



Update 10 (9th of March 2020)

Information about Infection disease COVID-19 (novel coronavirus)



Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich

9th of March 2020

email: info.dhsc@coemed.org

December 2019, a novel coronavirus emerged in Wuhan City, China. Since then the virus spread to 65 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

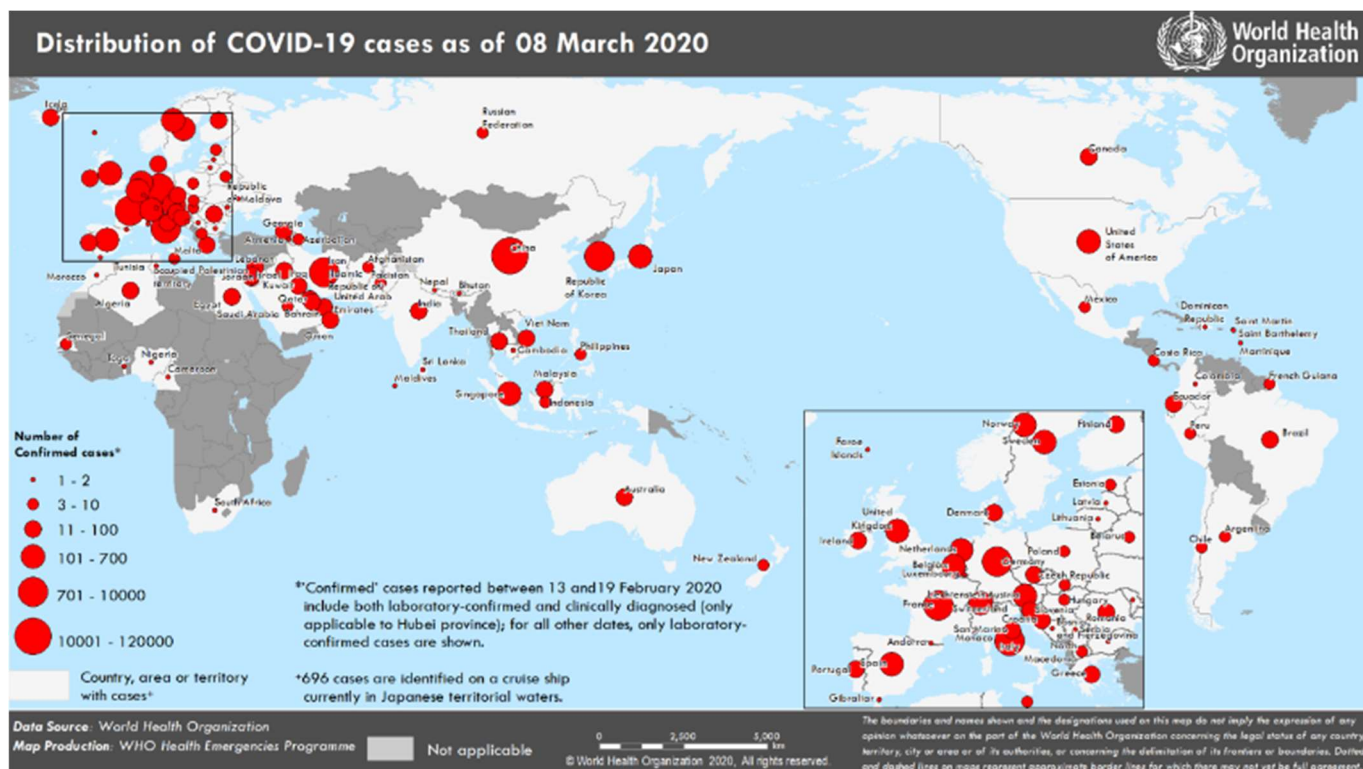
- 27 new States reported cases of COVID-19 since the last update including 8 new States in the past 24 hours.
- The WHO increased their assessment of the risk of spread and the risk of impact of COVID-19 to very high at a global level.
- Containment remains the top priority for all countries. Early robust measures are key to saving lives and halting transmission.
- The outbreaks reported so far have occurred primarily within clusters of cases exposed through close-contacts, within families or special gathering events.
- Control measures that focus on prevention, particularly through regular hand washing and cough hygiene, and on active surveillance for the early detection and isolation of cases, the rapid identification and close monitoring of persons in contacts with cases, and the rapid access to clinical care, particularly for severe cases, are effective to contain most outbreaks of COVID-19.
- WHO has issued a [consolidated package of existing preparedness and response guidance](#) for countries to enable them to slow and stop COVID-19 transmission and save lives. WHO is urging all countries to prepare for the potential arrival of COVID-19 by readying emergency response systems; increasing capacity to detect and care for patients; ensuring hospitals have the space, supplies and necessary personnel; and developing life-saving medical interventions.
- WHO warns that the lack of protective equipment due to increased demand, panic buying, hoarding and abuse leads to risks for specialist personnel worldwide. Production is expected to increase by 40%

