



Update 52 (12th of January 2021)

Information about infection disease COVID-19 (novel coronavirus)



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

12th of January 2021

email: info.dhsc@coemed.org

In December 2019, a novel coronavirus emerged in Wuhan City, China. Since then the virus spread to 65 countries including Europe and America. Since then the virus showed evidence for human-to-human transmission as well as evidence of asymptomatic transmission. At 30th January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11th of February. The virus itself has been named SARS-CoV-2. On 11th of March 2020 WHO characterized the disease as a pandemic.

HIGHLIGHTS/NEWS

- **Micronesia** reports first corona case. The island nation in the Pacific has so far been one of the few corona-free countries in the world. A crew member on a cargo ship had tested positive for the novel corona virus. The man has since been isolated and the crew must stay on board. The Pacific states cut themselves off very early on because their health systems are not prepared for a pandemic.
- **Africa** passed the three million confirmed coronavirus infections mark on Sunday. More than a third of coronavirus cases - 1.2 million - have been recorded in South Africa, including more than 32,000 deaths from the virus. However, ZAF tests significantly more than the other countries.
- A **new variant** of the coronavirus has been detected in four people who entered **Japan** from **Brazil**. It is not identical to the pathogen variants previously detected in Great Britain and South Africa. There is currently no evidence that the newly discovered variant is more contagious.
- **EMA: AstraZeneca** has applied for approval of its corona vaccine in the European Union. A decision on the application for conditional marketing authorization is expected to be made by the end of January.
- **COVAX**: Together with other donor countries, Great Britain has collected around 820 million euros for the global fight against the corona pandemic. The money should enable 92 developing countries to vaccinate one billion against the virus. This means that more than 1.4 billion euros have already been raised for the global COVAX program. The program aims to ensure that the vaccine is distributed fairly. WHO hopes to start the COVAX program in February.
- **The Lancet**: In one of the [first long-term study](#) on the consequences of corona disease, 76 percent of corona patients who were hospitalized in the Chinese city of Wuhan between January and May had not completely overcome the symptoms of the disease even six months after their discharge. A total of 1,655 former patients were re-examined months after their hospital treatment. 1265 of them complained about at least one corona symptom. Most often they named tiredness and muscle weakness, but also sleep disorders.
- **FRONTEX**: The [number of illegal border crossings](#) into the European Union fell last year to its lowest level since 2013. This decrease of 13 percent compared to 2019 is related to the travel restrictions imposed due to the corona pandemic.
- **ECDC**: Published a [technical note for the sequencing of SARS-CoV-2](#) to provide guidelines to laboratories in the EU.
- **ECDC**: In an effort to continuously improve its performance, the Centre commissioned an [external assessment of its response to the COVID-19](#) pandemic for the period January - September 2020.

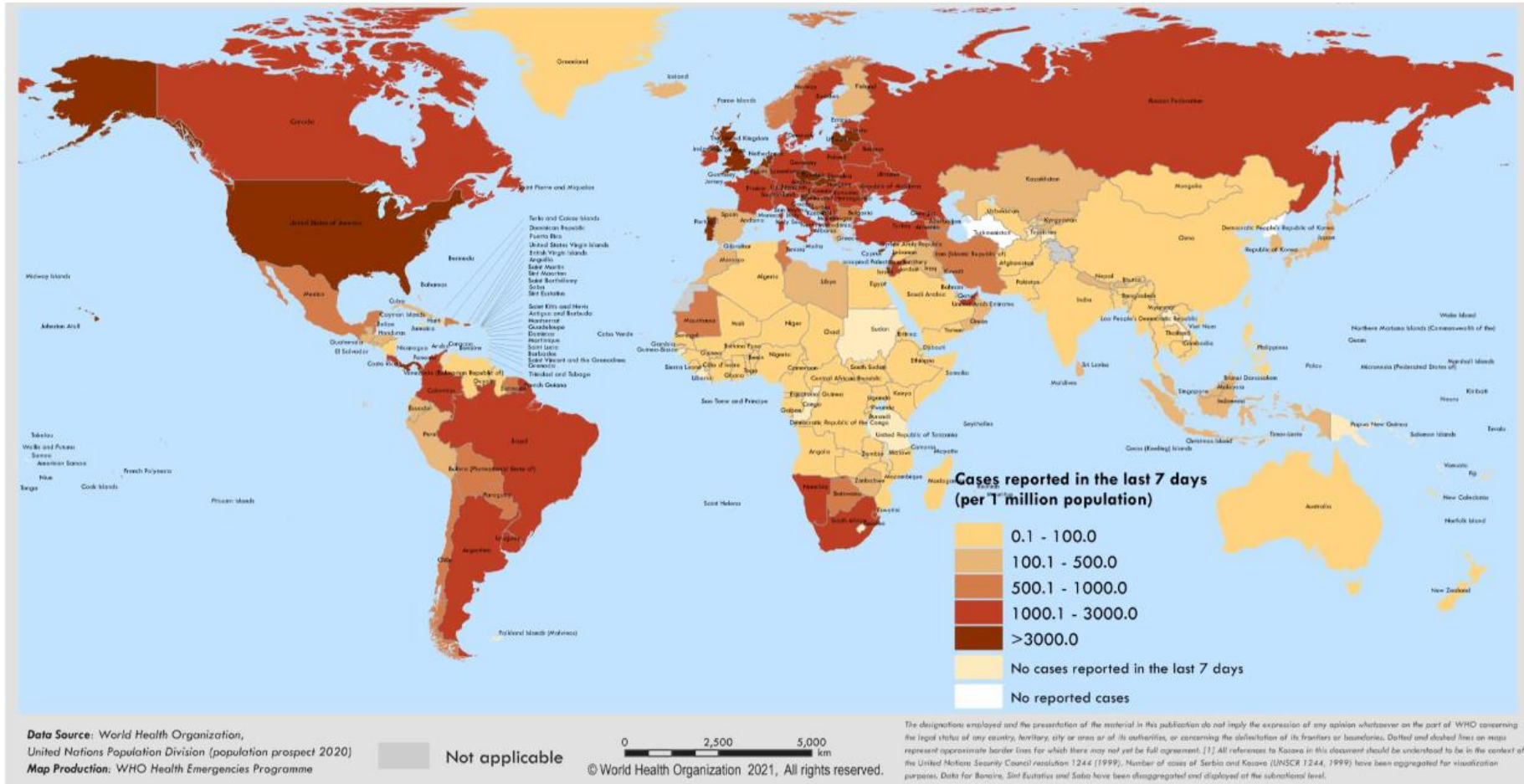
GLOBALLY ↗ 91 028 517 confirmed cases 59 354 700 recovered 1 948 517 deaths
EU/EEA and the UK ↗ 28 658 162 confirmed cases 14 894 150 recovered 619 866 deaths
USA → (new cases/day 196 740) 22 526 028 confirmed cases 8 842 493 recovered 374 479 deaths
India → (new cases/day 16 311) 10 479 179 confirmed cases 10 111 294 recovered 151 327 deaths
Brazil ↗ (new cases/day 29 792) 8 131 612 confirmed cases 7 273 237 recovered 203 580 deaths
Russia → (new cases/day 23 018) 3 389 733 confirmed cases 2 771 793 recovered 61 389 deaths
UK ↘ (new cases/day 46 169) 3 118 518 confirmed cases -not reported- recovered 61 389 deaths

Please click on the headlines to jump into the document

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



Worldwide Situation

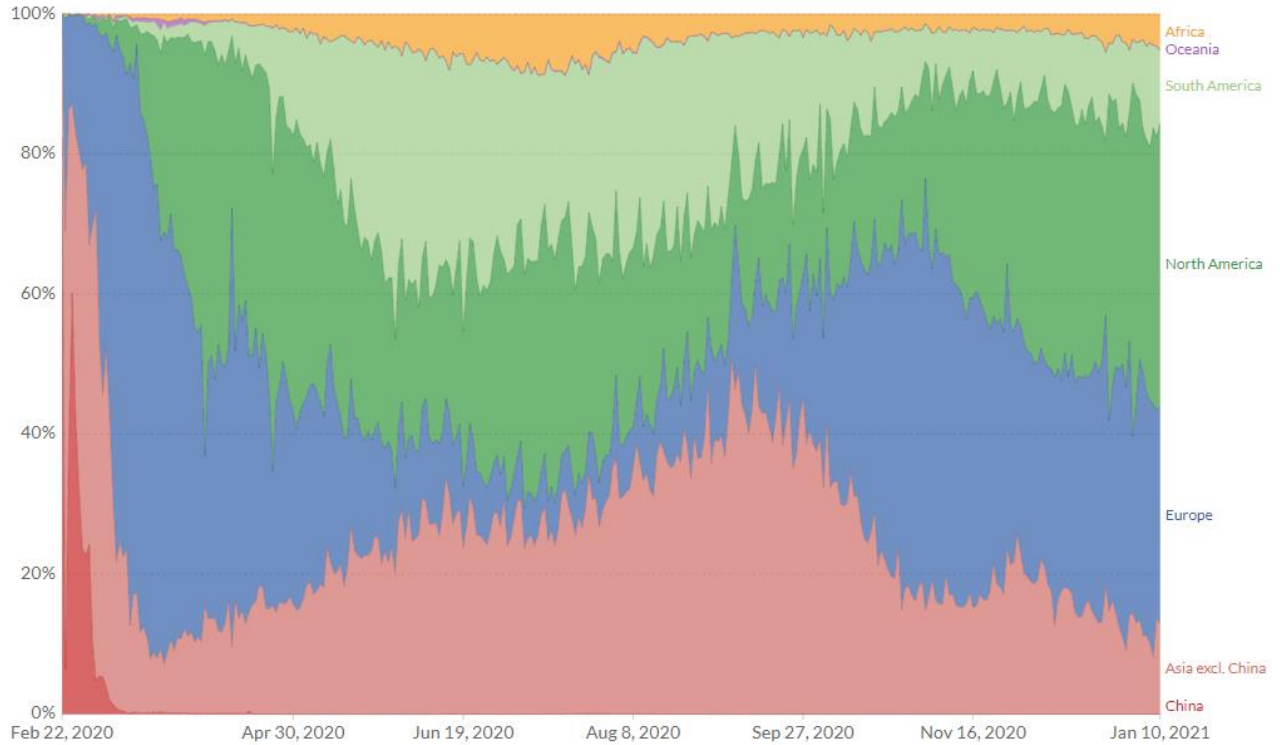
Global Situation

Daily confirmed COVID-19 cases

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



Relative



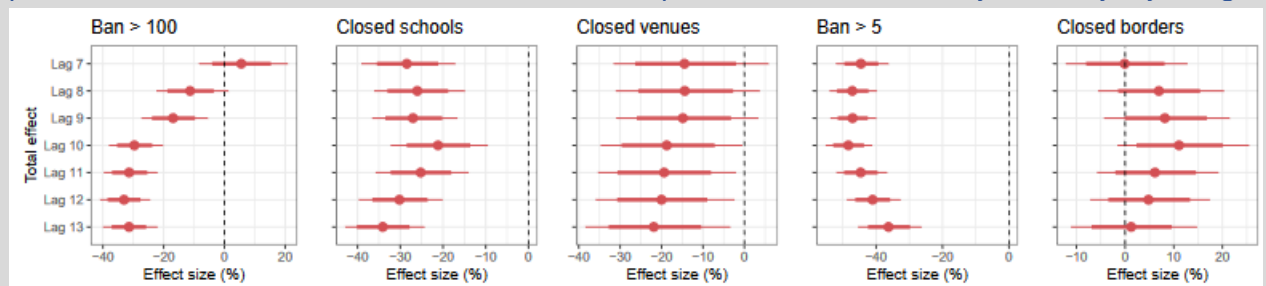
Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 11 January, 21:02 (London time)

OurWorldInData.org/coronavirus • CC BY

[Swiss study on mobility and COVID-19 case growth](#), as of 09.01.2021

In the fight against the corona pandemic, school closings have proven to be one of the most effective measures in Switzerland. This is the result of a [study published by ETH Zurich](#). Accordingly, mobility was reduced by 21.6 percent when the Swiss authorities ordered the schools to be closed in March 2020. For the study, 1.5 billion movements were evaluated with the help of telecommunications data. Schools were closed for around two months in the spring due to the pandemic.

