Update 49 (8th of December 2020)

Information about Infection disease
COVID-19 (novel coronavirus)

Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich
8th of December 2020
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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

- **Great Britain** is the first Western European country to start a large-scale vaccination campaign against the novel coronavirus. Initially, 800,000 vaccine doses are to be administered. People over the age of 80 as well as health and care staff are vaccinated first.
- **WHO**: has spoken out against a general compulsory corona vaccination. In certain professional fields such as intensive care medicine, however, it can be useful to prescribe or strongly recommend a vaccination.
- **Unicef**: Around 320 million children were unable to receive lessons in their schools because of the corona pandemic at the beginning of December. This affects almost every fifth school child worldwide. That is almost 90 million more children affected by school closings than at the beginning of November.
- **EU/AU** sign partnership to scale up preparedness for health emergencies. Entitled 'EU for health security in Africa: ECDC for Africa CDC', this four-year partnership project aims to contribute to strengthening Africa CDC capacities in preparedness and response to health threats, contribute to facilitating harmonised surveillance and disease intelligence of prioritised outbreak-prone communicable diseases at continental level, and support the implementation of Africa CDC's public health workforce development strategy.
- **CDC**: updated the Interim Guidance for Antigen Testing for SARS-CoV-2 on Dec. 5, 2020 and the COVID-19 Testing Overview on Dec. 7 2020.

GLOBALLY ↗ **67 621 954** confirmed cases **43 564 350** recovered **1 545 336** deaths
EU/EEA and the UK ↘ **19 518 558** confirmed cases **8 451 350** recovered **444 437** deaths
USA ↗ **(new cases/day 179 686)** **14 887 779** confirmed cases **5 658 880** recovered **282 399** deaths
India ↘ **(new cases/day 32 981)** **9 703 770** confirmed cases **9 178 946** recovered **140 958** deaths
Brazil → **(new cases/day 26 363)** **6 623 911** confirmed cases **5 897 526** recovered **177 317** deaths
Russia → **(new cases/day 27 798)** **2 466 961** confirmed cases **1 939 393** recovered **43 122** deaths
France → **(new cases/day 3 411)** **2 295 908** confirmed cases **170 285** recovered **55 521** deaths

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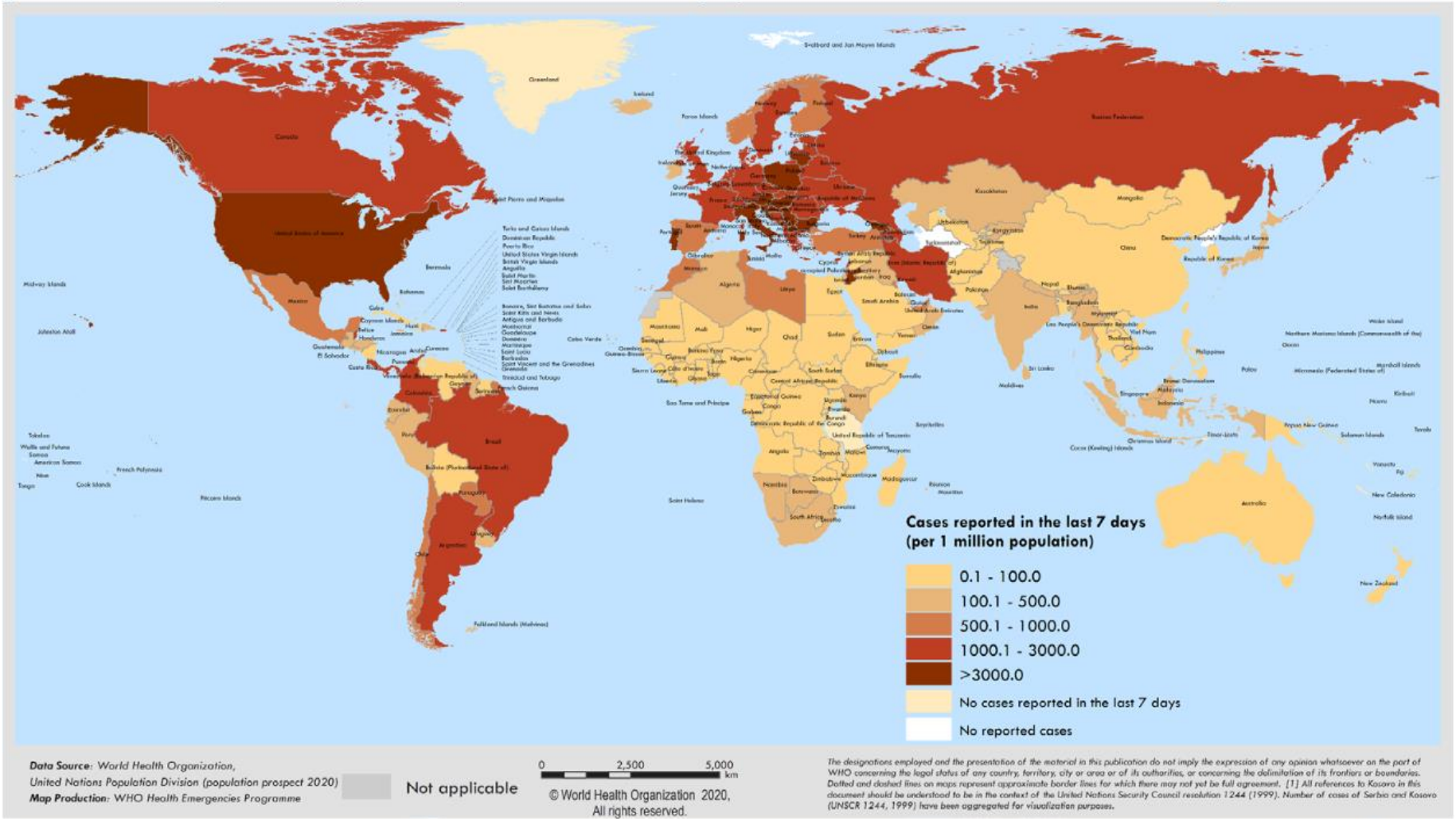
Map of countries with reported COVID-19 cases (last 7 days)



