



Update 47 (24th of November 2020)

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



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

24th of November 2020

email: info.dhsc@coemed.org

In 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. On 11th of March 2020 WHO characterized the disease as a pandemic.

HIGHLIGHTS/NEWS

- [WHO's European Technical Advisory Group of Experts on Immunization \(ETAGE\) recommend](#) to prioritized select categories of health workers, older adults and residents of long-term care facilities for access to COVID-19 vaccines in the context of limited supply.
- The AUS airline Qantas will be the first airline in the world to introduce mandatory vaccinations for passengers. As soon as a vaccine is available, passengers on international trips would need to present a vaccination certificate prior to travel.
- **WHO:** warns against loosening corona restrictions over Christmas if authorities do not have the infection process fully under control. Governments must weigh the risks of the virus spreading further with the economic and social risks of maintaining restrictions.
- **WHO Europe:** [The long-term problem of antibiotics being used](#) inappropriately by individuals and in health care settings is worsening as a result of the COVID-19 pandemic, according to research conducted by WHO/Europe and reports from the field.
- **CDC:** published the [ethical principles for allocating initial supplies of COVID-19 vaccine](#) made by the Advisory Committee on Immunization.
- **ECDC** published a technical report to the [Updated projections of COVID-19 in the EU/EEA and the UK](#)
- **ECDC:** Announce a new [E-learning course on: Contact tracing in the context of COVID-19 response.](#)

Find articles and other materials at the MilMed CoE homepage: [click here](#)

Please use our online observation form to report your lessons learned observations as soon as possible.

[Click here to submit your lessons learned observations online](#)

GLOBALLY ↗

59 193 454
confirmed cases
37 948 400 recovered
1 397 008 deaths

EU/EEA and the UK ↘

14 595 750
confirmed cases
5 290 800 recovered
338 798 deaths

USA ↗ (new cases/day 167 186)

12 364 457
confirmed cases
4 588 104 recovered
256 538 deaths

India ↗ (new cases/day 44 059)

9 177 840
confirmed cases
8 604 955 recovered
134 218 deaths

Brazil ↗ (new cases/day 18 615)

6 087 608
confirmed cases
5 481 184 recovered
169 485 deaths

France ↘ (new cases/day 4 452)

2 144 660
confirmed cases
152 592 recovered
49 232 deaths

Russia ↗ (new cases/day 24 891)

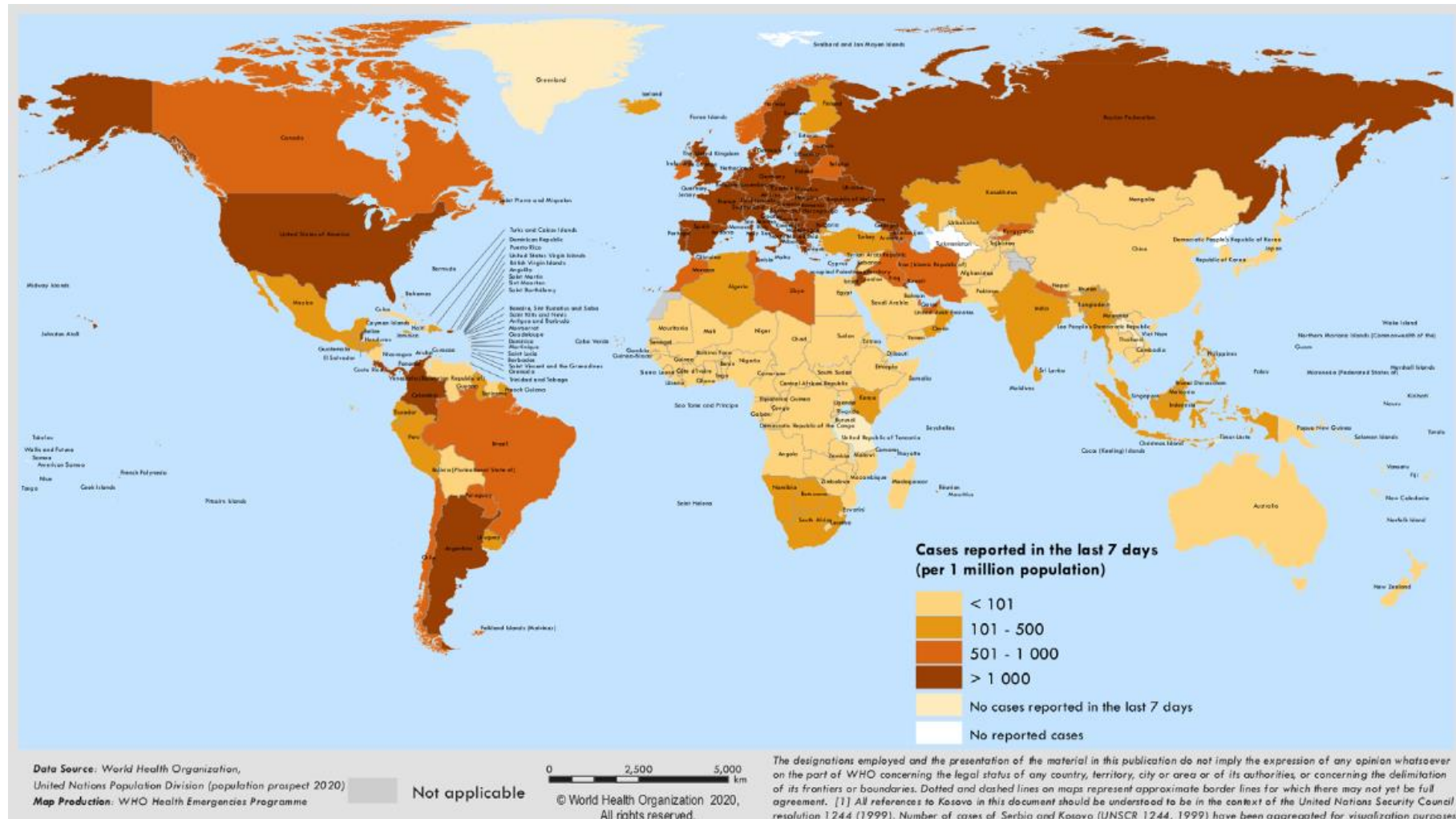
2 096 749
confirmed cases
1 598 723 recovered
36 192 deaths

Please click on the headlines to jump into the document

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Map of countries with reported COVID-19 cases (last 7 days)