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 110 034 confirmed cases 3 825 death
CHINA (mainland) 80 735 confirmed cases 3 119 death
Outside of CHINA total 29 299 confirmed cases over 100 countries 706 death
EU/EEA and the UK 12 274 confirmed cases 411 death
America's Region 678 confirmed cases 22 death
ASIA & West Pacific Region 89 265 confirmed cases 3 185 death
Eastern Mediterranean Region 7 014 confirmed cases 200 death
Africa 88 confirmed cases 0 death

Risk Assessment	
China/Wuhan/ South Korea/ Iran/Italy	* Risk area! The risk for people travelling/resident in areas with community transmission in high amount all over the country is currently very high..
EUROPE	<p>* The risk for importing the virus into Europe is currently moderate to high.</p> <p>* The risk of acquiring the disease travelling/resident in areas with no cases, or multiple imported cases, or limited local transmission, is currently considered low to moderate</p> <p>* The risk of acquiring the disease travelling/resident in areas with more widespread local transmission is currently considered to be high.</p>
GLOBALLY	* Because of high amount of touristic traffic and the potential human-to-human transmission the high risk of further transmission persist.



Country/Territory/Area	Confirmed Cases (Based on case definition by WHO)		Total Death	Transmission classification (Transmission classification is based on WHO analysis of available official data)
Western Pacific Region				
Australia	74	↑	3	Local transmission
Cambodia	2	↑	0	Local transmission
Japan	455	↑	6	Local transmission
Malaysia	93	↑	0	Local transmission
New Zealand	5	↑	0	Local transmission
Philippines	6	↑	1	Local transmission
Republic of Korea	7 134	↑	50	Local transmission
Singapore	138	↑	0	Local transmission
Viet Nam	21	↑	0	Local transmission
South-East Asia Region				
China (incl. Hong Kong, Macao, Taiwan)	80 735	↑	3 119	Local transmission
India	34	↑	0	Local transmission
Indonesia	4	↑	0	Local transmission
Maldives	2	New	0	Local transmission
Nepal	1	→	0	Imported cases only
Sri Lanka	1	→	0	Imported cases only
Thailand	50	↑	1	Local transmission
Bhutan	1	New	0	Imported cases only
Region oft the Americas				
Brazil	19	↑	0	Local transmission
Argentina	9	New	1	Imported cases only
Canada	57	↑	0	Local transmission
Chile	5	New	0	Imported cases only
Costa Rica	5	New	0	Imported cases only
Colombia	1	New	0	Imported cases only
Dominican Republic	1	New	0	Under Investigation
Ecuador	14	↑	0	Local transmission
Mexico	7	↑	0	Imported cases only
Peru	6	New	0	Local transmission
United States of America	213	↑	11	Local transmission
Territories				
French Guiana	5	New	0	Imported cases only
Martinique	2	New	0	Imported cases only
Saint Martin	2	New	0	Under investigation
Saint Barthelemy	1	New	0	Under investigation
European Region				
Armania	1	→	0	Imported cases only
Andorra	1	New	0	Imported cases only
Azerbaijan	9	↑	0	Imported cases only
Austria	104	↑	0	Local transmission
Belgium	169	↑	0	Local transmission
Belarus	6	↑	0	Local transmission
Bosnia and Herzegovina	2	New	0	Local transmission
Bulgaria	2	New	0	Local transmission
Croatia	11	↑	0	Local transmission
Czech Republic	26	↑	0	Local transmission
Denmark	31	↑	0	Local transmission
Estonia	10	↑	0	Imported cases only
Finland	19	↑	0	Local transmission
France	1 209	↑	10	Local transmission