The ETH study shows that two factors reduced mobility even more than school closings. The ban on meetings with more than five people ranks at the top with 24.9 percent. Closely behind with 22.3 percent is the closure of restaurants, bars and shops that are not necessary for everyday living.



Mobility mediates the effect of policy measures on the reported number of new cases. Estimated total effect of policy measures for lags of 7–13 days. Posterior means are shown as dots, while 80 % and 95 % credible intervals are shown as thick and thin bars, respectively.

Source: <https://arxiv.org/pdf/2101.02521.pdf>

German Study: More fibers from masks with long-term use, as of 06.10.2020

Repeated wearing of disposable masks that have become old and fluffy can lead to health problems under certain circumstances, since aged disposable masks release more fibers than new masks. As a rule, the fibers did not get into the deeper airways and could therefore not develop any harmful effects there. However, they can potentially irritate the skin, mucous membranes, and upper respiratory tract.

The disposable masks used by many people mostly consist of several layers of plastic microfibers, usually polypropylene, which is obtained from crude oil.

For the study 46 patients who were seeking advice in our centres between March and May 2020 were examined. Seventeen health care workers were included in this study. Patients reported on new-onset symptoms of rhinitis, such as sneezing, itching, nasal blockage, and/or watery nasal discharge after wearing their FFP for a minimum of 2 hours or longer. Longer periods of FFP use were regularly associated with more severe symptoms.

In the study, all 46 patients with nasal symptoms upon usage of FFP masks in a private or professional environment most likely encountered irritant rhinitis.

Take Home message: In conclusion, with COVID-19 numbers decreasing in some countries and recovering of medical supply stocks, user safety has to become an equal priority for regulation authorities again. The development and validation of a patient questionnaire, eg, for health care professionals could be helpful to improve monitoring and detection of mask-related symptoms. Avoiding hazards in the work environment remains a challenge from different perspectives during the COVID-19 pandemic.

Source: [https://www.worldallergyorganizationjournal.org/article/S1939-4551\(20\)30377-X/fulltext](https://www.worldallergyorganizationjournal.org/article/S1939-4551(20)30377-X/fulltext)

Vaccination report

To date more than 40 states have already started vaccinations against the coronavirus. These are almost exclusively wealthier countries. That should change with the start of the COVAX program in February.

WHO: Despite the start of the corona vaccination campaigns in numerous countries, it is not expected that individual countries will achieve extensive protection against the virus through so-called herd immunity this year.

EU: The EU Commission wants to secure vaccination doses from the French pharmaceutical company Valneva. This week, preliminary talks with the company about pre-purchasing its vaccine candidate should be concluded. In addition, the EU is trying to agree a supply contract with the US group Novavax.

BioNTech: According to a newspaper report, BioNTech offers its employees a voluntary vaccination in the fight against Corona. The vaccine should also be made available to suppliers and sales partners in Germany and Austria who are actively and directly involved in the production and sales process. All associated costs would be covered by BioNTech. The vaccination program for employees will not have a negative impact on existing supply contracts, it said. The quantities required are small compared to those promised to the EU and other countries.

BioNTech has significantly raised its production forecast for its COVID-19 vaccine for this year. It is now assuming a production capacity of two billion vaccine doses, the company announced on Monday in an investor presentation. So far, BioNTech had targeted up to 1.3 billion doses by the end of 2021. The new assessment is based on a continuous improvement of the processes and an expansion of the existing plants as well as on the fact that more suppliers and contract manufacturers could be won.

ISR: Despite a third corona lockdown, the number of infections in Israel continues to rise. 9589 new cases were registered within 24 hours. This is the highest level since the pandemic began. The proportion of positive tests was 7.6 percent.

Three weeks after the start of the vaccination campaign in Israel, 20 percent of citizens have already been vaccinated against the coronavirus. On Sunday, vaccination of the medical staff began with the

second dose. The government wants to vaccinate all residents of the country who are older than 16 years by the end of March. According to the government, Israel should serve as a model country for the rapid vaccination of an entire state. In return, the company BioNTech/Pfizer is to be provided with vaccination data for the quick provision of the vaccination doses.

JOR: After the approval of the BioNTech vaccine in December, the vaccine of the Chinese pharmaceutical giant Sinopharm has now also been granted emergency approval. According to the manufacturer, the vaccine is 79 percent effective against the novel coronavirus.

Health Minister Nasir Obeidat announced the start of the vaccination campaign on Wednesday, according to the state news agency Petra. The vaccine will be given to both Jordanian and foreign nationals living there free of charge.

IRN: The Iranian parliament has spoken out in favor of a ban on imports of western corona vaccines and explicitly named the US pharmaceutical company Pfizer. "Since there have been acute side effects and even deaths in some cases after the injection of the vaccines, including those from Pfizer, the government should ban the importation of Western vaccines," said the appeal by 200 of the 290 MPs, according to the news agency Isna. The ban should apply to vaccines from the US, UK and France. The appeal corresponds to the demands of the Iranian supreme leader Ayatollah Said Ali Khamenei. Last week he banned the import of vaccines from these three countries because their effectiveness had not been proven and Iran could not become a test laboratory for unsafe vaccines. Since then there have been heated discussions about it in Iran because the ban is seen as politically motivated because of the more than 40 years of political hostility between Iran and the USA.

IDN: Indonesia was one of the first countries outside of China to approve a corona vaccine developed in the People's Republic. The vaccine from the Chinese biotech company Sinovac showed an effectiveness of 65.3 percent according to preliminary results of a trial in a late study phase. This was announced by the Food and Drug Administration (BPOM) about the emergency approval.

CUB: Cuba wants to test part of its Soberana 02 corona vaccine in Iran. Representatives of both countries signed a corresponding agreement in Havana, announced the Cuban Foreign Ministry. The vaccine is now to be tested on a larger number of people in Phase III of clinical trials. Very few people in Cuba have been infected with the Sars-CoV-2 virus, which makes it difficult to check the effectiveness of a vaccine. Iran, on the other hand, ranks 15th worldwide with almost 1.3 million detected infections.

CHN: According to official information, the People's Republic of China has so far inoculated more than nine million units of corona vaccine. The vaccination is free of charge for individuals, despite the manufacturing and transport costs, as soon as it is available to the general public.

USA: A new high has been recorded in the number of corona infections on Monday. According to a count by Johns Hopkins University, almost 290,000 new infections were identified within 24 hours. More than 3,670 people in the US died from corona infection during the same period.

DEU: Anyone who is offered a vaccination against COVID-19 by the state will not be able to choose the vaccine administered for the time being. The Federal Minister of Health emphasized that it was not possible to make such a selection "at the moment and foreseeable" due to the current scarcity.

FIN: A vaccine is being developed to protect breeding animals such as mink and raccoon dogs from the coronavirus. The Finnish fur breeders association Fifur is cooperating with a research team from the University of Helsinki on the development.

Vaccine development: [Digital vaccination rate monitoring for COVID-19 vaccination in Germany, as of 11th January, 11:00](#)

The vaccinations against the corona virus started on 27th December 2020 across Germany - according to the Robert Koch Institute (RKI) 613,347 vaccinations have been counted so far (as of January 11). The first thing is to protect the weakest. The focus is therefore on the elderly and care facilities. In

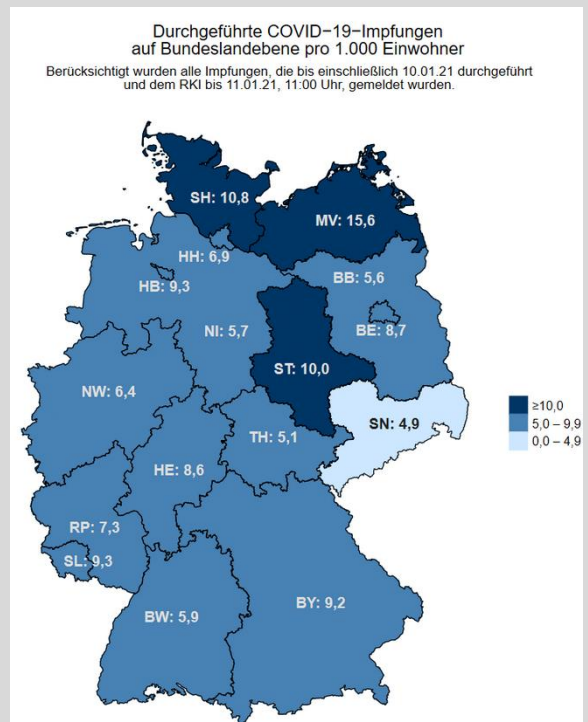
addition, all over 80s belong to the group with the highest priority. This also includes employees from outpatient care services, staff in intensive care units, in emergency rooms and in the rescue service. The current plan is to distribute 670,000 vaccine doses from BioNTech every week. 11 to 13 million vaccine doses are expected for the entire first quarter. After approval of the Moderna vaccine by the EMA, the first delivery to Germany took place on January 11th. In the first quarter, Germany is expected to receive almost two million vaccination doses from Moderna. This means that the number of daily vaccinations can be increased over the next few weeks.

Due to the initially limited availability of vaccines, nursing home residents in particular are vaccinated with mobile teams. The organization of these vaccinations is more complex and time-consuming than with vaccinations in vaccination centers. Little by little, the federal states are now also putting the vaccination centers into operation and the number of vaccinations administered daily will increase step by step. In total 413 vaccination centres are available all over Germany (as of January 8).

If all vaccine candidates are approved, Germany is expected to receive a total of 300 million doses. This figure results from the number of doses that Germany receives from the EU treaties and the vaccine doses that have been agreed with German manufacturers that the German government has funded.

