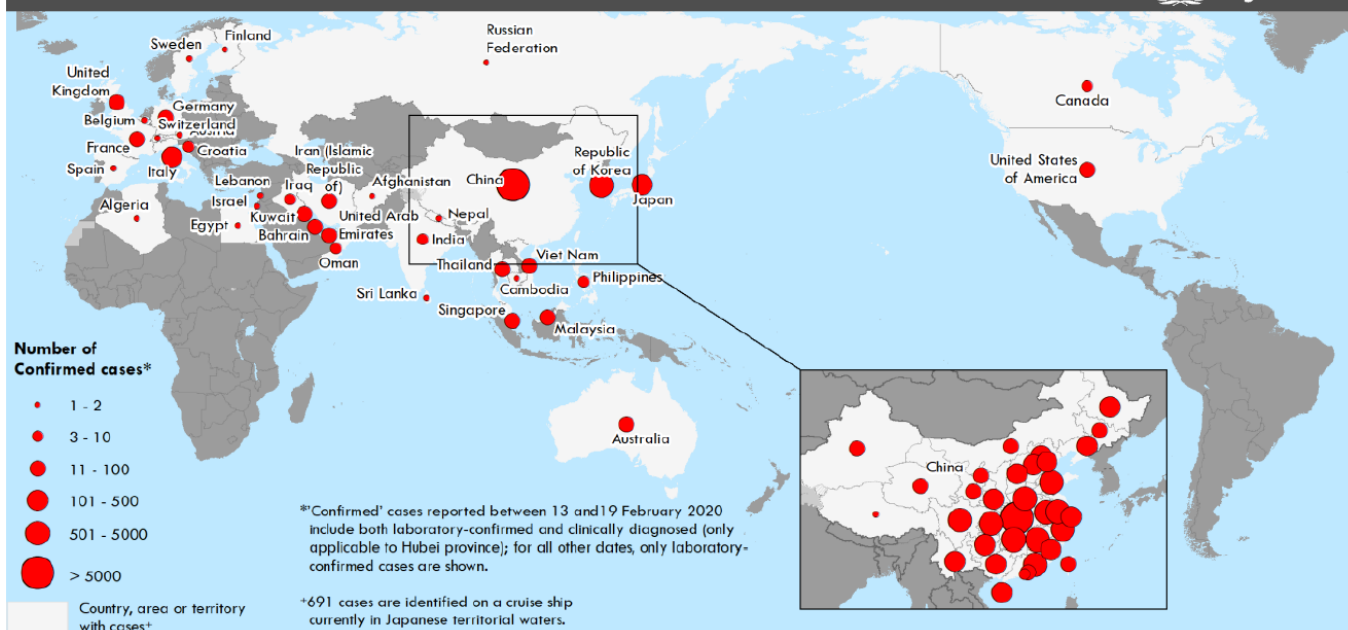
confirmed cases

56 countries

54 death

Risk Assessment	
China	Very high
Regional Level	High
Global Level	High
Europe	Moderate
NATO Missions	Low Short-term changes possible

Distribution of COVID-19 cases as of 26 February 2020



Data Source: World Health Organization, National Health Commission of the People's Republic of China
Map Production: WHO Health Emergencies Programme

Not applicable

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Continent	Country	Confirmed cases		Death
Asia	Afghanistan	1	New	0
Asia	Bahrain	33	↑	0
Asia	China	78 528	↑	2 745
Asia	Cambodia	1	→	0
Asia	Hong Kong	91	↑	2
Asia	India	3	→	0
Asia	Israel	2	→	0
Asia	Iran (Islamic Republic of)	139	↑	19
Asia	Iraq	5	New	0
Asia	Japan	186	↑	3
Asia	Korea (Republic of)	1 995	↑	12
Asia	Kuwait	26	↑	0
Asia	Lebanon	2	↑	0
Asia	Macao	10	→	0
Asia	Malaysia	22	→	0
Asia	Nepal	1	→	0
Asia	Oman	4	New	0
Asia	Pakistan	2	New	0
Asia	Philippines	3	→	1
Asia	Singapore	93	↑	0
Asia	Sri Lanka	1	→	0
Asia	Taiwan	32	↑	1
Asia	Thailand	40	↑	0
Asia	United Arab Emirates	13	→	0
Asia	Vietnam	16	→	0
Others	Cases on an international conveyance Japan	705	↑	4
Europe	Austria	2	New	0
Europe	Croatia	2	New	0
Europe	Belgium	1	→	0