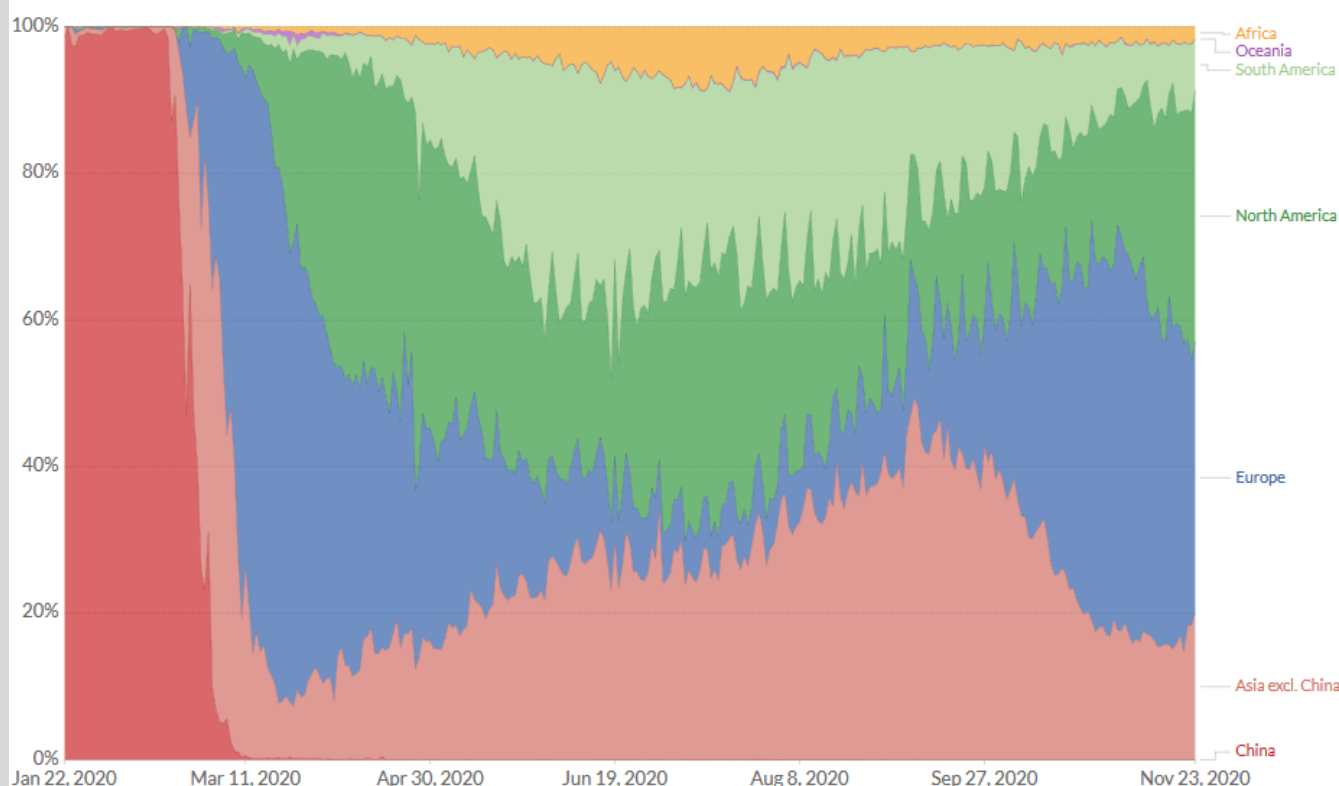
Worldwide Situation

Global Situation

Daily confirmed COVID-19 cases

The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.

☒ Relative



Source: European CDC - Situation Update Worldwide - Last updated 24 November, 10:06 (London time)

OurWorldInData.org/coronavirus • CC BY

[WHO weekly operational update on COVID-19 as of 20th November 2020:](#)

See information about partnership, logistics, health learning, medicines and health products, funding/donors and regional highlights in the document as well as links to Technical guidance and latest publications. To assess household transmission, a case-ascertained study was conducted by the CDC in Nashville, Tennessee, and Marshfield, Wisconsin, commencing in April – September 2020.

[South Sudan is ramping up its laboratory capacity to tackle COVID-19](#)

The National Public Health Laboratory (NPHL) of South Sudan has performed a total of 44077 tests of which 2943 (6.7%) samples tested positive for COVID-19 since the outbreak began on 5 April 2020. To increase diagnostic capacity, the NPHL recently obtained sufficient material and reagents used for PCR testing to allow 500 samples per day for the next two months. PCR testing is the gold standard for testing for COVID-19. "Rapid and accurate detection of COVID-19 is vital to identify and control infection and transmission", said Dr Richard Laku, COVID-19 Incident Manager, Ministry of Health. In addition, EU funding supported WHO to provide ongoing mentoring and support of laboratory staff for accurate and timely disease diagnosis, and the establishment of a Laboratory Quality Management System for the molecular diagnostic laboratory to improve quality services based on international standards of practice.

[The impact of COVID-19 nonpharmaceutical interventions on the future dynamics of endemic infections](#)

Corona measures such as keeping your distance and wearing masks have been proven to protect against COVID-19, writes the team of epidemiologists from Princeton University (USA) in the "Proceedings" of the US National Academy of Sciences ("PNAS"). This also applies to other infectious diseases. A decline in the number of cases of several respiratory pathogens has recently been observed in many locations around the world.

The team assumes that the reduced contact with pathogens can increase the susceptibility of the population to various infections later. It used various models to simulate how this could affect the spread of two pathogens: the influenza virus and the respiratory syncytial virus (RSV), which causes respiratory diseases, especially in young children. He estimates that the number of RSV infections in the US has fallen by about 20 percent since the measures began.

On this basis, the authors calculate that even short-term measures could lead to an increase in RSV infections and the flu with a delay as susceptibility increases over the NPI period. Longer NPIs, in general, lead to larger future outbreaks although they may display complex interactions with baseline seasonality. However, they themselves admit that predictions about influenza waves are problematic due to the diversity of these viruses. This is actually a weak point of the study because influenza A viruses are changeable and adaptable.

An infectiologist from Regensburg University Hospital also objects that such dynamics can hardly be captured in mathematical models. The statements of the study are speculative. If we were to keep all viruses away from us for three years, it would certainly be problematic for our immune system.

However, most people wouldn't wear a mask all the time. The virologist Gabriel warns in particular against misinterpreting the modulation as an argument against the corona measures - for example against wearing mouth and nose protection.

Source: <https://www.pnas.org/content/early/2020/11/06/2013182117>

Country reports:

IND: India reports 44,059 confirmed coronavirus cases within 24 hours. India has the second most confirmed infections worldwide after the USA, but has seen a downward trend in new infections since September.

USA: The number of Covid-19 patients in hospital has reached a record high in Washington State. On Saturday, 762 people were hospitalized because of illness after a coronavirus infection. The management of the state's hospitals met last week to consider strategies to create enough space for Covid-19 patients in view of the increasing number of hospital admissions. Postponing some treatments is therefore being considered. This included operations on the hip, heart valves, and some surgery for cancer.

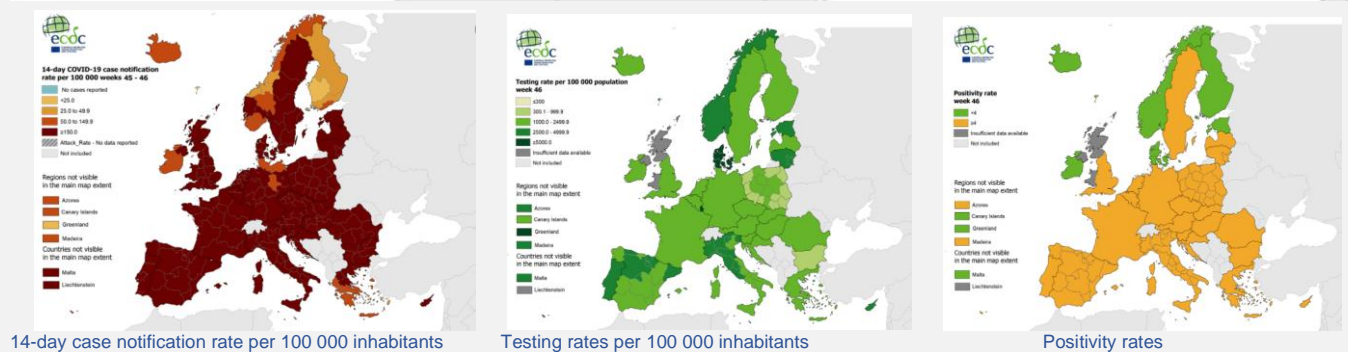
US President Donald Trump praised the drug in the highest tones - the antibody cocktail for the treatment of Covid-19 has now received emergency approval in the USA. The US Food and Drug Administration (FDA) issued emergency approval to drug developed by biotech company Regeneron on Saturday (local time). This allows the cocktail with two antibodies to be used to treat patients aged twelve and over who are at risk of developing severe Covid 19 symptoms. Patients who are in the hospital or need oxygen should not be given the drug.

The FDA granted approval after a clinical trial of 799 adults with mild to moderate Covid-19 symptoms who were out of the hospital. According to the New York Times, Regeneron received more than \$ 500 million from the US government to develop the drug. The government will provide the first 300,000 doses free of charge, but patients may have to pay health care facilities to have the drug administered, the drug maker said in a statement.

AUS: The two most populous states in Australia will reopen their borders on Monday after four months. Today some people who have not worked since March will be boarding a plane again for the first time. New South Wales and Victoria closed their borders in early July - for the first time since the Spanish flu outbreak in 1919 - to contain the second wave in Melbourne. Victoria has reported no new infection for the 24th day in a row.

PSE: In view of the sharp rise in the number of corona infections, health experts are warning of an overload of health care facilities in the Gaza Strip. "In ten days' time, the healthcare system will no longer be able to cope with such an increase in cases," says Abdelraouf Elmanama of the Gaza Pandemic Task Force. It could be that the space in intensive care units is running out and there will be more deaths. Two million people live in the poverty-stricken and densely populated coastal strip.

Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU, as of 19 November 2020



ECDC COVID-19 surveillance report Week 46, as of 19 November 2020

Weekly surveillance summary

This summary presents highlights from two separate weekly ECDC surveillance outputs, using data up to the end of the current reporting week (week 46, ending Sunday 15 November 2020).