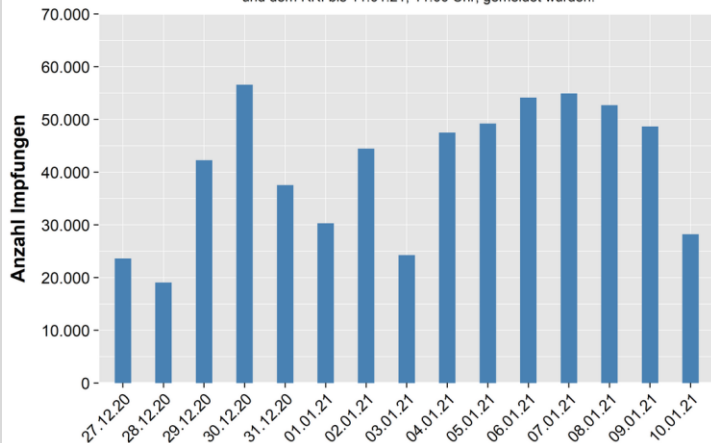
COVID-19 vaccinations carried out at the state level per 1,000 inhabitants

All vaccinations that were carried out up to and including January 10th, 21 and reported to the RKI by January 11th, 21, 11:00 a.m. were taken into account.



Durchgeführte COVID-19-Impfungen in Deutschland pro Tag (N=613.347)

Berücksichtigt wurden alle Impfungen, die bis einschließlich 10.01.21 durchgeführt und dem RKI bis 11.01.21, 11:00 Uhr, gemeldet wurden.



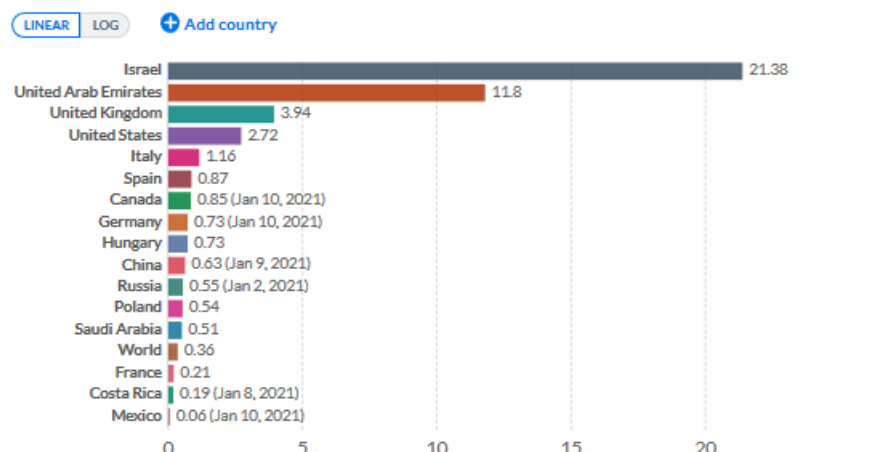
COVID-19 vaccinations carried out in Germany per day (n = 613,347)

All vaccinations that were carried out up to and including January 10th, 21 and reported to the RKI by January 11th, 21, 11:00 a.m. were taken into account.

COVID-19 vaccination doses administered per 100 people, Jan 11, 2021

Our World in Data

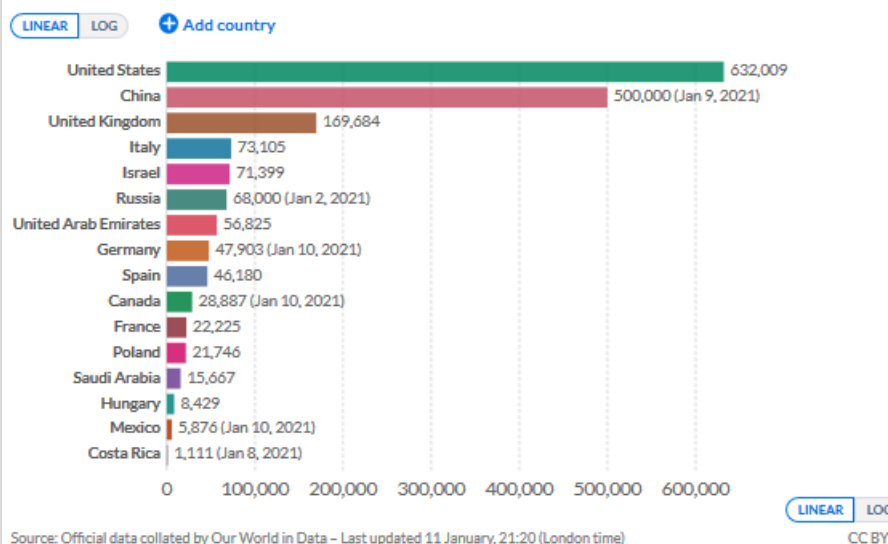
Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Daily COVID-19 vaccination doses administered, Jan 11, 2021

Our World in Data

Shown is the rolling 7-day average. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).



Source: Official data collated by Our World in Data - Last updated 11 January, 21:20 (London time)

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Source:

- https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Daten/Impfquoten-Tab.html
- <https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-schutzimpfung-1830894>
- https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2021/Ausgaben/02_21.pdf?__blob=publicationFile
- <https://ourworldindata.org/covid-vaccinations>

Country reports:

BRA: To prevent a collapse of the funeral system in the face of a new surge in corona cases, the Brazilian Amazon metropolis of Manaus plans to dig 22,000 vertical graves. The Cemitério do Taramã is one of the cemeteries where mass graves were laid in Brazil during the first wave of the corona pandemic in spring 2020.

MEX: The new coronavirus variant, which was first discovered in Great Britain, has now also been detected in Mexico, according to the authorities.

ZAF: In the fight against the further spread of the coronavirus, South Africa is sealing its national borders with immediate effect. All 20 border crossings to neighboring countries will remain closed until February 15. The only exceptions are for supply transports, diplomats, returnees from abroad and some commuters.

ISR: The first infections with the coronavirus variant that appeared in South Africa have been detected in Israel. As the Ministry of Health announced, there are four cases. Two chains of infection were found. A test was positive for a person who had arrived, and a family had tested positive for the variant that had been infected by someone who had just arrived.

Entry into Israel from South Africa is only possible in exceptional cases. Israel is in the midst of a third corona wave with high numbers of infections. A nationwide hard lockdown has been in effect again since Friday. A massive vaccination campaign is running in parallel.

PA: The Palestinian Authority (PA) has given the Russian vaccine "Sputnik V" an emergency permit. The preparation can therefore be used in the West Bank and Gaza Strip. The Palestinian Authority has ordered vaccines from four manufacturers and is also supposed to purchase doses through the World Health Organization. Deliveries are expected to start in the first quarter. Then the elderly, medical personnel and the sick should first be vaccinated.

CHN: After the largest coronavirus outbreak in China in months, authorities have extended curfews for millions of people outside Beijing. After the 18 million inhabitants of the metropolises of Shijiazhuang and Xingtai, the five million inhabitants of the Langfang administrative district south of the Chinese capital should not go outside for seven days, as the city government announced on Monday.

So far, around 500 infections have been detected in Hebei province, which surrounds Beijing. The health commission reported there on Tuesday of 40 new cases. The day before, there were 82 infections in Hebei and 103 nationwide - the highest number of daily cases in China since July.

MYS: has ordered a lockdown in six of the 13 states after rising corona numbers. The measures will come into force on Wednesday and will initially apply for two weeks. Citizens in the affected regions have to work from home as much as possible and are only allowed to move within a radius of ten kilometers from their apartments. Restaurants are only allowed to offer or deliver food outside the home.

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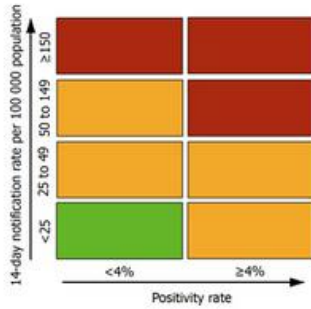
The Malaysian king has declared a corona emergency. He suspended all parliamentary sessions until August, thereby also stopping all attempts to hold new elections early. This gives the controversial prime minister some breathing space. He assured in a televised address that it was not a coup. There will also be no curfew. The civil government remains in office. There will be new elections after the end of the pandemic, when the voters can vote safely.

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 07 January 2021



14-day notification rate and test positivity for EU, EEA weeks 52 - 53



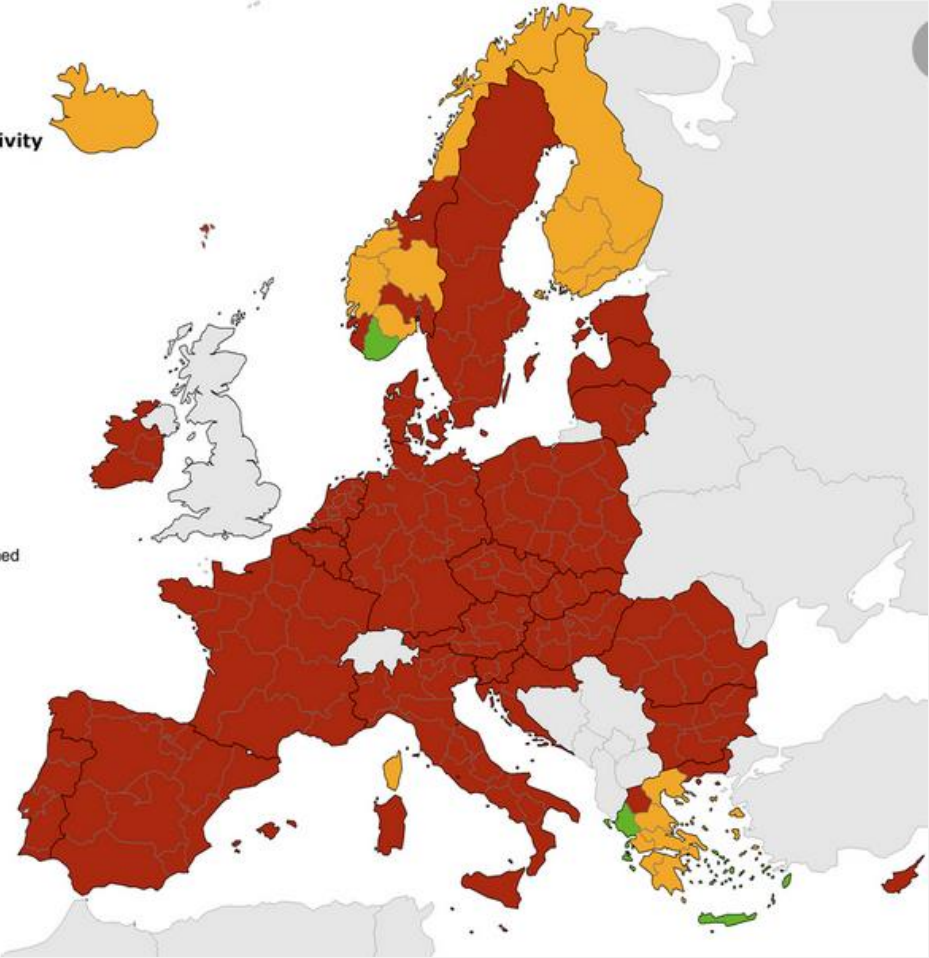
- Testing rate <math>< 300</math> per 100 000 population
- No data available on number of tests performed
- Not included

Regions not visible in the main map extent

- Azores
- Canary Islands
- Greenland
- Madeira

Countries not visible in the main map extent

- Malta
- Liechtenstein

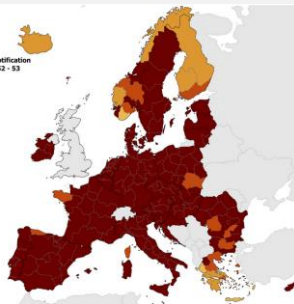


14-day COVID-19 case notification rate per 100 000 weeks 52 - 53



- Azores
- Canary Islands
- Madeira

- Malta
- Liechtenstein



14-day case notification rate per 100 000 inhabitants

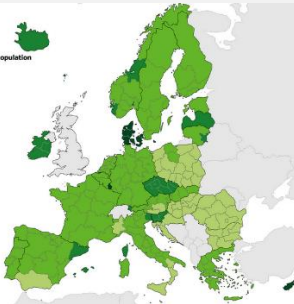


Testing rate per 100 000 population week 53



- Azores
- Canary Islands
- Madeira

- Malta
- Liechtenstein



Testing rates per 100 000 inhabitants



Positivity rate week 53



- Azores
- Canary Islands
- Madeira

- Malta
- Liechtenstein



Positivity rates

ECDC COVID-19 surveillance report Week 53, as of 08 January 2021

Weekly surveillance summary

Overall situation

By the end of week 53 (ending Sunday 3 January 2021), most countries observed stable or decreasing case rates, test positivity as well as hospital or ICU admissions and/or occupancy due to COVID-19. However, absolute values of these indicators remain high, even where they are stable or decreasing, suggesting that transmission is still widespread. Six countries reported increasing trends in case notification rates in week 53 compared with 15 countries in week 51. Case rates among older age groups increased in 11 countries and eight countries reported increasing death rates. A total of 10 countries observed increases in hospital or ICU admissions and/or occupancy due to COVID-19.