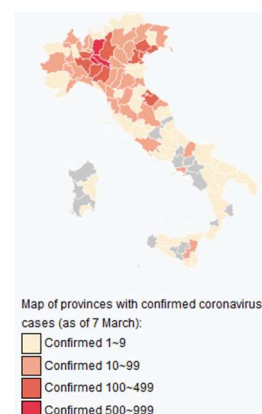
Germany	1 040	↑	0	Local transmission
Georgia	12	↑	0	Imported cases only
Greece	66	↑	0	Local transmission
Holy See	1	New	0	Under investigation
Hungary	7	New	0	Local transmission
Italy	5 883	↑	234	Local transmission
Ireland	19	↑	0	Local transmission
Iceland	45	↑	0	Local transmission
Latvia	1	New	0	Imported cases only
Liechtenstein	1	New	0	Imported case only
Luxembourg	2	↑	0	Imported cases only
Lithuania	1	→	0	Imported cases only
Malta	3	New	0	Imported cases only
Monaco	1	→	0	Under Investigation
Norway	147	↑	0	Local transmission
North Macedonia	3	↑	0	Imported cases only
Netherlands	188	↑	1	Local transmission
Portugal	21	New	0	Local transmission
Poland	6	New	0	Imported cases only
Republic of Moldova	1	New	0	Imported case only
Romania	13	↑	0	Local transmission
Russian Federation	7	↑	0	Imported cases only
San Marino	27	↑	1	Local transmission
Serbia	1	New	0	Under investigation
Slovenia	12	New	0	Local transmission
Slovakia	3	New	0	Local transmission
Spain	430	↑	5	Local transmission
Sweden	161	↑	0	Local transmission
Switzerland	264	↑	2	Local transmission
The United Kingdom	210	↑	2	Local transmission
Ukraine	1	New	0	Imported case only
Territories				
Faroe Islands	1	New	0	Imported case only
Gibraltar	1	New	0	Under investigation
Eastern Mediterranean Region				
Afghanistan	4	↑	0	Imported cases only
Bahrain	56	↑	0	Imported cases only
Egypt	48	↑	0	Local transmission
Iran	5 823	↑	145	Local transmission
Iraq	54	↑	4	Imported cases only
Israel	25	↑	0	Local transmission
Jordan	1	New	0	Imported cases only
Kuwait	62	↑	0	Imported cases only
Lebanon	28	↑	0	Local transmission
Morocco	2	New	0	Imported cases only
Oman	16	↑	0	Imported cases only
Pakistan	5	↑	0	Imported cases only
Qatar	12	↑	0	Imported cases only
Saudi Araia	7	New	0	Imported cases only
Tunisia	1	New	0	Imported case only
United Arab Emirates	45	↑	0	Local transmission
Territories				
Occupied Palestinian Territory	16	New	0	Local transmission
African Region				

Algeria	17	↑	0	Local transmission
Cameroon	2	New	0	Local transmission
Nigeria	1	New	0	Imported cases only
Senegal	4	New	0	Imported cases only
South Africa	2	New	0	Imported cases only
Togo	1	New	0	Imported case only
Subtotal for all regions				
International conveyance (Diamond Princess)	705	↑	7	Local transmission

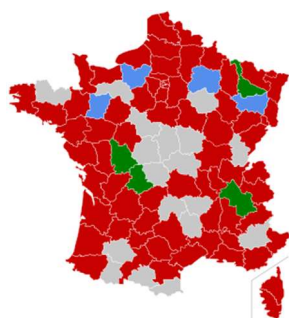
Distribution of COVID 19 cases reported in Italy, Germany and France (as of 9th March 2020)

ITALY:

Since yesterday the number of cases has increased by 1247 confirmed Cases. Italy remains the third most affected country after China and South Korea. ITA is expanding ZONA ROSSA in the north of the country. Until April, entry and exit is only permitted for urgent professional reasons.



