Force Health Protection Branch NATO MilMed COE Munich



Short Update 52a **COVID-19 Coronavirus Disease** 15th of January 2021



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News:

- GLOBAL 93 093 584 Confirmed cases 60 593 250 recovered 1 994 071 deaths USA
- (new cases/day 223 612) 23 212 513 confirmed cases 9 138 763 recovered 386 701 deaths
 - India
- (new cases/day 16 946) N 10 512 093 confirmed cases
- 10 146 763 recovered 151 727 deaths

Brazil (new cases/day 60 899)

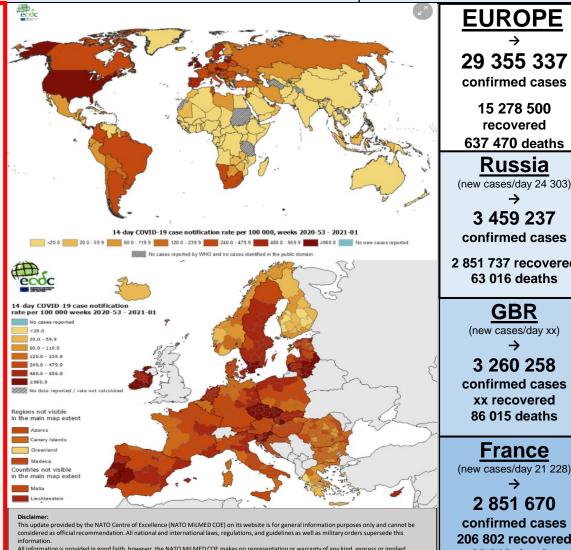
8 324 294 confirmed cases 7 394 739 recovered 207 095 deaths

 According to the WHO, the corona mutation discovered in Great Britain has now been detected in 50 countries. The variant found in South Africa has spread to 20 countries. USA: According to their own statements, US researchers have discovered a new virus variant in the USA. This has an identical mutation to the more contagious version known from Great Britain. Presumably, however, it developed from a variant already known in the USA. So far, the new variant has only been detected in the state of Ohio; no data are available on the current distribution.

- JAP: Another previously unknown virus mutation was detected. So far there is no evidence that the mutation is more contagious, but it shows similarities with the British and South African variants. See also Subject in Focus.
- WHO: After a delay of days, a team of experts has arrived in the Chinese city of Wuhan to research the origins of the coronavirus.
- UNHCR: Of 78 countries that developed national vaccination strategies, only 39 explicitly included the refugees in their country. Jordan was one of the first countries in the world to start corona vaccination of refugees today.
- **GBR Study:** A newly published British study done by Public Health England, shows that the risk of reinfection is reduced by at least 80 percent for at least five months.
- CDC: You will find informations about COVID-19 vaccination in the US using this link.
- WHO's health emergencies online learning platform: OpenWHO.org.
- Find Articles and other materials about COVID-19 on **our** website here.
- Please use our online observation form to report your lessons learned observations as soon as possible here.

Topics:

- Global situation
- Subject in Focus: SARS-CoV-2 variants of concern
- **Timeline COVID-19 infection**
- In the press



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3 459 237 confirmed cases 2 851 737 recovered 63 016 deaths GBR (new cases/day xx) →

recovered

Russia

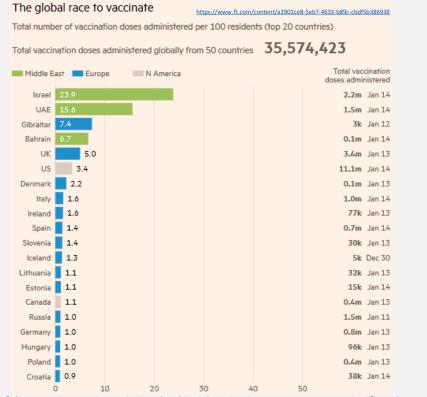
 \rightarrow

3 260 258 confirmed cases xx recovered 86 015 deaths

France (new cases/day 21 228)

 \rightarrow 2 851 670 confirmed cases 206 802 recovered 69 313 deaths

Global Situation



Country reports:

CHE: Due to the spread of the new virus variants, Switzerland is tightening its corona measures significantly: From Monday onwards, all shops that do not sell essential goods will be closed. In addition, employers must enable employees to work from home wherever possible. Only a maximum of five people are allowed to participate in private events. Service providers such as hairdressers or repair shops, flower shops, building and gardening shops are not affected by the closings. At the same time, the government extended the existing measures by five weeks. This means that restaurants, cultural establishments, sports facilities and leisure facilities will remain closed until the end of February. Schools and ski areas, on the other hand, remain largely open.

