



# Short Update 47a COVID-19 Coronavirus Disease 27<sup>th</sup> of November 2020



## GLOBAL



61 027 763

Confirmed cases

39 150 500

recovered

1 433 164 deaths

## USA



(new cases/day 119 088)

12 826 138

confirmed cases

4 823 899 recovered

262 249 deaths

## India



(new cases/day 44 489)



9 309 787

confirmed cases

8 718 517 recovered

135 715 deaths

## Brazil



(new cases/day 47 898)



6 204 220

confirmed cases

5 556 887 recovered

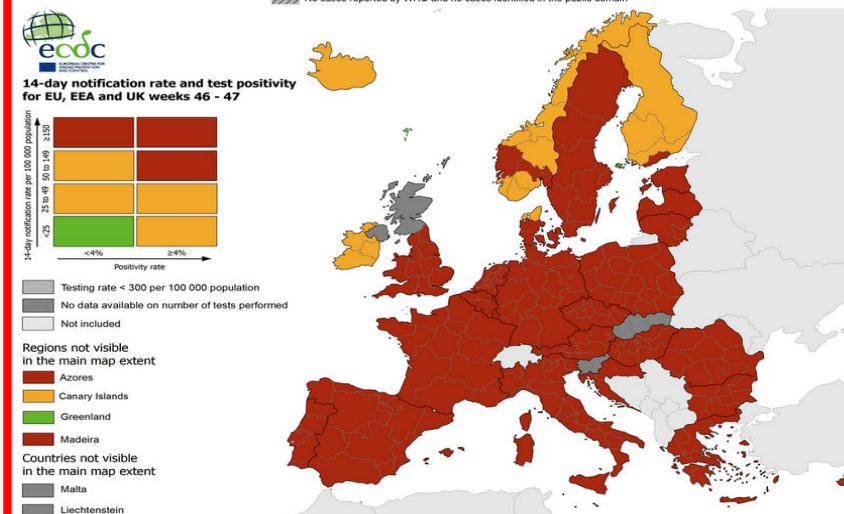
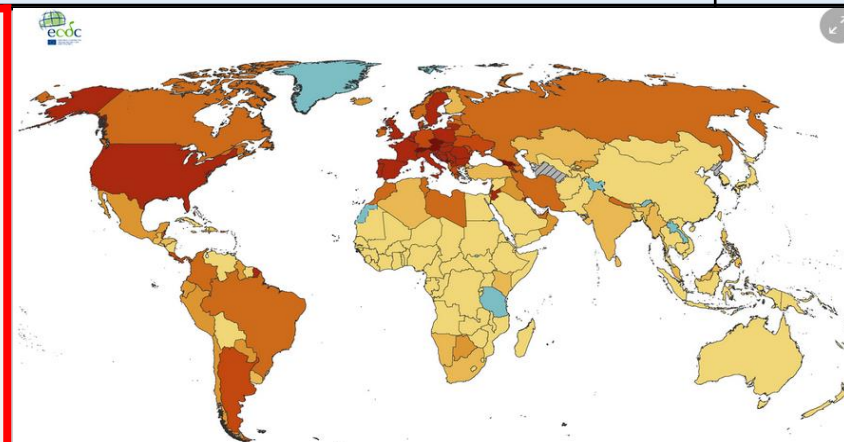
171 460 deaths

### News:

- **US** President Donald Trump has announced the first deliveries of a corona vaccine for the coming week. First, vulnerable groups such as medical staff and the elderly would be vaccinated. No vaccine has yet been approved in the United States.
- **Brazilian** President Jair Bolsonaro says he will not take a COVID-19 vaccine, the latest statement he has made expressing skepticism about vaccines.
- **AstraZeneca** is likely to hold another global trial to test the efficacy of its vaccine at a lower dosage. Instead of adding the trial to an ongoing U.S. process, the company might launch a fresh study to evaluate a lower vaccine dosage that performed better than a full one.
- **Slovakia** is gradually moving away from its strategy of nationwide corona mass tests. The government announced that it would indefinitely postpone the renewed mass tests planned for the first weekend in December on almost the entire population. Instead, there is a demand to focus future test campaigns on particularly vulnerable population groups.
- **EU:** With a view to upcoming winter holidays, the European ministers are discussing closing all ski resorts in Europe. Tourist trips should not take place, any unnecessary contact should be avoided.
- **CDC:** Also advised the citizens urgently to refrain from the usual trips across the USA to relatives before Thanksgiving because of the corona pandemic. It is feared that numerous people will be infected with the corona virus [during the celebrations](#) on Thursday.
- **CDC:** updated the [regulation on testing and international air travel](#).
- **WHO's** health emergencies online learning platform: [OpenWHO.org](https://openwho.org).
- Find Articles and other materials about COVID-19 on **our** website [here](#).
- Please use **our** online observation form to report your lessons learned observations as soon as possible [here](#).