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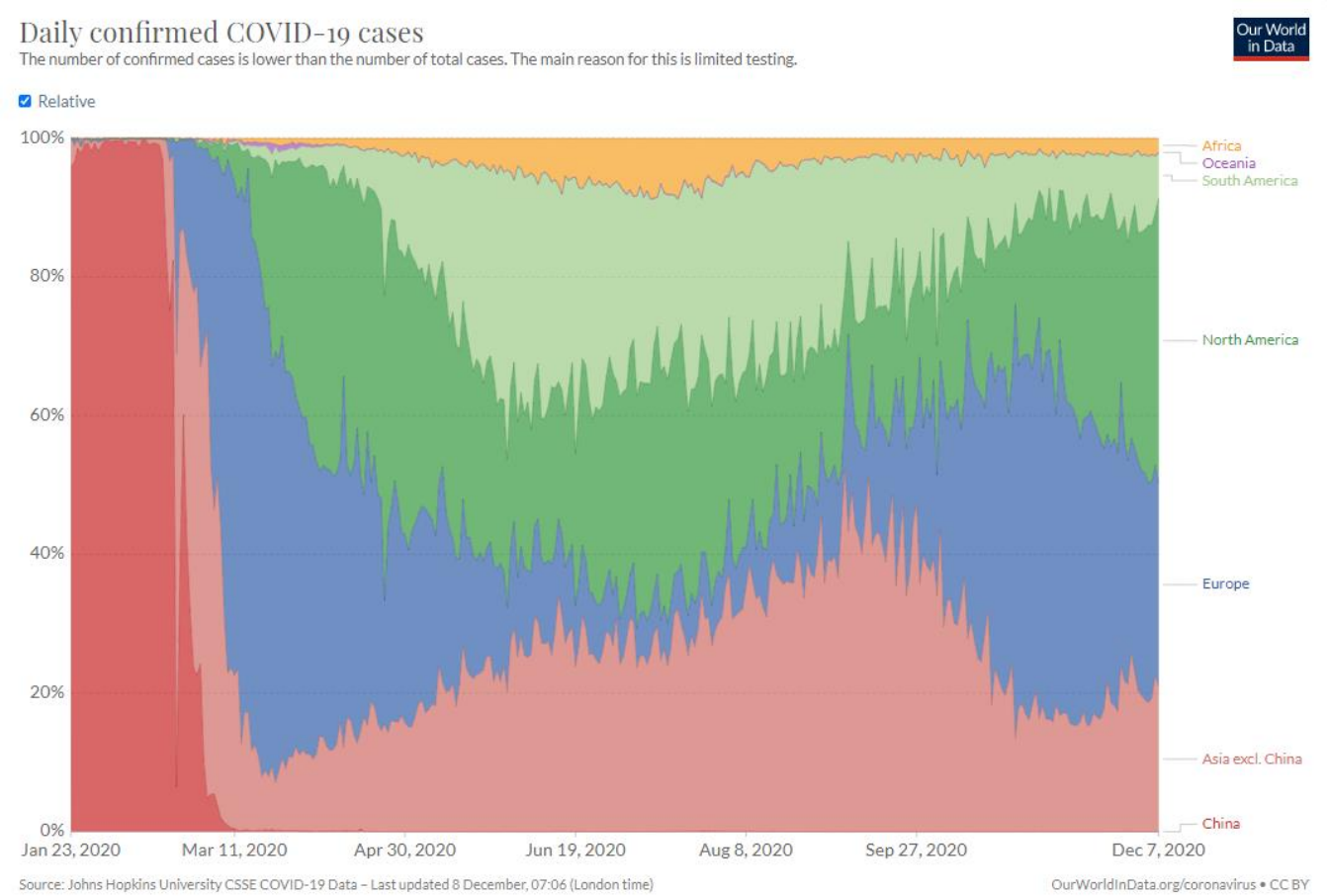
Worldwide Situation

Global Situation



WHO weekly operational update on COVID-19 as of 7th December 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.

Christmas Behavior Study:

A study on behalf of the University of the Federal Armed Forces in Munich with 1137 participants shows that a large part of the interventions are willing to break the corona rules at Christmas, which have actually been found to be good. More than three quarters of those surveyed supported the measures to contain the pandemic. 42 percent may want to disregard applicable rules. The overlap between the two groups is 25 percent. The willingness to break the rules is particularly given when people consider the rules to be excessive or are sure that nothing can happen. An above-average number of people wrongly believe that they can assess a situation like this better than other people - which is why they approve of prohibitions for other people but disregard them themselves. Second, it is very likely that more people will disobey the rules if they notice that other people are doing the same.

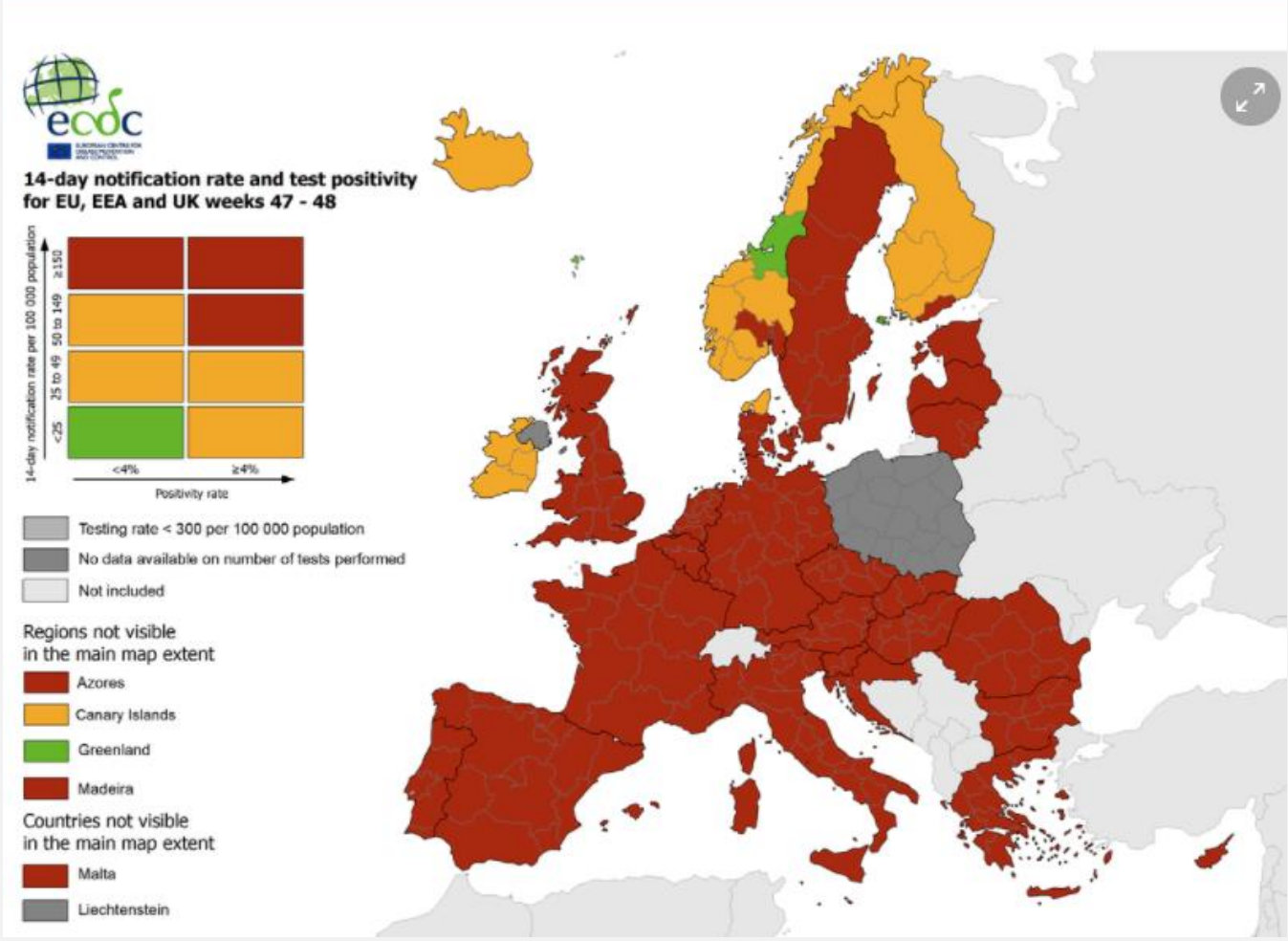
Country reports:

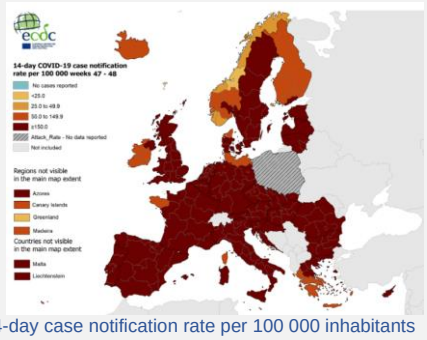
KOR: The region of the capital Seoul has been declined a "COVID-19 war zone". The population is warned to behave carefully. The country could see itself forced to tighten the restrictions on social life further in order to prevent the rise in cases in the greater Seoul area from explosively turning into a nationwide major outbreak that brings the health system to collapse. The South Korean health authorities had previously counted more than 600 new cases in 24 hours with 615 new infections with the corona virus. It was the 30th day in a row with a three-digit number of new infections. Almost 80