- The [COVID-19 country overview](#) provides a concise overview of the evolving epidemiological situation with the COVID-19 pandemic, both by country and for the European Union/European Economic Area (EU/EEA) and the United Kingdom (UK) as a whole, using daily and weekly data from a range of sources.
- The [COVID-19 surveillance report](#) presents the epidemiological characteristics of COVID-19 cases reported to The European Surveillance System (TESSy) to date and assesses the quality of the data.

Additional weekly surveillance bulletins relevant to the COVID-19 pandemic in Europe include [EuroMOMO](#) (estimates of all-cause mortality) and [Flu News Europe](#) (including primary care sentinel and hospital-based surveillance for respiratory disease), which are published every Thursday and Friday, respectively.

The data behind most of the figures in this report are available to download in multiple formats from [ECDC's website](#).

Trends in reported cases and testing

- By the end of week 46 (15 November 2020), the 14-day case notification rate for the EU/EEA and the UK, based on data collected by ECDC from official national sources from 31 countries, was 608.3 (country range: 54.2–1302.8) per 100 000 population. The rate has been stable for four days.
- Among 30 countries with high case notification rates (at least 60 per 100 000), sustained increases (for at least seven days) were observed in 14 countries (Austria, Bulgaria, Cyprus, Estonia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Norway, Poland, Portugal and Romania). One country (Malta) had increases of less than seven days' duration. Stable or decreasing trends in case rates of 1–15 days' duration were observed in 15 countries (Belgium, Croatia, Czechia, Denmark, France, Iceland, Ireland, Liechtenstein, Luxembourg, the Netherlands, Slovakia, Slovenia, Spain, Sweden and the UK).
- Based on data reported to TESSy from 24 countries, among people over 65 years of age, high levels (at least 60 per 100 000) or sustained increases in the 14-day COVID-19 case notification rates compared to last week have been observed in 24 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovenia, Spain and Sweden).
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 46, available for 30 countries, varied from 866 to 11 034 tests per 100 000 population. Luxembourg had the highest testing rate for week 46, followed by Denmark, Malta, the UK and Norway.
- Among 26 countries in which weekly test positivity was high (at least 3%), six countries (Austria, Bulgaria, Croatia, Lithuania, Poland and Slovakia) had positivity that had increased compared to the previous week. Test positivity remained stable or had decreased in 20 countries (Belgium, Cyprus, Czechia, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, the Netherlands, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK).

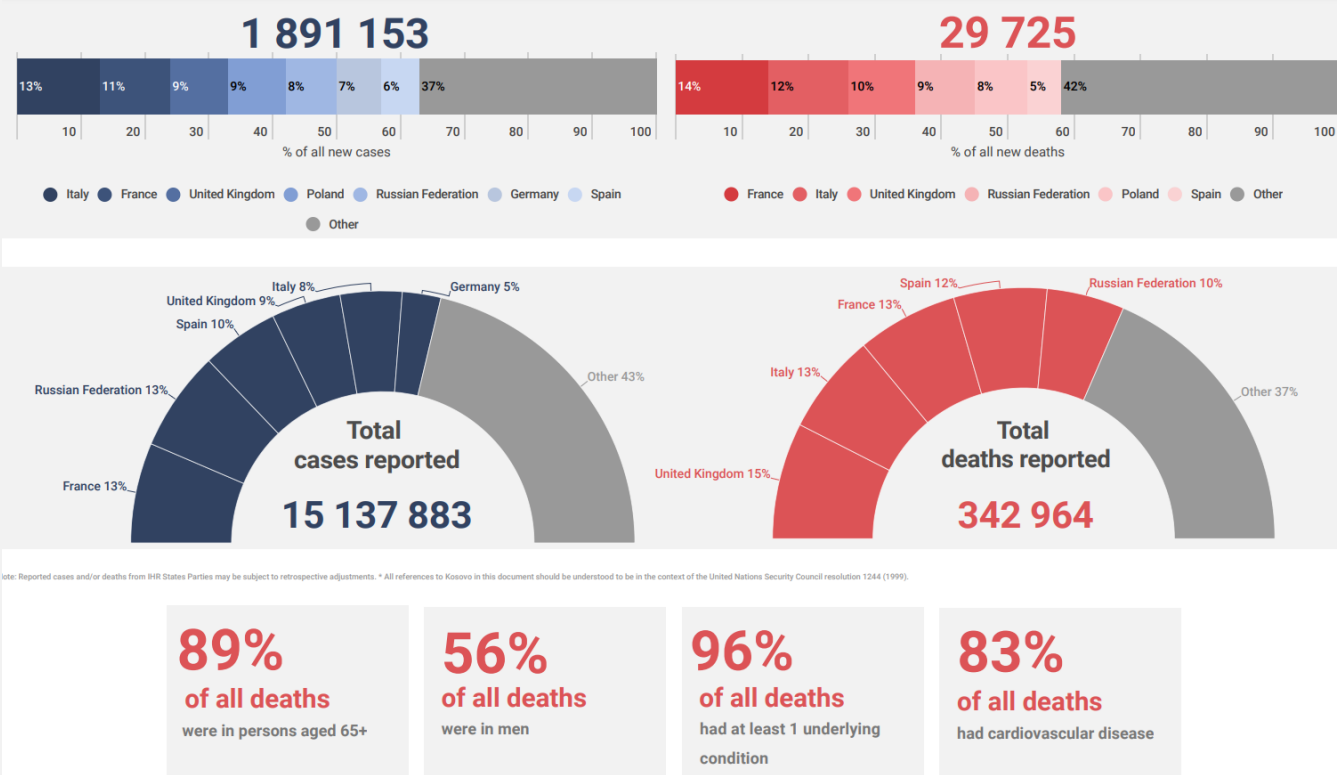
Hospitalisation and ICU

- Pooled data from 19 countries for week 46 show that there were 1.8 patients per 100 000 population in ICU due to COVID-19, which is 82% of the peak ICU occupancy observed during the pandemic. Pooled weekly ICU admissions based on data from 12 countries were 3.2 new admissions per 100 000, which is 82% of the peak rate to date.
- Hospital and/or ICU occupancy and/or new admissions due to COVID-19 were high (at least 25% of the peak level during the pandemic) or had increased compared to the previous week in 29 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK). No other increases have been observed, although data availability varies.

Mortality

- The 14-day COVID-19 death rate for the EU/EEA and the UK, based on data collected by ECDC from official national sources from 31 countries, was 84.3 (country range: 2.0–263.6) per million population. The rate has been increasing for 65 days.
- Among 27 countries with high 14-day COVID-19 death rates (at least 10 per million), sustained increases (for at least seven days) were observed in 20 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, France, Germany, Greece, Hungary, Iceland, Italy, Lithuania, Luxembourg, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and the UK). Three countries (Latvia, Malta and the Netherlands) had increases of less than seven days' duration. Stable or decreasing trends in death rates of 1–3 days' duration were observed in four countries (Czechia, Ireland, Liechtenstein and Sweden).

COVID-19 situation update for the WHO European Region (9 – 15 November 2020 Epi week 46)



SLOVAKIA - Nationwide mass tests as an effective means against the lockdown?

Background: The first wave of the pandemic in SLOVAKIA was relatively mild compared to the EU average, but the number of cases in the SVK has risen sharply since mid-September, as in other EU countries (see diagram on the left). In response to this, the SVK government ordered nationwide mass tests in mid-October and these were carried out on the weekends from October 31st / November 1st. and 07.11./08.11. also already carried out. This makes the SVK the first country to have used rapid tests for a SARS-CoV-2 antigen (AG) in almost its entire population. The main goal of this logistically complex measure was to be able to prevent lockdown measures that would damage the SVK economy in the future.

Implementation of the mass tests: The SVK has around 5.5 million inhabitants and, as a landlocked country, borders on CZE, POL, UKR, HUN and AUT (see map on the left). The nationwide mass tests free of charge for the population were primarily expected to provide a better picture of the infection situation. For this purpose, all EW of the SVK between 10 and 65 years of age were asked to be tested. To this end, 8,000 SVK soldiers set up 5,000 test centers across the country, in which 15,000 medical specialists as well as other officials and police officers (45,000 people in total) were on duty (see photo on the left). Although the employed staff received a bonus payment of € 500 for this, 10% of the test centers were unable to open due to a lack of staff. 3.6 million PE were tested at the first WE, of which around 38,000 were positive = approx. After evaluating the first results, around 2 million more tests were carried out on the second weekend in the regions with high case numbers - especially in the north and east of the country (see map on the left), of which around 12,000 were positive = around 0,6%. The participation rate across the country was > 90%. After the test, the name and result were noted on an official document (see figure on the left). Participation in the mass tests was in principle voluntary, but people without a test were treated like those who tested positive and therefore had to be in strict quarantine for ten days. In press releases, the SVK government has since spoken of a "great success" of the measure and recently announced the easing of the strict lockdown that has been in force since October. She also gave on November 19th announced that in addition to the first 13 million AG rapid tests from a KOR company, 16 million more were ordered. These additional batches are now to be used in another 2-3 rounds of nationwide mass tests before Christmas. To justify the costs of around € 100 million for the first batch, the SVK government contrasts the economic damage of the lockdown with an estimated € 100 million PER DAY.

