

Force Health Protection
Branch
NATO MilMed COE
Munich



Short Update 11b COVID-19 Coronavirus Disease 20th of March 2020



info.dhsc@coemed.org

Branch Chief
Phone: +49 89 1249 4003
Branch Admin
Phone: +49 89 1249 4001

Distribution of COVID-19 cases as of 19 March 2020



News:

- Still high decline in case numbers in Italy.
- The number of confirmed cases worldwide has exceeded 200 000. It took over three months to reach the first 100 000 confirmed cases, and only 12 days to reach the next 100 000.
- Djibouti reported it's first case on 19 March.
- [Risk Communication and Community Engagement](#) is an essential component of health emergency preparedness and response. The WHO Action Plan Guidance for COVID-19 is designed to support risk communication, community engagement staff and responders to develop, implement and monitor an effective action plan for communicating effectively during the outbreak.
- A new protocol to investigate the extent of COVID-19 infection in the population, as determined by positive antibody tests in the general population has been developed. Information can be found in the situation report Nr. From WHO.

Risk Assessment

EUROPE

- * The risk for importing/exporting the virus into/from Europe is currently high.
- * The risk of severe disease associated with COVID-19 infection is currently considered moderate for the general population and high for older adults and individuals with chronic underlying conditions. In addition, the risk of milder disease, and the consequent impact on social and work-related activity, is considered high.
- * The risk of the occurrence of subnational community transmission of COVID-19 is currently considered very high.
- * The risk of occurrence of widespread national community transmission of COVID-19 in the coming weeks is high.
- * The risk of healthcare system capacity being exceeded in the coming weeks is considered high.

China/Wuhan/

- * The risk for people travelling/resident in affected provinces with ongoing community transmission is currently very high.

GLOBALLY

- * The high risk of further transmission persist.

EUROPE
107.872
confirmed
cases
5.004 death

ASIA
&
Western
Pacific Region
93.132
confirmed
cases
3.436 death

Eastern
Mediterranean
Region
21.534
confirmed
cases
1.315 death

AMERICAS
REGION
16.877
confirmed
cases
418 death

AFRICA
853 confirmed
cases
22 death

GLOBALLY

244.523

Confirmed cases

160 countries
10.031 death

Outside CHINA

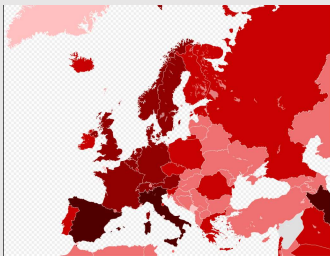
159.069
confirmed cases
6.943 death

CHINA

81.199
confirmed cases
3.252 death

Situation in Europe

Country	Confirmed case (Over 1 000 cases)	Deaths
Italy	41 035	3 405
Spain	18 077	833
Germany	15 320	44
France	11 010	371
Switzerland	4 164	43
Great Britain	2 716	137
Netherlands	2 468	76
Austria	2 013	6
Belgium	1 795	21
Netherland	1 781	7
Schweden	1 439	11
Denmark	1 225	6



Source: Wikipedia

- Europe is now considered the active centre of COVID-19 according to the WHO as of 13 March 2020
- Many European countries show erratic increase in case numbers from one day to another, which leads to an overload of the health care systems because of elevated rates of hospitalizations and deaths.
- Still high decline in case numbers in Italy. On 18 March 475 fatalities reported at one day. Italy leads in death numbers now before China.
- EU leaders decided on an immediate travel ban into EU for 30 days for non-EU citizens as of 17 March.
- Huge traffic jam occurring on the borders of the European countries, because of the new border controls. Leading to a delay in the import of necessary relief supplies like groceries or medications.
- EU considers to stockpile medical supplies like ventilators, masks and so on.
- The risk for the public in the most affected areas can be considered as high, depending on regions as well as the part of the region.**

Italy: As of 19 March 2020, Italy is the world's centre of active coronavirus cases with 33,190 active cases – more than double the number of active cases of any other country, and exceeding those of China and Iran combined. Same date it became the country with the highest number of confirmed deaths in the world. Italy shows a case fatality rate of ~8%. Hospitals are completely overwhelmed with the amount of patients, especially intensive care patients. ~9% of the fatalities are health care workers as they are in close contact with the patients without adequate supply of protective equipment. Health care workers account for 8.3% of total cases in the country. Espania reported their first death in a health care worker on 19 March as well.

Global Situation

- All Latin American countries reported at least one case of COVID-19.
- Second time in a row China reported no new local infections. However they reported imported cases. Reporting numbers must be considered carefully.

Country	Confirmed cases (over 1000 cases, excluding Europe)	Deaths
China	81 199	3 252
Iran	18 407	1 284
South Korea	8 652	94
USA	14 250	205

China: Currently more people recovered from the disease, than new infections reported. Hubei Province reported zero new suspected case for two consecutive days as well as no newly confirmed case since 17 March. A WHO report described China's response as "perhaps the most ambitious, agile and aggressive disease containment effort in history". The economy in China was very hard-hit in the first two months of 2020 due to the measures taken by the government to curtail virus spread.

