



Update 11 (16<sup>th</sup> of March 2020)

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



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in Munich**

**16<sup>th</sup> of March 2020**

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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 30<sup>th</sup> January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11<sup>th</sup> of February. The virus itself has been named SARS-CoV-2. On 11<sup>th</sup> of March 2020 WHO characterized the disease as a pandemic.

**HIGHLIGHTS/NEWS**

- WHO declared Europe as the epicenter of the pandemic, with more reported cases and deaths than the rest of the world combined, apart from China. For more information please see [here](#).
- More than 132,000 cases of COVID-19 have now been reported, from 148 countries and territories. Over 6,000 people have lost their lives until now.
- The experience of China, the Republic of Korea, Singapore and others clearly demonstrates that aggressive testing and contact tracing, combined with social distancing measures and community mobilization, can prevent infections and save lives.
- WHO recently published guidance on 'Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected'. The document provides clinicians with updated interim guidance on timely, effective, and safe supportive management of patients with suspected and confirmed COVID-19. For more information, please see [here](#).
- WHO Director-General reiterated that countries should not give up on stopping the outbreak now that WHO has characterized it as a **pandemic**. A shift from containment to mitigation would be wrong and dangerous. **This is a controllable pandemic**. For detailed information, please see [here](#).
- All WHO technical guidance documents regarding COVID-19, you can find [here](#).

<b>GLOBALLY</b>  169 387 confirmed cases 6 513 death 148 countries
<b>CHINA (mainland)</b>  81 020 confirmed cases 3 217 death
<b>Outside of CHINA total</b>  88 367 confirmed cases 3 296 death
<b>EU/EEA and the UK</b>  56 840 confirmed cases 2 345 death
<b>America's Region</b>  4 826 confirmed cases 74 death
<b>ASIA &amp; West Pacific Region</b>  91 672 confirmed cases 3 340 death
<b>Eastern Mediterranean Region</b>  15 249 confirmed cases 737 death
<b>Africa</b>  403 confirmed cases 8 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..