### Topics:

- **Global situation**
- **Subject in Focus:** Projections of COVID-19 in the EU
- **Timeline COVID-19 infection**
- **In the press**



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## EUROPE



17 086 876

confirmed cases

6 807 050 recovered

391 175 deaths

## Russia

(new cases/day 25 195)



2 196 691

confirmed cases

1 667 618 recovered

38 175 deaths

## France

(new cases/day 13 563)



2 183 660

confirmed cases

158 236 recovered

50 957 deaths

## SPAIN

(new cases/day 12 289)



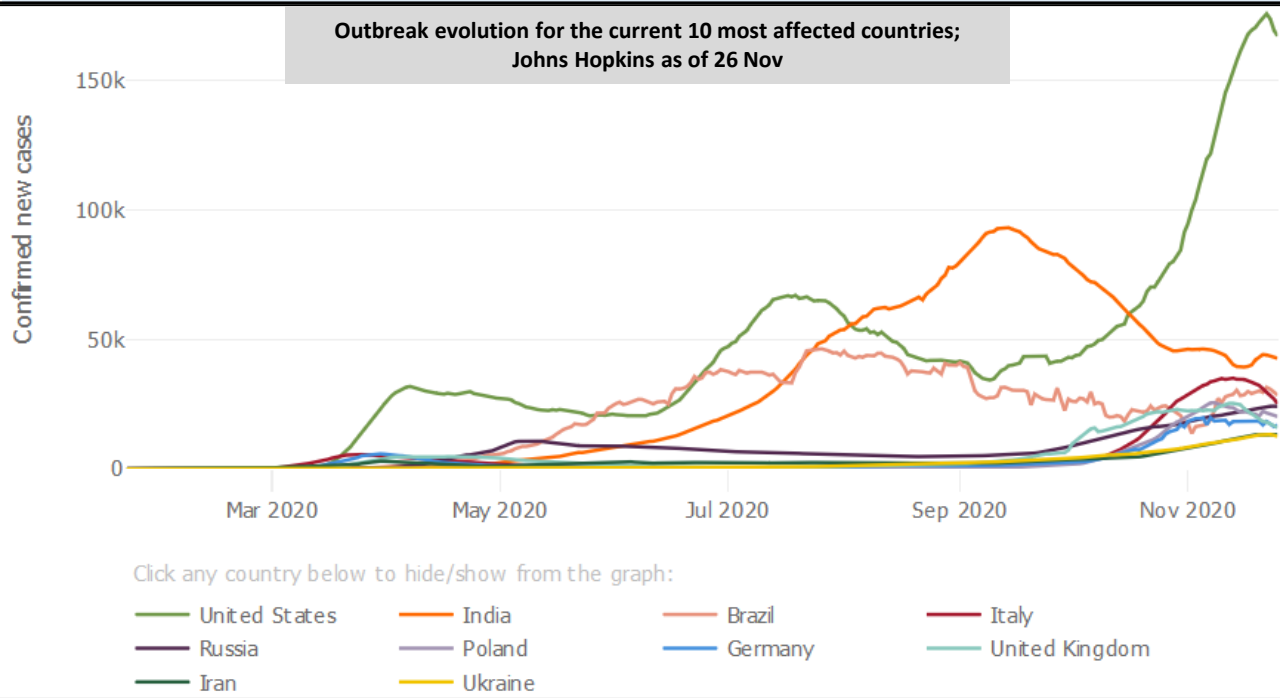
1 617 355

confirmed cases

150 376 recovered

44 374 deaths

# Global Situation



**AUT:** The voluntary corona mass tests in the population start on the first weekend in December. Tyrol and Vorarlberg with a total of around 1.1 million inhabitants will begin from December 4th to 6th. Dates for the other federal states are to follow. The state of Salzburg announced on Wednesday mass tests for December 12th and 13th. In addition, tests for certain professional groups such as teachers and police officers are to take place on the first weekend in December. The plan is to test as many residents as possible for the Sars-CoV-2 pathogen with rapid antigen tests. In order to minimize the risk of false positive tests, there should be retests. The goal is to find as many undiscovered infected people as possible among the 8.9 million inhabitants of Austria in good time before family reunions at Christmas.

**GBR:** With almost 700 deaths within one day, the number of corona deaths in Great Britain has reached its highest level since the beginning of May.

**DEU:** The German government wants to further expand the restrictions in the Corona crisis, from the point of view of the German Hospital Association this is a necessary step so that the clinics are not overloaded. "We will probably have 5,000 to 6,000 intensive care patients in the course of December. The situation is tense, but still manageable. We therefore very much welcome the fact that it is not easing prematurely and prematurely." said a spokesman for the medical union.

**ITA:** more than 820 people died in one day in connection with a corona infection. The authorities recorded one of the highest casualty figures since the pandemic began in February.

**TUR:** After months of criticism, contrary to previous practice, the Turkish government announced the daily case numbers of people in the country who tested positive for the corona virus for the first time on Wednesday. The health minister had admitted at the end of September that only those infected with symptoms had been reported as corona cases since the end of July - but not the number of new cases every day. This has repeatedly been sharply criticized by the Turkish Medical Association, among others.

For comparison: the number of people infected with symptoms was 6,814 on Wednesday, the number of cases was 28,351. According to official information, more than 12,000 people have died from or with a corona infection so far. Koca announced that from now on the number of patients with and without symptoms would be published.

**RUS:** With 507 coronavirus deaths, a new daily high was recorded on Wednesday. There are still doubts as to whether the authorities reflect the full extent of the corona crisis. The independent Russian portal Mediazona (zona.media) calculated that there were around 120,000 more deaths from April to October than the average over the past five years for this period. The excess mortality was therefore around 18 percent. According to Russia's statistics agency, October was not fully recorded. There are also other reasons for excess mortality. Many deaths can also be attributed to an overload of the health system, for example because other patients could not be treated. For the government, excess mortality is now a subject of deeper analysis.

Moscow is extending the period for recommended self-isolation for residents over 65 years of age and for other corona risk groups beyond the turn of the year until January 15. The number of infections has risen sharply since September, but the authorities have refrained from strict lockdowns and are trying to take targeted measures.

**USA:** Within 24 hours, 2,439 people died in connection with the coronavirus on Wednesday. This is the highest increase in six months. The day before, the number of deaths - just before Thanksgiving, the important family holiday - had been more than 2000. The number of new infections was almost 200,000.