Data reported over the holiday period must be interpreted with care as it may be subject to reporting delays. Testing rates have also decreased during this time.

Trends in reported cases and testing

- By the end of week 53, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources from 30 countries, was 363 (country range: 31–1 199) per 100 000 population. The rate has been stable for four weeks.
- Among 29 countries with high case notification rates (at least 60 per 100 000), increases were observed in six countries (Cyprus, Czechia, Ireland, Malta, Norway and Portugal). Stable or decreasing trends in case rates of 1–7 weeks' duration were observed in 23 countries (Austria, Belgium, Bulgaria, Croatia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Poland, Romania, Slovakia, Slovenia, Spain and Sweden).
- Based on data reported to the European Surveillance System (TESSy) from 24 countries, among people over 65 years of age, high levels (at least 60 per 100 000) or increases in the 14-day COVID-19 case notification rates compared with last week have been observed in 23 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Romania, Slovakia, Slovenia, Spain and Sweden).
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 53, available for 29 countries, varied from 452 to 9 277 tests per 100 000 population. Denmark had the highest testing rate for week 53, followed by Cyprus, Luxembourg, Malta and Ireland.
- Among 24 countries in which weekly test positivity was high (at least 3%), 11 countries (Austria, Cyprus, Czechia, France, Germany, Hungary, Ireland, Italy, Portugal, Slovakia and Spain) observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 13 countries (Belgium, Bulgaria, Croatia, Estonia, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Romania, Slovenia and Sweden).

Hospitalisation and ICU

- Pooled data from 19 countries for week 53 show that there were 1.7 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 15 countries were 3.7 new admissions per 100 000, which is 44% 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 with the previous week in 29 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden). No other increases have been observed, although data availability varies.

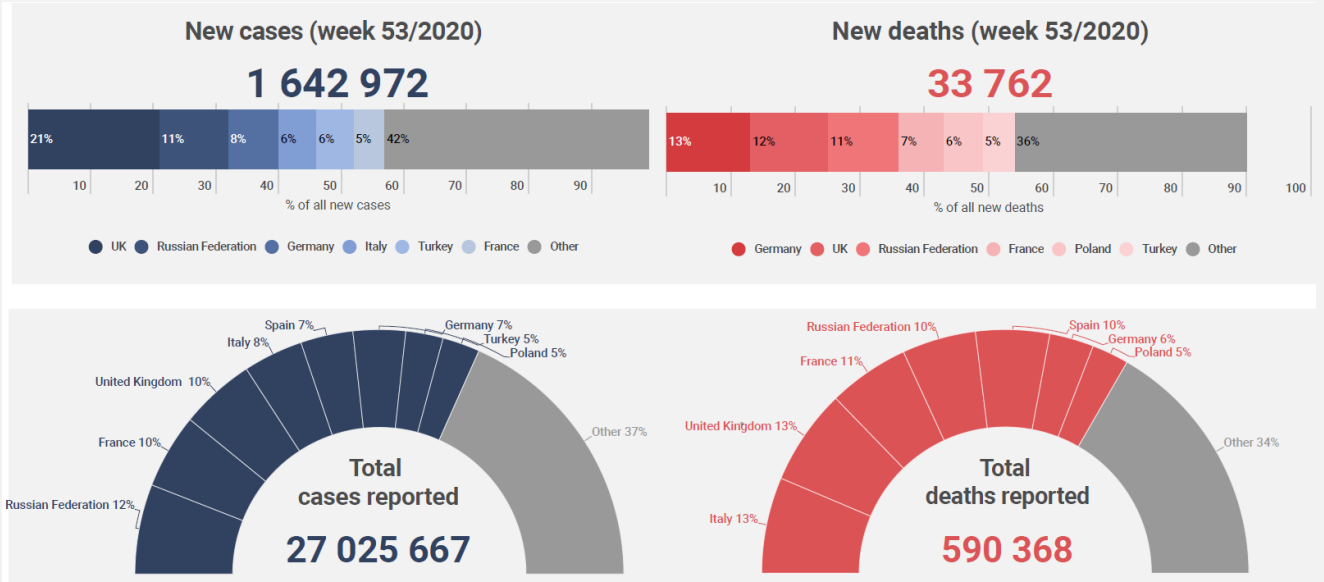
Mortality

- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources from 30 countries, was 87.8 (country range: 2.8–286.6) per million population. The rate has been stable for six weeks.
- Among 28 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in eight countries (Cyprus, Denmark, Estonia, Ireland, Liechtenstein, the Netherlands, Slovakia and Slovenia). Stable or decreasing trends in death rates of 1–4 weeks' duration were observed in 20 countries (Austria, Belgium, Bulgaria, Croatia, Czechia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Romania, Spain and Sweden).

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 (20 Dec– 03 Jan 2021 Epi week 53)



EU: This year the EU will create additional locations across Europe for the storage of medical protective equipment. New locations for the "recuEU stockpiling" project will also be set up in Germany, Belgium, the Netherlands and Slovenia. According to the information, a total of nine EU countries now house the joint medical supplies - including millions of masks, gloves and gowns as well as thousands of ventilators. In the seven-year contract, medical protective equipment are to be stored and distributed if necessary. In Germany logistics centers would be set up at Frankfurt and Halle / Leipzig airports. The storage facilities are a lesson from the corona pandemic. In the event of bottlenecks or emergencies, supplies are distributed. Croatia, France, Serbia and North Macedonia, among others, have already received equipment from the reserve. The EU finances the acquisition, storage and

transport of the goods as part of its civil protection procedure, in which several non-EU countries also participate. This is to curb the dependency on China.

Country Reports:

GBR: The UK government's chief medical advisor has warned of a collapse of the health system within a few weeks. Great Britain is currently setting new records for new corona infections and deaths. For example, waiting times for patient treatment could increase to a potentially dangerous level, as the ratio of hospital staff to patients could become unacceptable. The health service in some parts of the country is currently exposed to the most dangerous situation in living memory. There will be deaths that could have been avoided.

The government and doctors are responsible for the rapid spread, among other things, of a new, probably even more contagious virus variant that is rampant in parts of the country. Compliance with the rules to contain the virus has also waned.

The situation in London is particularly bad. Mayor Sadiq Khan triggered the disaster there on Friday. The seven-day incidence there is now more than 1000. That is the number of infections within one week per 100,000 inhabitants.

From next Friday, the population is to be tested extensively for the corona virus in a fast-track process. Two million antigen tests have been ordered from a British manufacturer. Millions more tests could be added in the coming months. The government wants to track down asymptomatic cases and break chains of transmission. First of all, people who cannot work from home are to be tested.

However, critics are not convinced that the measure really helps. In the so-called lateral flow tests, up to 60 percent of positive cases would not be detected, an expert from the Liverpool School of Tropical Medicine told the Financial Times. That was shown by the preliminary evaluation of a pilot test in Liverpool.

FRA: The number of new infections has risen on average over the past seven days at more than 18,000 per day, the highest level in seven weeks. The number of deaths recently rose by 310.

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In the southern French port metropolis of Marseille, there is growing concern about the mutated form of the corona virus, which has increasingly occurred in Great Britain. The city announced on Sunday that seven cases of the British variant were discovered. A cluster had previously been discovered around a patient who was infected with the mutated form of the virus. The patient belongs to a French family who live in the UK and who were in France during the year-end vacation. Dozens of contact cases were eventually identified, and more than 20 people tested positive for the coronavirus. The mutated form could be detected in seven of them. Marseilles Mayor Benoît Payan called the situation in the port metropolis "worrying" and called for stricter controls at the airports.

In Marseille, as in other regions of France badly hit by the pandemic, an evening curfew from 6 p.m. has been in effect since Sunday. In the rest of the country, including Paris, it starts at 8 p.m.

ITA: As of this week, the country will again be divided into different corona zones. Different rules therefore apply in the regions, depending on how the infection process develops there.

After that, the northern regions of Emilia Romagna, Lombardy and Veneto as well as Sicily and Calabria in the south will fall into the orange zone from Monday. Stricter measures then take effect in them.

In the regions of Italy that are in a yellow zone bars and restaurants can reopen from Monday and serve their guests at the table. Landlords are allowed to open their premises to guests from 5 a.m. to 6 p.m. - until 10 p.m. for those who also offer take-away meals.

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The government crisis in Italy is coming to a head in the simmering dispute over the use of billions in EU aid. The head of the small co-governing party Italia Viva, Matteo Renzi, criticized Prime Minister Giuseppe Conte's behavior in the dispute over the distribution of around 209 billion euros for reconstruction after the Corona crisis. Italy is thus losing time to finally agree on a distribution plan. The crisis that has been wafting for weeks has put the center-left government to the test. In the worst case, the country could lose the EU billions.

ESP: After the worst snow chaos in 50 years, emergency services cleared 500 streets by Sunday. Units of the military focused on clearing access to major fresh food distribution centers and hospitals. Special efforts are made to ensure that the weekly delivery of the BioNTech vaccine against the coronavirus can be distributed to the regional health authorities.
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In the Balearic Islands, meetings in private circles are prohibited from Wednesday due to the high corona numbers. This applies to public spaces as well as at home. From Wednesday on, all restaurants, bars, shopping centers and gyms should also close. The restrictions should initially last until January 30th. The only exceptions from the ban are people in need, couples living apart, children whose parents are separated and single households. The latter are allowed to visit family or friends in order not to become lonely.

DEU: After the sometimes chaotic conditions in the German winter sports areas at the turn of the year, the authorities continue to expect a rush. Many day tourists are likely to be drawn back to the snow-covered areas.

In the corona pandemic, many slopes, ski lifts and toboggan runs are closed due to hygiene regulations. The necessary infrastructure for day tourists such as parking spaces or toilets are also blocked. The police announce again increased controls. The officers are supported by hundreds of riot police and a cavalry squadron.