FRA: plans mass corona tests in schools. Up to a million students and teachers should be tested every month. The rationale for this effort is to stop the spread of the highly contagious British corona mutation. Despite the increasing number of infections, France wants to keep its schools open for the time being.

POR: Immediately before the start of a one-month lockdown, a maximum number of new infections with the coronavirus was reported on Thursday.

ESP: The number of infections continues to rise rapidly. On Wednesday the Ministry of Health reported 38,869 new infections, the highest increase within a day since the outbreak of the epidemic.

DNK: Extends the current restrictions on public life by three weeks. The main objective is to prevent the coronavirus mutation, which has occurred in England and is also spreading in Denmark, from spreading further. Shops, shopping centers, restaurants and other bars as well as cultural and leisure facilities such as cinemas and museums will remain closed. Supermarkets, grocery stores and pharmacies will remain open. At the same time, students in Denmark up to the ninth grade continue to be educated via distance learning. The maximum number of participants for meetings has been reduced to five, and travel to and from abroad has also been severely restricted by the Danish government.

GBR: Due to the coronavirus mutation detected in Brazil, the British government is imposing an entry ban for travel from South America and Portugal from Friday. UK nationals, Irish nationals and people with a right of residence in the UK are excluded. Portugal is also covered by the measure because of its close ties with Brazil.

USA: The number of daily reported deaths from the coronavirus hit a new high in the United States on Wednesday. 4,470 deaths were registered within 24 hours, the first time the coronavirus-related death threshold of 4,000 has been exceeded. In addition, 23,500 new infections were detected within 24 hours. About 131,000 people are being hospitalized for COVID-19.

For flights to the USA, proof of a negative corona test will be required before departure. This regulation will apply from January 26 and will help slow the spread of the pandemic, said the US health agency CDC. If a passenger could not provide a negative test result or a proof that he has already survived a COVID-19 infection, "the airline must refuse boarding," it said. The PCR test must be carried out within the three days prior to departure. The agency also urges all travelers to retest three to five days after arriving in the United States and to stay at home seven days after the trip. However, these are recommendations are not a legally binding provision. For more information click <u>here</u>.

BRA: Reported 60,899 new infections with the coronavirus in one day on Thursday. In Manaus, there is a lack of oxygen to ventilate corona patients in several clinics. Desperate relatives try to organize private oxygen bottles for sick people, while doctors and nurses try to operate the ventilators by hand. The planned emergency relocation of more than 200 patients to other parts of the country is a cause for concern, as it could spread a corona mutation found in Manaus across the country. President Bolsonaro had blamed the local authorities for the collapse of the public and private health systems. These in turn complain of a lack of support from the Ministry of Health.

PHL: The entry ban for people from 30 countries was extended today until the end of the month. This is intended to contain the spread of the new coronavirus variant from Great Britain, which is much more contagious. The countries also included Germany, France, the Netherlands and Austria.

JAP: In view of the increasing number of infections, the state of emergency around the region of the capital Tokyo is expanded to seven prefectures. The state of emergency now affects 55 percent of Japan's 126 million people. It should last until February 7th.

IDN: Will vaccinate the younger, working population first.

Global Situation

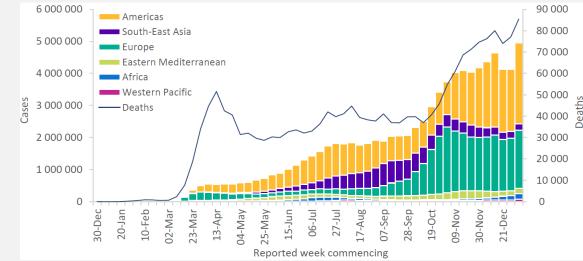
Global epidemiological situation overview; WHO as of 12 Jan

Following two weeks of low reporting, likely due to the year-end holiday period, the overall upward trend seen in earlier weeks has resumed, with just under 5 million new cases reported last week globally. The number of new deaths has also shown a similar trend, with over 85 000 reported last week, an 11% increase. All regions apart from **South-East Asia** showed an increase in new cases, with the **Western Pacific**, **Africa** and the **Americas** reporting increases of over 30%.