Europe	Denmark	1	New	0
Europe	France	17	↑	2
Europe	Finland	2	↑	0
Europe	Greece	1	New	0
Europe	Georgia	1	New	0
Europe	Germany	21	↑	0
Europe	Italy	400	↑	12
Europe	North Macedonia	1	New	0
Europe	Norway	1	New	0
Europe	Romania	1	New	0
Europe	Russia	2	→	0
Europe	Spain	12	↑	0
Europe	Sweden	2	↑	0
Europe	Switzerland	1	New	0
Europe	United Kingdom	13	↑	0
America	Canada	12	↑	0
America	United States of America	59	↑	0
America	Brazil	1	New	0
Oceania	Australia	23	↑	0
Africa	Egypt	1	→	0
Africa	Algeria	1	New	0
Total		8 132		2 801

Distribution of COVID 19 cases reported in Italy (as of 27 February 2020)

Areas	Number of cases
Lombardia	258
Veneto	71
Emilia Romagna	47
Piemonte	3
Lazio	3 (Including 2 Chinese tourists)
Sicilia	3
Toscana	2
Liguria	11
Bolzano	1
Marche	1
Total	400

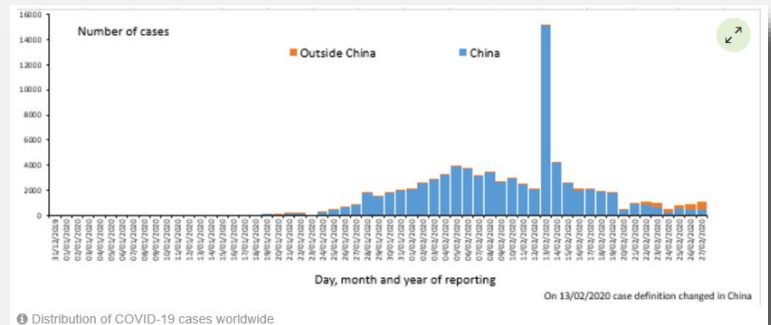


Provinces in Italy with confirmed COVID-19 cases as from 26/02/2020; Source: Night Lantern – Own work, data from The Local

Bullet Points

Situation CHINA

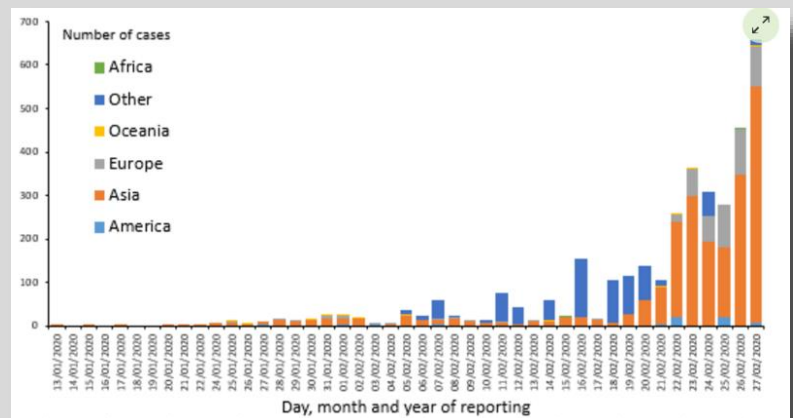
- CHN is liable for 97% of the worldwide COVID-19 cases and 99% of the death due to COVID-19. Within CHN 83% of cases and 95% of death could be found in the HUBEI province. Fatality rates in HUBEI amounts to 2 - 4% and in the rest of CHN 0,7%.
- First outcome of the WHO-CHINA joint mission showed an epidemic peak and plateaued between the 23rd and the 2nd of February, and has been declining steadily since then. No significant change in the genetic makeup of the virus have been found.
- Recovery time for people with mild disease is about two weeks, for people with severe or critical disease three to six weeks.



