



Short Update 50a COVID-19 Coronavirus Disease 18th of December 2020



GLOBAL



74 953 484
Confirmed cases
49 055 000 recovered
1 662 488 deaths

USA



(new cases/day 254 507)
17 132 568
confirmed cases
6 617 896 recovered
309 229 deaths

India



(new cases/day 24 010)
9 979 447
confirmed cases
9 520 827 recovered
144 789 deaths

Brazil



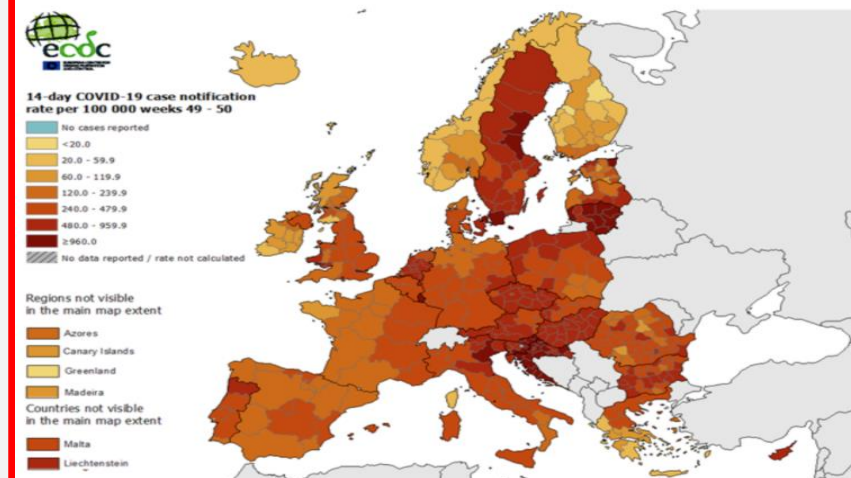
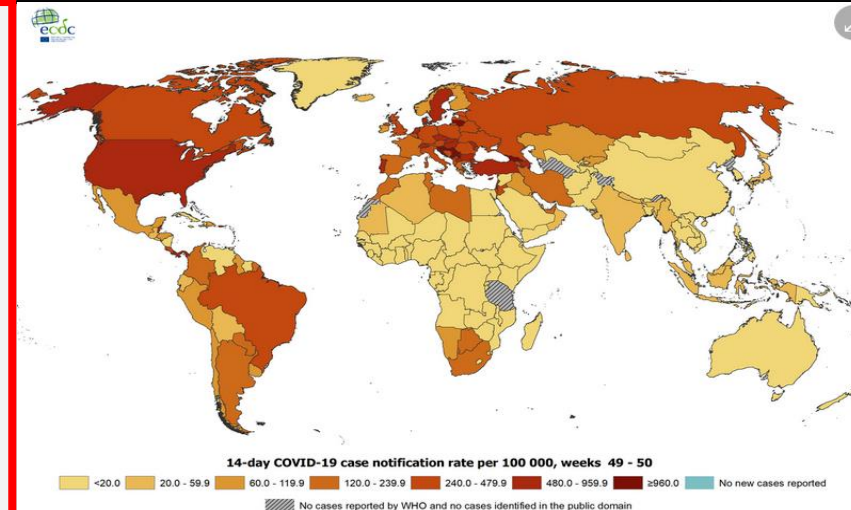
(new cases/day 70 574)
7 110 434
confirmed cases
6 301 547 recovered
184 827 deaths

News:

- According to the **German Federal Office for Information Security**, the corona pandemic poses an increased risk for companies of becoming victims of cyber attacks. The hackers take advantage of the current uncertainty among companies and the general public. The health sector in particular has to protect itself against this risk. The European Medicines Agency (EMA) was recently the target of a cyber attack that also targeted documents related to the possible approval of the Biontech/Pfizer vaccine.
- Twitter:** The short message service Twitter wants to curb the spread of false news about the corona vaccination. The "most harmful false information" should be deleted and tweets with misleading information will be marked, announced the portal operator. The measures will take effect from next week. Twitter is following the example of Facebook and Youtube, which have already taken similar steps.
- WTO:** In the World Trade Organization (WTO), an attempt to loosen patent protection for corona drugs and vaccines threatens to fail. The proposal from India and South Africa is supported by aid organizations from around the world. The Council of 164 WTO member countries wants to deal with it today in Geneva, but representatives of countries in which vaccines and drugs are being developed rejected the move in advance.
- WHO** published a document about the [evidence to recommendations for COVID-19](#) vaccines.
- WHO** published a [Checklist to support school re-opening](#) and preparation for COVID-19 resurgences or similar public health crises.
- 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**
- Studies** on the probability of spreading aerosols in the passenger compartment of rail vehicles
- Subject in Focus:** Temporary reduction in daily global CO₂ emissions during the COVID-19 forced confinement
- Timeline COVID-19 infection**
- In the press**