Mass tests as a strategy: The main goal of mass tests is to determine the incidence of infection in the general population. Then, so the hope is, you will have a kind of zero point from which you can then trade precisely, e.g. when identifying foci of infection or finding asymptotically positive virus carriers. So far, regional mass tests have been used on a large scale in CHN, where EW of the metropolises WUHAN (11 million, May), BEIJING (3 million, June), KASHGAR (5 million, October) and QINGDAO (9 million, October) were tested for SARS-CoV-2 using PCR. National mass tests, on the other hand, have so far only been carried out in the much smaller countries LUX (600 thousand inhabitants, May-June) and MCO (90 thousand inhabitants, May-July) using PCR and AG rapid tests. A general problem with mass tests is that the larger the population, the greater the logistical challenges. In addition, mass tests are of limited informative value because they represent a snapshot. The success of mass tests therefore depends on a number of factors:

Frequency of testing - mass tests must not be a one-off action, as there is a diagnostic gap of several days for infected people.

Quality of the tests - the tests used must be validated in order to precisely determine their sensitivity and specificity.

Post-testing - the WHO recommends post-testing of those who have tested positive, depending on the quality of the tests.

Implementation of testing - there is a risk that crowds of people in front of test centers could become sources of infection or that specialist staff could become infected

Carrying out a test run - experts recommend that you test the execution of the mass test on a much smaller sample beforehand.

Crisis communication - the importance of participation must be conveyed in a credible manner in order to increase the willingness of the population to be tested

Exceptions to testing - these may only apply to groups of people who are regularly tested anyway.

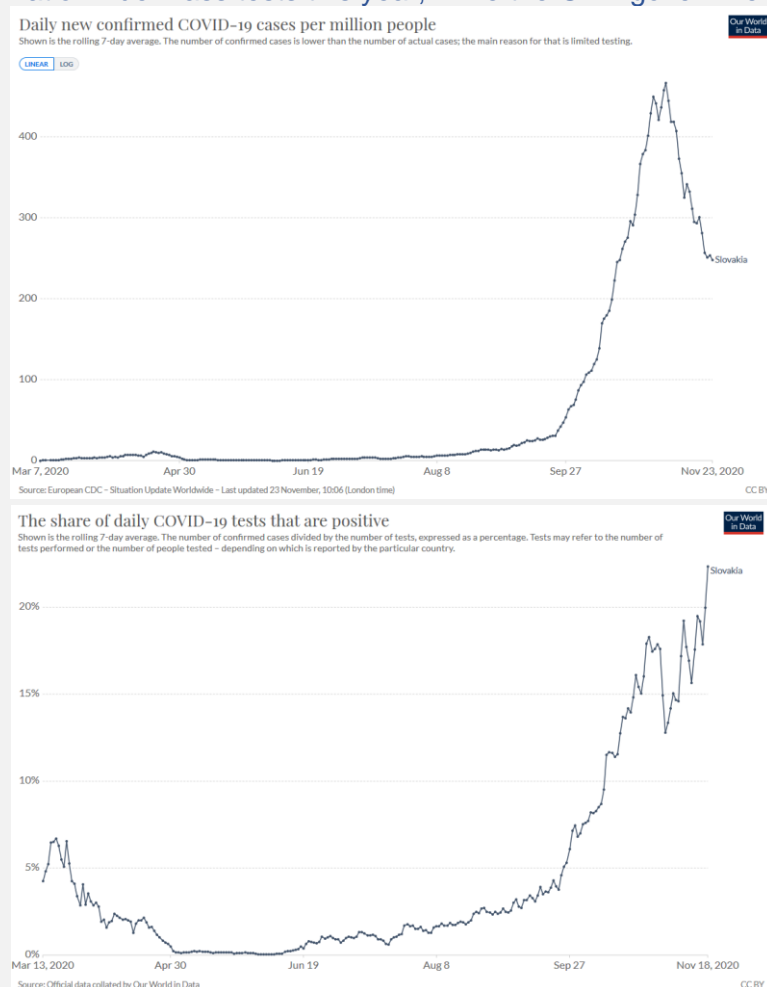
Measures after the mass test - a strict quarantine of those who tested positive must be guaranteed.

PCR vs. AG rapid tests: In contrast to PCR, AG rapid tests provide a result within 15-30 minutes. However, the sensitivity of the currently available AG rapid tests is strongly dependent on the viral load

in the throat and can drop to below 60% in infected people with little viral material. When using AG rapid tests, you run the risk of overlooking many infected people or of receiving false positive results. Sampling is also prone to errors, as a correct throat swab should only be taken by specialist staff, otherwise the rapid test cannot in principle be used. The trust of the SVK authorities in AG rapid tests in general is therefore not too great, as travelers are still required to have a negative PCR test.

General criticism of mass tests: mass tests have a political dimension as well as a technical and scientific dimension. Although they signal the government's ability to act, they also divide society into non-infected and infected people. Some epidemiologists therefore recommend a more targeted approach that provides for the use of AG rapid tests for nursing staff or members of risk groups. Despite its usefulness in determining the number of unreported cases of infected people, critics consider mass testing of the general population to be political activism.

Outlook: Although it cannot currently be said whether the drop in the number of cases in the SVK (see diagram on the left) is due to the lockdown since the beginning of October or the nationwide mass tests, this strategy is gaining in importance, especially in EUROPE. The ITA Province SÜDTIROL is planning a voluntary mass test for the coming weekend with reference to the "successful measures of the SVK" and LUX and also the AUT, which is significantly larger with 8.9 million PE, want to carry out nationwide mass tests this year, while the GBR government also plans large-scale regional mass tests.



Source:

<https://www.deutschlandfunk.de/coronavirus-wie-sinnvoll-sind-massentests-fuer-die-ganze-1939.de.html?>
<https://www.bbc.com/news/uk-54885657>
<https://www.bmj.com/content/371/bmj.m4460>
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Country Reports:

ITA: In view of the regulation that school lessons for older pupils are only offered digitally, experts in Italy see an impact on the development of children. The situation of studying at home has an impact on the mental state and personal development of the students, explained the psychiatrist Massimo Di Giannantonio.

The confusion between the real and the virtual world is increasing for young people who are already influenced by technology and media. It is believed that this could slow down the time it takes to mature, become self-reliant and develop a sense of responsibility. Because of the ongoing learning situation, there is resistance from students in many Italian cities to so-called home schooling. In Rome and Turin, dozens of young people have sat in front of their schools over the past 14 days to protest in favor of

having face-to-face classes at school again.

A three-day corona mass test in the northern Italian province of South Tyrol met with a great response and revealed more than 3,100 infections. By Sunday evening, more than 343,000 citizens in the small Alpine province had a free smear test.

As the authorities announced, a total of 3,185 participants (0.9 percent) received a positive corona result after the central phase was completed by 8 p.m. It was then planned that the South Tyroleans would be able to take part in the campaign for another 72 hours at the medical practices and in a few other places.

The Italian Ministry of Health has made provisions for cases of corona infections on mink farms. Health Minister Roberto Speranza has signed an ordinance that will allow the cessation of farms across Italy until February 2021, until a new assessment of the epidemiological status is available, the ministry announced on Monday.

Accordingly, the responsible authorities can confiscate a farm with its vehicles and equipment if there is a suspicion of corona. Should the suspicion of disease among the mink be confirmed, the minks would be culled. Although there are fewer mink farms in Italy compared to other European countries, the country follows "the principle of maximum caution", as the communication went on to say.

DEU: Several virologists and medical professionals consider an extension or even tightening of the previous restrictions to be necessary in view of the continued high number of corona infections. The aim was to achieve a significant decrease in new infections. Almost three weeks after the start of the measures, however, there is no clear drop observable, but rather a sideways movement. So it is clear that the real goal has not been achieved. In addition, new testing strategy recommended by RKI makes comparing the values challenging.