Epicurve COVID-19 dated 27/02/20, Source: ECDC

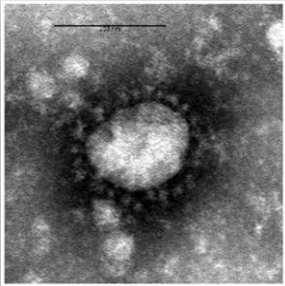
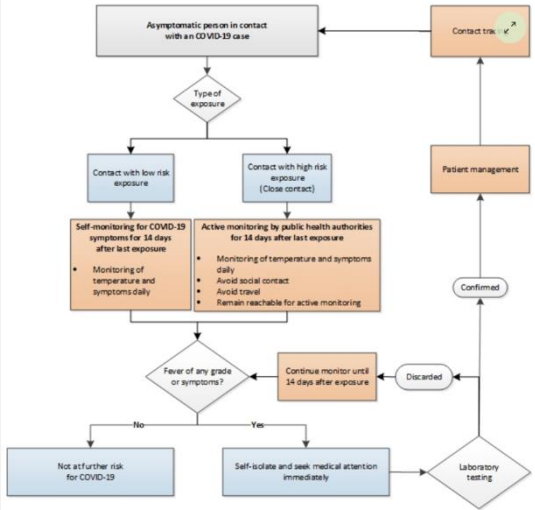
Global Situation

- The trend is still increasing.
- Over 80% of patient are infected with a mild form of the disease and recover. Around 20% develop a severe form which can cause death.
- Australia: 164 of the returning passengers of the "Diamond Princess" have been quarantined and tested. Until today seven person have been tested positive for COVID-19.
- Japan: Local organizers of big sports and cultural events were asked to cancel or postpone them for two weeks.
- South Korea: Still the highest number outside China (1 146 confirmed cases). Many of the cases in South Korea are linked to a branch of the Shincheonji Church of Jesus in Daegu. US military bases restricted access this week with screening sanctions before entering the bases. One US soldier and 18 South Korean soldiers already infected).
- Afghanistan: The patient generates symptoms after returning from Iran. Board to Iran seems to be closed down.
- Iran: The estimated number of unknown cases supposed to be very high. Exported cases to CAN, LIB, VAE, AFG, IRQ, BHR and OMN confirmed. Iraq, Afghanistan, Kuwait, Georgia and Armenia have suspended air and road travel to and from Iran. Kuwait, Afghanistan, Pakistan, Azerbaijan and Turkey have closed their borders with Iran.
- Iraq: The Index case was a man traveling to Iran. Government banned public gatherings and prohibiting travel to and from a total of nine countries.
- Bahrain: After nine new cases in travellers returning from Iran, Bahrain closed their borders to Iran.
- Brazil: Brazilian officials reported the first confirmed case of coronavirus in Latin America. The patient returned from Italy before develop symptoms.
- A publication of the Imperial College counts the undiscovered exported COVID-19 cases at contemporary 66%.