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EUROPE



22 714 216
confirmed cases

8 939 700 recovered
460 964 deaths

Russia

(new cases/day 27 562)



2 736 727
confirmed cases

2 181 696 recovered
48 568 deaths

France

(new cases/day 13 750)



2 427 316
confirmed cases
181 506 recovered
59 619 deaths

TUR

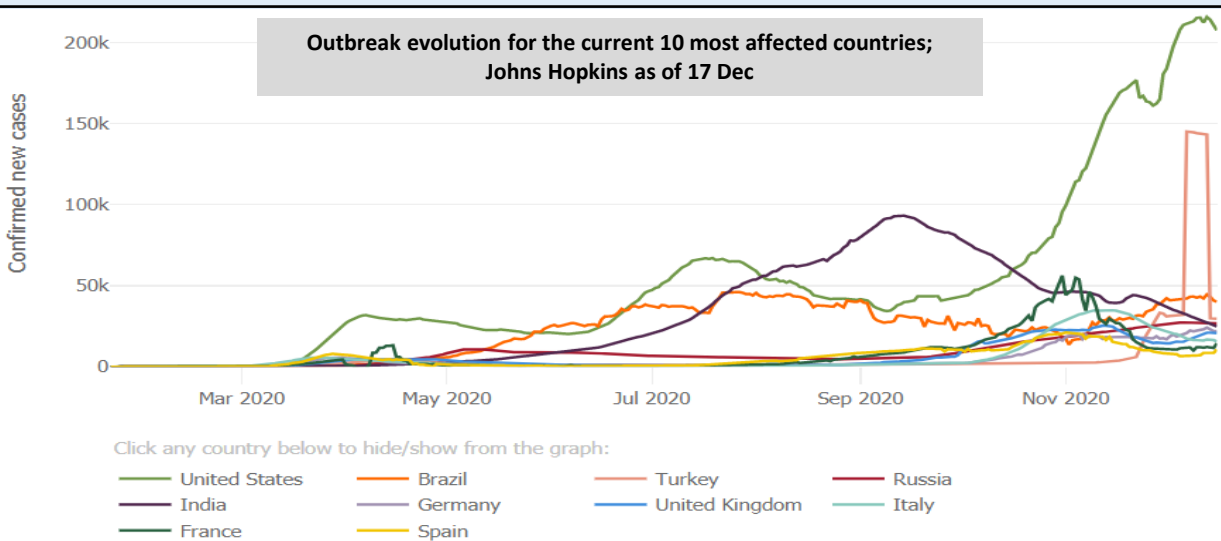
(new cases/day 20 964)



1 955 680
confirmed cases
1 721 607 recovered
17 364 deaths

Global Situation

Outbreak evolution for the current 10 most affected countries;
Johns Hopkins as of 17 Dec



BRA: Globally, Brazil ranks third behind the United States and India in infections, and second behind the United States in deaths. The government of President Jair Bolsonaro has always resisted tough measures to contain the pandemic, regional regulations in individual states have already been partially withdrawn.

PSE: An increasing number of new infections has resulted in two-week lockdown measures across the West Bank. There is a night curfew from 7 p.m. to 6 a.m. On Fridays and Saturdays - the local weekend - a lockdown is in effect for whole 48 hours. Most shops, with the exception of pharmacies and bakeries, would have to close during the no-go-days. The measures are expected to last until January 2nd and are likely to massively restrict travel across the area. Apparently, the public celebrations in Bethlehem - the birthplace of Jesus - should be cut back considerably this year.

SWE: The King of Sweden, Carl XVI. Gustaf, sees his own country in dealing with the corona pandemic as a failure. "We have failed," he said in a speech to the nation taped for Christmas, due to be aired in full next Monday. According to Johns Hopkins University, around 7,800 people have died in connection with Covid-19 disease in Sweden since the outbreak of the pandemic. Almost 348,600 residents have been proven to be infected with the pathogen. Sweden had a relaxed corona policy for a long time: schools, restaurants and cultural institutions remained open. There is no mask requirement.