To support Homeschooling the public television broadcasters are expanding their range of information in view of the upcoming school lockdown.

CHE: Opponents of the corona measures in Switzerland want to overturn the COVID-law to contain the pandemic. According to their own statements, they submitted almost 90,000 signatures to the authorities - enough to force a referendum, as the spokesman for the association "Friends of the Constitution" said.

The association criticizes, among other things, the shortened testing of new drugs in the law that has already come into force. The government must consider a moratorium on vaccination until more reliable data are available on the effects of vaccines. There was a lack of reliable information on the effects of the vaccination on members of risk groups. The association also opposes the powers that law gives the government to combat the pandemic and to manage the impact of the control measures on society.

GRC: After a two-month closure due to the corona pandemic, kindergartens and primary schools reopened on Monday. More than 850,000 children under the age of twelve were allowed to go back to school. The nationwide lock down has been extended by a week.

RUS: In the midst of the corona pandemic, there was a real rush of air travelers at at least two airports in Russia. In Sochi and Murmansk, the airports would not have been able to cope with the high number of passengers. Many people would have stood crowded, sometimes without mouth and nose protection. In the past few days, many Russians have returned to their homes from vacations or family visits. New Year is an important family festival in Russia.

The British new form of the coronavirus has now also appeared in Russia for the first time. The virus was found in this form of mutation in a traveler who had returned from the UK. It is unclear how the traveler got to Russia. Russia has suspended flight connections with Great Britain since December because of the occurrence of the new virus variant there.

Subject in Focus

6-month consequences of COVID-19 in patients discharged from hospital: a cohort study

There have been some studies regarding long-term consequences of COVID-19 over the last month. These studies reported that patients with COVID-19 discharged from hospitals might have persistent symptoms, abnormal patterns in chest imaging manifestations, impaired lung functions, and poor quality of life. However, the representativeness of the studies and the explicitness of provided information were insufficient due to small numbers of cases and the short duration of follow-up (up to about 3 months after discharge). The long-term health consequences of discharged patients with COVID-19 and the associated risk factors were still unknown.

In this new study published in the Lancet on January 8, the aim was to describe the long-term health consequences of patients with COVID-19 who have been discharged from hospital and investigate the associated risk factors, in particular disease severity.

The study included 1,733 patients with confirmed COVID-19 who had been discharged from Jin Yin-tan Hospital (Wuhan, China) between Jan 7, 2020, and May 29, 2020. That make the study the largest cohort study (n=1733) with the longest follow-up duration for the consequences of adult patients discharged from hospital recovering from COVID-19, to this date.

All patients were interviewed with a series of questionnaires for evaluation of symptoms and health-related quality of life, underwent physical examinations and a 6-min walking test, and received blood tests.

Results

The findings showed that 76% of patients reported at least one symptom at 6 months after symptom onset, and the proportion was higher in women.

The most common symptoms were:

- fatigue or muscle weakness and
- sleep difficulties.

Additionally, 23% of patients reported:

- anxiety or
- depression at follow-up.

The percentage of patients with pulmonary diffusion abnormality during follow-up is higher in patients with more severe disease at acute phase. These patients also have a higher CT score at follow-up.

Ground glass opacity and irregular lines are the most common pattern at follow-up. In multivariable analysis, women and participants with severity scale 5–6 have a higher risk of lung diffusion impairment, anxiety or depression, and fatigue or muscle weakness.

The study found that being a woman and severity of illness were risk factors for persistent psychological symptoms. Female SARS survivors had higher stress levels and higher levels of depression and anxiety, showed in other studies. For example in a 3-month follow-up survey of 538 COVID-19 patients, [Xiong and colleagues](#) found that physical decline or fatigue, post-activity polypnoea, and alopecia were more common in women than in men.

The underlying mechanism of the psychiatric consequences of COVID-19 is likely to be multifactorial and might include the direct effects of viral infection, the immunological response, corticosteroid therapy, ICU stay, social isolation, and stigma.

This study also investigated long-term extrapulmonary organ manifestations and death during follow-up. For example, persistent renal dysfunctions were observed, some participants were newly diagnosed with diabetes, and venous thromboembolic diseases, (including cardiovascular and cerebrovascular events) occurred.

Table 1: Symptoms, exercise capacity, and health-related quality of life at follow-up according to severity scale

	Total (n=1733)	Seven-category scale			OR or β (95% CI)	
		Scale 3: not requiring supplemental oxygen (n=439)	Scale 4: requiring supplemental oxygen (n=1172)	Scale 5-6: requiring HFNC, NIV, or IMV (n=122)	Scale 4 vs 3	Scale 5-6 vs 3
Symptoms						
Any one of the following symptoms	1265/1655 (76%)	344/424 (81%)	820/1114 (74%)	101/117 (86%)	OR 0.70 (0.52 to 0.96)*	OR 2.42 (1.15 to 5.08)*
Fatigue or muscle weakness	1038/1655 (63%)	281/424 (66%)	662/1114 (59%)	95/117 (81%)	OR 0.74 (0.58 to 0.96)*	OR 2.69 (1.46 to 4.96)*
Sleep difficulties	437/1655 (26%)	116/424 (27%)	290/1114 (26%)	31/117 (26%)	OR 0.92 (0.71 to 1.21)	OR 1.15 (0.68 to 1.94)
Hair loss	359/1655 (22%)	93/424 (22%)	238/1114 (21%)	28/117 (24%)	OR 0.99 (0.74 to 1.31)	OR 1.17 (0.67 to 2.04)
Smell disorder	176/1655 (11%)	55/424 (13%)	107/1114 (10%)	14/117 (12%)	OR 0.69 (0.48 to 1.00)	OR 0.90 (0.43 to 1.87)
Palpitations	154/1655 (9%)	45/424 (11%)	96/1114 (9%)	13/117 (11%)	OR 0.86 (0.58 to 1.28)	OR 1.31 (0.61 to 2.80)
Joint pain	154/1655 (9%)	51/424 (12%)	86/1114 (8%)	17/117 (15%)	OR 0.56 (0.38 to 0.83)*	OR 0.74 (0.36 to 1.50)
Decreased appetite	138/1655 (8%)	42/424 (10%)	85/1114 (8%)	11/117 (9%)	OR 0.84 (0.56 to 1.27)	OR 1.56 (0.71 to 3.43)
Taste disorder	120/1655 (7%)	37/424 (9%)	75/1114 (7%)	8/117 (7%)	OR 0.84 (0.54 to 1.30)	OR 0.80 (0.32 to 2.02)
Dizziness	101/1655 (6%)	32/424 (8%)	60/1114 (5%)	9/117 (8%)	OR 0.77 (0.48 to 1.22)	OR 0.95 (0.39 to 2.31)
Diarrhoea or vomiting	80/1655 (5%)	27/424 (6%)	48/1114 (4%)	5/117 (4%)	OR 0.71 (0.42 to 1.22)	OR 0.39 (0.11 to 1.42)
Chest pain	75/1655 (5%)	19/424 (4%)	46/1114 (4%)	10/117 (9%)	OR 0.94 (0.52 to 1.67)	OR 2.55 (0.99 to 6.62)
Sore throat or difficult to swallow	69/1655 (4%)	20/424 (5%)	44/1114 (4%)	5/117 (4%)	OR 0.91 (0.50 to 1.65)	OR 1.21 (0.40 to 3.73)
Skin rash	47/1655 (3%)	16/424 (4%)	27/1114 (2%)	4/117 (3%)	OR 0.64 (0.32 to 1.26)	OR 0.71 (0.18 to 2.87)
Myalgia	39/1655 (2%)	11/424 (3%)	24/1114 (2%)	4/117 (3%)	OR 0.80 (0.38 to 1.69)	OR 1.72 (0.47 to 6.27)
Headache	33/1655 (2%)	10/424 (2%)	20/1114 (2%)	3/117 (3%)	OR 0.76 (0.35 to 1.69)	OR 1.53 (0.36 to 6.52)
Low grade fever	2/1655 (<1%)	1/424 (<1%)	1/1114 (<1%)	0	NA	NA
mMRC score						
0	1196/1615 (74%)	323/425 (76%)	802/1079 (74%)	71/111 (64%)	NA	NA
≥1	419/1615 (26%)	102/425 (24%)	277/1079 (26%)	40/111 (36%)	OR 1.11 (0.84 to 1.46)	OR 2.15 (1.28 to 3.59)*
EQ-5D-5L questionnaire†						
Mobility: problems with walking around	113/1622 (7%)	25/426 (6%)	72/1084 (7%)	16/112 (14%)	OR 1.06 (0.63 to 1.78)	OR 2.48 (1.12 to 5.48)*
Personal care: problems with washing or dishing	11/1622 (1%)	0	10/1084 (1%)	1/112 (1%)	NA	NA
Usual activity: problems with usual activity	25/1611 (2%)	5/425 (1%)	15/1076 (1%)	5/110 (5%)	OR 1.10 (0.35 to 3.50)	OR 3.42 (0.74 to 15.78)
Pain or discomfort	431/1616 (27%)	111/422 (26%)	274/1082 (25%)	46/112 (41%)	OR 0.86 (0.66 to 1.13)	OR 1.94 (1.19 to 3.16)*
Anxiety or depression	367/1617 (23%)	98/425 (23%)	233/1081 (22%)	36/111 (32%)	OR 0.88 (0.66 to 1.17)	OR 1.77 (1.05 to 2.97)*
Quality of life‡	80.0 (70.0 to 90.0)	80.0 (70.0 to 90.0)	80.0 (75.0 to 90.0)	80.0 (70.0 to 87.5)	β 2.68 (-1.55 to 6.91)	β -2.33 (-10.60 to 5.95)
Distance walked in 6 min, m	495.0 (440.0 to 538.0)	495.0 (446.0 to 542.0)	495.0 (439.0 to 537.0)	479.0 (434.0 to 515.5)	β -9.25 (-18.80 to 0.26)	β -32.50 (-51.40 to -13.60)§
Percentage of predicted value¶	87.7 (75.9 to 101.1)	87.8 (76.3 to 101.3)	87.9 (76.3 to 101.5)	85.2 (72.9 to 98.6)	β -1.58 (-3.59 to 0.43)	β -5.61 (-9.60 to -1.62)*
Less than lower limit of the normal range	392/1692 (23%)	103/423 (24%)	255/1153 (22%)	34/116 (29%)	OR 1.13 (0.81 to 1.57)	OR 2.18 (1.18 to 4.03)*
eGFR<90 mL/min per 1.73 m ²	487/1393 (35%)	121/338 (36%)	326/967 (34%)	40/88 (45%)	OR 0.86 (0.63 to 1.19)	OR 1.44 (0.76 to 2.70)

Data are n/N (%) or median (IQR), unless otherwise specified. The differing denominators used indicate missing data. OR—odds ratio. HFNC—high-flow nasal cannula for oxygen therapy. NIV—non-invasive ventilation. IMV—invasive mechanical ventilation. NA—not applicable. mMRC—modified British Medical Research Council. EQ-5D-5L—EuroQol five-dimension five-level questionnaire. eGFR—estimated glomerular filtration rate. *p<0.05. †Detailed results of EQ-5D-5L questionnaire are presented in the appendix (pp 12–13). ‡Quality of life was assessed using the EuroQol Visual Analogue Scale, ranging from 0 (worst imaginable health) to 100 (best imaginable health). §p<0.001. ¶Predicted values were calculated according to the method of Enright and Sherrill.²² ||The lower limit of the normal range was calculated by subtracting 153 m from the predicted value for men or by subtracting 139 m for women.