Distribution of COVID-19 cases by continent (except CHN), 27/02/2020, ECDC

	<ul style="list-style-type: none"> • <u>US</u>: The US military confirmed that one of its soldiers based in South Korea had tested positive, marking the first infection of a US service member. US reported the first case not infected after staying at the “Diamond Princess”. Transmission rout currently not distinct. • <u>Pharmaceutical supply</u>: Hubei is one of the leading places for pharmaceutical industry, especially for antibiotics and their basic commodities. Due to the current COVID-19 outbreak industrial production discontinued for over 4 weeks now. A potential shortness of pharmaceuticals for western countries in the future is reasonable but currently not rateable.
Situation Europe	<ul style="list-style-type: none"> • Health ministers of ITA, FRA, CHE, AUT, SLO, HRV and DEU together with representatives from the WHO and the ECDC met in Rome at the 25th of February for discussions on the Coronavirus crisis and possible joint measures.. They decided against boarder closing, cancelation of mega events have to be decided case-by-case. Especially communication between European countries will be done between the European authorities like, exchange of epidemiological data and patient management procedures, will be the key to containment. • <u>Italy</u>: Already 11 towns have been quarantined in the Lombardy and Veneto region (55 000 persons). Schools and universities have been closed throughout Northern Italy along with museums, and various festivities, concerts, sporting events and church masses have been cancelled. Police mandated a curfew closing all public buildings and controlling access through police checkpoints to the so-called 'red zone', which is enforced under penalty by fines against trespassers who are not health or supply workers. Cases from Croatia, Austria, Switzerland, Germany, Denmark, Finland, France, Greece, North Macedonia, Romania, Spain, Sweden, Brazil and Algier tied to the Italian outbreak. Outbreaks could also be found in the southern part of the country (Lazio and Sicilia). Travelers coming from ITA could fall under regulation or bee banned coming to other home countries. • <u>Austria</u>: Tyrol province, which borders Italy. One was an Italian receptionist working at a hotel in the Alpine city of Innsbruck, which was consequently put under lockdown. • <u>France</u>: Cconfirmed the first death of a French national from the virus. The 60-year-old French man was the second fatality in the country, after an 80-year-old Chinese tourist died there earlier this month. • <u>Switzerland</u>: a man in his seventies living in Ticino, bordering Italy, had been infected in Milan on 15 February and was now in isolation. • <u>Denmark</u> confirmed the first case of COVID-19, a man, who had returned home from a ski holiday in • <u>Croatia</u>: A man who recently returned from Italy became the first confirmed patient in the Balkans. • <u>Tenerife/Spain</u>: Guest were locked down in a hotel after an Italien doctor and his wife tested positive for the virus. ESP also reported its first case on the mainland, involving a woman in Barcelona who had been to northern Italy. • <u>Greece</u>: confirmed its first case, in a 38-year-old woman who had returned from a trip to northern Italy. • <u>Romania</u>: confirmed the first case of COVID-19, a man tested positive after coming in contact with an Italian. • <u>North Macedonia</u> confirmed the first case of COVID-19, a woman tested positive for SARS-CoV-2 in. She stayed in Italy for a month and had been sick for two weeks. • <u>Germany</u>: Reported new cases involving people who had recently been to northern Italy or those contact people. Including one DEU soldier.