JAP: In the Japanese capital Tokyo, the number of new infections is increasing: Since yesterday, the authorities have recorded a high of around 820 additional cases and therefore issued the highest of four warning levels for medical capacities. All free resources have been exhausted, said a medical representative.

IRL: Northern Ireland will lockdown for six weeks starting December 26th. The new restrictions include the closure of all non-essential shops and the closure of pubs, bars and restaurants. Take-away services are excluded from the regulation.

PRT: Portugal announces drastic virus containment measures at the turn of the year. On New Year's Eve, there will be a curfew from 11 p.m., says Prime Minister Antonio Costa after meetings with his ministers. You have to stop the New Year's Eve celebrations completely. There are also curfews on the first three days of January.

USA: To contain the pandemic, health authorities started large-scale vaccinations on Monday. Two vaccinations with undesired side effects caused a sensation in the US state of Alaska. A health care worker showed a severe reaction to the drug after the vaccination. The patient was blushed and felt out of breath. The diagnosis turned out to be an allergic shock. Another person was vaccinated on Wednesday with side effects and then fully recovered.

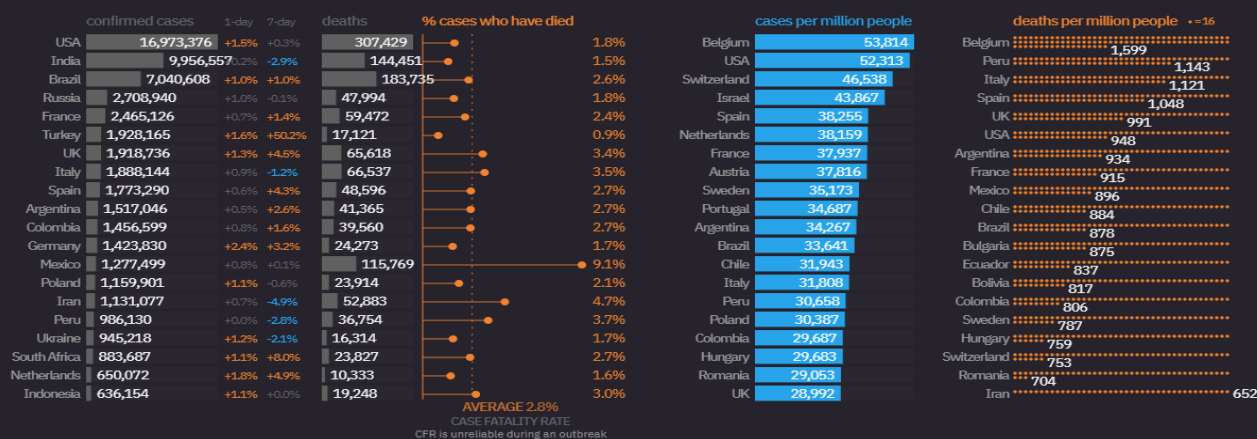
For more than a month, the corona virus has been spreading again at a particularly high rate in the USA. 3,656 people died from or with the corona virus within 24 hours. 247,403 other US citizens have been newly infected with the virus.

BGR: Due to rising corona numbers, the Bulgaria extended the partial lockdown until the end of January. However, restaurants may reopen from January 1st, subject to conditions. Museums, galleries and cinemas are also allowed to reopen up to 30% of their capacity.

CHE: The Swiss government is now considering a partial lockdown.

Infection & Fatality Rates Vary by Country

updated 18 December 2020



informationisbeautiful Univers Labs

Country reports:

ISR: The number of new corona infections in Israel is the highest in two months. For two days in a row, it was over 2,800, as the Ministry of Health announced. In the Gaza Strip, the number of new infections exceeded the 1,000 mark for the first time. According to the Palestinian Ministry of Health, 1,015 new cases have been reported in the densely populated coastal strip.