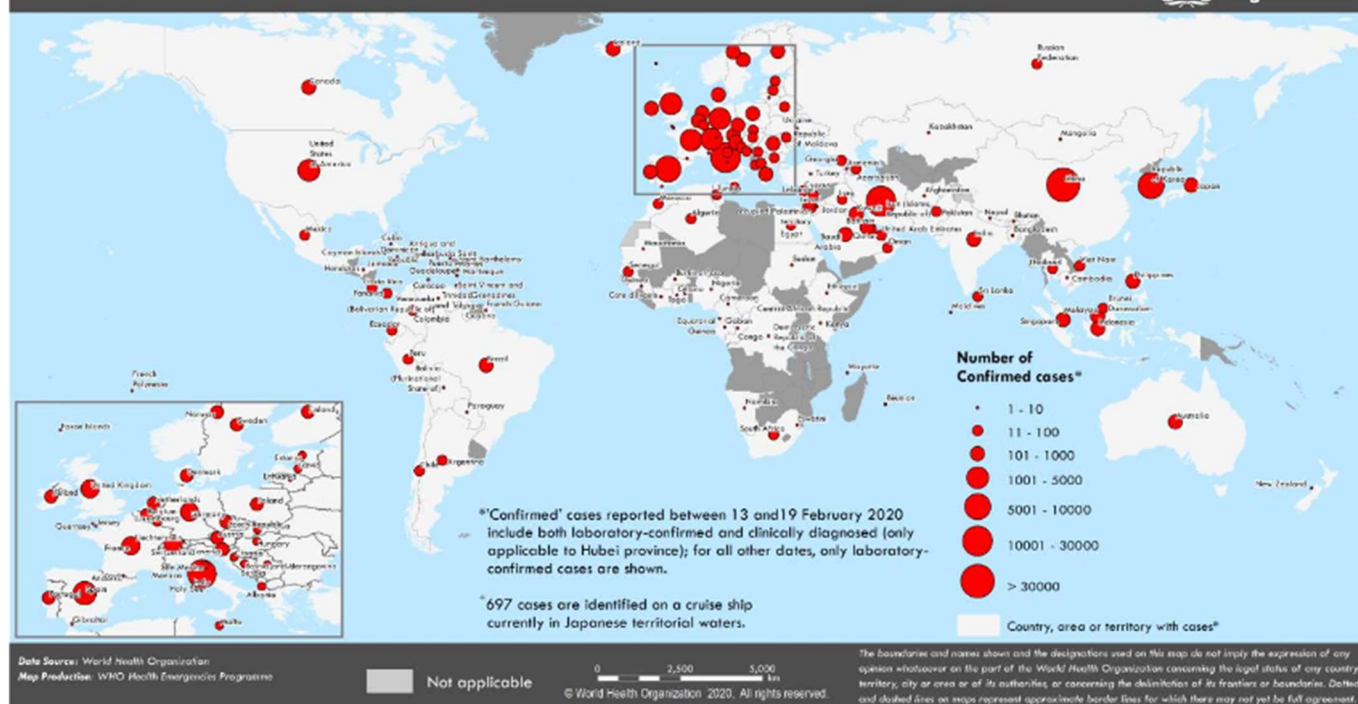
EUROPE

- \* 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.

GLOBALLY

- \* Because of high amount of touristic traffic and the potential human-to-human transmission the high risk of further transmission persist.

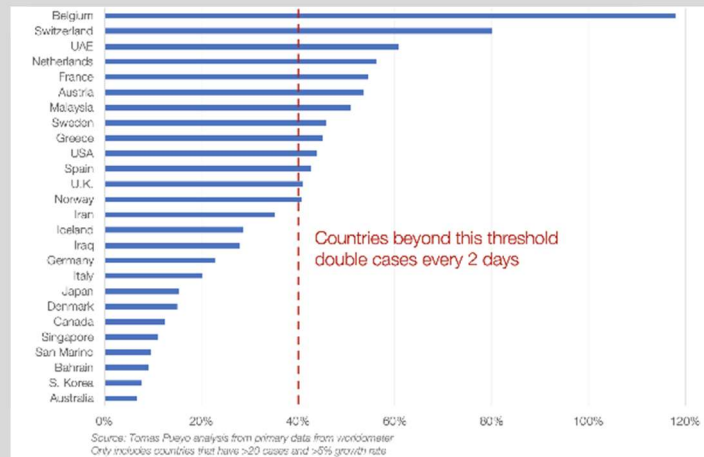
## Distribution of COVID-19 cases as of 15 March 2020



## Bullet Points

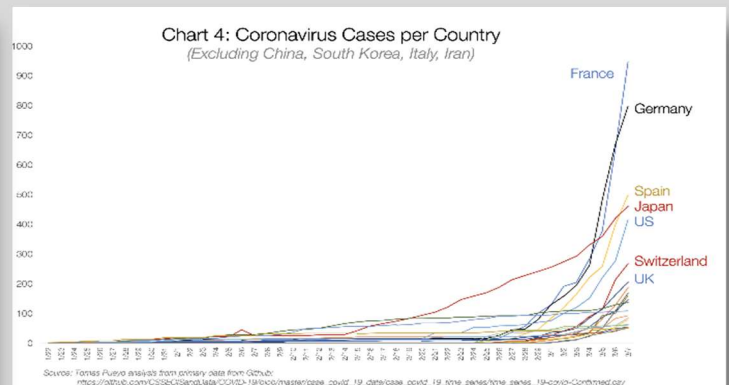
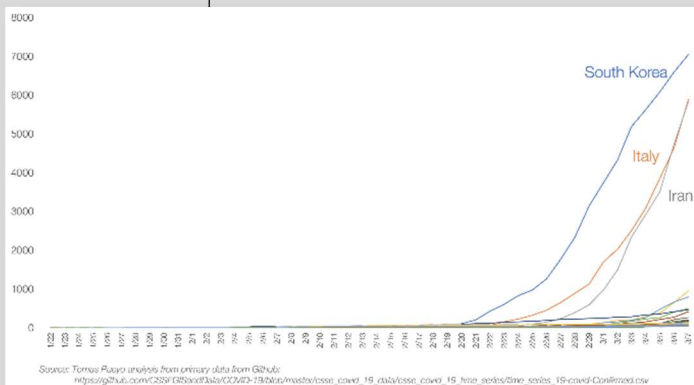
### Global Situation