**KOR:** The number of new coronavirus infections recorded has risen by more than 500 per day for the first time in more than eight months. The health authorities said that 583 cases had been detected the day before. Most of them were therefore in the greater Seoul area. According to the authorities, the country is currently experiencing the third wave of infection with the corona virus. As of this week, stricter distance rules have been in place in the capital Seoul and the surrounding regions.

**IND:** India recorded 44,489 new coronavirus infections on Wednesday. This means that new infections are below the value of 50,000 for the 19th day in a row.

**ISR:** The number of new infections with the coronavirus has exceeded the 1000 mark for the first time in more than four weeks. The number of tests carried out in the Mediterranean country was, however, very high at almost 60,000; the rate of positive tests was 1.8 percent, still at the level of the previous days.

**JAP:** Tokyo sets another daily record with 570 new infections, up from 481 a day earlier. The metropolitan government has asked restaurants serving alcohol to shorten business hours starting from Saturday in a bid to slow the third wave of the outbreak.

**AUS:** No new infection with the corona virus has been reported in Victoria for 28 days. It can therefore be assumed that the virus will be eradicated, since this period corresponds to two 14-day incubation periods

# Global Situation

## Global epidemiological situation; WHO as of 24 Nov

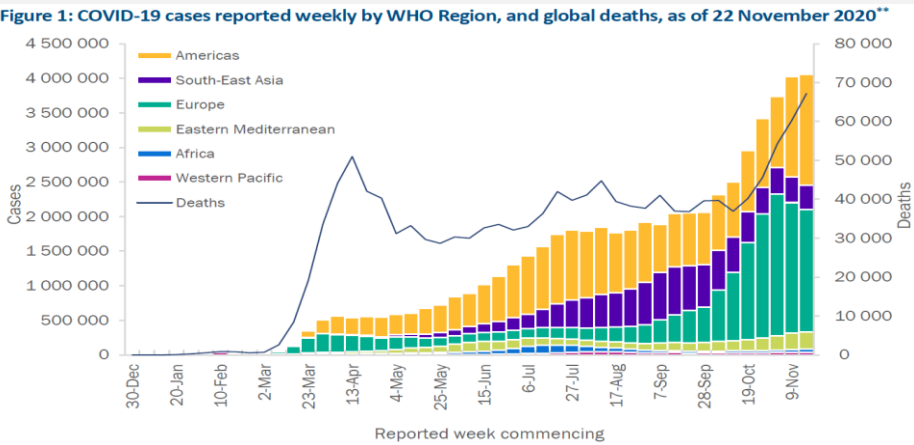
This past week, the global acceleration in case incidence has slowed down, with around 4 million new cases reported; however, death rates continue to increase with over 67 000 new deaths reported.

The **European** and **South East Asia Regions** continued downward trends in weekly cases; however, the European Region remains the largest contributor to new cases and new deaths in the past 7 days.

The **Region of the Americas** reported increases in both new cases and new deaths and the Region continues to account for the greatest proportion of cumulative cases and deaths.

While cases numbers remain relatively low, the **African Region** reported the highest increase in new cases (15%) and deaths (30%) this week.

The **Eastern Mediterranean** and **Western Pacific regions** also reported an increase in new cases and deaths this week.



- In the past week, the **five countries** reporting the highest number of cases were:
- **United States of America**; reporting over 1.1 million cases, a 14% increase from the previous week,
  - **India**; reported over 280 000 cases, an 8% decrease,
  - **Italy**; reported over 230 000 new cases, a 3% decrease,
  - **Brazil**; reported over 200 000 new cases, a 17% increase and
  - **France**; reported over 170 000 new cases, a 16% decrease.

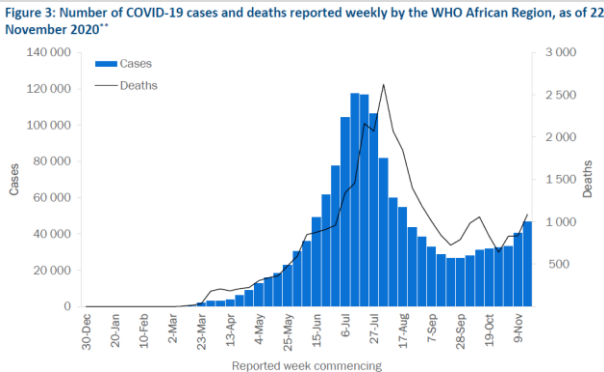
## Vaccination of COVID-19 in Africa

According to experts, corona vaccinations will not be available to the population in Africa until the end of 2021 at the earliest. One of the reasons for this are logistical challenges. Among other things, the vaccines need to be refrigerated and two doses are needed to provide real protection. The currently most developed vaccine must be transported and stored at temperatures of minus 70. This requires suitable airlines, storage capacities in the country and transport systems to bring the vaccines to the distribution centres. Furthermore, only a few countries are financially able to buy the vaccines directly from the manufacturers.

## African Region

In the African Region, the weekly incidence of new cases reached over 47 000 this week with around 1000 new deaths reported, accounting for 15% and 30% relative increases when compared to the previous week, respectively. The highest new case and death counts were reported in **South Africa, Algeria and Kenya**.

In **Rwanda** this week, cases have increased by 25%, with 226 new cases (17.4 cases per 1 million population) reported. Local authorities are enhancing preventative measures in prisons and detention centres following three outbreaks reported in Kigali, Southern and Eastern provinces.