Global Situation

Global epidemiological situation; WHO as of 15 Dec

In the past week the number of new COVID-19 cases and deaths continued to rise and now stands at 70 million cumulative cases and 1.6 million deaths globally since the start of the pandemic. **The Regions of the Americas and Europe** continue to shoulder the burden of the pandemic, accounting for **85% of new cases and 86% of new deaths globally**. However as new cases and new deaths continue to rise in **the Americas**, the number of new cases stabilised in **Europe** for the third week in a row, while deaths continued to decrease. The **African** and the **Western-Pacific Regions** have both shown renewed rises in November and December. This week the **African Region** reported a **rise in new cases and new deaths of over 40%** compared with the previous week. In the **South-East Asia Region**, the number of new cases and deaths continued to decline following a peak in September. The **Eastern Mediterranean Region** also reported a decline in new cases and deaths from a peak in mid-November.

- **USA** reported over 1.4 million cases, a 16% increase from the previous week
- **BRA**; 300,000 new cases, a 2% increase,
- **TUR**; 220,000 cases, no change from last week,
- **IND** reported 210,000 cases, a 15% decrease and
- **RUS** reported 193,000 new cases, a 1% increase.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 13 December 2020**

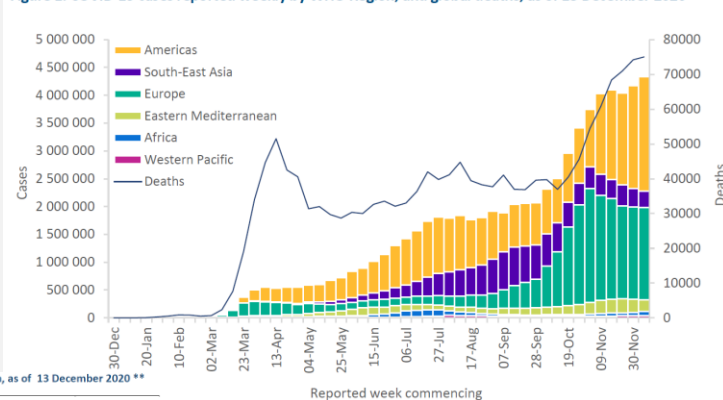


Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 13 December 2020**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	2 054 064 (47%)	11%	30 116 395 (43%)	29 856 (40%)	12%	776 708 (49%)
Europe	1 663 907 (38%)	0%	21 925 389 (31%)	34 475 (46%)	-4%	484 570 (30%)
South-East Asia	290 308 (7%)	-13%	11 361 437 (16%)	4 400 (6%)	-12%	172 858 (11%)
Eastern Mediterranean	201 880 (5%)	-17%	4 490 755 (6%)	4 377 (6%)	-14%	111 635 (7%)
Africa	74 489 (2%)	40%	1 622 096 (2%)	1 393 (2%)	43%	35 879 (2%)
Western Pacific	45 276 (1%)	13%	960 020 (1%)	537 (1%)	16%	18 259 (1%)
Global	4 329 927 (100%)	4%	70 476 836 (100%)	75 038 (100%)	1%	1 599 922 (100%)

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update--15-december-2020>

Vaccination News

BioNTech/Pfizer: have also announced efforts over the holidays so that their Covid-19 vaccine can be delivered before the end of the year if possible. Sahin emphasized that they were confident that a "normal life" would be possible again next winter and that there would no longer be a need for a shutdown. He emphasized that, among other things, decades of work on the messenger molecule mRNA had been the basis for the vaccine. Medical director Özlem Türeci said more than 140,000 people in the UK have already been vaccinated. The data on tolerability matched the findings from the clinical study. "The stage goal will soon be reached," said Türeci, referring to the expected use of the vaccine in Germany. The marathon is not over yet.

According to a media report, Pfizer plans to apply for approval for its vaccine developed together with BioNTech in Japan on Friday. Kyodo News relies on people familiar with the process. The Tokyo government has signed an agreement with Pfizer to supply 120 million vaccine doses.

EMA: The European Medicines Agency (EMA) is bringing its decision on approval of the vaccine from the US company Moderna forward by one week. The Amsterdam-based authority announced that Moderna had provided further data ahead of time, so that an extraordinary meeting had been scheduled for January 6, "to complete the examination as possible". The Moderna decision was originally planned for January 12th.

FDA: The US drug agency FDA has issued an emergency approval for the corona vaccine of the US biotech company Moderna, as the newspaper "Financial Times" reports, citing people who are close to the process. It would be the second corona vaccination available in the USA.