	percent of the cases occur in the densely populated greater Seoul area, where a good half of the approximately 51 million inhabitants live. --- **PAK**: In view of the increasing number of corona cases, hospitals are reaching their capacity limits. The clinics are overcrowded with seriously ill COVID-19 patients. In addition, there is a shortage of ventilators and in some places also of oxygen bottles. --- **ISR**: As part of a gradual relaxation of the Corona measures, the middle schools in Israel have been reopened. Around 400,000 7th to 9th grade students who had been taught online for months are now receiving face-to-face lessons on a daily basis. Younger and older students were allowed to go back to school earlier. At its peak to date, the number of new infections in Israel had exceeded 9,000 cases in a day. After a second nationwide lockdown, it dropped to several hundred. After gradual easing, the number is now increasing again. Recently, there was speculation about a third part lockdown. The corona numbers had also risen significantly in the Palestinian territories recently. --- **JAP**: wants to stimulate the corona-plagued economy with another huge stimulus package. The government announced a package with a total volume of 73.6 trillion yen (583 billion euros), which the cabinet intends to approve during the day. The aim is to secure employment, give companies a helping hand, revitalize the economy and pave the way for growth using environmentally friendly and digital technologies. --- **USA:** The third day in a row, the USA registered a new high in the number of new corona infections. …….. The US chief immunologist Anthony Fauci has warned of a drastic increase in corona infections ahead of the upcoming holiday season in the US. Due to the volume of travel around Christmas and New Year, the conditions for an increased spread of the coronavirus could even be greater than at Thanksgiving. By Thanksgiving, millions of people had ignored the recommendation to only celebrate with members of their household. It is a very critical time for the USA. It is more important than ever to adhere to precautionary measures such as avoiding meeting inside, wearing face masks or rules about keeping a safe distance from other people. --- **PSE:** According to the authorities, the central corona laboratory in the extremely densely populated area has run out of test options. Since no material has been replenished for 4 days, testing for the virus in the cordoned off area is currently inactive.

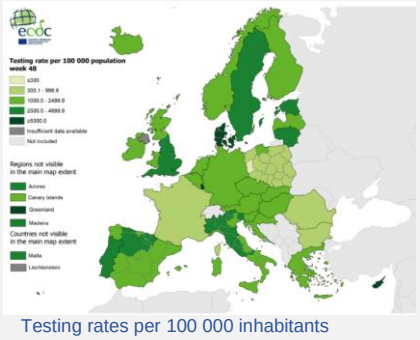
Situation in Europe

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 03 December 2020

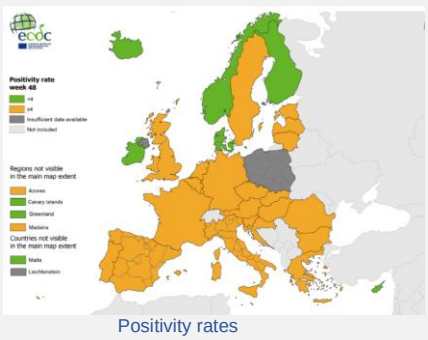




14-day case notification rate per 100 000 inhabitants



Testing rates per 100 000 inhabitants



Positivity rates

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ECDC COVID-19 surveillance report Week 48, as of 4 December 2020

Weekly surveillance summary

Overall situation

By the end of week 48 (ending Sunday 29 November 2020), many countries had started to observe a stabilisation or reduction in case notification rates, test positivity and new hospital/ICU admissions. Absolute values of these indicators remain high, even where they are stable or decreasing, suggesting that transmission is still widespread. Furthermore, case rates among older age groups and death rates are still increasing in 13 countries, while 11 countries are continuing to observe increases in hospital or ICU admissions and/or occupancy due to COVID-19.

Trends in reported cases and testing

- By the end of week 48 (29 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 473 (country range: 52–1 218) per 100 000 population. The rate has been decreasing for seven 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 five countries (Croatia, Estonia, Finland, Latvia and Lithuania). Two countries (Cyprus and Denmark) had increases of less than seven days' duration. Stable or decreasing trends in case rates of 1–24 days' duration were observed in 23 countries (Austria, Belgium, Bulgaria, Czechia, France, Germany, Greece, Hungary, Ireland, Italy, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, 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 22 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovenia and Spain).
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 48, available for 30 countries, varied from 706 to 12 880 tests per 100 000 population. Luxembourg had the highest testing rate for week 48, followed by Cyprus, Denmark, Malta and the UK.
- Among 24 countries in which weekly test positivity was high (at least 3%), four countries (Croatia, Latvia, Lithuania and Sweden) had positivity that had increased compared to the previous week. Test positivity remained stable or had decreased in 20 countries (Austria, Belgium, Bulgaria, Czechia, Estonia, France, Germany, Greece, Hungary, Italy, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and the UK).

Hospitalisation and ICU

- Pooled data from 18 countries for week 48 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 13 countries were 2.2 new admissions per 100 000, which is 59% 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.

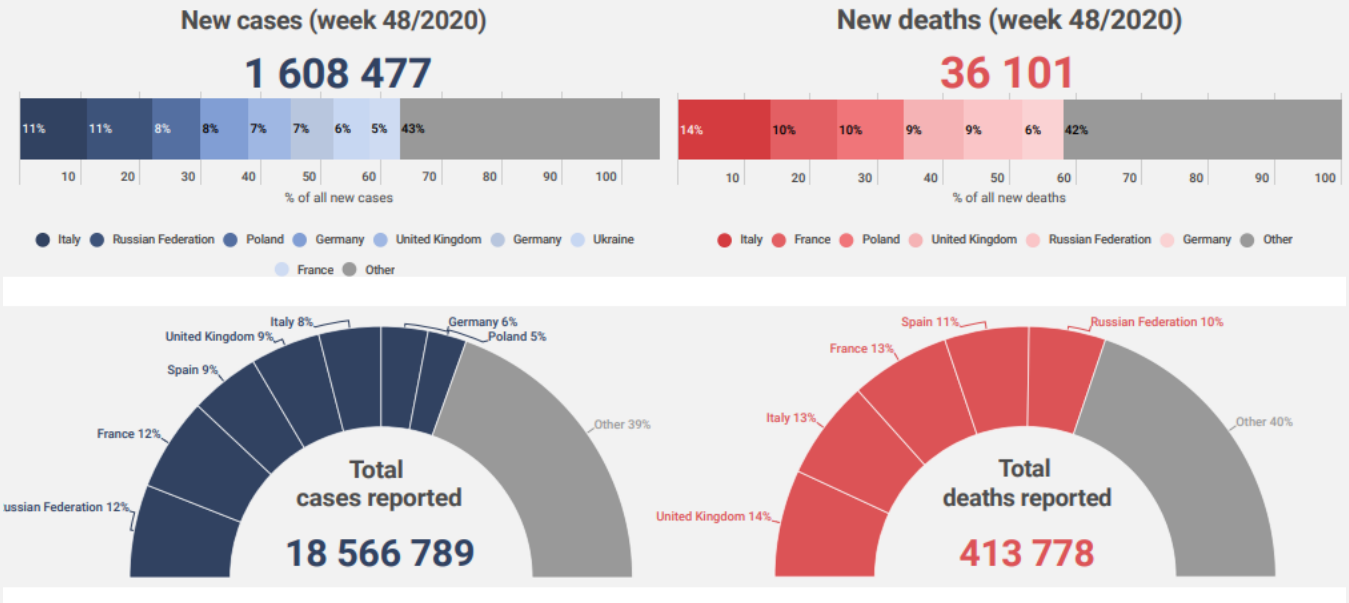
Mortality

- 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 104.6 (country range: 2.8–286.6) per million population. The rate has been stable for two days.
- Among 28 countries with high 14-day COVID-19 death rates (at least 10 per million), sustained increases (for at least seven days) were observed in 11 countries (Austria, Bulgaria, Croatia, Estonia, Germany, Greece, Italy, Latvia, Liechtenstein, Lithuania and Poland). Three countries (Denmark, Hungary and Slovenia) had increases of less than seven days' duration. Stable or decreasing trends in death rates of 1–10 days' duration were observed in 14 countries (Belgium, Cyprus, Czechia, France, Ireland, Luxembourg, Malta, the Netherlands, Portugal, Romania, Slovakia, Spain, Sweden and the UK).