Table 2: Symptoms, exercise capacity, and health-related quality of life at follow-up according to severity scale

Table 2: Lung function and chest CT at follow-up according to severity scale

	Seven-category scale			OR or β (95% CI)	
	Scale 3: not requiring supplemental oxygen	Scale 4: requiring supplemental oxygen	Scale 5-6: requiring HFNC, NIV, or IMV	Scale 4 vs 3	Scale 5-6 vs 3
Lung function					
Number of patients	89	172	88		
FEV ₁ <80%, % of predicted	7 (8%)	4 (2%)	11 (13%)	OR 0.14 (0.03 to 0.68)*	OR 0.50 (0.09 to 2.93)
FVC <80%, % of predicted	3 (3%)	1 (1%)	10 (11%)	OR 0.11 (0.01 to 1.59)	OR 2.09 (0.19 to 23.02)
FEV ₁ /FVC <70%	7 (8%)	13 (8%)	2 (2%)	OR 0.91 (0.29 to 2.80)	OR 0.26 (0.03 to 1.93)
TLC <80%, % of predicted	9/83 (11%)	17/165 (10%)	30/86 (35%)	OR 0.89 (0.33 to 2.42)	OR 3.00 (0.93 to 9.67)
FRC <80%, % of predicted	5/83 (6%)	6/165 (4%)	16/84 (19%)	OR 0.61 (0.17 to 2.16)	OR 3.93 (0.97 to 15.82)
RV <80%, % of predicted	16/83 (19%)	28/164 (17%)	43/86 (50%)	OR 0.76 (0.33 to 1.75)	OR 2.75 (1.03 to 7.37)*
DLCO <80%, % of predicted†	18/83 (22%)	48/165 (29%)	48/86 (56%)	OR 1.61 (0.80 to 3.25)	OR 4.60 (1.85 to 11.48)*
Chest CT					
Number of patients	95	163	95		
At least one abnormal CT pattern	49 (52%)	87/161 (54%)	50/92 (54%)	OR 0.93 (0.53 to 1.64)	OR 0.81 (0.38 to 1.72)
GGO	39 (41%)	78/161 (48%)	41/92 (45%)	OR 1.19 (0.68 to 2.09)	OR 0.93 (0.44 to 1.98)
Irregular lines	10 (11%)	24/161 (15%)	22/92 (24%)	OR 1.46 (0.60 to 3.52)	OR 1.89 (0.64 to 5.61)
Consolidation	0	4/161 (2%)	0	NA	NA
Interlobular septal thickening	1 (1%)	2/161 (1%)	0	NA	NA
Subpleural line	6 (6%)	5/161 (3%)	4/92 (4%)	NA	NA
Reticular pattern	0	1/161 (1%)	1/92 (1%)	NA	NA
Volume of lung lesions, cm ³	1.6 (0.6 to 5.6)	3.3 (0.8 to 12.4)	29.1 (4.6 to 77.3)	β 7.45 (-12.40 to 27.28)	β 34.37 (7.74 to 61.00)*
Volume of consolidation, cm ³	0.2 (0.1 to 0.4)	0.3 (0.1 to 1.0)	1.6 (0.2 to 4.4)	β 0.19 (-1.97 to 2.35)	β 3.05 (0.14 to 5.95)*
Volume of GGO, cm ³	1.4 (0.6 to 4.7)	2.9 (0.7 to 10.0)	26.3 (4.3 to 73.3)	β 7.26 (-10.70 to 25.25)	β 31.32 (7.16 to 55.48)*
Volume ratio of lung lesion to total lung, %	0.0 (0.0 to 0.1)	0.1 (0.0 to 0.3)	0.7 (0.1 to 2.2)	β -0.06 (-1.36 to 1.24)	β 1.44 (-0.30 to 3.18)
Volume ratio of consolidation to total lung, %	0.0 (0.0 to 0.0)	0.0 (0.0 to 0.0)	0.0 (0.0 to 0.1)	NA	NA
Volume ratio of GGO to total lung, %	0.0 (0.0 to 0.1)	0.1 (0.0 to 0.2)	0.6 (0.1 to 1.9)	β -0.07 (-1.20 to 1.07)	β 1.23 (-0.29 to 2.76)
CT score	3.0 (2.0 to 5.0)	4.0 (3.0 to 5.0)	5.0 (4.0 to 6.0)	β 0.33 (-0.19 to 0.84)	β 1.25 (0.56 to 1.95)‡

Data are absolute values, n (%), n/N (%), or median (IQR), unless otherwise specified. OR=odds ratio. HFNC=high-flow nasal cannula for oxygen therapy. NIV=non-invasive ventilation. IMV=invasive mechanical ventilation. FEV₁=forced expiratory volume in one second. FVC=forced vital capacity. TLC=total lung capacity. FRC=functional residual capacity. RV=residual volume. DLCO=diffusion capacity for carbon monoxide. GGO=ground glass opacity. NA=not applicable. *p<0.05. †Carbon monoxide diffusion capacity was not corrected for haemoglobin. ‡p<0.001.

Table 3: Lung function and chest CT at follow-up according to severity scale

The results of lung function assessment in this study showed that a considerable proportion (22–56% across different severity scales) of participants had a pulmonary diffusion abnormality 6 months after symptom onset. This was consistent with findings that the most common abnormal CT pattern was pulmonary interstitial change (GGOs and irregular lines), which were similar to the long-term lung manifestations of SARS or influenza.

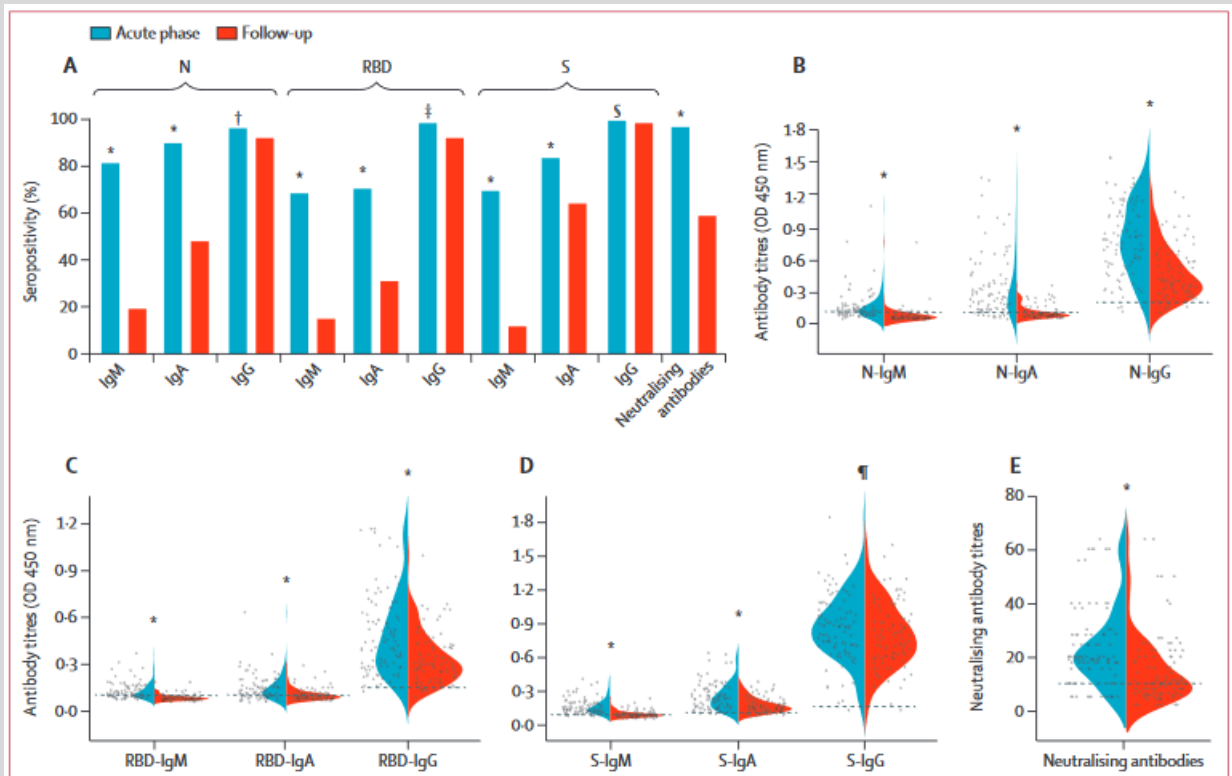


Figure 3: Temporal changes of seropositivity and antibody titres against SARS-CoV-2
 (A) Seropositivity of each antibody indicated by the y-axis. Violin plots show the distribution of each antibody feature N (B), RBD (C), S (D), and neutralising antibodies (E) split across baseline and follow-up plasma samples of 94 individuals. The horizontal lines are used to indicate the value used to diagnose positivity from the antibody test. The comparison of antibody test results at acute phase and follow-up was done with paired t tests for antibody titres and McNemar test for antibody positive rates. Plasma samples at acute phase were collected during hospital stay with a median duration of 23 (IQR 20–26) days from illness onset. OD=optical density. SARS-CoV-2=severe acute respiratory syndrome coronavirus 2. p values indicate a comparison between acute phase and follow-up. *p<0.0001. †p=0.29. ‡p=0.039. §p=1.00. ¶p=0.021.

The seropositivity of the neutralising antibodies, N-IgM, RBD-IgM, and S-IgM, N-IgA, RBD-IgA, and S-IgA antibodies, and RBD-IgG, and neutralising antibody titres at follow-up were significantly lower compared with an acute phase.

Interpretation

At 6 months after symptom onset, patients with COVID-19 had symptoms of fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patients with a more severe illness during their hospital stay had increasingly impaired pulmonary diffusion capacities and abnormal chest imaging manifestations, and these are the patients who are the main target population for intervention of long-term recovery.

The decline of neutralising antibodies raises concern for severe acute respiratory syndrome coronavirus 2 re-infection. The risk of re-infection should be monitored for patients who present with new symptoms of COVID-19.