ECU/CHL: After Mexico, the Latin American countries Ecuador and Chile have also approved the corona vaccine developed by the Mainz-based company BioNTech and its US partner Pfizer. A plane with the first 20,000 doses of the vaccination will land in Chile this month. The Public Health Institute tentatively approved the vaccine on Wednesday, which corresponds to an emergency approval. In Ecuador, Health Minister Juan Carlos Zevallos announced that the first 50,000 vaccine doses from Biontech / Pfizer would arrive from January. Mexico's state commission for protection against health risks had granted the vaccine an emergency approval on Friday like the US drug agency FDA.

CHN: In China, 50 million are to be vaccinated against the corona virus by the start of the high travel season on the occasion of the New Year celebrations there at the beginning of next year

LVA: It works around the clock, medical staff is not necessary: The world's first fully automated corona test center is probably located in the Latvian capital Riga. The two-meter-high blue vending machine developed by three Lithuanian companies independently performs PCR tests, thus avoiding contact between testers and those being tested, as the developers of the AFP news agency explained. A one-armed robot first gives the user the test, and the collected sample is then automatically placed in a rack for analysis. The entire process can be followed through a plexiglass window. Laboratory technicians can also remotely issue instructions to the robot using a remote control option. The result will be communicated by email after 24 hours.

SAU: In Saudi Arabia the first vaccinations against Covid-19 have been administered. Health Minister Taufik al-Rabiah was the first to receive the active ingredient from Biontech and Pfizer. The kingdom wants to vaccinate at least 70 percent of the approximately 34 million inhabitants. Risk groups have priority. All vaccinations should be free of charge.

Studies on the probability of spreading aerosols in the passenger compartment of rail vehicles

Source:

[https://www.dlr.de/content/de/downloads/2020/kurzfassung-abschlussbericht-luqas.pdf? blob=publicationFile&v=2](https://www.dlr.de/content/de/downloads/2020/kurzfassung-abschlussbericht-luqas.pdf?blob=publicationFile&v=2)

The research project "Air Quality in Rail Vehicles" (LUQAS) was initiated jointly by Deutsche Bahn AG and the German Aerospace Center. The subject of the project, which was carried out between July and October 2020, was the possible pathways for aerosols and droplets to spread in the passenger compartments of rail vehicles.

According to previous scientific knowledge, the main transmission of the SARS-CoV-2 virus takes place via the smallest liquid particles that are absorbed via the mucous membranes of the nose, mouth and possibly the eyes. While coughing and sneezing produce larger respiratory particles (droplets) that quickly sink to the ground, very small particles (aerosols) can also float in the air for a long time and distribute themselves in rooms.

The results achieved by the LUQAS project are presented in a study with a focus on Influence of the

- distance of the infected person to other passengers as well
- the mouth and nose covering and
- the fresh air supply of the air conditioning system and
- an assessment of the transferability of the results to other vehicle types and winter operation with the heating switched on.

The measurements took place in the stationary test vehicle DIRK, which was located in the climatic chamber of DB Systemtechnik in Minden (Germany) in order to ensure reproducible boundary conditions for different outside temperatures. Otherwise dust, pollen or solar radiation could have falsified the results. Modern laser measurement methods (LDA-PDA and PIV) and tracer gas measurement technology with CO₂ as tracer gas (trace gas) were used.

Influence of distance, mouth and nose coverage and fresh air supply

The measurements with tracer gas were used to investigate the spread of aerosols in the passenger compartment. CO₂ emitted from a certain seat in the passenger compartment at head height of a person seated. The distribution in the vehicle and to other seats was then measured simultaneously using the CO₂ concentration at several locations in the passenger compartment. Because aerosols follow the air flow very well, the spread of aerosols could be simulated.

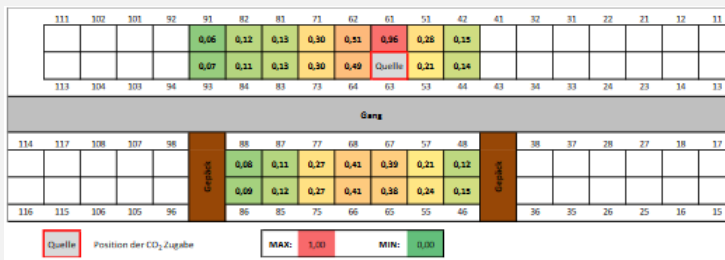
The following base case was assumed for the measurements:

- The outside temperature is 28 degrees Celsius.
- The relative humidity outside is 45 percent.
- The air conditioning cools.
- 78 people sit in the fully occupied wagon, including one person with an infection.
- The person is not wearing a mouth and nose covering
- The person sits in the middle of the wagon in the group area with a table and there on an aisle seat.