PRT: To curb the increasing number of infections in the corona pandemic, the government in Portugal has decided on new restrictions on freedom of movement for the next two and a half weeks. On the next two "long weekends", the Portuguese are not allowed to leave their residential areas with a few exceptions.

GBR: According to a media report, the British government wants to relax the general quarantine restrictions in time for Christmas. Those returning from high-risk countries would only have to show five days in self-isolation and a negative test result instead of the previous 14 days. The regulation is expected to come into force on December 15 or 16.

CZE: The Czech Republic is lowering its corona warning level from the highest to the second highest of the five levels.

FRA: French President Emmanuel Macron has announced that the strict corona restrictions will be relaxed. Next Tuesday, Macron will create "clarity" in a TV address and give "direction". The announced easing should therefore take place in three stages and according to the health situation in the country.

The first easing is said to occur around December 1st. Then shops and restaurants could reopen, with bars and restaurants still subject to restrictions. The exit restrictions for private individuals associated with the lockdown at the end of October should also remain in place for the time being.

Further easing could take effect ahead of the bank holidays in late December. The third and final stage would then be reached in January 2021. In his TV address on Tuesday, Macron said he also wanted to discuss how future vaccinations against the corona virus should be organized.

The rate of positive tests in France, with around 67 million inhabitants, continues to decline and is a good 13 percent. The corona situation has been improving in France for some time - the authorities assume that the peak of the second wave has passed.

LUX: In the fight against the corona pandemic, Luxembourg is tightening its measures: From this Thursday onwards, restaurants and cultural and leisure facilities are expected to close by December 15. The Luxembourg government launched a corresponding law on Monday. Parliament is due to vote on Wednesday so that the new rules can come into force on Thursday night.

Subject in Focus

Germany: Constance Homeoffice study

The DEU University of Konstanz recently released a new study on the impact of mobile/remote working schemes to individuals and the society. In the following we would like to present their key findings, while giving full credit to the authors of the study Florian Kunze, Kilian Hampel and Sophia Zimmermann. The original study (in German) can be found [here](#). Additional information around the study can be found [here](#). To allow a broader audience to get to know the study results we took the freedom to loosely translate the Introduction and other relevant parts into English.

Introduction:

For many employees, the Corona crisis has led to significant changes in their everyday working lives, with private and public organizations asking all or part of their staff to use mobile/remote working options. The pandemic-driven mobile working is like a social experiment through which assessments of opportunities and risks, potential policy instruments that have been discussed for years as well as competing interests between companies and employees are becoming significantly more relevant. Individual time sovereignty, the balance between the need for flexibility and occupational health and safety, "modern" corporate and management culture, and the possibilities for shaping social partnerships are in the centre of attention. Not least, the "right to work remotely/from at home" made its way to the political agenda. The study presented here analyses this new working world based on a unique dataset. The study includes a group of approx. 700 employees working remotely that were surveyed nine times over the survey period showed that the perceived productivity and commitment of the employees were promoted by working from home and that a large majority would like to continue to work on a mobile basis at least partially. However, a tendency towards overtime and associated exhaustion also became evident.

Coronavirus and the accelerated flexibilization the world of work

The COVID-19 pandemic acts as a transformation accelerator for the world of work. For several years now, politics and business have dealt intensively with this topic. The trend is towards non-classic forms of work (e.g. part-time, self-employment) and flexible working hours and locations.

This trend and the role of new technologies during the "Fourth Industrial Revolution" are still the subject of controversial discussion, since their combination brings distinct opportunities, but also bears complex risks. The flexibilisation of working hours and location enables more self-determination, the consideration of individual work needs and a farewell to the traditional "presence culture". That can have a positive effect on job satisfaction and work performance as well as on the work-life balance of employees. At the same time, however, the increased flexibility harbors risks, for example there is a risk that employees are increasingly burdened and the workforce is becoming polarized. The debate on "systemically important jobs" during the Corona crisis has clearly shown how different the conditions are for flexible work in different industries, fields of activity and employee groups. In addition to the requirements, the needs are also different. In addition, employees perceive non-standard working hours and the need to be constantly available often as a burden and additional stress; psychological diagnoses like burnout have increased disproportionately in recent years. The pandemic-related home office is like a social experiment. Which priorities should be set? How can the transformation of the world of work be designed in a way that utilizes potentials for flexibility and still reduces risks?

Working realities in the home office: a mix of presence and home office as a dream model

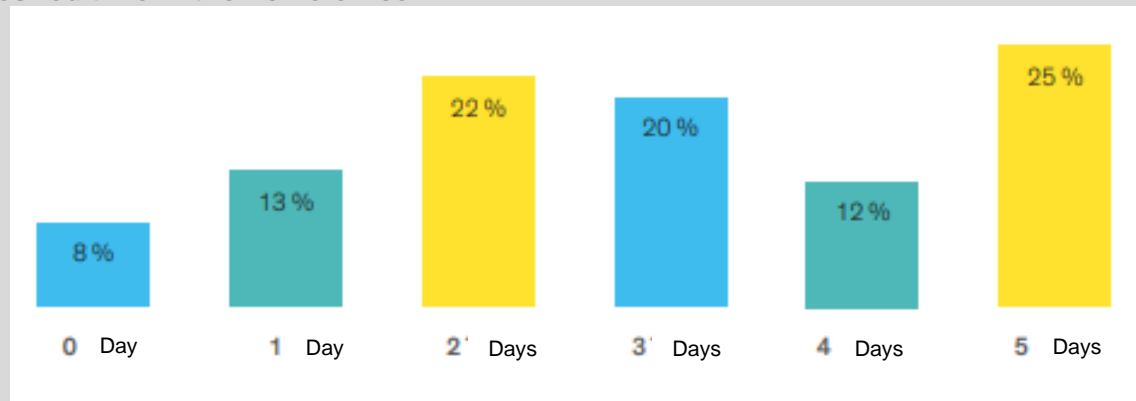
The pandemic has made work more flexible and delimited. Among the respondents working from home during the study, 60 percent reported having worked almost exclusively in the regular office before the Corona crisis. The average weekly working time in the home office was 1.66 days. According to the results of the survey, the majority of employees do not want returning to full-time compulsory attendance: 56 percent of those surveyed would also like to work from home at least

partially in the future. The desired model of many respondents is a balanced mix of working from home and face-to-face/in-office work. While 25 percent of the participants would prefer working entirely from at home, the majority of those surveyed said they would prefer to work from home 2-3 days per week (mean of all respondents: 2.88 days).

50 percent of those surveyed expressed their support of a “right to work from home”.

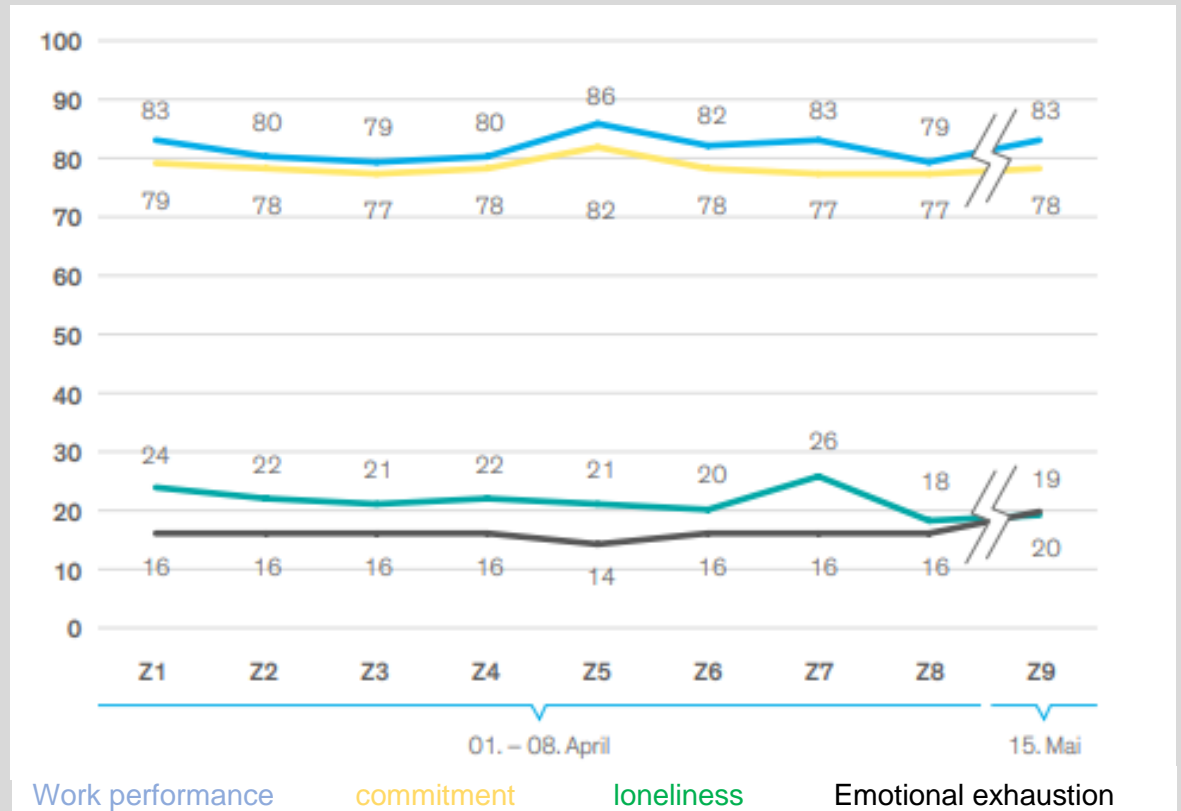
It is therefore clear that working from home, with its advantages, like flexibility of work allocation and the guarantee of higher work efficiency (deeper concentration phases, no commute, etc.) cannot completely replace the office as a social fixed point of meeting and exchange.