Source:

<https://www.thelancet.com/journals/lancet/article/PIIS0140-67362032656-8/fulltext>

<https://linkinghub.elsevier.com/retrieve/pii/S1198743X20305759>

Conflict and Health

REVIEW: Conflicts Worldwide and the Impact of COVID-19

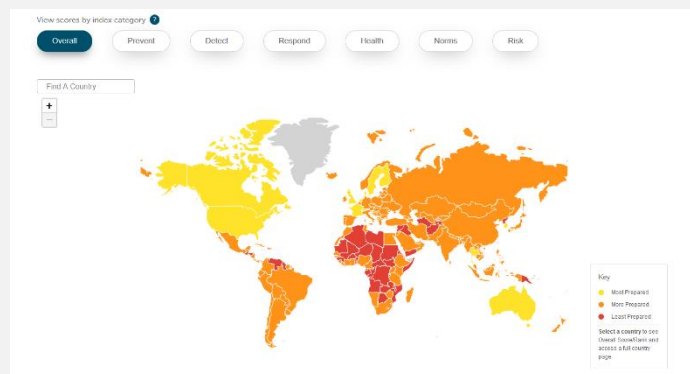


In cooperation with Bundeswehr HQ of Military Medicine

Global Health Security Index;

The Global Health Security Index (GHS Index) is the results of a worldwide study of the preparedness for dealing with epidemics and pandemics in 195 countries. The study was carried out by the Center for Health Security at Johns Hopkins University, the Nuclear Threat Initiative (NTI) and the Economist Intelligence Unit (EIU). It was first published in 2019. It shows that "no country in the world is fully prepared for epidemics and pandemics, and that every country has to address important gaps". In 2019, the following countries were in the "best prepared" category in alphabetical order: Australia, Finland, France, Canada, the Netherlands, Sweden, South Korea, Thailand, Great Britain and Northern Ireland and the USA. The reality and the experiences from last year reflect this in a differentiated way. Even the countries most "best" prepared show in this pandemic that their strategies and preparations are not the measure of all things either. In the future, further factors will have to be included in such a calculation that also include political, socio-economic and other determinants.

<https://www.ghsindex.org/>



	GHS-Index-Ranking:	Index Score:
Jemen	190/195	18,5
Syria	188/195	19,9
South Sudan	180/195	21,7
Libya	168/195	25,7
Sudan	163/195	26,2
Central African Republic	159/195	27,3
Afghanistan	130/195	32,2
Cameroon	115/195	34,4
Ukraine	94/195	38,0
Myanmar	72/195	43,4
Colombia	65/195	44,2
Philippines	53/195	47,6

Pandemic and conflicts;

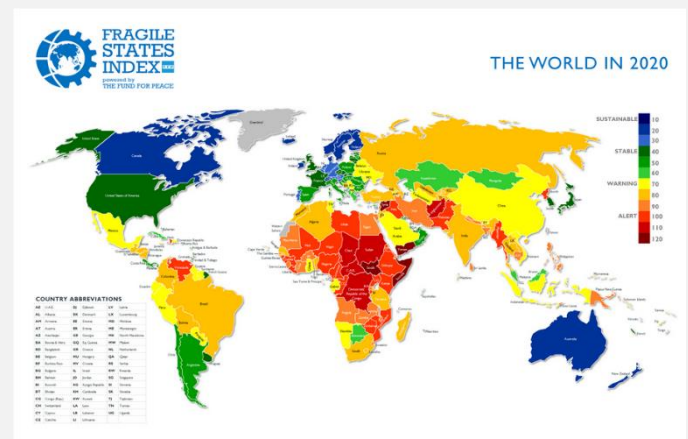
"The frenzy of this virus illustrates the madness of war. The pandemic is a wake-up call to prioritize peace - now and in the future. "(Guterres)

UN Secretary General António Guterres has called for a global ceasefire to fight the Corona crisis. Now that the pandemic is already causing serious pollution in the most stable and established democracies in the world, the US Institute of Peace (USIP) now also fears catastrophic effects, especially in conflict countries such as Yemen, Syria, Afghanistan and Libya. Years of war have decimated hospitals and destroyed health systems, while humanitarian aid organizations are trying to reach vulnerable populations. Too often, medical staff and facilities are explicitly targeted by the conflict parties, so that there is hardly any medical care capacity left. Worldwide, 70 million people are currently fleeing violent conflicts, including many women and children who live in overcrowded tents with limited access to clean drinking water or adequate medical care. Guterre's appeal is neither naive nor wishful thinking - this pandemic is a historic opportunity for conflicting parties, their differences against the background of a

greater threat and a common enemy. There are also historical examples: In 2011, USIP published a study on “Pandemics and Peace: Public Health Cooperation in Zones of Conflict”, which examines case studies of countries that have worked together on prevention and outbreak management against airborne diseases. In 2006, in the Middle East, official health experts from Israel, Palestine and Jordan exchanged information on the bird flu outbreak and continued these links until the 2009 swine flu outbreak. Some parties to the conflict seem to want to follow Guterres' call: in Afghanistan, Cameroon, the Central African Republic, Colombia, Libya, Myanmar, the Philippines, South Sudan, Sudan, Syria, Ukraine and Yemen (note VI-2: we have already to some reported here, the series will continue for the next few weeks). More than 70 UN member states, regional partners and civil society organizations have signed up. Religious leaders, including Pope Francis, have made clear their visions on the global ceasefire. Muslim clerics in Afghanistan made a declaration to the Taliban and the government last Friday to enter into a ceasefire and jointly tackle the pandemic. Saudi Arabia has also declared a ceasefire in Yemen out of concerns about the corona virus. Peace comes from above as from below - violence and disasters do not define any of the societies mentioned; if only given the opportunity, people will choose peace and dignity over war and oppression. While this pandemic is a scourge of humanity, it can also serve to help parties to the conflict recognize the greater values of their interests: the health and well-being of their people. This is the real core of Guterres' plea for a global ceasefire. <https://www.usip.org/fighters-lay-down-arms-combat-coronavirus-we-must-pick-tools-build-peace>

Fragile State Index;

The Fragile States Index, formerly the Failed States Index, is an annual ranking that has been published in the American journal Foreign Policy since 2005 by the American think tank Fund for Peace. The report includes all sovereign states that are members of the United Nations and that sufficient data are available to analyze them. The index is intended to express the degree of functioning of states and the probability of a state collapse in a ranking. It has since received a lot of attention in the media and in the public eye. The ranking is based on the sum of the ratings for 12 indicators. Each indicator is rated on a scale from 0 to 10, with 0 being the lowest (most stable) and 10 being the highest (least stable) intensity, creating a scale from 0 to 120. The higher the index value, the less stable a country is assessed. The ratings are obtained through a process that includes content analysis, quantitative data and qualitative review. Quantitative data from sources such as the United Nations (UN), the World Health Organization (WHO), the CIA World Factbook, Transparency International, the World Bank and Freedom House are included in the index. [1] Scores for subjective criteria are created through document analysis based on algorithms. <https://fragilestatesindex.org/>



**COVID-19
Crisis in
NIGER**

Niger

Area:	1,267,000 km ²
Population:	22,442,831
Capital:	Niamey
Age structure:	
0-14 years:	50,58%
15-24 years:	19,99%
25-54 years:	23,57%
55-64 years:	3,17%
65 years and over:	2,68%

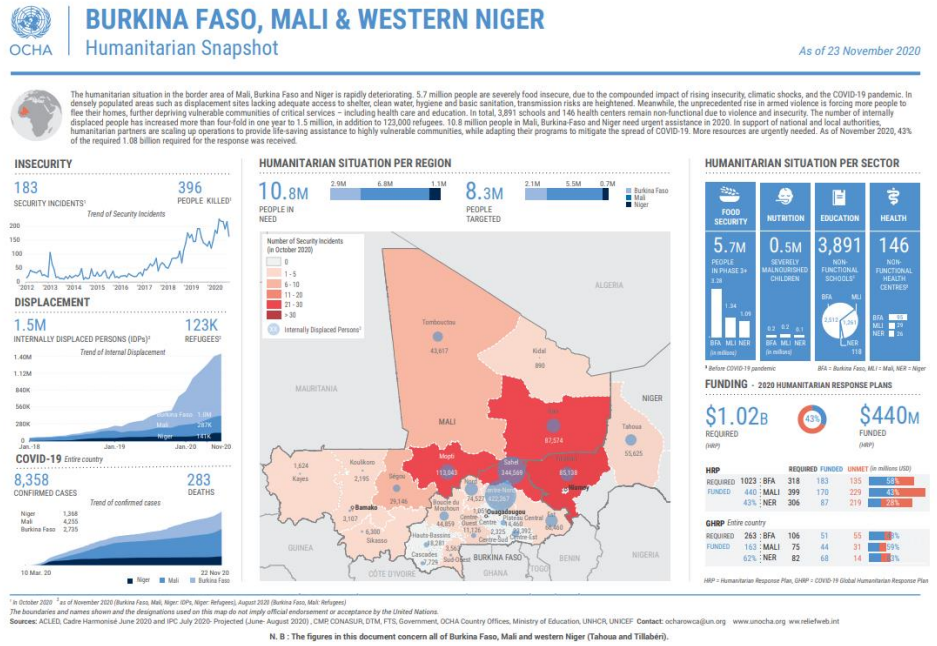


CONFLICT:

is a state in the African Sahel zone that builds a geostrategically important bridge between Northern and Sub-Saharan Africa. As part of the G5 Sahel states, NER is primarily shaped by the interaction of cultures, religions and ethnic groups, with the decisive poles being the Islamic-Arab, Central African and nomadic way of life. The origins of the domestic political conflicts go back to the colonial times when the country was part of the FRA colonial empire. Due to the different, traditionally handed down ways of life of the different ethnic groups in the population, conflicts of interest arise, which are mainly carried out by all parties involved with armed force. In particular, the nomadic way of life of the Tuareg and the resulting need for pastureland repeatedly leads to land disputes with the central government, which is dominated by Songhai and Zarma. Although the civil war between the conflicting parties was ended by a peace agreement in 1995, this was never fully implemented by the government, which is why fighting broke out again in 2007. One reason for the land disputes is the uranium mining in the disputed areas, which accounts for 70% of all exports in the country and generates a large part of the GDP NER. The largest customer is the FRA nuclear industry; Nigerien uranium covers 40% of the total demand in FRA, which is why economic interests play a solid role in the bilateral relations between the two countries. The pacification of the region is made even more difficult by constant changes of government; military coups are the order of the day in NER. The rise of radical Islamic militias throughout the Sahel, which see themselves as offshoots of IS, is also destabilizing the region. The escalation of cross-border violence together with the worsening economic situation are major causes of flight and lead to the fact that the border area of NER to Mali and Burkina Faso, the Liptako Gourma region, is characterized by persistently dynamic and cross-border migratory movements. The region in the southeast in the Lake Chad basin is also affected. The civilian population suffers extremely from human rights violations by government troops and militias as well as the almost weekly terrorist attacks by the Islamists. The largest attack to date by the Islamist Boko Haram took place just last week and claimed 28 civilian lives and a large number of people injured. 800-1000 houses were destroyed.

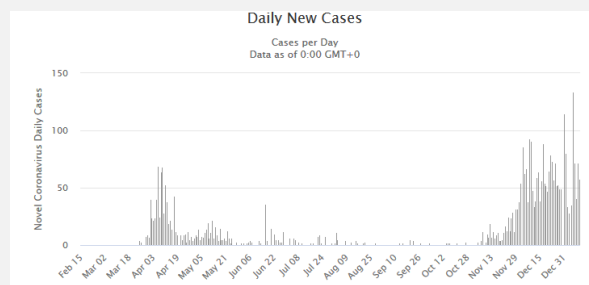
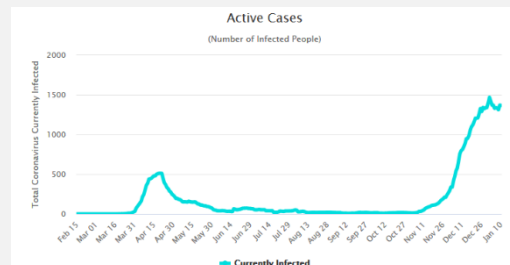
HEALTH:

The health system in NER is characterized by chronic deficiency in all areas. Hospitals can only be found in the provincial capitals, there are hardly any medical specialists (only 0.03 doctors per 10,000 inh.). Many health facilities in the conflict regions have ceased operations completely. Almost 90% of all health care expenditure has to be raised by the patient, 50% have no access to medical care. Treatment in Niger only takes place after payment has been made in advance, which is often impossible for the majority of the population. On the one hand, the country is experiencing a population explosion, the fertility rate is the highest in the world. On the other hand, little is done by the state to compensate for the significantly increased demand for resources. The Sahel is repeatedly plagued by natural disasters such as droughts and locust plagues, which is why 1/3 of the population is threatened with malnutrition and malnutrition. Malaria is the country's greatest public health threat, accounting for approximately 28% of all illnesses and 50% of all reported deaths in the country. In addition, preventable infectious diseases such as diarrhea, polio, measles and meningitis also play a major role.