Provinces in Italy with confirmed COVID-19 cases as from 08/03/2020; Source: Night Lantern – Own work, data from The Local



Provinces in France with confirmed COVID-19 cases as from 08/03/2020; Source: Night Lantern – Own work, data from The Local

FRANCE:

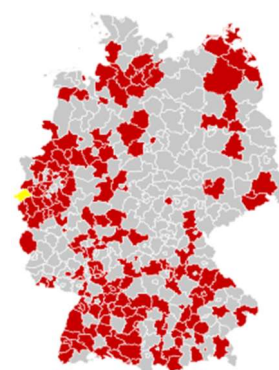
In the past 48 hours, the greatest increase in confirmed cases and deaths has been reported; Nationwide cases reported until Sunday afternoon 1209, including 19 deceased in six clusters. The north and east of the country are hardest hit.

GERMANY:

The number of cases COVID-19 in Germany is increasing steadily. North Rhine-Westphalia is still hardest hit with 398 cases.

The chains of infection have so far been comprehensible, so sick and potential carriers can be isolated.

Numerous schools and kindergartens remain closed, major events are currently being canceled.

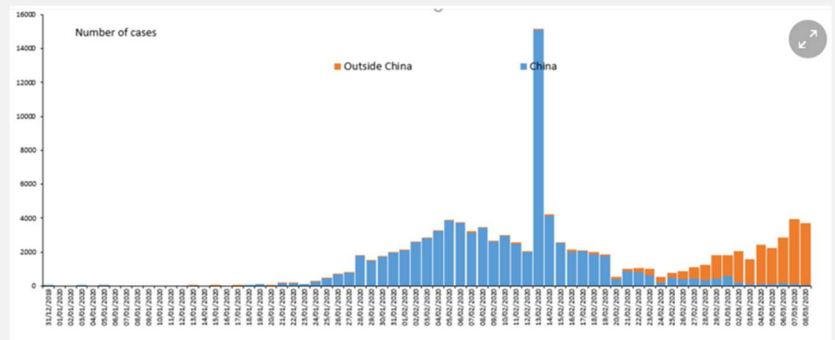


Red: Provinces in Germany with confirmed COVID-19 cases as from 08/03/2020
Yellow: high rate of confirmed COVID-19 cases
Source: Night Lantern – Own work, data from The Local

Bullet Points

Situation CHINA

- The number of confirmed cases in Hubei province, China, has increased for two successive days after a period of decline.
- 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.

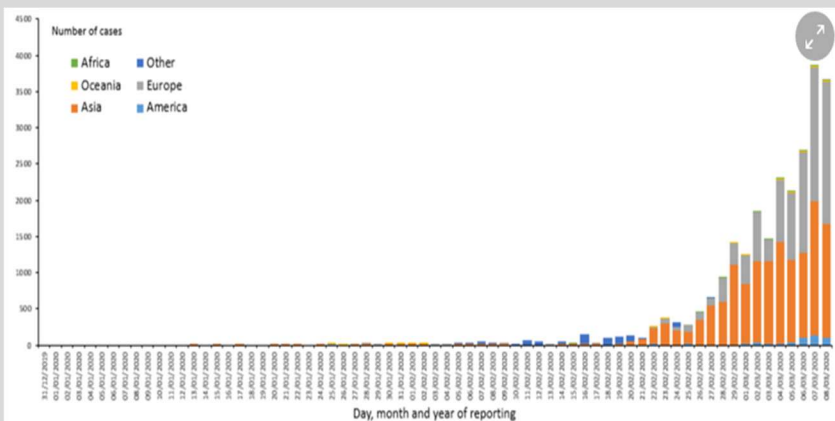


① Distribution of cases of COVID-19 by continent (according to the applied case definition in the countries) as of 07 March 2020