The **Region of the Americas** accounted for 51% of all new cases and 45% of all new deaths globally in the past week. The **European Region** had a lower increase in new cases (10%), however still accounts for over a third of new cases globally. In **South-East Asia**, the decline in new cases and new deaths seen since the end of November 2020 continues. Although the **Eastern Mediterranean Region** is showing an 11% increase in new cases, new deaths have fallen by 9%, continuing a downward trend since a peak in mid-November. The **African Region** reported 175,000 new cases and 4,300 new deaths, an increase of over 30% in new cases and new deaths, far exceeding previous peaks in July 2020. The **Western Pacific** also reported an increase of more than 30% in new cases, while the number of new deaths also rose by 14%.

In the past week, the five countries reporting the highest number of cases were:

- United States of America; reporting over 1.7 million cases, an 35% increase,
- GBR; reported over 417,620 cases, an 22% increase,
- Brazil; reported over 313,130 new cases, a 24% increase,
- Russian Federation; over 165,167 new cases, a 12% decrease
- Germany; reported over 142,861 new cases, a 15% increase and



Vaccination news:

WHO: Around 28 million vaccine doses were administered worldwide within 36 days. Vaccinations were initially carried out in 46 countries.

EMA: The US company Johnson & Johnson could become the fourth manufacturer to apply for approval of its corona vaccine in the EU as early as February. The vaccine has the advantage that only one dose is sufficient for comprehensive protection.

ISR: Two million people have now received a vaccination against the coronavirus. This corresponds to more than a fifth of the total population. To date, however, only around 150,000 people have received the necessary second injection. The goal is to fully immunize two million people by the end of January.

USA: On Wednesday, more than ten million people have been vaccinated against the coronavirus since the vaccination campaign started. As the health authority CDC announced, around 10.3 million doses of the vaccine from BioNTech and Moderna were administered. This means that around 3.1 percent of all 330 million people in the US have received their first vaccine dose to date. In total, around 29.4 million doses of the two vaccines were distributed to the states.

TUR: Has granted emergency approval to the corona vaccine produced by the Chinese pharmaceutical company Sinovac on Wednesday. Tests have shown that the vaccine is "sufficiently safe," the Health Minister said. Turkey had received three million doses of the Chinese vaccine in late December. Vaccination with the vaccine started on Thursday in more than 250,000 healthcare workers. Afterwards people who are older than 65 years are to be vaccinated, in a second phase then employees of some ministries, teaching staff and prisoners.

RUS: President Putin is ordering a mass vaccination campaign from next week. The vaccination of the entire population is to be started. According to official information, 1.5 million Russians have already received the Russian vaccine "Sputnik V".

DEU: The German Paul Ehrlich Institute (PEI) has so far not had any indications of possible increased side effects with vaccinations against the coronavirus. The PEI announced that 325 suspected cases had been reported to it by Sunday. 51 cases are to be assessed as serious. The values are consistent with the data from the clinical approval studies and are also statistically normal. According to the PEI, ten deaths have been reported after vaccinations. However, the specialist authority did not assume that there was a connection. All affected suffered from very serious underlying illnesses (in some cases multiple serious illnesses) and were between 79 and 93 years of age, and some of them were already receiving palliative treatment. One percent (840,000 people) of the German population has so far received the Biontech vaccine.

HUN: Plans to buy the vaccine from the Chinese pharmaceutical company Sinopharm. Vaccine deliveries under the EU program, with weekly deliveries of less than 100,000 doses, were too slow for the country. Hungary wants to continue talks with Russia and China about additional vaccine purchases.