COVID-19 current Situation:

SARS-CoV-2 / COVID-19 outbreak: In Niger there is a very unclear situation regarding the infection process, as there are hardly any test capacities and therefore hardly any positive cases are diagnosed. Only 1459 cases were reported in the last 3 months, but that is ten times the previous three months. 2659 (1,200, 09/25/20) officially reported cases and 87 (69, 09/25/20) deaths are probably just the tip of the iceberg of a huge number of unreported cases. The few possible containment measures include hand hygiene, if possible, and the use of improvised masks. On March 27, a health disaster was declared and a curfew was imposed, which was lifted in May. At the same time, in parallel with the relaxation, new infections and deaths fell to a minimum by October (see below). Since October, the very few and unrepresentative positive cases have increased again exponentially.



CONCLUSION:

Niger, which was characterized by natural disasters, a very poor or non-existent health system and poverty before the pandemic, is finding an additional challenge due to COVID-19 (like the entire Sahel). It may be heading for a humanitarian catastrophe of unimaginable proportions. The low number of cases very likely hide the true extent of the pandemic and the effects, especially the economic ones, will only become fully apparent in the future.

Niger

32.2 Index Score 132/195



	COUNTRY SCORE	AVERAGE SCORE*		COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	32.5	34.8	HEALTH SYSTEM	21.9	26.4
Antimicrobial resistance (AMR)	58.3	42.4	Health capacity in clinics, hospitals and community care centers	171	24.4
Zoonotic disease	27	27.1	Medical countermeasures and personnel deployment	33.3	21.2
Biosecurity	0	16.0	Healthcare access	38.7	38.4
Biosafety	0	22.8	Communications with healthcare workers during a public health emergency	0	15.1
Dual-use research and culture of responsible science	0	1.7	Infection control practices and availability of equipment	0	20.8
Immunization	93.9	85.0	Capacity to test and approve new medical countermeasures	50	42.2
DETECTION AND REPORTING	44.4	41.9	COMPLIANCE WITH INTERNATIONAL NORMS	45.5	48.5
Laboratory systems	66.7	54.4	IHR reporting compliance and disaster risk reduction	50	62.3
Real-time surveillance and reporting	53.3	39.1	Gross-border agreements on public and animal health emergency response	50	54.4
Epidemiology workforce	50	42.3	International commitments	25	53.4
Data integration between human/animal/environmental health sectors	0	29.7	JEE and PVS	25	17.7
RAPID RESPONSE	20.1	38.4	Financing	50	36.4
Emergency preparedness and response planning	0	16.9	Commitment to sharing of genetic & biological data & specimens	66.7	68.1
Exercising response plans	0	16.2	RISK ENVIRONMENT	28.5	55.0
Emergency response operation	0	23.6	Political and security risks	17.9	60.4
Linking public health and security authorities	0	22.6	Socio-economic resilience	39.9	66.1
Risk communication	25	39.4	Infrastructure adequacy	8.3	49.0
Access to communications infrastructure	36.6	72.7	Environmental risks	75.6	52.9
Trade and travel restrictions	100	97.4	Public health vulnerabilities	9.2	46.9

*Average: all 195 countries
Scores are normalized (0-100, where 100 = most favorable)

www.ghsindex.org

Source:

- <https://de.wikipedia.org/wiki/Niger>
- https://docs.wfp.org/api/documents/WFP-0000122098/download/?_ga=2.238297603.2027749216.1608549043-120948843.1608549043
- <https://www.reuters.com/article/us-niger-security/qunmen-in-niger-kill-27-burn-800-houses-says-u-n-idUSKBN28O2MN?rpc=401&>
- <https://fragilestatesindex.org/>
- https://reliefweb.int/sites/reliefweb.int/files/resources/ner_un_sitrep_38_covid19.pdf
- <https://www.crisisgroup.org/africa/sahel/niger/289-sidelining-islamic-state-nigers-tillabery>
- <https://www.chathamhouse.org/expert/comment/coronavirus-risks-worsening-food-crisis-sahel-and-west-africa>
- <https://www.economist.com/middle-east-and-africa/2020/05/07/lacking-data-many-african-governments-make-policy-in-the-dark>
- <https://www.who.int/hac/crises/ner/background/profile/en/>
- <https://reliefweb.int/report/burkina-faso/burkina-faso-mali-western-niger-humanitarian-snapshot-27-april-2020>

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 emphasizing Mental Health Aspects and other non COVID related diseases
- Immunity map, national strategies to measure and evaluate the immunity level”
- Mental Health
- Treatment of mild symptomatic cases of COVID-19
- Transition home office back to the office
- COVID-19 Second Wave prediction and preparedness based on facts/experiences, modelling and simulation
- Perspectives of the current COVID-19 vaccine development
- National overview on current COVID-19 situation
- Long term effects of COVID-19 and the impact on force capability
- Overview on current COVID-19 situation in Missions
- Civil – military cooperation in view of COVID-19
- Immunity development versus reinfections of COVID-19
- 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 27th of January 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

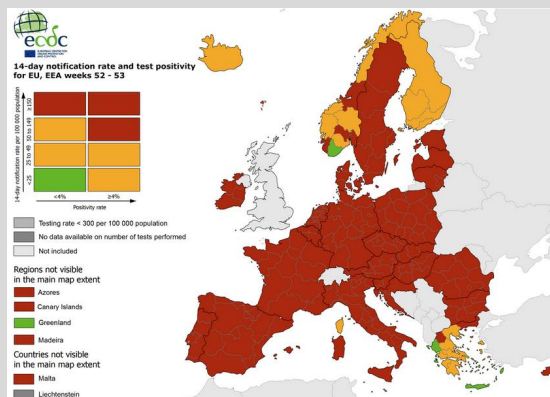
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14 days* at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate**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

2. A common map

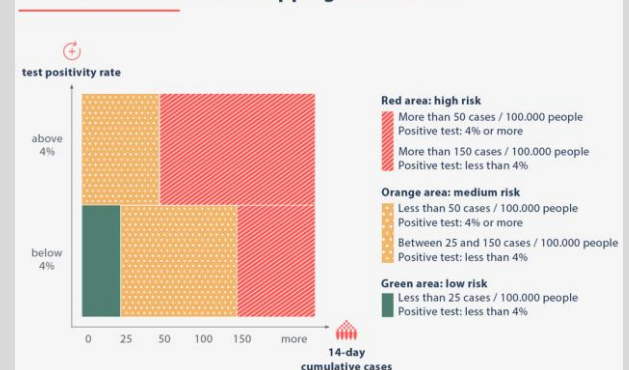
The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. See also "[Situation in Europe](#)".

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.



Common colour codes: mapping of risk areas



3. A common approach for travellers

Common framework for COVID-19 travel measures

■ Green areas



No restriction of free movement of persons should be applied

■ Orange and red areas



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



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



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



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



Inform other affected EU countries 48 hours before applying measures



Travellers could be asked to submit passenger locator forms



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

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

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

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

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

Risk Assessment

Global

- 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.

<p>Europe</p> <p>As of 23rd of October 2020</p>	<p><u>ECDC assessment</u> for EU/EEA, UK as of 23 October 2020: Under the current classification system, based on epidemiological indicators, the epidemiological situation in countries is classified as <i>stable</i>, <i>of concern</i> or of <i>serious concern</i>. The majority of countries in the European region are currently classified as experiencing an epidemiological situation of serious concern due to the increasing case notification rates and/or test positivity $\geq 3\%$ as well as the high notification rates in the older age groups and/or high mortality rates.</p> <p>Countries have implemented various non-pharmaceutical interventions, but these have not been sufficiently effective in controlling transmission due to several factors:</p> <ul style="list-style-type: none"> • adherence to the measures was sub-optimal; • the measures were not implemented quickly enough; • or the measures were insufficient to reduce exposure. <p>As a result, the epidemiological situation is now rapidly deteriorating in most countries.</p> <p>There are currently only six countries in the region that are classified as experiencing a <i>stable epidemiological situation</i>.</p> <ul style="list-style-type: none"> • In countries where the epidemiological situation is stable: • the probability of infection for the population is generally low but the impact of infection still varies depending on the individuals affected; • the risk for the general population in these countries is low; • for vulnerable individuals, including the elderly and people with underlying medical conditions, the risk is moderate. <p>Nevertheless, in these six countries, there is still ongoing transmission and the situation must be closely monitored.</p> <p>Based on the latest available data to ECDC, there are currently no countries categorised as having an epidemiological situation ‘of concern’.</p> <p>In countries where the epidemiological situation is of serious concern:</p> <ul style="list-style-type: none"> • there is a high risk to the general population, • and for vulnerable individuals the COVID-19 epidemiological situation represents a very high risk. <p>In these countries the continuously increasing trend in notification rates calls for strong public health action in order to prevent the imminent risk that health care systems will be overwhelmed, rendering them unable to provide safe, adequate care.</p>
<p>As of 29th of December 2020</p>	<p>ECDC assessed the risk of the two new variants of SARS-CoV-2, as well as the risk of spreading in the EU and the increased impact on health systems in the risk assessment of 29th Dec 2020.</p> <p>Risks associated with new variants of current concern:</p> <ul style="list-style-type: none"> • The probability of introduction and further spread in the EU is currently assessed as high. • The impact of COVID-19 disease in terms of hospitalisations and deaths is assessed as high, particularly for those in older age groups or with co-morbidities. • The overall risk associated with the introduction and further spread of SARS-CoV-2 VOC 202012/01 and 501.V2 is therefore assessed as high. • The probability of placing greater pressure on health systems in the coming weeks is considered to be high • The impact of this increased pressure on health systems is considered to be high even if current public health measures are maintained. • Therefore, the overall risk of an increased impact on health systems in the coming weeks is assessed as high. <p>Therefore, States are recommended to continue to advise their citizens of the need for non-pharmaceutical interventions in accordance with their local epidemiological situation and national policies and, in particular, to consider guidance on the avoidance of non-essential travel and social activities.</p>

References:

- European Centre for Disease Prevention and Control www.ecdc.europa.eu
- World Health Organization WHO; www.who.int
- Centres for Disease Control and Prevention CDC; www.cdc.gov
- European Commission; https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
- Our World in Data; <https://ourworldindata.org/coronavirus>
- Morgenpost; <https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-weltweit/>

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