In **Zimbabwe**, 334 new cases (22.5 cases per 1 million population) were reported this week, with a gradual increase being observed in recent weeks after an initial wave of cases earlier this year. In Matabeleland Northern Province in the North West of the country, there have been reports of a cluster of confirmed cases affecting approximately 100 students at a boarding school, resulting in the closure of the school. Overall, the country has reported over 9 000 confirmed cases and nearly 300 deaths. The characteristics of the cases show most cases (57%) occur in those aged 20-40 years with a greater proportion of females in older age groups. Deaths are largely occurring in those aged 40-80 years and males account for a greater percentage of deaths in these age groups.

| Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 22 November 2020** |                              |                                      |                      |                               |                                      |                       |
|---------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------|----------------------|-------------------------------|--------------------------------------|-----------------------|
| WHO Region                                                                                                          | New cases in last 7 days (%) | Change in new cases in last 7 days * | Cumulative cases (%) | New deaths in last 7 days (%) | Change in new deaths in last 7 days* | Cumulative deaths (%) |
| Europe                                                                                                              | 1 771 673 (44%)              | -6%                                  | 16 873 383 (29%)     | 32 684 (49%)                  | 10%                                  | 375 368 (27%)         |
| Americas                                                                                                            | 1 603 498 (39%)              | 11%                                  | 24 563 600 (42%)     | 22 005 (33%)                  | 15%                                  | 697 740 (51%)         |
| South-East Asia                                                                                                     | 351 822 (9%)                 | -6%                                  | 10 367 553 (18%)     | 4706 (7%)                     | 4%                                   | 158 566 (12%)         |
| Eastern Mediterranean                                                                                               | 250 746 (6%)                 | 5%                                   | 3 796 649 (7%)       | 6299 (9%)                     | 10%                                  | 96 354 (7%)           |
| Africa                                                                                                              | 47 106 (1%)                  | 15%                                  | 1 446 041 (2%)       | 1088 (2%)                     | 30%                                  | 32 538 (2%)           |
| Western Pacific                                                                                                     | 36 046 (1%)                  | 9%                                   | 834 216 (1%)         | 439 (1%)                      | 1%                                   | 16 816 (1%)           |
| Global                                                                                                              | 4 060 891 (100%)             | 1%                                   | 57 882 183 (100%)    | 67 221 (100%)                 | 11%                                  | 1 377 395 (100%)      |

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update---24-november-2020>



# Subject in Focus:

## Projections of COVID-19 in the EU

In May 2020, ECDC produced a set of short-term forecasts of the expected number of COVID-19 cases, deaths and hospitalised cases. It has been update in September 2020 and the new update gives a slightly longer-term projections for each country, up until 25 December 2020.

Mathematical modelling of SARS-CoV-2 transmission and associated COVID-19 disease is used to assess the potential progression of the epidemic within a population and to inform decision-making on potential interventions to ensure public health. The model was developed at ECDC and applied at a national level for EU countries and the UK. The model is based on the epidemiological data and scientific evidence available at the time of publication. Since the publication of ECDC's projections in September 2020, further structural changes have been made to the model, reflecting the unfolding epidemiological situation. Further developments are anticipated as new information and epidemiological data become available.

In the new model ECDC continue to model a baseline 'status quo' scenario, assuming all control measures in place in early November 2020 will be continued until the end of the projection period. However, they also include an alternative scenario which illustrates the potential impact on the number of cases, hospitalisations and deaths if the population returned to the behaviour they practised on 1 April 2020. It also illustrate the potential impact on hospitalisation rates if recently-implemented response measures are lifted before Christmas.

### Projections of COVID-19 cases and deaths

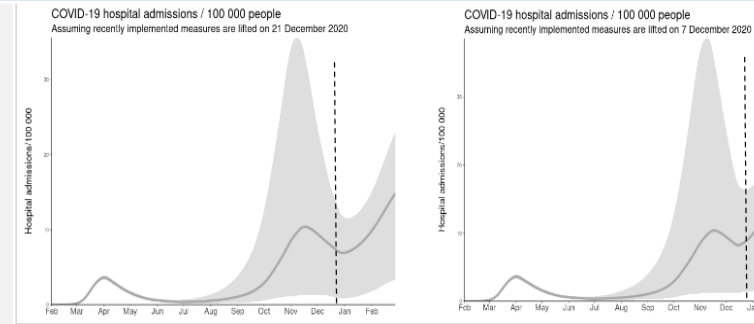
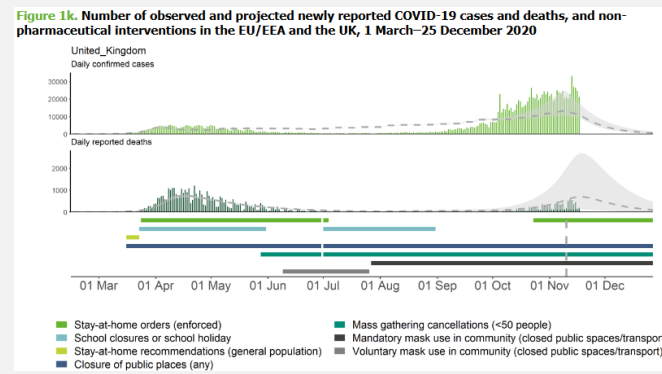
By the end of October 2020, a resurgence of confirmed COVID-19 cases and associated hospitalisation and death had been observed in every EU/EEA country and the UK. The increase in testing rates is clearly no longer sufficient to explain the increased number of confirmed cases, implying that transmission of the virus has increased. The model projections show that, in the absence of new or reinstated measures, the increase can be expected to continue. Since the new policy changes of most countries just have been enacted in recent days, their impact cannot yet be fully observed and this is reflected in the uncertainty intervals around the projected trends

In addition to the baseline projections, the model also include projections for a potential scenario where, from 19 November 2020, contact rates return to the levels of 1 April 2020. For the countries that have recently introduced stricter measures, this mirrors closely the baseline projection. For countries that have not made changes to policy in recent weeks, it could be considered as the maximum extent to which the current resurgence could be reduced.