<p>Infection</p>	<ul style="list-style-type: none"> Coronavirus affects the respiratory tract of animals and humans mostly results in a dry cough, fever and cold-like symptoms. Rarely a severe pneumonia and respiratory distress with need of intensive care and consequent death is possible. Estimated 10 -15% of common colds are thought to be due to Coronavirus infections, globally. It's almost certain that the transmissibility of the Virus occurs also in patients with mild or beginning symptoms. These patients assume themselves as not sick enough to go on sick call and can become a threat for other humans. Incubation time of the virus lies between 2-14 (WHO) and 2-12 (ECDC) days. A transmission can also take place during this time. Information and technical guidance for Laboratory testing for COVID-19 in humans you could find under: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance The virus shows a wide Public Health dimension as especially patients with mild infections can spread the virus unnoticed to contact persons. First vaccination trial will be possible at the end of April.  <p>© Bundeswehr Institute of Microbiology / Essbauer, Kahlhofer EM picture of SARS-CoV-2</p>
<p>Case definition</p>	<ul style="list-style-type: none"> You will find the WHO case definition “Global Surveillance for human infections with novel coronavirus” from 31 January 2020 enclosed to this report. Case definition of ECDC you will find here. NEW DEFINITION! Suspected cases: Patients with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) requiring hospitalisation or not, AND who in the 14 days prior to onset of symptoms have met at least one of the following epidemiological criteria: close contact with a confirmed or probable case of COVID-19 infection OR having stayed in areas with presumed community transmission. Probable case: Suspected case for whom testing for 2019-nCoV is inconclusive OR is tested positive using a pan-coronavirus assay. Confirmed case: A person with laboratory confirmation of virus causing 2019-nCoV infection, irrespective of clinical signs and symptoms. <ul style="list-style-type: none"> Be aware that every contact person needs to be monitored for at least 14 days. Enclosed you will find a list of the official WHO laboratories. There are also national reference laboratories which are capable to prove an infection of SARS-CoV-2.  <p>Algorithm for management of contacts of probable or confirmed COVID-19 cases; Source: ECDC, 25/02/2020</p>
<p>Strategic</p>	<p>Strategic objectives for response by WHO are:</p> <ul style="list-style-type: none"> Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread from China*; Identify, isolate and care for patients early, including providing optimized care for infected patients; Identify and reduce transmission from the animal source; Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines; Communicate critical risk and event information to all communities and counter misinformation; Minimize social and economic impact through multisectoral partnerships. <p>*This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in health care settings, implementation of health measures for travellers, awareness-raising in the population and risk communication..</p>

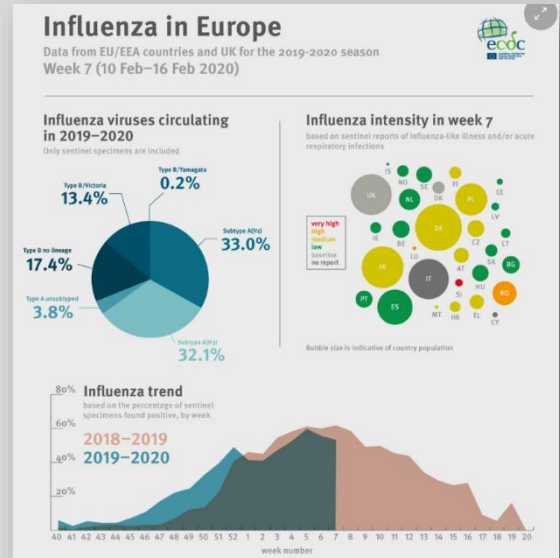
➡ Recommendations	
Recommendation for public	<p>Preventive measures are the same as for other viruses circulating at this time of the year such as Influenza. Following recommendations can all contribute to interrupting transmission of COVID-19 and a wide range of other infectious diseases:</p> <ul style="list-style-type: none"> • Avoiding close contact with people suffering from acute respiratory infections. • Frequent hand-washing, especially after direct contact with ill people or their environment. • Avoiding unprotected contact with farm or wild animals. • People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands). • Within health care facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.
➡ Risk Assessment	
Traveller to China/Wuhan/South Korea	<ul style="list-style-type: none"> • Risk area! ECDC considers the risk for people from the EU and UK travelling/resident in areas with presumed community transmission is currently high.
Europe	<p>The ECDC considered the risk associated with SARS-CoV-2 infection for people from the EU/EEA and UK currently to be low to moderate.</p> <p>This assessment is based on the following factors:</p> <ul style="list-style-type: none"> • With the exception of a number of cases reported in several regions in Italy, all cases reported in the EU/EEA and UK so far have clearly established epidemiological links; contact tracing measures have been in place to contain further spread. Extraordinary public health measures have been implemented in northern Italy, and strong efforts are being made to identify, isolate and test contacts in order to contain the outbreak. The probability of further transmission in the EU/EEA and the UK is considered to be low, but cannot be excluded because a high level of uncertainties with several unpredictable factors and a situation that is still evolving. • The possibility of new introductions from other countries outside China into the EU/EEA appears to be increasing as the number of countries reporting cases keeps going up. A comprehensive list of countries reporting cases worldwide can be found here. This also increases the possibility of cases being introduced by travelers from other countries outside China to the EU/EEA and UK • The impact of sustained transmission in the EU/EEA would be moderate to high, especially for elderly populations with comorbidities, given that the reported case severity is high among these groups. <p>The risk of the occurrence of similar clusters, similar to the ones in Italy, associated with COVID-19 in other countries in the EU/EEA and the UK is currently considered to be moderate to high.</p> <p>This assessment is based on the following factors:</p> <ul style="list-style-type: none"> • The current event in Italy indicates that local transmission may have resulted in several clusters for which an epidemiological link to areas where ongoing transmission is presumed, was not apparent. The accumulated evidence from clusters reported in the EU and the UK indicates that once imported, the virus causing COVID-19 can transmit rapidly. This may emanate from cases with mild symptoms that do not provoke healthcare-seeking behaviour. The increases in cases and the number of countries outside China reporting those cases increases the potential routes of importation of the infection into the EU and the UK. • The impact of such clusters in the EU would be moderate to high, especially if hospitals were affected and a large number of healthcare workers had to be isolated. The impact on vulnerable groups within affected hospitals or healthcare facilities is considered to be severe, in particular for the elderly.