Notes

- ECDC produces two separate weekly COVID-19 surveillance outputs (COVID-19 country overview and COVID-19 surveillance report) using data from a range of sources. The data behind most of the figures in the COVID-19 country overview are available to download in open data formats on ECDC's website.
- 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.

COVID-19 situation update for the WHO European Region (23 - 30 November 2020 Epi week 48)



89% of all deaths were in persons aged 65+

56% of all deaths were in men

96% of all deaths had at least 1 underlying condition

83% of all deaths had cardiovascular disease

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Country Reports:

DNK: Is tightening its corona restrictions due to increasing numbers of infections. A partial lockdown will be imposed on the three largest Danish cities. The capital Copenhagen as well as several surrounding communities, the western Danish city of Aarhus and the city of Odense in the center of the country.

DEU: On Monday, the first nationwide day of action to control and comply with the mask requirement in local public transport takes place. The responsible authorities and transport companies across Germany want to visibly increase their measures to implement the mask requirement as protection against the further spread of the corona pandemic. Wearing a mask is compulsory on all public transport. In the past few weeks, the federal police have already warned tens of thousands of train drivers and station visitors about violations.

……..

The continued high number of corona infections in Germany is noticeable in the clinics: there are currently 40 percent more COVID-19 intensive care patients in the ward than during the first wave of the pandemic in spring. In addition, there would be around 16,000 corona cases that would be treated on normal wards. More and more clinics are reaching their capacity limits or have already exceeded them.

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The DEU military wants to vaccinate around 18,000 people a day. The Bundeswehr is planning 26 vaccination stations across Germany, each of which will be operated by around 20 to 25 soldiers. The aim is to be operational by December 15th.

CZE: Despite Corona, the Czech Republic will open the country's ski areas on December 18.

AUT: The strict lockdown that has been in force since mid-November will be relaxed somewhat on Monday. The all-day curfew becomes a night curfew from 8 p.m. to 6 a.m., and all shops and hairdressers are allowed to reopen. In addition, people are allowed to meet again with members of another household. Museums and libraries are also allowed to reopen on Monday. Cultural events, on the other hand, are prohibited and cinemas are closed. Some sports such as ice skating, cross-country skiing, golf or athletics are again permitted under certain conditions. However, the ski areas may only open from December 24th, hotels and restaurants must remain closed until January 6th. The strict lockdown came into force on November 17th to contain the corona pandemic.

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The corona mass tests have started in Austria - and met with less interest than the government expected. In the first two days, around 300,000 people in the federal states of Vienna, Tyrol and Vorarlberg were examined for the virus after an initial overview. According to the city, the test stations in Vienna in particular were underutilized. 22,000 tests were carried out on Saturday, the capacity in the capital is 150,000 daily. Only a few infected people were found. Of the almost 160,000 people tested in Tyrol, 417 were positive. The country announced that this corresponds to 0.27 percent. The government hopes that at least several million people will be tested. The mass tests are an important part of the current anti-corona strategy, especially to discover those infected who are symptom-free.

PRT: The government has extended the Corona emergency until December 23. It is expressly pointed out that the emergency could be extended for a further two weeks. As part of the state of emergency, the second highest level of emergency, there have been strict restrictions on going out and curfew in large parts of Portugal since November 9, including in the capital Lisbon and the northern metropolis of Porto.

CHE: Ski areas in Switzerland will be open over the Christmas holidays. The government announced this on Friday. However, hygiene measures must be followed and capacities in trains or gondolas limited.

ITA: The number of corona deaths has exceeded the threshold of 60,000. Italy was the first country in Europe to be hit by the pandemic. In the second wave, the pressure on the hospitals had lessened again and the contagion curve flattened out. The strict corona restrictions have been relaxed in several regions. In Tuscany, Campania and the Aosta Valley, for example, people are again allowed to travel

	within their region, but are still not allowed to leave it. Retail is open again, only restaurants and bars have to remain closed. --- **GBR**: The first patient was immunized this morning, a 90 year old woman. The government in London announced that the over 80s and employees of the health system as well as the staff and residents of nursing homes had top priority. The vaccine from the Mainz-based company BioNTech and its US partner Pfizer should first be available in hospitals before supplies are distributed to doctors' offices. It is expected that around 800,000 doses of vaccine will be available within the first week. In total, the UK has ordered 40 million doses - enough to vaccinate 20 million people in the 67 million-strong country with the double dose required. The UK became the first country in the world to approve BioNTech and Pfizer's corona vaccine on Wednesday last week. --- **FRA:** Contrary to the trend of the past few days, the number of new infections in France is increasing again. --- **GRC:** The centrally prescribed lockdown extended to January 7th. This means that all non-essential public institutions and schools will remain closed, and the nationwide night curfew will also be extended. People who want to leave their home for reasons other than commuting must report this to the authorities by SMS.

Subject in Focus

Risk of COVID-19 transmission related to the end-of-year festive season	**Epidemiological situation for COVID-19in the EU and the UK** Notification rates started increasing across the EU and the UK in July, after a period of low notification rates in the late spring and early summer. All countries in the region have now exceeded the peaks observed during the first wave. Overall, the current epidemiological situation in the EU has recently been a decreasing trend in the 14-day COVID-19 notification rate and in the weekly test positivity proportion. However, the 14-day death notification rate that had been increasing for 72 days has only just begun to stabilise and the 14-day case notification rate for the EU remains high at 473 per 100 000 population in the week .The current situation varies considerably between Member States, with some Member States still observing increases in COVID-19 case notification rates, while others have observed decreasing rates. ECDC has developed epidemiological criteria to categorise the epidemiological situation in countries as being ‘of serious concern’, ‘of concern’, or having a stable situation. The epidemiological situation is of serious concern when high or increasing notification rates are observed among older age groups and/or in death rates. In addition, high rates of hospital and ICU admissions continue to be observed and the number of patients per capita in ICU due to COVID-19 continue to increase. **Measures implemented by countries** Following a resurgence of confirmed COVID-19 cases and associated hospitalisations and deaths in late October, many EU have scaled up non-pharmaceutical interventions. Measures implemented at the national level relate to further restrictions on public and private gatherings, the use of face masks, and actions for international travellers including advice to avoid unnecessary travel and to quarantine upon return. **Projections of COVID-19 activity in the EU** As we talked about in the Subject in Focus in the Update 47a, the projections were based on the response measures that were in place in each member state on 17 November 2020, and the assumption that these measures would be maintained until 25 December 2020. The model suggested that by 25 December 2020, as a consequence of maintaining the response measures in place on 17 November 2020 until 25 December 2020, over half of EU Member States would observe a reduction of more than 50% in the daily number of confirmed cases compared

with 22 November 2020, and an associated reduction in hospitalisations and deaths. Two alternative scenarios were modelled illustrating the potential resurgence of COVID-19 if the additional measures introduced by some Member States in October–November 2020 were to be lifted (entirely removed) prior to 25 December 2020.
The projections illustrate that:

- lifting these more recent measures on **21 December** may cause an increase in COVID-19 hospitalisations as early as the first week of January 2021
- lifting them on **7 December** may cause an increase in COVID-19 hospitalisations before 24 December2020
- the earlier measures are lifted, the larger and more rapid the increase in case numbers, hospitalisations and deaths would be.