Distance to the aerosol source

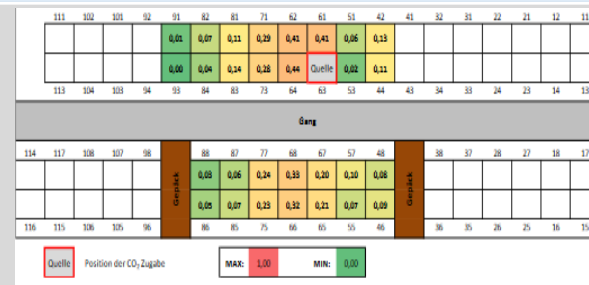
An increased amount of aerosol occurred in the immediate vicinity of the tracer gas source. Figure 2 shows the increased concentration of the tracer gas on the sites near the source in the base case. It was assumed that the person is not wearing a mouth and nose covering.

In the base case, the aerosol concentration decreased rapidly with increasing distance from the source. After a maximum of two rows of seats, the normalized CO₂ concentration dropped to approximately the background concentration.



Mouth and nose covering

A mouth and nose covering was placed in front of the tracer gas source. A classic surgical mask was used. The aerosol distribution changed in the vicinity of the source. Basically, the measured values were lower because mouth-nose-covering changes the flow conditions. The particles are distributed finer and in lower concentration than without mouth-nose-covering. The Mouth and nose covering also has a certain filter effect; numerous other studies show this.



Fresh air supply

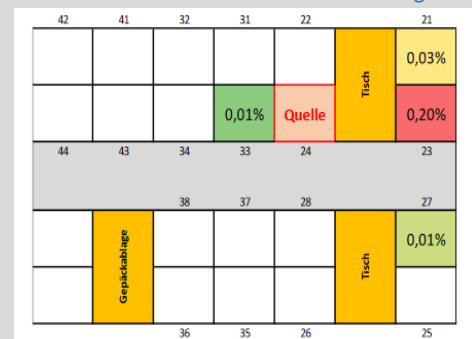
Long-distance vehicles have a high air exchange rate as standard. This means that the volume of the incoming air is relatively high in relation to the volume of the passenger compartment. In an ICE, the air is replaced nominally every seven minutes. In the test car, the proportion of fresh air in the air flowing into the passenger compartment has now been increased from 50 percent to 60 percent. The amount of incoming air remained unchanged. As a result, in the tests carried out in the test vehicle, the seats adjacent to the source of the same row of seats had no significant influence on the concentrations of the tracer gas.

Particle Propagation Measurements

In addition to the tracer gas measurements, LDA-PDA measurements were carried out in order to examine the spread and distribution of aerosols consisting of artificial saliva. In contrast to tracer gas, concrete particles were introduced into the air that have an impulse, stick to surfaces or can actually evaporate. During the measurements, particles of various sizes were introduced into a seat with a particle generator and with a typical exhalation pulse. The particles spread in the passenger compartment, during which the frequency and size distribution of the particles at a measuring position (= seat of another passenger) was measured. In all cases examined, it was found that 0.2% of the exhaled particles arrive at the most polluted place without mouth and nose covering. This place was directly opposite the particle generator (four-person seating group with table, about one meter away). The values were significantly lower for all other measured seats.

Conclusion:

The investigation of the distribution and spread of particles has shown that the indirect path of droplets and aerosols to the passenger through the air conditioning system in a rail vehicle does not in fact play a role: The results do not indicate any need to implement measures relating to the air conditioning system. A mouth-nose covering limits the direct path of particle propagation and reduces the concentration peaks of aerosols and droplets in the immediate vicinity of the source. It has a positive effect on the aerosol distribution and pollution in the immediate vicinity of a person. With regard to the assessment of the influence of the aerosols, the comparatively high fresh air rates in the rail vehicle interior have a positive effect. However, a further increase in the proportion of fresh air beyond the usual amounts of air does not seem to have any significant influence on the reduction of the particle load in the area examined. For the heating operation, the measurements obtained in the test vehicle showed similar results as in the base case (cooling operation). The tracer gas measurements showed that there were no significant differences in the spread of the aerosols across several rows of seats. The investigations carried out (theoretical, experimental and numerical) laid the foundations for the assessment and clarification of further questions on the subject of "spread of viruses in passenger compartments of rail vehicles".