Epicurve COVID-19 dated 02/03/20, Source: ECDC

Global Situation

- The trend is still increasing.
- South Korea, Iran and Italy currently the most affected countries with a community spread outside of China.
- Backtracing of contact persons partially not manageable.
- Majority of patients with COVID-19 are adults. The most commonly reported symptoms included fever, dry cough, and shortness of breath, and most patients (80%) experienced mild illness. Approximately 14% experienced severe disease and 6% were critically ill. Mortality in those with critical illness has been reported as over 50%. Early reports suggest that illness severity is associated with age (>60 years old) and co-morbid disease. (Source:WHO, Situation Report-41)



Distribution of COVID-19 cases by continent (except CHN), 02/03/2020, ECDC

- The Global Health Security Index ([GHS-Index](#)) created by the Johns Hopkins Center for Health Security is the first comprehensive assessment of global health security capabilities in 195 countries. The GHS Index seeks to illuminate preparedness and capacity gaps. Ranking the US on first rank for outbreak respond, South Korea on rank 9, Italy on rank 31, China on rank 51 and Iran on rank 97. At least prepared countries found in Western and Central Africa.



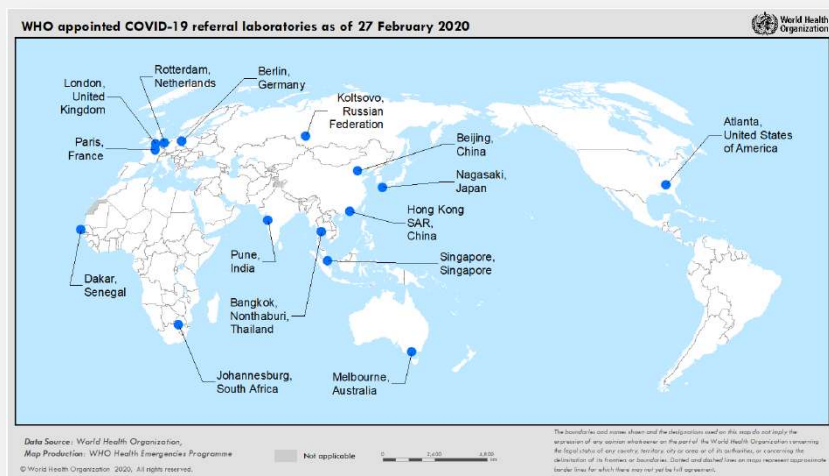
Global Health Security Index category "Respond" globally

- Pharmaceutical supply: 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.

<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. COVID-19 infection causes mild disease (i.e. non-pneumonia or mild pneumonia) in about 80% of cases and most cases recover, 14 % have more severe disease and 6% experience critical illness. Recovery time for people with mild disease is about two weeks, for people with severe or critical disease three to six weeks. 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. <div data-bbox="1173 224 1460 504" data-label="Image"> </div> <div data-bbox="1185 519 1423 600" data-label="Caption"> <p>© Bundeswehr Institute of Microbiology / Essbauer, Kahlhofer</p> </div> <div data-bbox="1185 616 1417 640" data-label="Caption"> <p>EM picture of SARS-CoV-2</p> </div>
<p>Case definition</p>	<ul style="list-style-type: none"> Laboratory testing for COVID-19 should be performed for suspected cases according updated WHO case definition: Suspected cases: A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset; OR A patient with any acute respiratory illness AND having been in <i>contact</i> with a confirmed or probable case in the last 14 days prior to onset of symptoms; OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation. However, once local or community transmission has been reported in the country or area, all patients presenting with symptoms of acute respiratory infection in primary care or the accident and emergency department of a hospital (first contact with the healthcare system) will be considered as suspected cases. Probable cases: Suspected case for whom testing for 2019-nCoV is inconclusive¹ Confirmed case: A person with laboratory confirmation of virus causing COVID-19 infection, irrespective of clinical signs and symptoms. <p><u>Definition of contact:</u></p> <p>A contact is a person that is involved in any of the following:</p> <ul style="list-style-type: none"> Providing direct care without proper personal protective equipment for COVID-19 patients Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings). Traveling together in close proximity (1m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration. <div data-bbox="954 1422 1540 1982" data-label="Diagram"> </div> <div data-bbox="1010 1993 1501 2033" data-label="Caption"> <p>Algorithm for management of contacts of probable or confirmed COVID-19 cases; Source: ECDC, 25/02/2020</p> </div>