- Europe shows more reported cases and deaths than the rest of the world combined, apart from China.
- Every European country (except of Montenegro) reported at least one case.
- Currently case numbers in Europe double every 3 to 4 days, there are few countries with doubling of cases within a 2-day-rhythm.



Daily Growth Rate of Cases between 3/5 and 3/6

- China reports less new cases but more people that recovered from COVID-19.
- Majority of cases outside of cases are from South Korea, Italy and Iran.



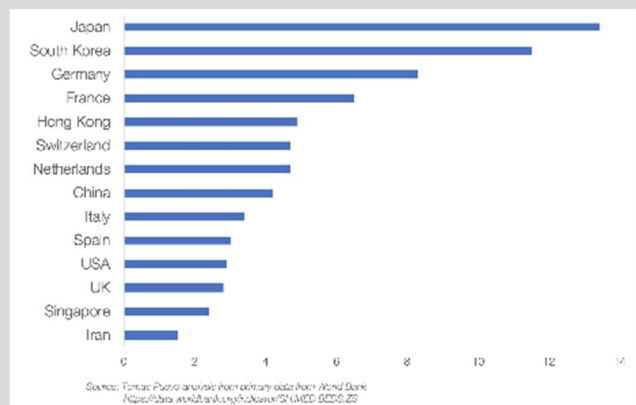
Coronavirus cases per Country. Left picture global excluding China, Right global excluding China, South Korea, Italy and Iran

- Testing is essential for identifying people who have been infected and for delay the peak of the outbreak. Huge differences can be found between countries in the number of tests conducted.

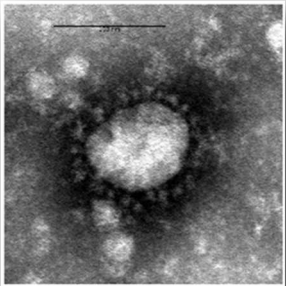
Country	Tests Performed	Tests Per Million Citizens	Positive Test Rate
South Korea	109,591	2,138	4.4%
Italy	23,345	386	8.7%
Austria	2,120	235	0.8%
Switzerland	1,850	214	1.6%
UK	13,525	199	0.3%
Finland	130	23	5.4%
Turkey	940	11	0.0%
United States	472	1	21.8%

Source: Tomas Pueyo analysis with data from Worldometer  
<https://www.worldometers.info/coronavirus/covid-19-testing/>

Number of tests carried out in different Countries by March 3<sup>rd</sup>



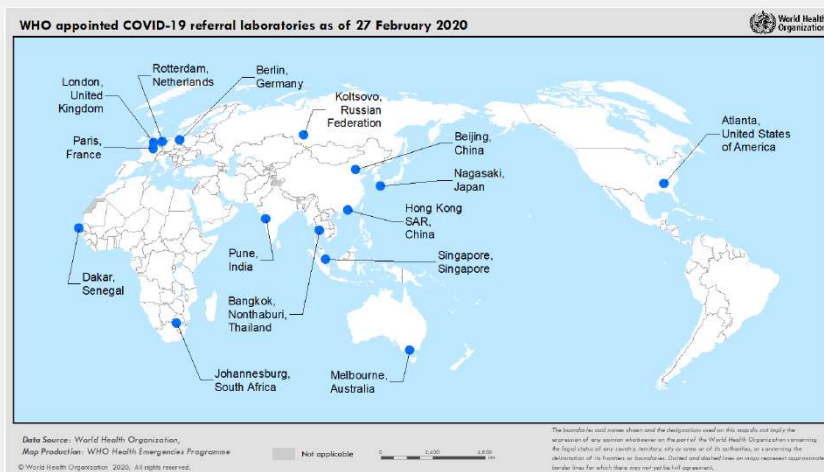
Coronavirus Tests Performed per Million people for Different Countries