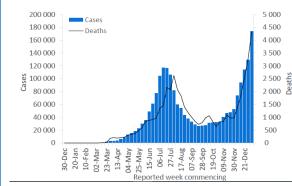
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Situation by WHO Region, as of 12th January

African Region

In the past week, the African Region reported the highest percentage increases in both cases and deaths compared to the previous week. Over 174 000 new cases and over 4300 deaths were reported, increases of 34% and 31% respectively. Cases in the Region have been increasing since mid-September 2020 but steeper increases have been observed since late November. The highest numbers of new cases were reported in South Africa (125 287 new cases; 211.2 new cases per 100 000 population; a 27% increase), Nigeria (8315 new cases; 4.0 new cases per 100 000; a 493% increase) and Zimbabwe (6008 new cases; 40.4 new cases per 100 000; a 293% increase).

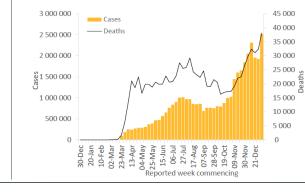
The countries reporting the highest number of new deaths in the past week were South Africa (3649 new deaths; 6.2 new deaths per 100 000; a 37% increase), Zimbabwe (106 new deaths; 0.7 new deaths per 100 000; a 194% increase) and Zambia (72 new deaths; 0.4 new deaths per 100 000; a 620% increase).



Region of the Americas

Over 2.5 million new cases and over 38 000 new deaths were reported in the Region of the Americas this week, a 30% and 18% increase respectively, compared to the previous week. The countries reporting the highest number of new cases in the past week were the United States of America (1 786 773 new cases; 539.8 new cases per 100 000 population; a 35% increase), Brazil (313 130 new cases; 147.3 new cases per 100 000; a 24% increase) and Colombia (100 688 new cases; 197.9 new cases per 100 000; a 26% increase).

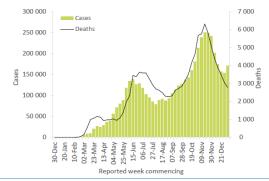
The highest number of new deaths this week were reported in the United States of America (20 633 new deaths; 6.2 new deaths per 100 000; a 20% increase), Brazil (6049 new deaths; 2.8 new deaths per 100 000; a 23% increase) and Mexico (5562 new deaths; 4.3 new deaths per 100 000; a 19% increase).



Eastern Mediterranean Region

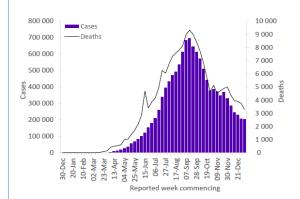
In the past week, the Eastern Mediterranean Region reported over 171 000 new cases, an increase of 11% after a sustained decrease in cases from 23 November through the week of 28 December 2020. The new deaths continue to decrease for the seventh consecutive week with over 2700 new deaths (9% decrease) reported this week. The three countries reporting the highest number of new cases were Iran (42 964 new cases, 51.2 new cases per 100 000 population, a 1% increase), Lebanon (29 145 new cases, 427.0 new cases per 100 000, 72% increase) and United Arab Emirates (16 061 new cases, 162.4 new cases per 100 000, 49 % increase). These three countries accounted for almost half (52%) of the new weekly cases in the Region.

The highest number of new deaths were reported in Iran (662 new deaths, 0.8 new death per 100 000 population, 23% decrease) followed by Pakistan (340 new deaths, 0.2 new death per 100 000, 23% decrease) and Egypt (401 new deaths, 0.4 new death per 100 000, a 3 % increase). These countries accounted for almost 60% of deaths reported in the Region.



South-East Asia Region

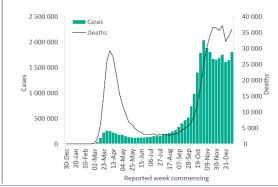
The South-East Asia Region reported similar numbers of new cases and deaths, with an overall declining trend observed since early September 2020. Just over 200 000 new cases and 3200 new deaths were reported in the past week, a 1% and 12% decrease respectively, compared to the previous week. The three countries reporting the highest number of new cases and new deaths were India (126 319 new cases; 9.2 new cases per 100 000, a 7% decrease; 1564 new deaths; 0.1 new death per 100 000; a 16% increase; 1392 new deaths; 0.5 new deaths per 100 000; a 11% decrease; 1392 new cases; 3.8 new cases per 100 000; a 13% decrease; 157 new deaths; 0.1 new death per 100 000; a 13% decrease; 157 new deaths; 0.1 new death per 100 000; a 13% decrease; 157 new deaths; 0.1 new death per 100 000; a 200 new cases and metaths; 0.5 new cases and deaths cumulatively in the region since the end of the first week of April 2020.