- The rigorous public health measures that were implemented immediately after identifying the Italian COVID-19 cases will reduce the impact of such outbreaks as well as the further spread.

The risk for healthcare systems capacity in the EU and the UK during the peak of the influenza season is low to moderate.

This assessment is based on the following factors:

- As the number of reported COVID-19 cases in the EU and the UK remains low, the probability of widespread infection remains low during the peak of the 2019–2020 influenza season. The majority of countries reported widespread influenza activity for week 7/2020, but the proportion of specimens tested positive in sentinel surveillance is slightly decreasing; some EU countries might have already moved past the peak period of high influenza circulation.
- If a significant increase in COVID-19 cases were to coincide with a high level of influenza activity, the potential impact on healthcare systems would be moderate to high. The increased number of cases would require additional resources for testing, case management, surveillance, and contact tracing. Increased transmission could result in further pressure on healthcare systems. This situation would be exacerbated should a substantial number of healthcare workers become infected.



Source: <https://www.ecdc.europa.eu/en/current-risk-assessment-novel-coronavirus-situation>

Global

- Because of high amount of touristic traffic and the potential human-to-human transmission the risk of further transmission persist. Official IATA changed their travel documents with new travel restrictions. You will find the documents [here](#).
- Individual risk is dependent on exposure.
- Public health and healthcare systems are in high vulnerability as they may become overloaded (some areas already are) with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed.

Italy

- The outbreak is spreading also to the southern part of Italy. Including Lazio a close province to Naples with 3 confirmed cases.
- The situation is dynamically evolving, with more cases expected in the coming days.
- Authorities implemented a restricted zone where traffic is banned and citizens be quarantined.

➡ **To summarize: The risk in ITA outside of the red zone is low to moderate depending on travel activities in Italy and globally. Especially visiting places with huge gathering of people, as airports or malls, personal preventive measures should be taken to prevent individuals from all viruses circulating at this time of the year.**

If someone visited the effected provinces, at the northern part of Italy, and develops flu-like symptoms afterwards he/she should see a doctor immediately and stay at home in self-quarantine.

The risk assessment for the EU might change rapidly when more data become available.



References:

- European Centre for Disease Prevention and Control www.ecdc.europa.eu
- World Health Organization WHO; www.who.int
- Centres for Disease Control and Prevention CDC; www.cdc.gov