Infection	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Incubation time of the virus lies between 2-14 (WHO) and 2-12 (ECDC) days. A transmission can also take place during this time.</li> <li>• 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.</li> <li>• Recovery time for people with mild disease is about two weeks, for people with severe or critical disease three to six weeks.</li> <li>• Information and technical guidance for Laboratory testing for COVID-19 in humans you could find under: <a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance">https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance</a></li> <li>• The virus shows a wide Public Health dimension as especially patients with mild infections can spread the virus unnoticed to contact persons.</li> <li>• The virus infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people (that is people over 60 years old); and those with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer). The risk of severe disease gradually increases with age starting from around 40 years. It's important that adults in this age range protect themselves and in turn protect others that may be more vulnerable.</li> </ul>
Case definition	<div data-bbox="1155 226 1441 600">  <p>© Bundeswehr Institute of Microbiology / Essbauer, Kahlhofer</p> </div> <p><b>EM picture of SARS-CoV-2</b></p> <ul style="list-style-type: none"> <li>• <b>Laboratory testing</b> for COVID-19 should be performed for suspected cases according updated <a href="#">WHO case definition</a>:</li> <li>• <b>Suspected cases:</b> A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), <b>AND</b> with no other aetiology that fully explains the clinical presentation <b>AND</b> 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; <b>OR</b> A patient with any acute respiratory illness <b>AND</b> having been in <i>contact</i> with a confirmed or probable case in the last 14 days prior to onset of symptoms; <b>OR</b> A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) <b>AND</b> requiring hospitalization <b>AND</b> with no other aetiology that fully explains the clinical presentation.</li> <li>• 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.</li> <li>• <b>Probable cases:</b> Suspected case for whom testing for 2019-nCoV is inconclusive<sup>1</sup></li> <li>• <b>Confirmed case:</b> A person with laboratory confirmation of virus causing COVID-19 infection, irrespective of clinical signs and symptoms.</li> </ul> <p><u>Definition of contact:</u> A contact is a person that is involved in any of the following:</p> <ul style="list-style-type: none"> <li>• Providing direct care without proper personal protective equipment for COVID-19 patients</li> <li>• Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).</li> <li>• 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.</li> </ul>



## Laboratory Network and Detection

- WHO named 16 COVID-19 reference laboratories. These international laboratories can support national labs to confirm the COVID-19 virus.
- WHO procured a commercial assay (ISO:13485) and shipped it to over to 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.
- **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

Avoid nonessential Business travels, particularly while traveling to an affected area (eg China, Iran, Italy, South Korea).

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:

- 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))

**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.**

Source: WHO

## ➡ Risk Assessment

### Traveller to Risk areas

- The risk for people travelling/resident in areas with presumed community transmission is currently very **high**. For naming risk areas please check with your national health ministries. Named risk areas by CDC you will find [here](#).

### Global

- Because of high amount of touristic traffic and the potential human-to-human transmission the **high** risk of further transmission persists.
- Individual risk is dependent on exposure.
- Avoid nonessential Business travels, particularly 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.
- National regulation regarding travel restrictions, flight operation and screening for single countries you will find [here](#).
- Official IATA changed their travel documents with new travel restrictions. You will find the documents [here](#).
- 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.
- WHO informations for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find [here](#).
- 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.
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## References:

- European Centre for Disease Prevention and Control [www.ecdc.europe.eu](http://www.ecdc.europe.eu)
- World Health Organization WHO; [www.who.int](http://www.who.int)
- Centres for Disease Control and Prevention CDC; [www.cdc.gov](http://www.cdc.gov)
- Tomas Pueyo; <https://medium.com/@tomaspueyo/coronavirus-act-today-or-people-will-die-f4d3d9cd99ca>