Data on the number of confirmed cases is most affected by differences in testing policy and healthcare-seeking behaviour both over time and between countries. Mortality data gives the strongest signal of the impact of the virus on the population since a death due to COVID-19 is more likely to be confirmed with certainty than a mild case.

### Potential resurgence as a result of lifting measures before Christmas

There is much discussion globally regarding the potential consequences of lifting measures for the Christmas period so that people are freer to meet and celebrate with their friends and family. The potential impact on hospitalisation rates if the measures introduced in October and November 2020 are lifted fully on 21 December, or earlier on 7 December was evaluated. For this analysis, only the EU/EEA Member States that have introduced new measures in that period were included.



### Effect of non-pharmaceutical interventions

The estimation of the reproduction number,  $R$ , for each country at each time point in the model, allows to infer changes in the contact rate between people.

Figure 4, presents the normalised number of contacts between individuals over time. The initial response measures led to a dramatic decrease in the number of people that each person met. However, as a result of lifting measures, and of returning to school and work after the summer holidays, it is estimated that people in approximately two thirds of countries returned close to their baseline level of contacts. The re-introduction of more stringent measures in several countries at the end of October and beginning of November has resulted in a second reduction in the number of contacts that people make. In some countries, namely those that have re-implemented stay-at-home orders, this reduction is comparable with the behaviour seen in April.

### Summary:

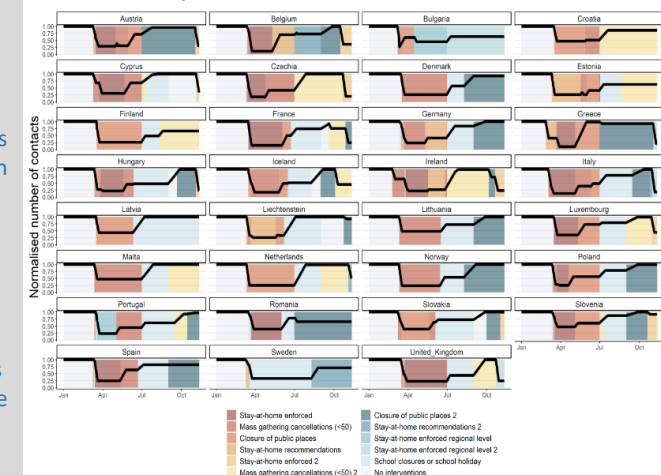
Given the response measures currently in place, the model foresee that more than half of EU/EEA Member States will observe a reduction of more than 50% in the daily number of confirmed cases, and a subsequent reduction in associated hospital demand and death. More than two thirds of Member States are expected to see some decline in the daily rate of confirmed cases as a consequence of current policy. If behaviour returned to that of 1 April 2020, when the most stringent measures were in place across Europe, then all countries would be expected to see a decline in COVID-19 incidence.

ECDC anticipate that if countries that have implemented new response measures in October or November were to lift those measures on 21 December 2020, allowing people to meet more freely again, there would be a subsequent increase in COVID-19 hospital admissions in those countries as early as the first week of January 2021. If the measures were lifted on 7 December this increase in hospitalisation may start to occur before 24 December.

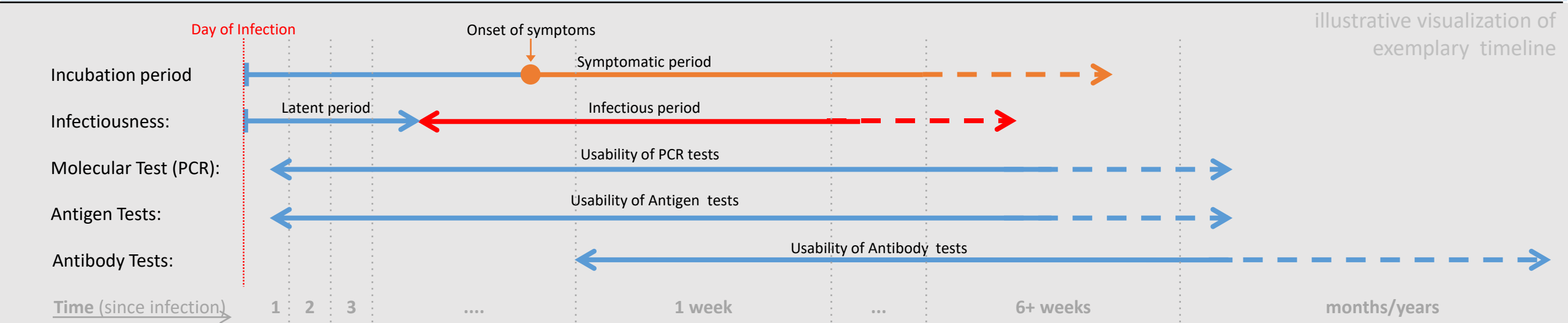
Source: <https://www.ecdc.europa.eu/en/publications-data/covid19-updated-projections-november-2020>

If recently introduced measures are lifted on 21 December 2020, it is foreseen that an increase in COVID-19 hospitalisation may occur as early as the first week of January 2020. If measures were lifted earlier, on 7 December 2020, the associated increase may begin before 24 December. It should also be noted that as the incidence rate will still be falling in December 2020, reducing restrictions earlier will lead to a more rapid increase in case numbers, hospitalisations and death.