Desired time in the home office



Felt effects of the home office

Respondents working from at home feel mostly motivated and - in their own assessment - also very efficient. Three quarters to four fifths of the respondents working from at home report that they are committed and productive. In addition, more than 45 percent of the respondents (consistently over the period of the study) reported that they work better and more effectively from home, than in the office.



The vast majority of more than 70 percent of those surveyed valued the possibility of reconciling work and to private life when working from home, regardless of whether or not underage children need to be looked after.

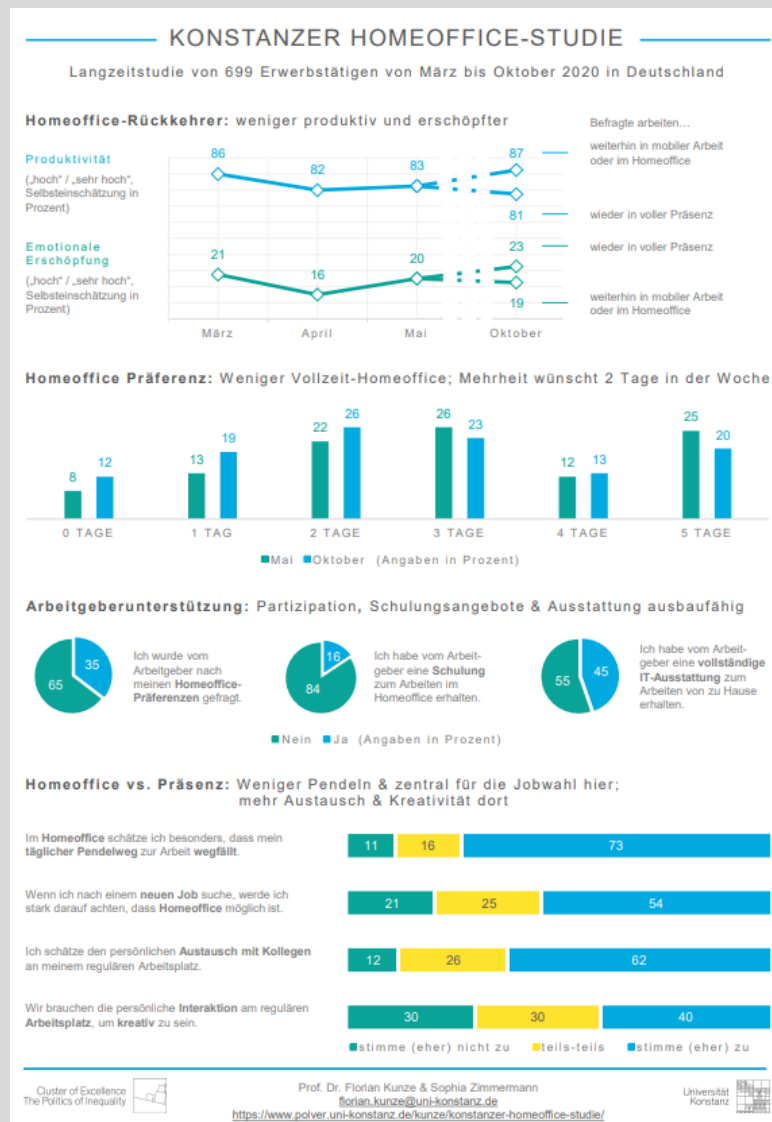
Efficiency, productivity and work-life balance are perceived as being better when working remotely. The other side of the coin, however, is a higher level emotional exhaustion and social isolation.

Interestingly, 56 percent of the respondents reported that they worked more hours than contractually agreed when working at home. This increased level of commitment is to be seen positive from an employer's point of view at first. In the long run however, the risk of overloading the employees has to be monitored carefully.

Summary:

The corona crisis is accelerating the transformation of the working world in Germany. Many employees appreciate the flexibility that comes with working from home. With working from home being an exception before the COVID-19 pandemic, many employees wish to have the option to work remotely at least a few days a week in the future. However, they do not want to miss the option of working in the regular office from time to time.

The self-assessment of employees with regard to commitment and productivity suggests that working remotely increases worker's satisfaction and productivity can reach similar levels as "in office"-work. On the other hand, exhaustion, overwork, and social isolation are potential negatives factors that lead to an increasing delimitation of work and private life are to be considered.



Source:

https://www.polver.unikonstanz.de/typo3temp/secure_downloads/112618/0/f8a5bdd1d7d8c97ceaa9ed9e21f9a659a6f604e4/Policy_Paper_Kunze_Hampel_Zimmermann_DE.pdf

Conflict and Health

COVID-19 Crisis Update in Ethiopia



In cooperation with Bundeswehr HQ of Military Medicine

ETHIOPIA

Area:	1,104,300 km ²
Population:	109,224,414
Capital:	Addis Ababa
Age structure:	
0-14 years:	43,21%
15-24 years:	20,18%
25-54 years:	29,73%
55-64 years:	3,92%
65 years and over:	2,97%



CONFLICT:

Ethiopia is one of the largest states in the Horn of Africa in terms of area and can look back on a long history and an independent culture. The country is shaped by its status as a multi-ethnic state, the population is made up of over 80 different ethnic groups with their own language, different religions and cultural backgrounds.

Conflict potential in Ethiopia is enhanced by several factors. The country's economy is still strongly agrarian and rural, around 40% of the population live below the poverty line. In cities in particular, the population is growing rapidly, which is leading to a shortage of food and resources. Due to the geographical location, natural disasters such as earthquakes, volcanic eruptions, floods and droughts occur more frequently than average, which further exacerbate the precarious supply situation. After months of tension and serious unrest with the Tigray People's Liberation Front (TPLF), the Ethiopian government launched an offensive against the rebel group and ruling party of Tigray a week ago. According to Amnesty International, numerous civilians were killed in the attack on a city. According to eyewitnesses, the attack was carried out by associations allied with the ruling party in Tigray, the People's Liberation Front TPLF. In the meantime, President Abiy announced that an end to the army deployment was "within reach". Little is known about the local situation however, as the Internet and telephone connections are interrupted and according to the UN Refugee Agency (UNHCR), the streets are blocked and the power supply has been cut. The TPLF was the dominant party in the coalition that ruled Ethiopia with a hard hand for more than 25 years. But when Abiy came to power in 2018, he removed many old guard functionaries as part of reforms and founded a new party without the TPLF. The TPLF and many people in Tigray do not feel represented by the central government and would like to see greater autonomy.. Meanwhile, the already precarious situation seems to be worsening as the government called on the rebels in Tigray to surrender peacefully within 72 hours. Otherwise the army will attack the regional capital Mekele. The civilian population was asked to get to safety. Abiy's office said on Sunday that the armed forces were now advancing on the regional capital Mek'ele, thus beginning the "final phase" of the offensive. The United Nations meanwhile appealed to the government in Addis Ababa to provide "immediate and unhindered" access for humanitarian aid in Tigray. In view of the fighting, the EU Commission also warned of a humanitarian catastrophe in the country. According to the UN refugee agency UNHCR, the conflict has already forced around 33,000 people to flee to neighboring Sudan.