European Region

The European Region continues to report a substantial number of cases with over 1.8 million new cases and 36 000 new deaths, increases of 10% and 7% compared to the previous week, respectively. The three countries reporting the highest number of new cases remain the same as last week with United Kingdom (417 620 new cases; 615.2 new cases per 100 000, 21% increase), Russian Federation (165 167 new cases, 113.2 new cases per 100 000, 11% decrease) and Germany (142 861 new cases, 170.5 new cases per 100 000, 14% increase). These three countries accounted for almost 40% of all cases reported in the region with the United Kingdom accounting for 23% of all new cases.

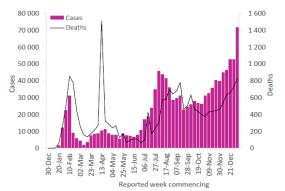
The highest numbers of deaths were reported from the United Kingdom (6298 new deaths; 9.3 new deaths per 100 000, 51% increase), Germany (6071 new deaths; 7.2 new deaths per 100 000, 35% increase), and Italy (3409 new deaths; 5.6 new deaths per 100 000, a 1 % increase).



Western Pacific Region

In the past week, the Western Pacific Region reported an increase in the number of new cases by 36% (over 71 000) and new deaths by 14% (over 80C compared to the previous week. An upward trend in new weekly cases has been reported since late October 2020. The three countries reporting the highest numbers of new cases this week were Japan (39 821 new cases; 31.5 new cases per 100 000, a 68% increase), Malaysia (16 186 new cases; 50.0 new cases per 100 000, a 20% increase).

The three countries reporting the highest numbers of new deaths this week were Japan (448 new deaths; 0.4 new deaths per 100 000, a 34% increase), the Republic of Korea (163 new deaths; 0.3 new deaths per 100 000, a 6% increase) and the Philippines (145 new deaths; 0.1 new deaths per 100 000, a 22% decrease).



Source:

Global Informations

WHO: <u>Hosted a forum for global scientists to discuss about SARS-CoV-2 variants</u>

A day-long virtual meeting of scientists from around the globe, convened by WHO, brought together more than 1 750 experts from 124 countries to discuss critical knowledge gaps and research priorities for emerging variants of the virus.

The consultation was structured around six thematic areas covering

- epidemiology;,
- mathematical modelling,
- evolutionary biology, animal models, assays and diagnostics,
- clinical management,
- therapeutics and
- vaccines.

Scientists noted the importance of research to detect and understand early on the potential impact of emerging variants on diagnostics, treatments and vaccines.

There was a consensus on the importance of integrating the new SARS-CoV-2 variants research into the global research and innovation agenda while enhancing coordination across disciplines.

Scientists highlighted the importance of national data platforms to document critical clinical, epidemiological and virus data that facilitates the detection and assessment of new SARS-CoV-2 variants.

Main outcomes:

- *Remain focusing on less virus exchange*, as it is normal for viruses to mutate, but the more the SARS-CoV-2 virus spreads, the more opportunities it has to change. High levels of transmission mean that we should expect more variants to emerge.
- Of the significant variants reported so far, some are associated with increases in transmissibility but not disease severity. *Research is ongoing to address whether the changes impact public health tools* and measures.
- Increasing sequencing capacity across the world. Genomic sequencing has been critical in identifying and responding to new variants. So far an astounding 350 000 sequences have been publicly shared, but most come from just a handful of countries. Improving the geographic coverage of sequencing is critical for the world to have eyes and ears on changes to the virus.
- *Better surveillance and laboratory capacity* to monitor strains of concern needs to be accompanied by prompt sharing of virus and serum samples via globally agreed mechanisms so that critical research can be promptly initiated each time.