Settings and activities with increased risk of COVID-19 transmission

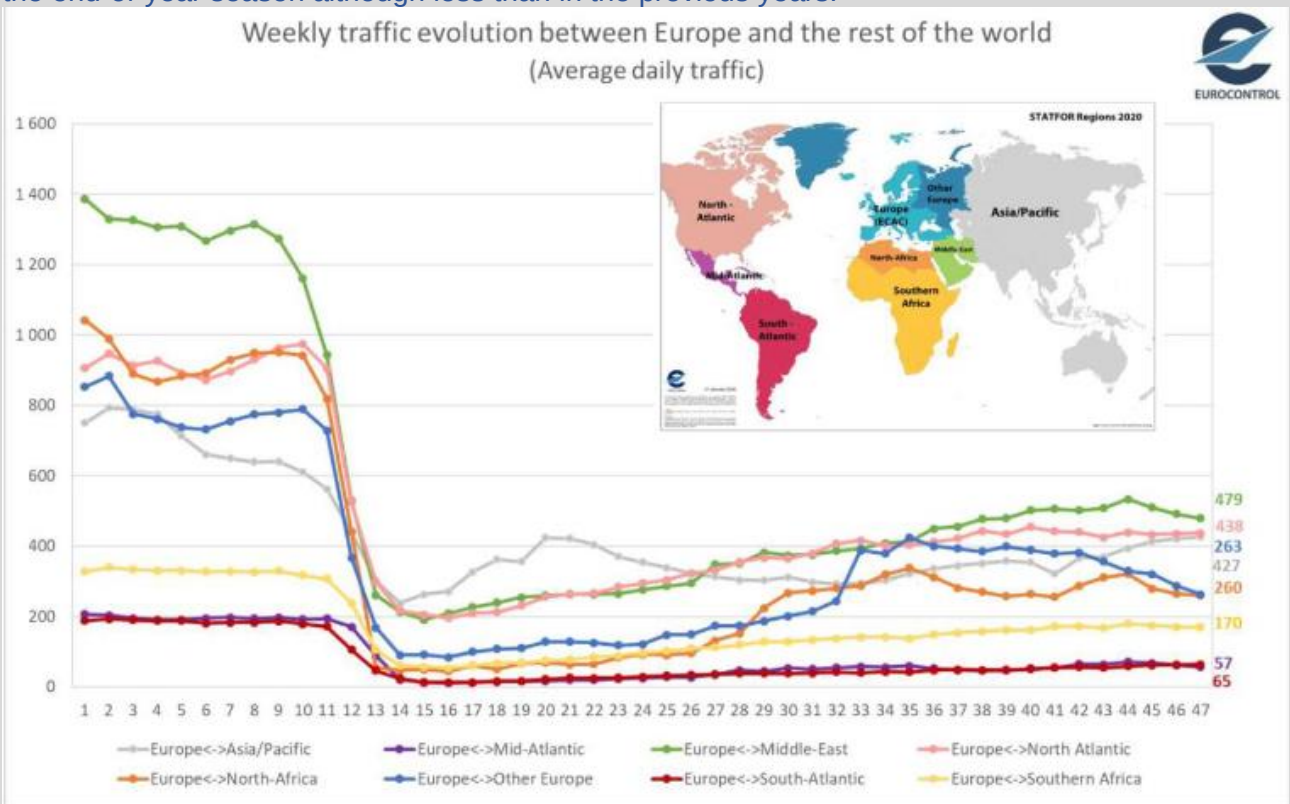
Traditionally, during the end-of-the year festive season, activities associated with more frequent social gathering and increased mobility of people are common. These activities can include taking part in various social and religious events and festivities, celebrations at the workplace, shopping and travelling (such as to warmer regions or winter-sports resorts).These activities and settings, which involve the gathering and mixing of people, increase the probability of close interpersonal contacts and the risk of COVID-19 transmission.

During the first wave, participation in recreational activities, such as winter sports was documented as an important driver of increased COVID-19 transmission, with subsequent COVID-19 superspreading events and/or clusters among people visiting ski resorts.

More generally, holiday settings have been shown to act as potential amplifiers of infections that transmit via close contact, due to the mixing of people belonging to different age groups. More recently, festive celebrations such as Thanksgiving in North America have been associated with an increase of COVID-19 cases. National holiday celebration in the US resulted in an increase in COVID-19 cases despite restrictions on events and other measures being recommended at the time.

Religious events and services have also been linked to an increase in COVID-19 transmission. Domestic and international trips usually peak in the summer and over the end-of-year festive season.

While people have travelled significantly less in 2020, it is expected that some travel will occur in the end-of-year season although less than in the previous years.



Sum up of threads due to behaviour in the end of year holiday season by ECDC

From the perspective of the upcoming end-of-year festive season, what is the risk of SARS-CoV-2 transmission to the general population and medically vulnerable individuals in the EU/EEA and the UK?

Epidemiological situation

High levels of transmission are a threat for healthcare capacity due to the increase of healthcare demand and the risk that more healthcare workers might be sick and isolated or quarantined. The bed and ICU occupancy rates are still increasing or remain high in many countries, and further increases may challenge healthcare capacity.

Gathering and events

Social gatherings and events that are traditionally common during the end-of-the-year season are associated with close contact between people (e.g. family members and/or friends, or unknown individuals) that do not normally meet in day-to-day life. Although the mobility and number of gatherings, events and the number of people participating in them is expected to be lower this year compared with previous years, more mobility and gatherings and consequent mixing of the population, compared with preceding weeks is to be anticipated during the end-of-year festive season, increasing opportunities for transmission.

Mobility

Increased mobility of people in shared transport to meet family and friends, attend gatherings, travel to winter-sport resorts or to warmer areas within their country, in Europe and/or other continents, also represents an additional opportunity offorCOVID-19 infection/transmission in shared transport and at gatherings at destination.

Measures implemented and compliance

If, in the context of the end-of-year festive season, any temporary loosening of rules on social gatherings and events is considered, it should be accompanied by clear and strict guidance on how to mitigate the associated risks.

Risk assessment:

Probability of infection with SARS-CoV-2;

The probability of infection with SARS-CoV-2 during the forthcoming end-of-year festive season is considered as ***very high*** both for the **general population** and the **medically vulnerable individuals**.

Impact of SARS-CoV-2 transmission;

Consistent with previous ECDC rapid risk assessments, and because of the threat of experiencing substantial **increases in healthcare demand** after the festive season, the impact of SARS-CoV-2 transmission during the forthcoming end-of-year festive season is assessed as ***moderate*** for the **general population** and ***very high*** for **medically-vulnerable individuals**.

Risk of transmission of SARS-CoV-2;

Given the current epidemiological situation and the measures implemented, and anticipating end-of-year festive season gatherings, events, mobility, and reports of fatigue to measures in the EU/EEA and the UK, the risk of transmission of SARS-CoV-2 to **the general population is** assessed as ***high***. For **vulnerable individuals**, including the elderly and people with underlying medical conditions, the risk is assessed as ***very high***.

Risk communication

The following key messages may be relevant in advance of the festive season, whereby people should be encouraged to:

- Reduce travel and social activities, and only engage in those that are genuinely important;
- Take extra precautions before meeting friends and family –where possible, for example, by self-isolating in advance, as per local recommendations–to minimise the potential risk of transmission;
- Consider alternative activities that can replace those traditionally practiced during the festive season, such as the creation or maintenance of small ‘social bubbles’ some time before and during the festive season, or online gatherings;

- Consider the potential consequences of infecting others and sparking a chain of transmission that could lead to severe disease or even death in some people;
- People with a positive test, or with symptoms compatible with COVID-19 and people in quarantine because of contact with COVID-19 cases should not travel or participate in any gatherings, irrespective of whether they have laboratory confirmation;
- Plan their end-of year activities taking into account physical distancing, mask wearing, hand and respiratory hygiene, reducing time spent indoors, and ensuring appropriate ventilation;
- Remember that treatments have been improving in recent months, and that there is also now the prospect that vaccines will start to become available early next year. Thus, there is room for some optimism, and we should use this to help us through the rest of the winter.

Non-pharmaceutical interventions to prevent increased transmission

- Ensuring physical distance, hand and respiratory hygiene, use of face masks and sufficient ventilation
- Limiting the size of cancelling of social gatherings and events
- Shielding medically and socially vulnerable populations
- Ensuring healthcare capacity and personnel
- Travel-related measures

Reinforcing testing, case isolation and contact tracing _Recommendation_

International travel restrictions, including border closures, would **not be expected** to have a significant impact on the evolution of the pandemic. The residual risk of imported cases should be managed through national public health resources for testing suspect cases, contact tracing, and subsequent isolation of cases and quarantine of contacts.

The *implementation of systematic testing or quarantine of travellers* is **not recommended**, except in specific epidemiological situations, as it may detract public health resources and laboratory capacity from essential public health activities, such as timely testing of possible cases in the community and high-risk settings, contact tracing, and cluster investigations.

