

Update 12 (23rd of March 2020)

Information about Infection disease COVID-19 (novel coronavirus)



Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich 23rd of March 2020

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December 2019, a novel coronavirus emerged in Wuhan City, China. Since than the virus spread to 65 countries including Europe and America. Since than 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. On 11th of March 2020 WHO characterized the disease as a pandemic.

HIGHLIGHTS/NEWS

- WHO and partner countries begun the first vaccine trial. The trial, called Solidarity Trial, will be running in many countries to compare different treatments.
- First case has been reported out of Syria.
- Over 40% of confirmed cases of COVID-19 globally can be found in Europe, the Region is currently the epicentre of the epidemic.
- Four countries Italy, Spain, France and Germany accounting for over 77% of all European cases and with case numbers rising rapidly.
- As COVID-19 cases continue to increase, many countries are requesting individuals to stay at home in self-quarantine.
- Although case numbers in Africa are currently comparatively low, the African Region has seen exponential geographical spread of the virus over the past 2 weeks. Cases have now been reported in 32 African countries, primarily imported from Europe.
- WHO called for global solidarity to fight COVID-19. Ensuring international cooperation's is one of the key factors. Many countries already started transnational aid programmes. Needed medical equipment and doctors where send to Italy and Spain by Russia, Cuba and China. Germany admit French patients to their national ICUs.
- Government sources in Germany and the UK estimate that 60–70% of the population will need to become infected before effective herd immunity can be achieved.
- A new case definition by WHO can be found in the document.
- All updates technical guidance by WHO on critical preparedness, readiness and response; advice on the use of masks; infection prevention and control; and laboratory testing can be found <u>here</u>.

GLOBALLY

339 259 confirmed cases 14 642 death 173 countries

EU/EEA and the UK

165 363 confirmed cases

7 530 death

ASIA & West Pacific Region

96 989 confirmed cases 3 521 death

CHINA (mainland)

81 649 confirmed cases 3 276 death

America's Region

40 034 confirmed cases 532 death

Eastern Mediterranean Region

> 27 474 confirmed cases 1 752 death

Africa 1 351

confirmed cases 68 death

Risk Assesment		
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. 	







 Updated Case definition by WHO Laboratory testing for COVID-19 should be performed for suspected cases according updated <u>WHO</u> case definition: Suspect case A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the14 days prior to symptom onset. OR B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset; OR C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation. Probable case A. A suspect case for whom testing for the COVID-19 virus is inconclusive. a. Inconclusive being the result of the test reported by the laboratory. OR B. A suspect case for whom testing could not be performed for any reason. Confirmed case A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms. -Technical guidance for laboratory testing can be found <u>here</u>. Definition of contact A contact is a person who experienced any one of the following exposures during the 2 days before an after the onset of symptoms of a probable or confirmed case; Direct physical contact with a probable or confirmed case; Direct care for a patient with probable or confirmed Case; Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protectiveequipment1; OR Other situations as indicated by local risk assessments. Note: for confirmed asymptomatic cases, the period of		 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. 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.
The European case definition by ECDC you will find here.	Updated Case definition by WHO	 Laboratory testing for COVID-19 should be performed for suspected cases according updated <u>WHO</u> case definition: Suspect case A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the14 days prior to symptom onset. OR B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset; OR C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation. Probable case A. A suspect case for whom testing for the COVID-19 virus is inconclusive. a. Inconclusive being the result of the test reported by the laboratory. OR B. A suspect case for whom testing could not be performed for any reason. Confirmed case A contact is a person who experienced any one of the following exposures during the 2 days before an after the onset of symptoms of a probable or confirmed case: Face-to-face contact with a probable or confirmed case; Direct physical contact with a probable or confirmed case; Direct case for a patient with probable or confirmed case; Direct case direct any and probable or confirmed case; Direct case direct any and probable or confirmed case; Direct case direct any attent with probable or confirmed case; <li< th=""></li<>

Laboratory	 WHO named 16 COVID-19 reference laboratories. These international laboratories can support national labs to confirm the
Network	COVID-19 virus. WHO appointed COVID-19 referral laboratories as of 27 February 2020
Detection	 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 biosafty) 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, particullary 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) 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 selfmontion for water of the days and follow national protocels of receiving countries. Some 	
	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	
Recommendation for the public	 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: 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 aforenamed recommendation (in red). 	
Risk Assessm	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 <u>here</u> .	
Global	 Because of high amount of touristic traffic and the potential human-to-human transmission the high risk of further transmission persists. It is highly recommended to avoid all unnecessary travel for the next weeks. Individual risk is dependent on exposure. Avoid nonessential Business travels, particularly while traveling to a Risk area (eg Europe, Iran, USA). 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 already become overloaded in some areas 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 <u>here</u>. 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.
Europe	 ECDC assessment for EU/EEA, UK: Risk for sever disease associated with COVID-19 infection: currently considered moderate for the general population and high for older adults and individuals with chronic underlying conditions. Risk for milder disease, and the consequent impact on social and work-related activity: considered high. Risk of the occurrence of subnational community transmission: currently considered high. Risk of occurrence of widespread national community transmission: considered as high in the coming weeks. Risk of healthcare system capacity being exceeded: considered high in the coming weeks. Risk associated with transmission of COVID-19 in health and social institutions with

References:

- European Centre for Disease Prevention and Control <u>www.ecdc.europe.eu</u>
- World Health Organization WHO; <u>www.who.int</u>
- Centres for Disease Control and Prevention CDC; <u>www.cdc.gov</u>