HEALTH:

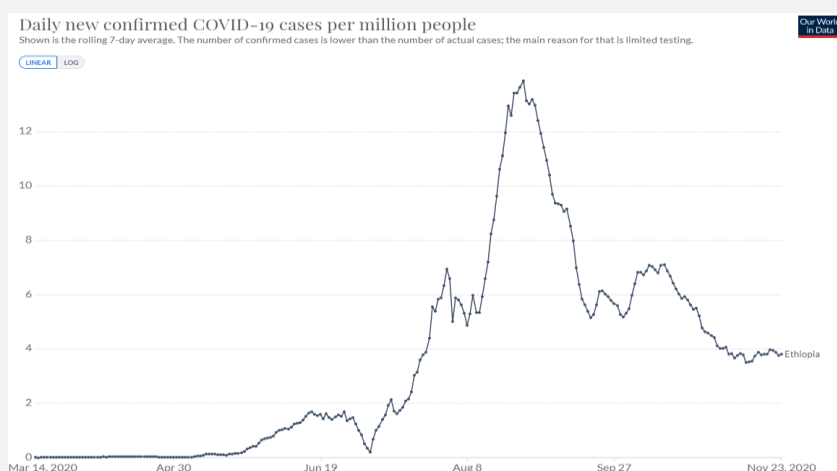
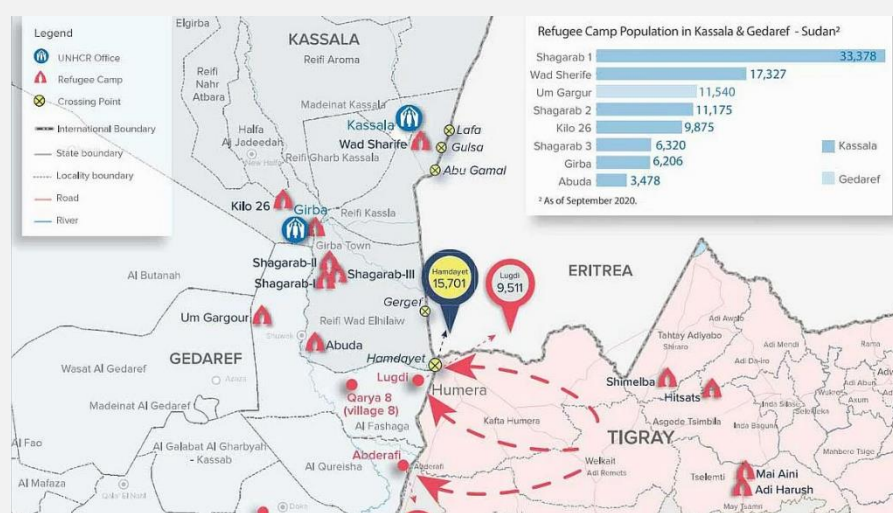
There is no comprehensive health system in Ethiopia, only the well-off population within the urban districts can fall back on relatively good care. In addition to the tropical diseases that are widespread in Africa, relatively "harmless" diseases can quickly lead to death. In addition to insufficient equipment, the medical sector suffers from severe staff shortages. Malnutrition, stunted growth and the extremely limited access to clean drinking water represent one of the greatest health challenges. The people in the refugee camps are worst affected, where disease outbreaks and cholera epidemics happen again and again.

The initially low numbers reported in connection with the COVID-19 pandemic have now risen massively; Several factors must be considered as triggering this increase:

Around 26,000 Ethiopians lost their jobs abroad and had to return home. Many of them brought the virus into the country. Due to the violent protests, containment measures are not being observed in many places, allowing the virus to spread freely among the population. The prisons, in which many of those arrested are locked, are also struggling with the rising numbers of infections. In addition, many of these facilities are located in temporarily converted schools and warehouses, and the absolutely inadequate hygienic conditions encourage the spread of the infection. The other cause for the extreme increase in the number of cases across the country seems to be increased testing.

CONCLUSION:

After the unrest of the last few months it was expected that the conflict would escalate, according to the European Commissioner for Crisis Management, Janez Lenarcic. Against the background of current events, both the pandemic and its containment measures are receding into the background, and the virus will be able to spread unchecked among the refugees.



Ethiopia

40.6 Index Score

84/195



	COUNTRY SCORE	AVERAGE SCORE*		COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	36.8	34.8	HEALTH SYSTEM	29.0	26.4
Antimicrobial resistance (AMR)	50	42.4	Health capacity in clinics, hospitals and community care centers	42.2	24.4
Zoonotic disease	14.5	27.1	Medical countermeasures and personnel deployment	33.3	21.2
Biosecurity	24	16.0	Healthcare access	19.8	38.4
Biosafety	25	22.8	Communications with healthcare workers during a public health emergency	0	15.1
Dual-use research and culture of responsible science	0	1.7	Infection control practices and availability of equipment	0	20.8
Immunization	93.9	85.0	Capacity to test and approve new medical countermeasures	100	42.2
DETECTION AND REPORTING	33.7	41.9	COMPLIANCE WITH INTERNATIONAL NORMS	65.8	48.5
Laboratory systems	66.7	54.4	IHR reporting compliance and disaster risk reduction	100	62.3
Real-time surveillance and reporting	13.3	39.1	Cross-border agreements on public and animal health emergency response	50	54.4
Epidemiology workforce	50	42.3	International commitments	81.3	53.4
Data integration between human/animal/environmental health sectors	0	29.7	JEE and PVS	50	17.7
RAPID RESPONSE	44.7	38.4	Financing	50	36.4
Emergency preparedness and response planning	25	16.9	Commitment to sharing of genetic & biological data & specimens	66.7	68.1
Exercising response plans	0	16.2	RISK ENVIRONMENT	33.6	55.0
Emergency response operation	33.3	23.6	Political and security risks	28.6	60.4
Linking public health and security authorities	0	22.6	Socio-economic resilience	36.4	66.1
Risk communication	100	39.4	Infrastructure adequacy	41.7	49.0
Access to communications infrastructure	51	72.7	Environmental risks	57.1	52.9
Trade and travel restrictions	100	97.4	Public health vulnerabilities	8.8	46.9

*Average: all 195 countries

Scores are normalized (0–100, where 100 = most favorable)

www.ghsindex.org

Source:

<https://www.n-tv.de/politik/Offenbar-Massaker-in-Athiopien-article22166554.html>

<https://www.zeit.de/video/2020-11/6211652903001/aethiopien-regierung-stellt-tigray-truppen-ultimatum>

<https://www.sueddeutsche.de/politik/kaempfe-in-tigray-aethiopien-stellt-rebellen-ultimatum-1.5124000>

<https://www.newsnw.co.uk/h/?search=ethiopia+covid+19&lang=a>

<https://www.spiegel.de/politik/ausland/aethiopien-hilfsorganisationen-kommen-nicht-nach-tigray-a-ce34074a-2edc-4744-b371-b3d1b08f1c60>

<https://www.uno-fluechtlingshilfe.de/spenden-aethiopien/>

Topic	The NATO Centre of Excellence for Military Medicine is putting its expertise and manpower to aid in
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Immunity development versus reinfections of COVID-19

Topics former VTCs:

- Regulations on the public, military and missions abroad. Medical Treatment Facilities: how equipped they are, is there pooling / isolation of COVID-19 patients in separate facilities.
- Testing strategies
- Aeromedical evacuation
- De-escalation strategy and measures
- Collateral damage of COVID-19 emphasizing Mental Health Aspects and other non COVID related diseases
- Immunity map, national strategies to measure and evaluate the immunity level"
- Mental Health
- Treatment of mild symptomatic cases of COVID-19
- Transition home office back to the office
- COVID-19 Second Wave prediction and preparedness based on facts/experiences, modelling and simulation
- Perspectives of the current COVID-19 vaccine development
- National overview on current COVID-19 situation
- Long term effects of COVID-19 and the impact on force capability
- Overview on current COVID-19 situation in Missions
- Civil – military cooperation in view of COVID-19
- Immunity development versus reinfections of COVID-19

NATO MILMED COE Briefer talked about immunity development in lights of notified COVID-19 reinfections

GBR Briefer give a short overview of Immunity to COVID-19 in UK

- Reinfections have been observed but are also known from other endemic human coronavirus infections. We can expect more cases of reinfections in future. In addition, there appear to be more reinfections, but due to their asymptomatic course, they may not be detected. It is still unclear whether the next infection will be more or less severe.
- Studies shown a certain correlation between severity of symptoms and the magnitude of AB response.
- We can recognize that T-cells response plays the significant role in fight with SARS-CoV-2 infection.
- SARS-CoV-2 seems to induce an immune memory response from previous endemic coronavirus infections.