Countries should ensure that there is *adequate staff capacity* taking into account holidays, surge capacity, adequate supplies of laboratory reagents, consumables and personal protective equipment, to prevent shortages and long result turn-around times that will limit the effective implementation of infection prevention and control measures.

People in quarantine

People that experience any **COVID-19 compatible symptoms** should **self-isolate for 10 days** from the onset of symptoms, if they cannot have laboratory confirmation or until they have a negative test result.

People that have been in **close contact** with **confirmed cases** within 10 days of their symptom onset should **quarantine for 14 days** or can discontinue quarantine on day 10 with a negative RT-PCR test.

ECDC has published guidelines for discharge and ending of isolation of people with COVID-19.

ECDC has published guidelines for contact tracing: public health management of persons, including healthcare workers who have had contact with COVID-19 cases in the European Union.

Rapid antigen tests

The use of clinically validated rapid antigen tests with adequate sensitivity and specificity (≥80% and ≥97%) can contribute to the strengthening of COVID-19 testing capacity, also offering advantages due to the shorter turnaround times (usually <30 minutes) and reduced costs, enabling rapid isolation and contact tracing of highly infectious cases.

It is important to note that rapid antigen tests perform best in cases with high viral load in pre-symptomatic and early symptomatic cases, up to five days from symptom onset. Trained healthcare or laboratory staff or trained operators are needed to carry out sampling, test analysis, interpretation and reporting of test results to clinical staff and public health authorities at local, regional, national and international level.

	ECDC has published guidelines for the use of rapid antigen tests in the EU/EEA and UK. Sources: https://www.ecdc.europa.eu/sites/default/files/documents/Risk-assessment-COVID-19-transmission-related-the-end-of-year-festive-season.pdf https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement https://www.ecdc.europa.eu/sites/default/files/documents/covid-forecasts-modelling-november-2020.pdf https://www.easa.europa.eu/sites/default/files/dfu/guidelines_for_covid-19_testing_and_quarantine_of_air_travellers.pdf https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-contact-tracing-public-health-management-third-update.pdf https://www.ecdc.europa.eu/sites/default/files/documents/Options-use-of-rapid-antigen-tests-for-COVID-19_0.pdf https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html

COVID-19 Crisis Update in Democratic Republic of the Congo

In cooperation with Bundeswehr HQ of Military Medicine

Democratic Republic of the Congo

Area:	2,345,409 km^2
Population:	101,780,263
Capital:	Kinshasa
Age structure:	
0-14 years:	46,38%
15-24 years:	19,42%
25-54 years:	28,38%
55-64 years:	3,36%
65 years and over:	2,47%

CONFLICT:

Land of raw materials, conflicts and humanitarian disasters!

After the Democratic Republic of the Congo, or formerly Zaire was released from the sometimes-cruel Belgian colonial rule in 1960, the dictator Mobutu ruled for 32 years.

After this the country plunged into a series of conflicts with serious economic and social consequences, from which the Congo is still suffering today. This phase, also known as the “African World War”, since numerous neighboring states were involved in the internal conflicts, was followed by a peace agreement in 2002 that pacified most parts of the Congo. The first free elections took place in 2006, followed by two more elections in 2011 and 2018.

Despite all this, the Congo is at the bottom of many indices due to massive corruption, conflicts and human rights violations, including position 5 on the Fragile States Index 2019 (FSI) and 166 out of 167 on the democracy index.

Since 1999 the United Nations has been trying to support the peace process with currently almost 17,000 soldiers from the MONUSCO mission. Nevertheless, conflicts in the east of the Congo (over 100 rebel groups) and in individual other regions of the country continue to this day and cause a very poor security situation and constant and almost unmanageable violence and conflicts, the main victims of which are the population.

With its area, the Congo is the eleventh largest country in the world and is roughly the size of half of Europe. The approx. 80 million inhabitants are divided into approx. 200 ethnic groups and almost 45 percent live in urban areas. Particularly significant and to be observed are the annual growth of the total population of approx. 2.7 percent per year over the last 20 years and the continuous increase in the urban population of approx. 4 percent p.a. in recent years through rural exodus and displacement. This steady increase and mobility of the population has a negative impact on the social infrastructure and natural resources in the Congo. This development has a direct influence on the distribution of the available agricultural land and the biosphere of the rainforest, which covers a large part of the Congo. The increase also increases the need for food, energy, water, social services and infrastructure.

Another challenge for the country's development is the barely existing infrastructure. There are around 3000 km of paved roads in the whole of the Congo. For decades, conflicts and mismanagement have brought the road and rail connections that existed from colonial times to a standstill. The main traffic axes are the rivers that cross the whole country and ensure a supply.

As one of the most resource-rich countries in the world, the Congo plays an important and elementary role in the global supply of raw materials and on the raw material market, despite its difficult political

and social situation. In particular, diamonds, gold, zinc, copper, petroleum and coltan are mined. Coltan in particular plays an important role in all electronic devices that are used worldwide and the often-inhumane promotion is the subject of public criticism. The abundance and depletion of raw materials lead to serious conflicts in the regions of the Congo. This is how many of the Rebel groups in Eastern Congo (gold) and various other groups in conflict regions such as Kasai (diamonds) and Katanga (manganese, copper).

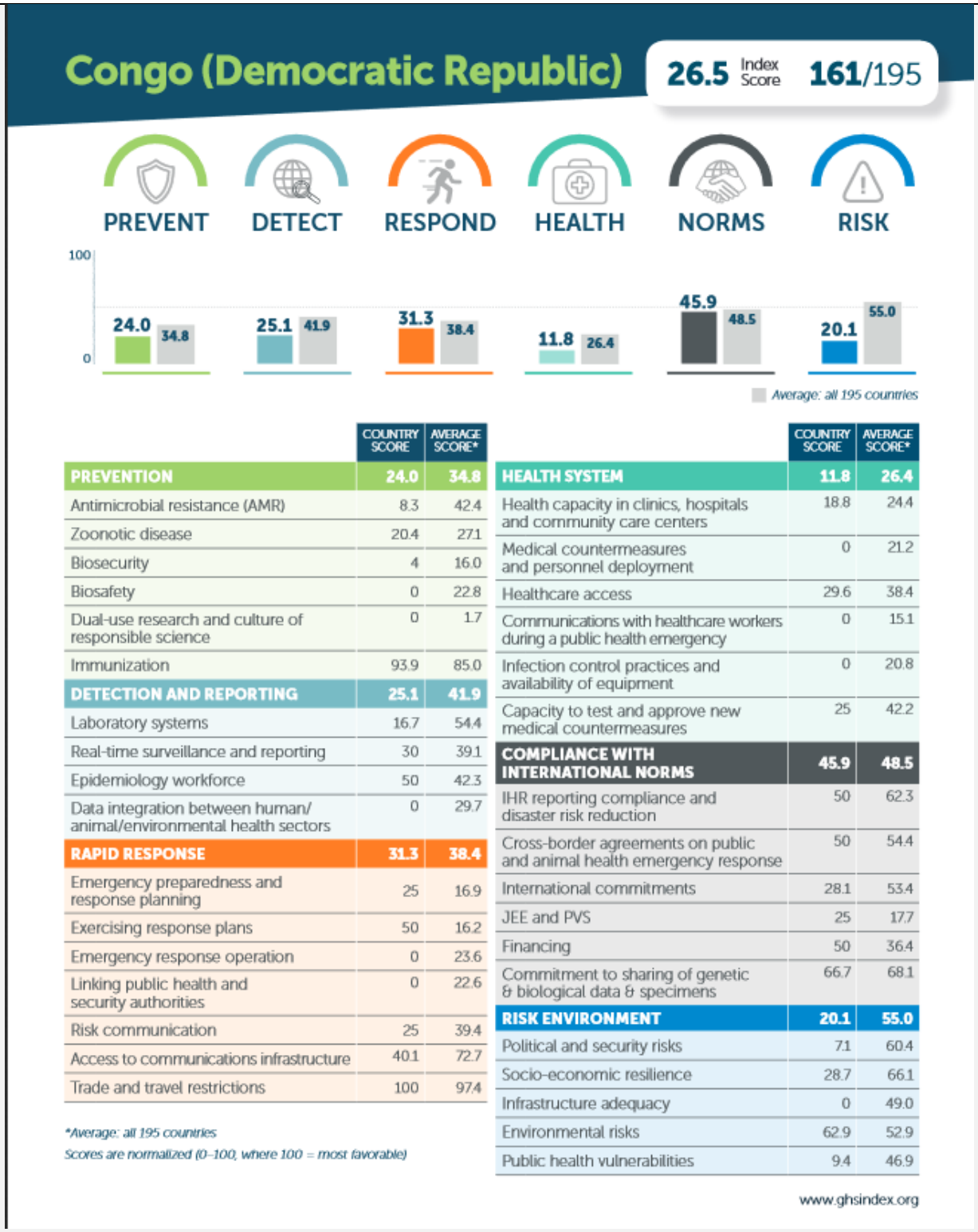
HEALTH:
The very poor medical situation in the Congo is based on one of the worst health care facilities in the world (cf. GHSI). Government spending is around $ 3 a year per inhabitant and there is about one doctor for every 10,000 people.