**Figure 4. Effect of non-pharmaceutical interventions on the number of contacts between individuals in the EU/EEA and the UK in the period between 1 March and 17 November 2020**



# Timeline COVID-19 infection



|                                   | Molecular Tests                                                                                                           | Antigen Tests                                                                                                                                                                                                                                                                               | Antibody Tests                                                                                      |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Also known as:                    | RT-PCR                                                                                                                    | Rapid diagnostic test                                                                                                                                                                                                                                                                       | Serological test, serology, blood test, serology test                                               |
| Applicable period:                | From infection until at least 6 weeks after being symptom free                                                            | From infection until at least 6 weeks after being symptom free                                                                                                                                                                                                                              | As soon as 1 or 2 weeks after infection                                                             |
| How the sample is taken:          | Nasal or throat swab (most tests)<br>Saliva (a few tests)                                                                 | Nasal or throat swab                                                                                                                                                                                                                                                                        | Finger stick or blood draw                                                                          |
| How long it takes to get results: | Several hours                                                                                                             | Fast < 1h                                                                                                                                                                                                                                                                                   | Several hours or days                                                                               |
| Is another test needed:           | A second test is only needed to rule out false positive results                                                           | Positive results are usually accurate but negative results may need to be confirmed with a molecular test.                                                                                                                                                                                  | Sometimes a second antibody test is needed for accurate results.                                    |
| What it shows:                    | Active coronavirus infection (i.e. <b>presence of SARS-CoV-2</b> )                                                        | Active coronavirus infection (i.e. <b>presence of protein fragments of SARS-CoV-2</b> )                                                                                                                                                                                                     | If you've been <b>infected by coronavirus in the past</b>                                           |
| What it can't do:                 | Show if you ever had COVID-19 or were infected with the coronavirus in the past.<br>Show if you are currently infectious. | Definitively rule out active coronavirus infection. Antigen tests are more likely to miss an active coronavirus infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19. | Diagnose active coronavirus infection at the time of the test or show that you do not have COVID-19 |

Sources:  
<https://www.fda.gov/consumers/consumer-updates/coronavirus-testing-basics>  
<https://www.sciencemediacenter.de/alle-angebote/fact-sheet/details/news/verlauf-von-covid-19-und-kritische-abschnitte-der-infektion/>  
<https://www.apotheken-umschau.de/Coronavirus/Corona-Nachweis-Die-Testverfahren-im-Ueberblick-558071.html#Die-Testverfahren-im-Ueberblick>

## In the press

This section aims at summarizing trending headlines with regards to COVID-19. The collection does not aim at being comprehensive and we would like to point out that headlines and linked articles are no scientific material and for information purposes only. The headlines and linked articles do not reflect NATO's or NATO MilMed COE FHPB's view. Feedback is welcome!

21<sup>st</sup> November 2020

**BBC**

### **Covid: Jab for people who cannot be vaccinated trialled**

<https://www.bbc.com/news/health-55022288>

25<sup>th</sup> November 2020

**South China Morning Post**

### **WHO names line-up for international team looking into coronavirus origins**

<https://www.scmp.com/news/china/science/article/3111314/who-names-line-international-team-looking-coronavirus-origins>

26<sup>th</sup> November 2020

**Financial Times**

### **Chinese media step up campaign to muddy probe into Covid origins**

<https://www.ft.com/content/edda14d0-145b-42e4-a1d2-4d64ab73bda1>

26<sup>th</sup> November 2020

**DW**

### **Coronavirus: Germany seeks EU-wide ban on ski trips**

<https://www.dw.com/en/coronavirus-germany-seeks-eu-wide-ban-on-ski-trips/a-55732273>

26<sup>th</sup> November 2020

**Financial Times**

### **Doubts raised over AstraZeneca-Oxford vaccine data**

<https://www.ft.com/content/4583fbf8-b47c-4e78-8253-22efcfa4903a>

27<sup>th</sup> November 2020

**Aljazeera**

### **S Korea foils N Korea attempt to hack COVID-19 vaccine makers**

<https://www.aljazeera.com/news/2020/11/27/n-korea-attempted-to-hack-south-korea-covid-19-vaccine-study>

26<sup>th</sup> November 2020

**Aljazeera**

### **COVID-19: Culled mink resurface after burial in Denmark**

<https://www.aljazeera.com/news/2020/11/26/covid-19-culled-mink-resurface-after-burial-in-denmark>

22<sup>th</sup> November 2020

**The Guardian**

### **Why the race to find Covid-19 vaccines is far from over**

<https://www.theguardian.com/world/2020/nov/22/why-the-race-to-find-covid-19-vaccines-is-far-from-over>

# The new normal!

## THE NEW NORMAL



**Be a role model.** Show others the importance of cleaning hands, covering coughs and sneezes with a bent elbow, maintaining a distance of at least 1 metre from others and cleaning frequently touched objects and surfaces regularly.

Don't just say it,  
**Do it!**

#StaySafe



In some places, as cases of COVID-19 go down, some control measures are being lifted.

**But this doesn't mean we should go back to the 'old normal'.**

**If we don't stay vigilant and protect ourselves and others, coronavirus cases may go up again.**

If we stop following the key protective measures, coronavirus can come rushing back.

**Now, more than ever, it's important that we all follow our national health authority's advice and be part of helping to prevent coronavirus transmission.**

Wherever you are, you still need to protect yourself against COVID-19.

**Even as restrictions are lifted, consider where you are going and stay safe.**



## Avoid the Three C's



Be aware of different levels of risk in different settings.

There are certain places where COVID-19 spreads more easily:



**Crowded places**

with many people nearby



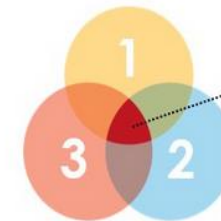
**Close-contact settings**

Especially where people have close-range conversations



**Confined and enclosed spaces**

with poor ventilation



The risk is higher in places where these factors overlap.