Subject in Focus:

Temporary reduction in daily global CO₂ emissions during the COVID-19 forced confinement

Government policies during the COVID-19 pandemic have drastically altered patterns of energy demand around the world. Many international borders were closed and populations were confined to their homes, which reduced transport and changed consumption patterns. The measures imposed were ramped up from the isolation of symptomatic individuals to the ban of mass gatherings, mandatory closure of schools and even mandatory home confinement. The population confinement is leading to drastic changes in energy use, with expected impacts on CO₂ emissions.

Despite the critical importance of CO₂ emissions for understanding global climate change, systems are not in place to monitor global emissions in real time. CO₂ emissions are reported as annual values¹, often released months or even years after the end of the calendar year. Despite this, some proxy data are available in near-real time or at monthly intervals. High-frequency electricity data are available for some regions (for example, Europe and the United States), but rarely the associated CO₂ emissions data.

Given the lack of real-time CO₂ emissions data, we devise an alternative approach to estimate country-level emissions based on a confinement index (CI) conceived to capture the extent to which different policies affect emissions, and available daily data of activity for six economic sectors. The change in CO₂ emissions associated with the confinement is informative in multiple ways.

First, the changes in emissions are entirely due to a forced reduction in energy demand. Although in this case the demand disruption was neither intentional nor welcome, the effect provides a quantitative indication of the potential limits that extreme measures could deliver with the current energy mix (for example, a higher rate of home working or reducing consumption). Second, during previous economic crises, the decrease in emissions was short-lived with a postcrisis rebound that restored emissions to their original trajectory, except when these crises were driven by energy factors such as the oil crises of the 1970s and 1980s, which led to substantial shifts in energy efficiency and the development of alternative energy sources.

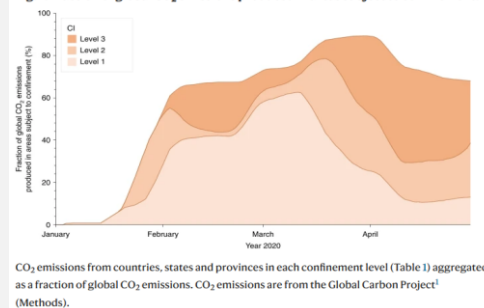
For example, the 2008–2009 Global Financial Crisis saw global CO₂ emissions decline of –1.4% in 2009, immediately followed by a growth in emissions of +5.1% in 2010, well above the long-term average. Emissions soon returned to their previous path almost as if the crisis had not occurred.

The economic crisis associated with COVID-19 is markedly different from previous economic crises in that it is more deeply anchored in constrained individual behaviour. At present it is unclear how long and deep the crisis will be, and how the recovery path will look, and therefore how CO₂ emissions will be affected. Keeping track of evolving CO₂ emissions can help inform government responses to the COVID-19 pandemic to avoid locking future emissions trajectories in carbon-intensive pathways.

In this analysis, we used a combination of energy, activity and policy data available up to the end of April 2020 to estimate the changes in daily emissions during the confinement from the COVID-19 pandemic, and its implications for the growth in CO₂ emissions in 2020.

Changes in CO₂ emissions were estimated for three levels of confinement and for six sectors of the economy, as the product of the CO₂ emissions by sector before confinement and the fractional decrease in those emissions due to the severity of the confinement and its impact on each sector.

Fig. 1: Fraction of global CO₂ emissions produced in areas subject to confinement.



The six economic sectors covered in this analysis are:

- power (44.3% of global fossil CO₂ emissions)
- industry (22.4%)
- surface transport (20.6%)
- public buildings and commerce (here shortened to ‘public’, 4.2%)
- residential (5.6%) and
- aviation (2.8%).

The data represent changes in activity, such as electricity demand or road and air traffic, rather than direct changes in CO₂ emissions. We made a number of assumptions to cover the six sectors based on the available data and the nature of the confinement. Changes in the surface transport and aviation sectors were best constrained by indicators of traffic from a range of countries, which included both urban and nationwide data. Changes in power-sector emissions were inferred from electricity data from Europe, the United States and India. Changes in industry were inferred mainly from industrial activity in China and steel production in the United States. Changes in the residential sector were inferred from UK smart meter data, whereas changes in the public sector were based on assumptions about the nature of the confinement. All the activity changes are relative to typical activity levels prior to the COVID-19 pandemic.