At the same time, only about 35 percent of the population has access to clean drinking water and a third has access to sanitary facilities. These poor hygiene measures encourage the spread of infectious diseases and epidemics.

In addition, the situation has deteriorated significantly in recent years due to severe flooding and countless epidemics such as cholera, measles (currently over 8,000 deaths in 2020), Ebola (currently over 2,500 deaths) and a high risk of malaria. In particular, the third **Ebola** outbreak in the last three years, in eastern Congo, has been described as one of the most complex health crises in history. The reason for this is the fight against an Ebola outbreak in one of the war zones with more than 100 conflicting parties in a geographically difficult area with various other influencing factors. The only hope in the fight against the virus was the first-time vaccine against Ebola, which led to a noticeable containment of the virus despite the catastrophic circumstances and the security situation. Three weeks before this outbreak was declared over in June of this year, the Ebola virus broke out again in a city of millions in the north-west of the country. center November this was officially declared over by the government.

With 12,987 (10,114, 03.09.20) confirmed **COVID-19** cases and 336 (259) deaths, the Congo currently reports comparatively few COVID-19 cases and deaths, which is certainly also due to a low-test capacity. In the last three months there was only an increase of around 3,000 registered new infections. Fewer tests are also being carried out than a few months ago, which is probably one of the reasons for the decrease in the number of new cases in the meantime. The outbreak currently has its focus in the capital Kinshasa, with the conflict and Ebola outbreak regions in Eastern Congo and other provinces in the meantime also reporting confirmed COVID-19 cases. However, it is reported by various organizations that compared to the global impact of the COVID-19 pandemic, the local population in the Congo is suffering much more from the increase in measles infections, malaria and the lack of drinking water and so this is far greater humanitarian problems for the people are on average very young. The countless refugees and internally displaced persons in the Congo also have more serious problems with chronic poverty and increasing violence by armed groups than fear of contracting a virus. ***As a general problem for countries such as the Congo, the pandemic has serious consequences insofar as parts of the humanitarian aid are diverted to COVID-19 programs, which means that existential threats and problems for the population will increase and increase.***

CONCLUSION:
The mixed situation in the Congo, with a politically difficult situation, a very poor security situation, hardly any infrastructure, a global and local struggle for raw materials, the constantly increasing population and the associated lack of supply and the destruction of the environment continue to ensure that one humanitarian catastrophe replaces another and will replace. One of the biggest drivers for this is the ongoing political, ethnic and violent conflicts that are destabilizing parts of the country and sometimes making medical help for the population difficult or even impossible. Even with the current COVID-19 pandemic, these circumstances are the framework conditions for combating the outbreak and will present containment with major challenges or lead to another humanitarian catastrophe. For the Congo, however, this is only one of many humanitarian problems. It will probably not play as central a role as in other countries, but it will certainly worsen the overall situation and exacerbate the other problems.



	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	**24.0**	**34.8**
Antimicrobial resistance (AMR)	8.3	42.4
Zoonotic disease	20.4	27.1
Biosecurity	4	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	93.9	85.0
DETECTION AND REPORTING	**25.1**	**41.9**
Laboratory systems	16.7	54.4
Real-time surveillance and reporting	30	39.1
Epidemiology workforce	50	42.3
Data integration between human/ animal/environmental health sectors	0	29.7
RAPID RESPONSE	**31.3**	**38.4**
Emergency preparedness and response planning	25	16.9
Exercising response plans	50	16.2
Emergency response operation	0	23.6
Linking public health and security authorities	0	22.6
Risk communication	25	39.4
Access to communications infrastructure	40.1	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
HEALTH SYSTEM	**11.8**	**26.4**
Health capacity in clinics, hospitals and community care centers	18.8	24.4
Medical countermeasures and personnel deployment	0	21.2
Healthcare access	29.6	38.4
Communications with healthcare workers during a public health emergency	0	15.1
Infection control practices and availability of equipment	0	20.8
Capacity to test and approve new medical countermeasures	25	42.2
COMPLIANCE WITH INTERNATIONAL NORMS	**45.9**	**48.5**
IHR reporting compliance and disaster risk reduction	50	62.3
Cross-border agreements on public and animal health emergency response	50	54.4
International commitments	28.1	53.4
JEE and PVS	25	17.7
Financing	50	36.4
Commitment to sharing of genetic & biological data & specimens	66.7	68.1
RISK ENVIRONMENT	**20.1**	**55.0**
Political and security risks	7.1	60.4
Socio-economic resilience	28.7	66.1
Infrastructure adequacy	0	49.0
Environmental risks	62.9	52.9
Public health vulnerabilities	9.4	46.9

*Average: all 195 countries

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

www.ghsindex.org

Source:

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30700-3/fulltext
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https://www.who.int/news/item/30-11-2020-who-calls-for-reinvigorated-action-to-fight-malaria

MilMed CoE VTC COVID-19 response

Topic	The NATO Centre of Excellence for Military Medicine is putting its expertise and manpower to aid in any way possible during the pandemic. The VTC is for interested participants (experts) to exchange experiences, management regulations and restrictions due to COVID-19. We would like to propose just one of the most important topics in the next iteration. We will have some experts giving a short briefing and then afterward we will have time for questions and experiences as well as a fruitful discussion. **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 emphasing 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 • The current status of SARS-CoV-2 vaccine development
The current status of SARS-CoV-2 vaccine development	Briefings by **SWE, BEL, and NATO MILMED COE**. The SWE Briefer talked about the development of vaccines and highlighted the differences between the different vaccine types (RNA, DNA, Adenovirus). --- The Briefer from **BEL** give a short introduction of the COVID-19 vaccine and talked also about the current studies in Belgium. --- **The NATO MILMED COE** briefer gave a presentation about the ethical issues, immunization strategy and logistical requirement affecting the COVID-19 vaccination. **Next VTC will be after the Christmas time, in 2021.**

Recommendations

Recommendation for international business travellers As of 19th October 2020 Updated 2nd December 2020 by ECDC and CDC	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

ECDC published a guidelines for COVID-19 testing and quarantine of air travellers – Addendum to the Aviation Health Safety Protocol
The document provides information on effective and differentiated strategies to enable the health authorities to evaluate scenarios and make informed decisions on the best possible measures.

Scientific evidence and information, presented and analysed in this document, give rise to the following key considerations:

- In the current epidemiological situation, where SARS-CoV-2 is established in all EU/EEA countries and the UK, imported cases account for a very small proportion of all detected cases and are unlikely to significantly increase the rate of transmission.
- The prevalence of SARS-CoV-2 in travellers is estimated likely to be lower than the prevalence in the general population or among contacts of confirmed cases.
- Travellers should not be considered as a high-risk population, nor treated as contacts of COVID-19 cases, unless they had been in known contact with a confirmed positive case.
- Travellers should be subject to the same regulations or recommendations as applied to the local population.
- Member States should always admit their own nationals and EU citizens and their family members resident in their territory and should facilitate swift transit through their territories.