The collective goal:

For WHO and the scientists the collective goal is to get ahead of the game and have a global mechanism to quickly identify and study variants of concern and understand their implications for disease control efforts. Source: https://www.who.int/news/item/12-01-2021-global-scientists-double-down-on-sars-cov-2-variants-research-at-who-hosted-forum

MOBIS-COVID-19; a Swiss mobility study; Results as of 14.12.2020

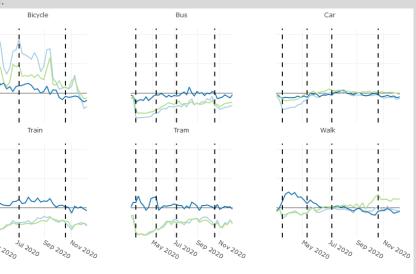
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100

-100

On March 16, 2020, 3700 participants invited to install a GPS Logger and Travel Diary App, to record their mobility behaviour during the period of special measures implemented to control the spread of the Corona Virus. Only trips in Switzerland are currently considered.

Outcome Since commencing in this spring, the MOBIS:COVID-19 tracking study has recorded 760.240 person-trips as of 2020-12-14. It includes two small surveys about the work situation and the health of the participants. The population has shifted away from spaceefficient large vehicles, as busses, trams and



trains remain unpopular.

Daily Distance — Trip Distance — Trips / Day

Usage is down between 40% to 60% of the 2019 ridership after a near complete avoidance in the first weeks after the lockdown. On average, car travel has fully recovered. Equally, walking has fully recovered. It is worth noting that demand never dropped in the same way as for the other modes. The surprise was, and still is the increased bicycle usage backed up by a boom in cycle acquisition. While the increase seemed initially to be mostly a fitness, leisure boom, the recent imputation of the trip purposes has shown that the cycle gained for all purposes with leisure and shopping the most prominent ones. Commuting to work by bike also increased, but not as strongly (about 40% versus 60-80% for the other purposes). It is interesting to see how the increasing competition for road space since the end of the lockdown has dampened cycling. The new freedom in time allocation is visible in the cycling for leisure during the day.

Finally, the experience of the COVID19 period confirms the results of earlier telecommuting experiments (Pendyala et al., 1991). They had shown that the total mileage is not reduced, as the persons used the liberated time for other travel. Here, the Kurzarbeiter (furloughed) track the trends and actually travel a bit more than the other workers. Those working from home do travel less than those who have to go to their workplaces, but the difference is not nearly as large as one would expect.

Source: https://ivtmobis.ethz.ch/mobis/covid19/reports/mobis_covid19_report_en_2020-12-14.html#21_Updated_conlcusions https://link.springer.com/article/10.1007/BF00186566

Subject in Focus: SARS-CoV-2 variants of concern

Source: https://www.who.int/publications/m/item/weekly-epidemiological-update---12-january-2021

VOC 202012/01 (initially identified in the United Kingdom)

Since first detected on 14 December 2020, VOC 202012/01 has been detected in 50 countries, territories and areas across five of the six WHO regions to date. In GBR, investigations are using a proxy S gene target failure (SGTF) to indicate carriage of the VOC, as only a small proportion of these variants is detected using whole genome sequencing, which lags approximately two weeks behind the initial test date. Results show that the age and sex distribution of VOC 202012/01, as determined by SGTF, is similar that of other variants in circulation over the same period. Analyses using contact tracing data showed higher transmissibility (secondary attack rates) where the index case has the variant strain, from around 11% to 15% of named contacts.

501Y.V2 (initially identified in South Africa)

Since first reported on 18 December 2020, variant 501Y.V2 has been detected in 20 countries, territories and areas across four of the six WHO regions. From preliminary and ongoing investigations in South Africa, it is possible that the 501Y.V2 variant is more transmissible than variants circulating in South Africa previously. Moreover, while this new variant does not appear to cause more severe illness, the observed rapid increases in case numbers has placed health systems under pressure.

B.1.1.28 (initially reported as B.1.1.248, initially identified in Japan)

On 9 January, Japan notified WHO of a new SARS-CoV-2 variant within lineage B.1.1.28 detected in four travelers arriving from Brazil. This variant has 12 mutations to the spike protein, including three mutations of concern in common with VOC 202012/01 and 501Y.V2, i.e.: K417N/T, E484K and N501Y, which may impact transmissibility and host immune response. Researchers in Brazil have additionally reported the emergence of a similar variant also with a E484K mutation, which has likely evolved independently of the variant detected among Japanese travelers. The extent and public health significance of these new variants require further investigation.