Laboratory Network and Detection

- WHO utilizing an international network of expert laboratories to provide support in the detection of COVID-19 virus globally.
- WHO named 16 COVID-19 reference laboratories. These international laboratories can support national labs to confirm the COVID-19 virus.
- As the international case load increases very fast, there is a need to rapidly scale up diagnostic capacity to detect and confirm COVID-19 cases. Therefore ongoing test availability must be ensured.
- WHO procured a commercial assay (ISO:13485) and shipped it to over 150 laboratories globally as an interim measure to strengthen global diagnostic capacity for detection of the virus.
- WHO published guidance ([interim laboratory guidance for detection](#) and [interim guidance on biosafety](#)) including advice on sample collection, diagnostic testing, and pathogen characterization for COVID-19, which are continually updated as more data becomes available.
- Public health efforts are targeted at both interrupting further transmission and monitoring the spread of COVID-19.
- As reports of asymptomatic cases increase, the need for reliable serology testing is urgent. Work on that is already in progress.
- **Laboratory testing** for COVID-19 should be performed for suspected cases according to the updated [WHO case definition](#).



Source: WHO „Situation Report – 38 as of 27 February 2020

Strategic

Strategic objectives for response by WHO are:

- **Interrupt** human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread *;
- 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.

*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..

➡ Recommendations	
Recommendation for international business travellers	<p>Avoid nonessential Business travels, particularly while traveling to an affected area (eg China, Iran, Italy, South Korea).</p> <p>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. These include:</p> <ul style="list-style-type: none"> • 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) <p>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. Some countries may require returning travellers to enter quarantine. 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.</p> <p>Source: WHO</p>
Recommendation for soldiers	<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. • Avoid mass gathering events and places with high amount of people. • 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). • If returning from a trip to an affected area please adhere to the aforementioned recommendation (in red).
➡ Risk Assessment	
Traveller to China/Wuhan/South Korea	<ul style="list-style-type: none"> • Risk area! The risk for people travelling/resident in areas with presumed community transmission is currently very 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 moderate to high.</p> <p>This assessment is based on the following factors:</p> <ul style="list-style-type: none"> • Most cases reported in the EU/EEA and the UK outside some regions in Italy have identified epidemiological links. However, there is an increasing number of cases without a defined chain of transmission. Extraordinary public health measures have been implemented in Italy and other EU/EEA countries and the UK, and strong efforts are being made to identify, isolate and test contacts in order to contain the outbreak. Despite contact tracing measures initiated to contain further spread, there continue to be cases exported between EU/EEA countries, and an increasing number of sporadic cases across EU/EEA countries. The probability of further transmission in the EU/EEA and the UK is considered high. There is still a level of uncertainty regarding several unpredictable factors in 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 continues to rise. • The evidence from analyses of cases to date is that COVID-19 infection causes mild disease (i.e. non-pneumonia or mild pneumonia) in about 80% of cases and most cases recover, 14 %

have more severe disease and 6% experience critical illness. The great majority of the most severe illnesses, and deaths, have occurred among the elderly and those with other chronic underlying conditions. In addition to the public health impacts with substantial fatal outcomes in high-risk groups, COVID-19 outbreaks can cause huge economic and societal disruptions.

The risk of acquiring the disease travelling/resident in areas with no cases, or multiple imported cases, or limited local transmission, is currently considered low to moderate

This is assuming surveillance in the area is activated, tests are carried out on suspected cases and that there is sufficient testing capacity in the area. If these surveillance and case detection conditions are not met, the risk is considered moderate to high, but with a high level of uncertainty.

The risk in areas with more widespread local transmission is currently considered to be high.