**Even as restrictions are lifted, consider where you are going and #StaySafe by avoiding the Three C's.**

## WHAT SHOULD YOU DO?



Avoid crowded places and limit time in enclosed spaces



Maintain at least 1m distance from others



When possible, open windows and doors for ventilation



Keep hands clean and cover coughs and sneezes



Wear a mask if requested or if physical distancing is not possible

**If you are unwell, stay home unless to seek urgent medical care.**





# The perfect wave – why masks are still important



## NEW STUDY ON MOUTH NOSE PROTECTION AND SOCIAL DISTANCING

Unfortunately, in the epicenter of the new hot spots areas often enough people are seen who do not adhere to the still valid protective regulations such as social distancing and the correct wearing of a nose and mouth protection. It could be as simple as that - [new studies](#) show that these two measures make a significant contribution to reducing the probability of transmission.

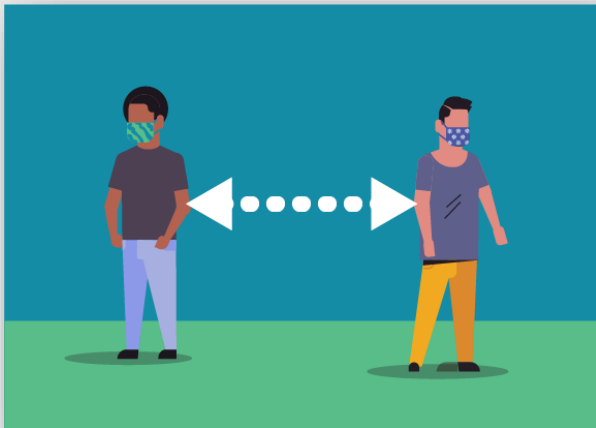
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

**Medical face masks (MNS; surgical (surgical) masks);** are primarily used for third-party protection and protect the person against the exposure of potentially infectious droplets of the person wearing the face mask. Corresponding MNS protect the wearer of the mask if the fit is tight, but this is not the primary purpose of MNS. This is e.g. used to prevent droplets from the patient's breathing air from getting into open wounds of a patient. Since, depending on the fit of the medical face mask, the wearer not only breathes in through the filter fleece, but the breathing air is drawn in as a leakage current past the edges of the MNS, medical face masks generally offer the wearer little protection against aerosols containing excitation. However, you can protect the mouth and nose area of the wearer from the direct impact of exhaled droplets from the other person as well as from pathogen transmission through direct contact with the hands.

**Particle-filtering half masks (FFP masks);** are objects of personal protective equipment (PPE) in the context of occupational safety and are intended to protect the wearer of the mask from particles, droplets and aerosols. The design of the particle-filtering half masks is different. There are masks without an exhalation valve and masks with an exhalation valve. Masks without a valve filter both the inhaled air and the exhaled air and therefore offer both internal and external protection, although they are primarily designed for internal protection only. Masks with valves only filter the inhaled air and therefore **offer no external protection!!!**

As a large number of unrecognized people move around in public spaces without symptoms, mouth and nose protection protects other people, thereby reducing the spread of the infection and thus indirectly reducing the risk of becoming infected

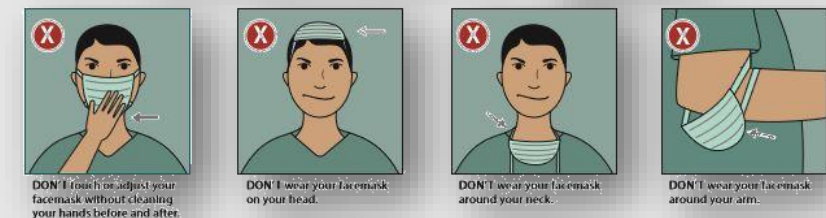
|                         | Mouth and nose protection | FFP2/FFP3 mask without valve | FFP2/FFP3 mask with valve |
|-------------------------|---------------------------|------------------------------|---------------------------|
| Protects wearer of mask | limited                   | ✓                            | ✓                         |
| Protects periphery      | ✓                         | ✓                            | ✗                         |



Due to the occasion, it should be pointed out again and again, also by executives, that the correct way of wearing the mask is essential to achieve maximum protection. The mask wrong, e.g. for example, wearing it under the nose means accepting a possible infection of others.

FFP2 / 3 masks are still considered deficient equipment and should be kept available for healthcare workers and emergency services.

### When wearing a facemask, don't do the following:





#### Air policing Baltic Sea, Lithuania/Estonia:

Currently **low to moderate risk** for transmission.

LTU implemented travel restrictions, but not for NATO troops.

Soldiers will be quarantine for 14 days after entry. EST reintroducing border controls with all neighboring countries. No exit ban will be imposed.

#### KFOR:

Currently **high risk** for transmission.