Iran: Occurs as a centre of the spread of the virus after China. Over ten countries have traced their cases back to Iran by 28 February, indicating that the extent of the outbreak may be more severe than the 388 cases reported by the Iranian government by that date. 90% of the coronavirus cases in the Middle East have taken place in Iran. On 15 March, the Iranian government reported 100 deaths in a single day, up to that point, the most ever recorded in such a time period. Preventive measures are not well implemented and not adhered by the public.

South Korea: On March 13 the numbers of recoveries was larger than the number of newly tested positive. But still clusters recurrent occur. As of 20 March, a total of 171 countries and territories have issued entry bans and/or suspended visas for travelers from South Korea.

USA: As more tests are available now case numbers are increasing as considered. Especially New York state showed a rapid rise in numbers. On 19 March 2020, California governor called a lockdown with all residents except those working in essential occupations urged to stay at home, in the most restrictive statewide measure taken so far.

Africa: Cases have been confirmed in most African countries. Especially Egypt shows high number in cases. These include countries with an extremely low Fragile State Index like Western Sahara, Central African Republic or South Sudan. Early detection will be vital as the continent's health systems "are already overwhelmed by many ongoing disease outbreaks.

Social Stigma associated with COVID-19

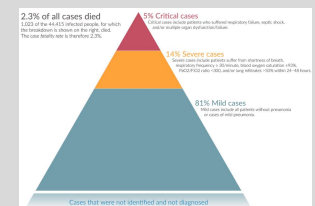
The current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people of certain ethnic backgrounds as well as anyone perceived to have been in contact with the virus.

- Stigmatizing in an outbreak means, that people are labeled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease.
- Even people who do not have the disease but share other characteristics with this group may also suffer from stigma.
- COVID-19 is a disease that is new and for which there are still many unknowns, which we are often afraid of. People tend to associate that fear with others.
- Because of this main points it is understandable that there is confusion, anxiety, and fear among the public. Unfortunately, these factors are also fueling harmful stereotypes.
- The impact of this behavior can undermine social cohesion and prompt possible social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak.

HOW TO ADDRESS SOCIAL STIGMA

- Evidence clearly shows that stigma and fear around communicable diseases hamper the response. What works is building trust in reliable health services and advice, showing empathy with those affected, understanding the disease itself, and adopting effective, practical measures so people can help keep themselves and their loved ones safe.
- How we communicate about COVID-19 is critical in supporting people to take effective action to help combat the disease and to avoid fueling fear and stigma. An environment needs to be created in which the disease and its impact can be discussed and addressed openly, honestly and effectively.
- At the WHO guide for for leaders on preventing and addressing social stigma you will find some tips on how to address and avoid compounding, social stigma:
 - Words matter: dos and don'ts when talking about the new coronavirus (COVID-19)
 - Do your part: simple ideas to drive stigma away
 - Communication tips and messages.

You will find that guide [here](#).



Preparedness and Response

Basic protective measures against COVID-19:

- Perform hand hygiene frequently. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled;
- Cover your nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;
- Refrain from touching mouth and nose.

See also: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

- A medical mask is **not** required if exhibiting no symptoms, as there is no evidence that wearing a mask – of any type – protects non-sick persons. If masks are to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal.
- Patients with symptoms like coughing and fever are only suspected cases after full anamnesis (travel anamnesis, contact with people coming from affected regions etc.). Please see WHO : [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))
- For MTFs and clinical personal handling COVID-19 patients please see here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
- All WHO technical guidance regarding COVID-19 you can find here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

Travel Informations

- Avoid nonessential Business travels, particularly while traveling to an Risk area (check with you national regulations).
- Check your national foreign office advices for regulations of the countries you're traveling or regulations concerning your country.
- Informations about the latest travel regulations you can find here: <https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm> and [here](#).
- WHO informations for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find here: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- General recommendations for personal hygiene, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers.
- People returning from affected areas (= countries, provinces, territories or cities experiencing ongoing transmission of COVID-19, in contrast to areas reporting only imported cases) should self-monitor for symptoms for 14 days and follow national protocols of receiving countries. If symptoms occur, such as fever, or cough or difficulty breathing, persons are advised to contact local health care providers, preferably by phone, and inform them of their symptoms and their travel history.

Why do we practise „Social Distancing“?



Social Distancing



1

Avoid gatherings or meetings with many people. Use online conference facilities, VTC, conference calls, e-mail, phone calls within the same building as well as Home Office as far as possible.



2

Unavoidable personal meetings should be kept brief and take place in a sufficiently large, well-ventilated room that allows you to keep your distance. Avoid handshakes – a smile connects.



3

Cancel unnecessary travel and postpone meetings that are not essential.



4

Do not stay longer than necessary in social rooms such as kitchens or common rooms. Keep your distance from others.



5

Bring your own meals to work and eat them at your desk.



6

Avoid public transportation. Instead, walk, use the bike or your own car. Avoid the "rush hours" by starting or stopping work early.



7

Restrict your off-duty activities: e.g. no mass events, concerts, course participation, fitness studios or cinemas. Support high-risk patients in order to minimize their social contacts (shopping, etc.).