Recommendations

Recommendation for international business travellers

As of 19th October 2020

Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have re-open travel some already closed public-travel again. This document outlines key considerations for national health authorities when considering or implementing the gradual return to international travel operations.

The decision-making process should be multisectoral and ensure coordination of the measures implemented by national and international transport authorities and other relevant sectors and be aligned with the overall national strategies for adjusting public health and social measures. [WHO Public health considerations while resuming international travel.](#)

Travel has been shown to facilitate the spread of COVID-19 from affected to unaffected areas. Travel and trade restrictions during a public health event of international concern (PHEIC) are regulated under the International Health Regulations (IHR), part III.

The majority of measures taken by WHO Member States relate to the denial of entry of passengers from countries experiencing outbreaks, followed by flight suspensions, visa restrictions, border closures, and quarantine measures. Currently there are exceptions foreseen for travellers with an essential function or need.

In the case of non-deferrable trips, please note the following

- Many airlines have suspended inbound and outbound flights to affected countries. Contact the relevant airline for up-to-date information on flight schedules.
- Check your national foreign office advices for regulations of the countries you're traveling or regulations concerning your country.
- Information's about the latest travel regulations and De-escalation strategy measures you can find at [IATA](#) and [International SOS](#). For Europe you will find more information [here](#).

Most countries implemented strikt rules of contact reduction:

- Everyone is urged to reduce contacts with other people outside the members of their own household to an absolutely necessary minimum.
- In public, a minimum distance of 1.5 m must be maintained wherever possible.
- Staying in the public space is only permitted alone, with another person not living in the household or in the company of members of the own household (for most countries, please check bevor traveling).
- Follow the instructions of the local authorities.

Risk of infection when travelling by plane:

The risk of being infected on an airplane cannot be excluded, but is currently considered to be low for an individual traveller. The risk of being infected in an airport is similar to that of any other place where many people gather. If it is established that a COVID-19 case has been on an airplane, other passengers who were at risk (as defined by how near they were seated to the infected passenger) will be contacted by public health authorities. Should you have questions about a flight you have taken, please contact your local health authority for advice.

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>
- 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.

- WHO information for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find [here](#).

Travellers who develop any symptoms during or after travel should self-isolate; those developing acute respiratory symptoms within 14 days upon return should be advised to seek immediate medical advice, ideally by phone first to their national healthcare provider.

Source: WHO and ECDC

European Commission:

On 13 May, the European Commission presented [guidelines and recommendations](#) to help Member States gradually lift travel restrictions, with all the necessary safety and precautionary means in place.

On 13 October, EU Member States adopted a [Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic](#).

1. Common criteria

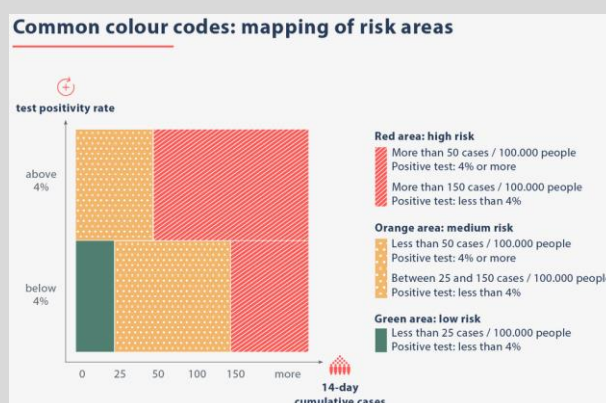
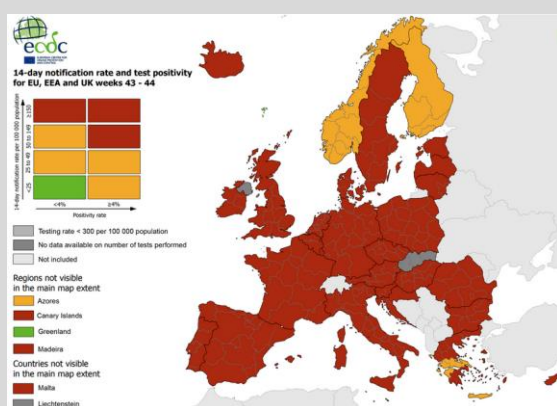
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14 days* at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate** (the number of tests for COVID-19 infection per 100 000 population carried out during the *last week*)

2. A common map

The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. See also [“Situation in Europe”](#).

Areas are marked in the following colours:

- **green** if the 14-day notification rate is lower than 25 cases per 100 000 and the test positivity rate below 4%;
- **orange** if the 14-day notification rate is lower than 50 cases per 100 000 but the test positivity rate is 4% or higher or, if the 14-day notification rate is between 25 and 150 cases per 100 000 and the test positivity rate is below 4%;
- **red** if the 14-day notification rate is 50 cases per 100 000 or higher and the test positivity rate is 4% or higher or if the 14-day notification rate is higher than 150 cases per 100 000;
- **grey** if there is insufficient information or if the testing rate is lower than 300 cases per 100 000.



3. A common approach for travellers

Common framework for COVID-19 travel measures

Green areas



No restriction of free movement of persons should be applied

Orange and red areas



Measures should be proportionate and respect differences in the epidemiological situation of orange and red areas



In principle, entry should not be refused to travellers from orange/red areas but requirements could be applied



Possible requirements for travellers coming from orange/red areas: quarantine/ self-isolation, COVID-19 testing prior to/ after arrival



Measures should take into account the epidemiological situation in their own territory



Inform other affected EU countries 48 hours before applying measures



Travellers could be asked to submit passenger locator forms



Exceptions: no quarantine requirement for travellers with essential function or need while performing that function

4. Clear and timely information to the public about any restriction

As a general rule, information on new measures will be published 24 hours before they come into effect.

All information should also be made available on [Re-open EU](#), which should contain a cross-reference to the map published regularly by the European Centre for Disease Prevention and Control.

More information about traveling in the EU by the European Commission you will find here: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
<https://www.consilium.europa.eu/en/policies/coronavirus/covid-19-travel-and-transport/>

Risk Assessment

Global	<ul style="list-style-type: none"> Because of global spread and the human-to-human transmission the moderate to high risk of further transmission persists. Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks. Individual risk is dependent on exposure. 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. 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.
Europe As of 23 rd of October 2020	<p>ECDC assessment for EU/EEA, UK as of 23 October 2020: Under the current classification system, based on epidemiological indicators, the epidemiological situation in countries is classified as <i>stable</i>, <i>of concern</i> or of <i>serious concern</i>. The majority of countries in the European region are currently classified as experiencing an epidemiological situation of serious concern due to the increasing case notification rates and/or test positivity $\geq 3\%$ as well as the high notification rates in the older age groups and/or high mortality rates.</p> <p>Countries have implemented various non-pharmaceutical interventions, but these have not been sufficiently effective in controlling transmission due to several factors:</p> <ul style="list-style-type: none"> adherence to the measures was sub-optimal; the measures were not implemented quickly enough; or the measures were insufficient to reduce exposure. <p>As a result, the epidemiological situation is now rapidly deteriorating in most countries.</p> <p>There are currently only six countries in the region that are classified as experiencing a <i>stable epidemiological situation</i>.</p> <ul style="list-style-type: none"> In countries where the epidemiological situation is stable: the probability of infection for the population is generally low but the impact of infection still varies depending on the individuals affected; the risk for the general population in these countries is low; for vulnerable individuals, including the elderly and people with underlying medical conditions, the risk is moderate. <p>Nevertheless, in these six countries, there is still ongoing transmission and the situation must be closely monitored.</p> <p>Based on the latest available data to ECDC, there are currently no countries categorised as having an epidemiological situation ‘<i>of concern</i>’.</p> <p>In countries where the epidemiological situation is of serious concern:</p> <ul style="list-style-type: none"> there is a high risk to the general population, and for vulnerable individuals the COVID-19 epidemiological situation represents a very high risk. <p>In these countries the continuously increasing trend in notification rates calls for strong public health action in order to prevent the imminent risk that health care systems will be overwhelmed, rendering them unable to provide safe, adequate care.</p>

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
- European Commission; https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
- Our World in Data; <https://ourworldindata.org/coronavirus>
- Morgenpost; <https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-weltweit/>

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