Decision makers are invited to consider the detailed epidemiological evidence that supports the options presented in this document acknowledging that:

- In the current epidemiological situation, quarantine or systematic testing for SARS-CoV-2 of air travellers is not recommended.
- Harmonisation among Member States is recommended based on the specific measures presented in this document.

Chapter 3 outlines the main risk assessment criteria and the available evidence and information on the use of testing and quarantine for travellers. Where scientific evidence is insufficient, the document takes into consideration modelling studies and expert opinions from the relevant experts at the European Centre for Disease Prevention and Control (ECDC) and the European Union Aviation Safety Agency (EASA).

In Chapter 4, the document presents specific operational recommendations for the management of these travel related measures by the Member States.

The document, its observations, recommendations and conclusions are based on the evidence and best knowledge available at the time of writing, as compiled and analysed by experts at ECDC and EASA. Depending on the evolution of the pandemic and future evidence and developments, in terms of risk assessment criteria, testing technologies or the introduction of vaccines, this document may require updating which may prompt further assessment by the Member States in their implementation efforts.
Source: https://www.ecdc.europa.eu/en/publications-data/guidelines-covid-19-testing-and-quarantine-air-travellers

More information about traveling especially in US you can find **here**

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

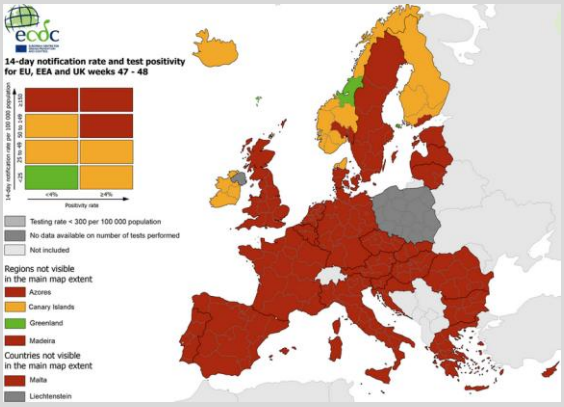
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14* days at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate**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

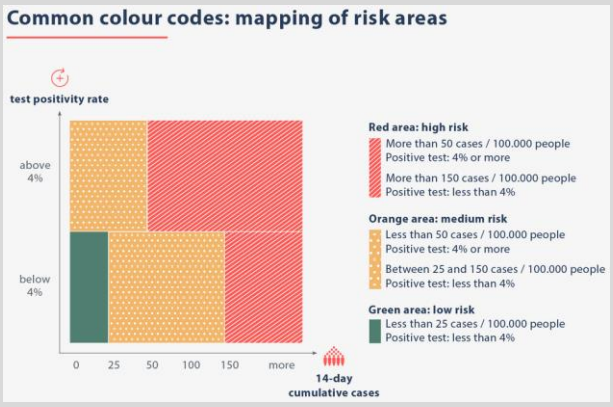
2. A common map

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".

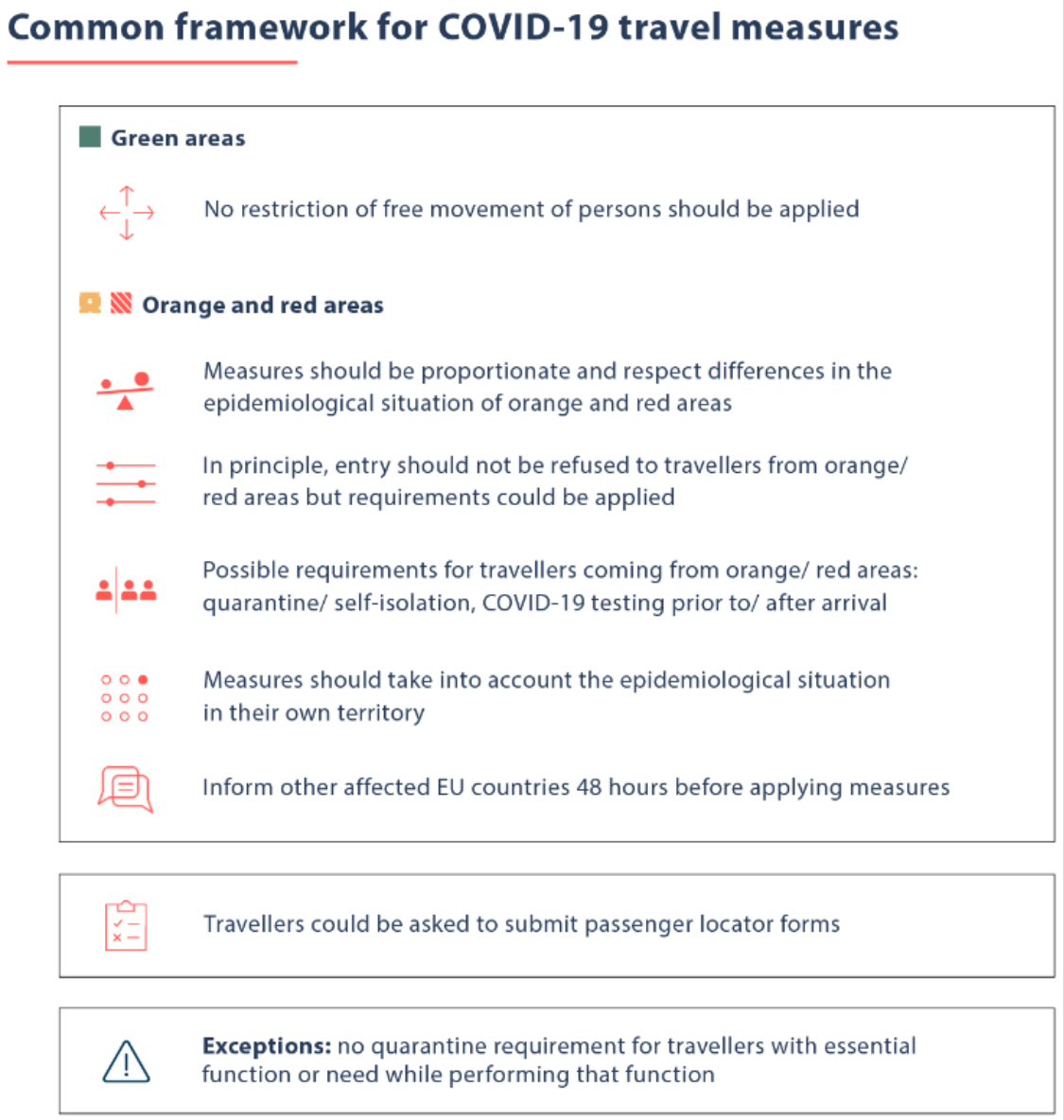
Areas are marked in the following colours:

- **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



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	• 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 23rd of October 2020	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 *stable*, *of concern* or of *serious concern*. 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≥3% as well as the high notification rates in the older age groups and/or high mortality rates. Countries have implemented various non-pharmaceutical interventions, but these have not been sufficiently effective in controlling transmission due to several factors: • adherence to the measures was sub-optimal; • the measures were not implemented quickly enough; • or the measures were insufficient to reduce exposure. As a result, the epidemiological situation is now rapidly deteriorating in most countries. **There are currently only six countries in the region that are classified as experiencing a *stable epidemiological situation*.** • 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**. Nevertheless, in these six countries, there is still ongoing transmission and the situation must be closely monitored. **Based on the latest available data to ECDC, there are currently no countries categorised as having an epidemiological situation '*of concern*'.** **In countries where the epidemiological situation is of serious concern:** • there is a **high risk** to the **general population**, • and for **vulnerable individuals** the COVID-19 epidemiological situation represents a **very high risk**. 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.

References:

- European Centre for Disease Prevention and Control www.ecdc.europe.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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