Interpretation

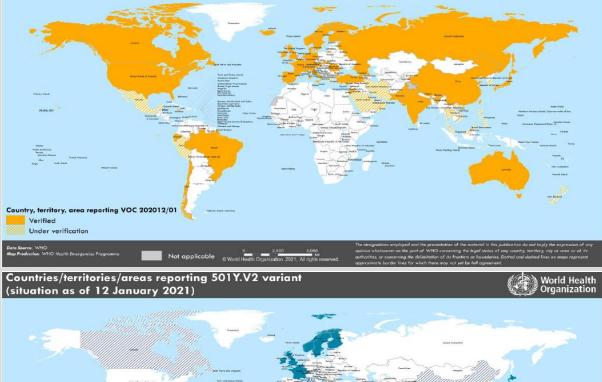
It is well known that viruses constantly change through mutation, and so the emergence of new variants is an expected occurrence. Many mutations have no impact on the virus itself while some could be detrimental to the virus and few may result in an advantage to the virus. These variants of concern identified in different countries highlight the importance of increasing diagnostic capacity and systematic sequencing of SARS-CoV-2 where capacity allows, as well as the timely sharing of sequence data internationally.

Way ahead

Systematic sequencing should be considered for a subset of incoming travellers, as well as community-based samples to ascertain the existence and extent of local transmission. The geographical extent of both VOC 202012/01 and 501Y.V2 reported above is likely underestimated given a bias toward countries/territories/areas detecting the variants with sequencing capacity, and where surveillance systems have been adapted to detect these new variants. Research is ongoing to determine the impact of new variants on transmission, disease severity as well as any potential impacts on vaccines, therapeutics and diagnostics.

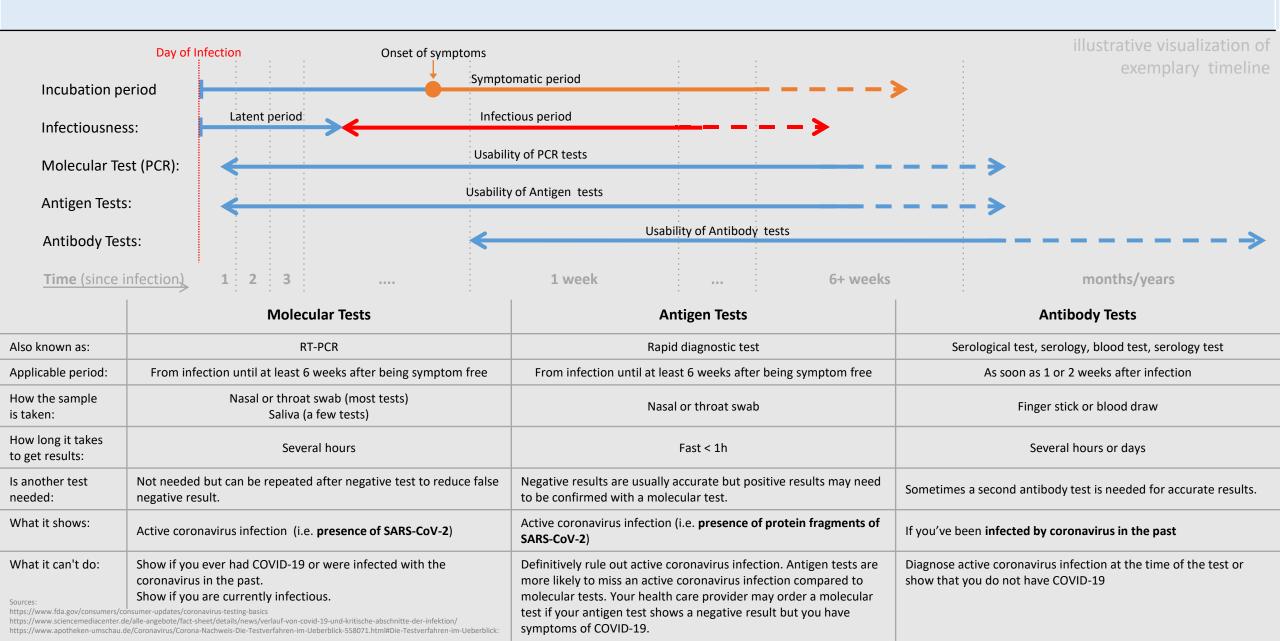
Countries/territories/areas reporting VOC 202012/01 variant (situation as of 12 January 2021)