This assessment is based on the following factors:

- The overall number of reported cases in areas with more widespread local transmission is high or increasing. However, there are significant uncertainties regarding transmissibility and under-detection, particularly among mild or asymptomatic cases.
- The evidence from analyses of cases to date is that COVID-19 infection causes mild disease (i.e. non-pneumonia or mild pneumonia) in about 80% of cases and most cases recover, 14 % have more severe disease and 6% experience critical illness. The great majority of the most severe illnesses and deaths have occurred among the elderly and those with other chronic underlying conditions. The areas with local transmission are also likely to increase as importations in unaffected areas keep occurring.

The risk of the occurrence of clusters associated with COVID-19 in other countries in the EU/EEA and the UK is currently considered moderate to high.

This assessment is based on the following factors:

- The current event in Italy indicates that local transmission may have resulted in several clusters. The accumulated evidence from clusters reported in the EU/EEA and the UK indicates that once imported, the virus causing COVID-19 can be transmitted rapidly. It is plausible that a proportion of transmissions occur from cases with mild symptoms that do not provoke healthcare-seeking behaviour. The increase in case numbers and the number of countries outside China reporting those cases increases the potential routes of importation of the infection into the EU/EEA and the UK. Importations from other European countries have already occurred.
- The impact of such clusters in the EU/EEA would be high, especially if hospitals were affected and a large number of healthcare workers had to be isolated. The impact on vulnerable groups in the affected hospitals or healthcare facilities would 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 but not exclude the probability of further spread.

The risk of widespread and sustained transmission of COVID-19 in the EU/EEA and the UK in the coming weeks is moderate to high with more countries reporting more cases and clusters

This assessment is based on the following factors:

- There is an increasing number of countries with local or widespread local transmission around the world that are exporting cases to unaffected areas. These exportations have caused transmission in previously unaffected areas. The control measures have up to now been able to only slow the further spread, but not to stop it.
- Cases with mild symptoms are numerous and able to transmit the infection. Cases with mild symptoms are not always aware of their potential infectivity and have sought medical care, infecting healthcare workers.
- Previously unaffected areas are reporting cases with travel history to a country that did not appear to have widespread local transmission.
- The WHO increased their assessment of the risk of spread and the risk of impact of COVID-19 to very high at a global level

The risk for healthcare system capacity in the EU/EEA and the UK in the coming weeks is considered moderate to high.

This assessment is based on the following factors:

	<ul style="list-style-type: none"> • As the number of reported COVID-19 cases in the EU/EEA and the UK is increasing, the probability of widespread infection is increasing from low to moderate. • The majority of countries reported widespread influenza activity for week 8/2020, but the proportion of specimens tested positive in sentinel surveillance is slightly decreasing; some EU/EEA countries might have already moved past the peak period of high influenza circulation. For the latest influenza update see the joint ECDC–WHO/Europe weekly influenza update. • If there is a significant increase in COVID-19 cases in the coming weeks, the potential impact on the public health and overall healthcare systems would be high. Increasing numbers of imported cases and local transmission chains would require additional resources for case management, surveillance, and contact tracing. Risk communication to concerned members of the public and healthcare professionals would tie up further resources. Further increased transmission could result in a significant increase of hospital admissions at a time when healthcare systems are may already be under pressure from the current influenza season. This would be exacerbated if substantial numbers of healthcare workers became infected. Specimens for COVID-19 could therefore lead to bottlenecks not only in healthcare but also in diagnostic capacity. Containment measures intended to slow down the spread of the virus in the population are therefore extremely important as outlined below in the 'Options for response' and recent ECDC guidance documents. <p>Source: https://www.ecdc.europa.eu/en/current-risk-assessment-novel-coronavirus-situation</p>
Global	<ul style="list-style-type: none"> • Because of high amount of touristic traffic and the potential human-to-human transmission the high risk of further transmission persists. • 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. • Appropriate to the global trend of transmission of SARS-CoV-2 an extensive circulation of the virus is expectable. At this moment of time, asymptomatic persons as well as infected but not sickened persons could be a source of spreading the virus. Therefore no certain disease free area could be named globally. • Avoid nonessential Business travels, particullary while traveling to an Risk area (eg China, Iran, Italy, Japan, South Korea). • Check your national foreign office advices for regulations of the countries you´re traveling or regulations concerning your country. • Information about the latest travel regulations you can find here: • https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm • 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.

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