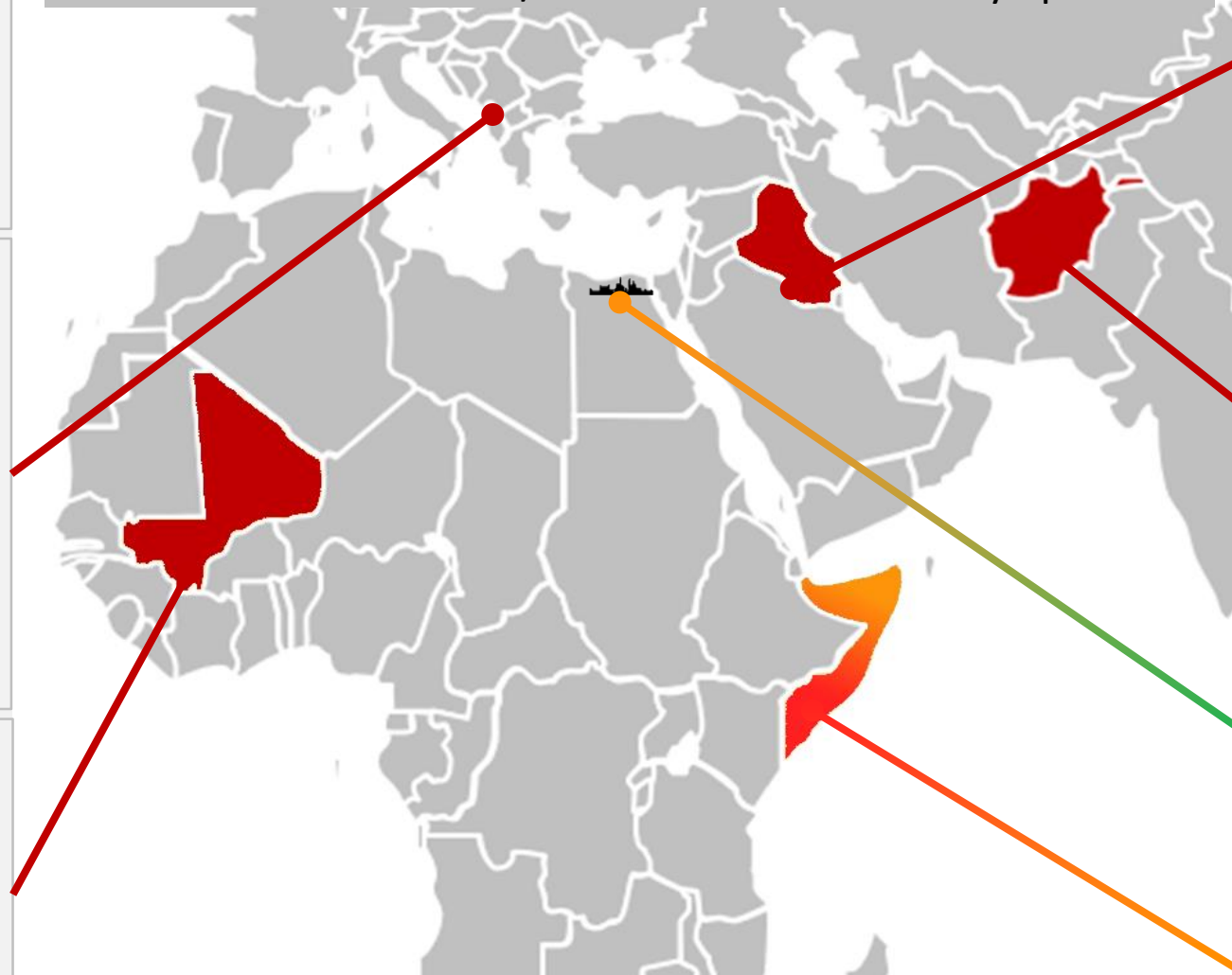
COM KFOR limited access to the camps to essential staff only, and transport outside of camps to mission essential travel only. Social distancing measures and shifts for work are implemented. Also DFAC and restaurants implemented social distancing and some other measures. Face covers have to be worn whenever social distancing cannot be adhered to. Non-essential meetings are moved to VTC or canceled. Social events are canceled. 14 day quarantine and a negative COVID-19 PCR test within 72 hr of arrival are required for in-processing personnel, negative COVID-19 PCR test within 72hr of arrival is required for personnel returning from leave longer than 96 hrs.

#### EUTM MLI:

Currently **high risk** for transmission.

Dir MPCC gave a strong recommendation, in close coordination with the participating nations, to postpone staff rotation and suspend personal leave. Most nations are in line with the recommendations. An FHP-officer is on the side. Nations are ensuring that they are sending personnel who are COVID-19 free. If the Mission is not assured that an individual or group arrives COVID-19 free, then those personnel will quarantine for 14 days. All measures are written in the COVID-19 Action plan

## Risk Assessment of NATO-/EU- Missions screened by EpiNATO-2



#### NATO Mission Iraq:

Currently **high risk** for transmission.

Training of locals currently suspended. Some nations already implemented bans for leaving the camp. IRQ closed their airports for public transportation. Curfews are in place, interprovincial movement is restricted.

#### Resolute Support Afghanistan:

Currently **very high risk** for transmission.

RS implemented preventive measures, only on “mission essential engagements”. Contact to locals is allowed but social distancing is to keep in mind due to the high number of assumed cases in the whole country. Some nations already put incoming soldiers under a 14 days quarantine.

#### Operation Sea Guardian:

Currently **low to moderate risk** for transmission.

MARCOM prohibited non-mission essential duty travels. Mission essential travels must be approved by COS MARCOM. A 14 day self quarantine are ordered to those who have traveled. Social distancing orders are in place. Management regulations of handling of suspected/contact cases are in place.

#### Somalia:

Currently **moderate to high risk** for transmission. As long as returning NATO personal will be screened or quarantined. Exact implemented measures are not known.

Foreign travelers who have been in China, Iran, Italy or South Korea (including if they have transited through the aforementioned countries) in the 14 days prior to arrival will be denied entry. Somali nationals will be quarantined

The assessment for the countries results from differentiated consideration of the local conditions. On the one hand, the capacities and skills of the civil health system, the cross-section of the population and the current number of cases in the individual countries are considered. On the other hand, the operating conditions and profile, and any preventive measures already taken (Force Health Protection). This results in an objective risk assessment. Due to the short-term change in the information situation, the assessment can also change significantly within a short period of time. If you have any questions, please do not hesitate to contact us.

Shading/gradient fill of areas does not reflect a regional risk assessment but illustrates the country-wide assessment, e.g. areas shaded green to orange do not have low risk in the green areas and moderate risk in the orange areas but “low to moderate” risk country-wide.