Organization





Timeline COVID-19 infection



In the press

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

12 th January 2021	14 th January 2021
Aljazeera	The Guardian
India delivers COVID jabs for 'world's biggest vaccination drive'	Recovering from Covid gives similar level of
https://www.aljazeera.com/news/2021/1/12/india-delivers-covid-jabs-for-worlds-biggest-vaccination-drive	protection to vaccine
14 th January 2021	<u>https://www.theguardian.com/society/2021/jan/14/recovering-from-covid-gives-similar-level-of-protection-to-vaccine</u>
BBC	13 th January 2021
Covid-19: Packed hospitals raised death risk by 20%	South China Morning Post
https://www.bbc.com/news/health-55652771	Coronavirus: Brazil finds China's Sinovac vaccine to
13 th January 2021	be less effective than previous data shows
DW	https://www.scmp.com/news/china/science/article/3117471/coronavirus-brazil-
COVID: Germany debates making N95 masks mandatory	reports-more-modest-504-cent-efficacy-chinas
https://www.dw.com/en/covid-germany-debates-making-n95-masks-mandatory/a-56216033	14 th January 2021 The Guardian China records first Covid death since May as WHO
BBC Has coronavirus made us more ethical consumers? https://www.bbc.com/news/business-55630144	team arrives in Wuhan <u>https://www.theguardian.com/world/2021/jan/06/china-stalls-who-mission-to-investigate-origins-of-coronavirus</u>
14 th January 2021 Aljazeera India holds massive 'Kumbh Mela' festival amid COVID worries https://www.aljazeera.com/news/2021/1/14/india-holds-massive-kumbh-mela-pilgrimage-amid-covid-worries	13th January 2021 The Guardian Hospital patients to be sent to hotels to free up beds for critical Covid-19 cases https://www.theguardian.com/society/2021/jan/12/hospital-patients-to-be-sent-to-hotels-to-free-up-beds-for-critical-covid-patients

The new normal!

ENEW NORMAL



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

Don't just say it,

#StaySafe



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

But this doesn't mean we should go back to the 'old normal'. If we don't stay vigilant and protect ourselves and others, coronavirus cases may go up again.

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

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

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

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





Avoid the Three C's World Health Organization Be aware of different levels of risk in different settings.

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



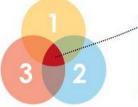


Crowded places with many people

nearby

settings Especially where people have close-

enclosed spaces with poor ventilation range conversations



The risk is higher in places where these factors overlap. Even as restrictions are lifted, consider

where you are going and #StaySafe by avoiding the Three C's.

WHAT SHOULD YOU DO?







Avoid crowded Maintain a places and limit least 1m time in distance enclosed from others spaces

When possibl open windows and doors for ventilation

Keep hands clean and requested or if physical cover couchs and sneezes distancing is not possible

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



Mouth and nose

protection

limited

Protects wearer

of mask

Protects

periphery

The perfect wave – why masks are still important



NEW STUDY ON MOUTH NOSE PROTECTION AND SOCIAL DISTANCING

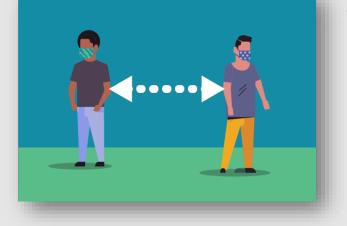
Unfortunately, in the epicenter of the new hot spots areas often enough people are seen who do not adhere to the still valid protective regulations such as social distancing and the correct wearing of a nose and mouth protection. It could be as simple as that - <u>new studies</u> show that these two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

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

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

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

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



FFP2/FFP3

mask without valve

FFP2/FFP3

mask with valve

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https://www.sueddeutsche.de/gesundheit/atemschutzmaske-coronavirus-maske-schutz-1.4867144 https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html https://www.bfarm.de/SharedDocs/Risikoinformationen/Medizinprodukte/DE/schutzmasken.html Due to the occasion, it should be pointed out again and again, also by executives, that the correct way of wearing the mask is essential to achieve maximum protection. The mask wrong, e.g. for example, wearing it under the nose means accepting a possible infection of others.

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

ORT wear your facemask under your nose or mouth:

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





around your necl