Daily changes in CO₂ emissions

The effect of the confinement was to decrease daily global CO₂ emissions by 17% (–11 to –25%) by 7 April 2020, relative to the mean level of emissions in 2019. The change in emissions on 7 April was the largest estimated daily change during 1 January to 30 April 2020. Daily emissions in early April are comparable to their levels of 2006.

Implications for global fossil CO₂ emissions in 2020

The change for the rest of the year will depend on the duration and extent of normal activities and the degree to which life will resume its pre-confinement course.

We assessed the effect of the recovery time by conducting three sensitivity tests. Our sensitivity tests are not intended to provide a full range of possibilities, but rather to indicate the approximate effect of the extent of the confinement on CO₂ emissions. Before COVID-19, we expected global emissions to be similar to those in 2019, so the effect of confinement on CO₂ emissions provided above might be approximately equivalent to the actual change from 2019 emissions.

Conclusion:

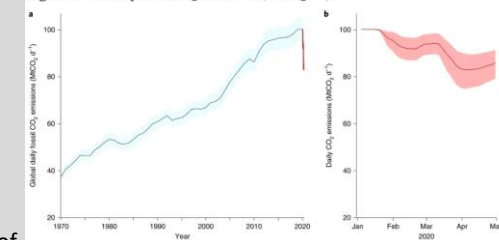
The estimated decrease in daily fossil CO₂ emissions from the severe and forced confinement of world populations is –17% but the associated annual decrease will be much lower (–4.2 to –7.5% according to our sensitivity tests). These numbers put in perspective both the large growth in global emissions observed over the past 14 years and the size of the challenge we have to limit climate change in line with the Paris Climate Agreement.

Furthermore, most changes observed in 2020 are likely to be temporary as they do not reflect structural changes in the economic, transport or energy systems.

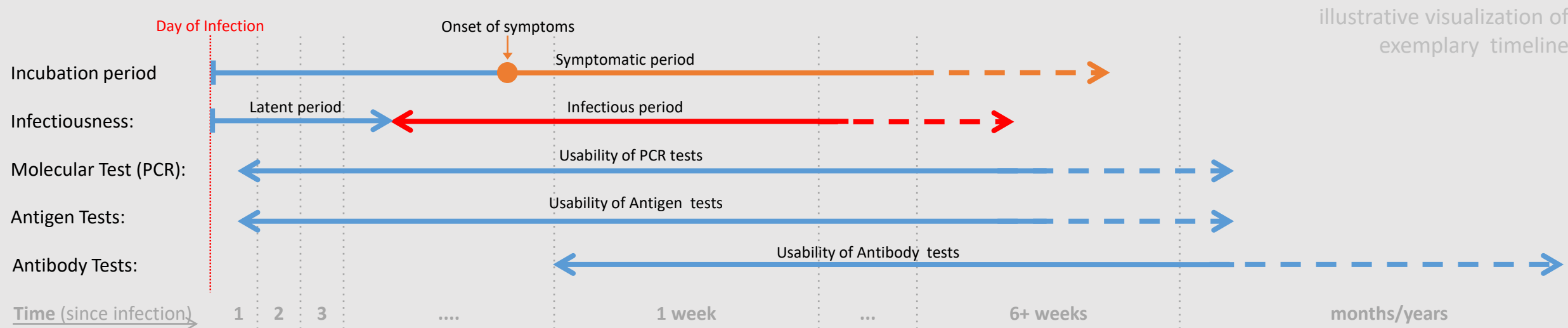
The study reveals how responsive the surface transportation sector’s emissions can be to policy changes and economic shifts. Follow-up research could explore further the potential of near-term emissions reductions in the transport sector that could be delivered with minimal or positive impact on societal well-being.

The extent to which world leaders consider the net-zero emissions targets and the imperatives of climate change when planning their economic responses to COVID-19 is likely to influence the pathway of CO₂ emissions for decades to come.

Fig. 3: Global daily fossil CO₂ emissions (MtCO₂ d⁻¹).



Timeline COVID-19 infection



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

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

In the press

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

17th December 2020

DW

COVID: EU to start vaccinations on December 27

<https://www.dw.com/en/covid-eu-to-start-vaccinations-on-december-27/a-55973609>

18th December 2020

Aljazeera

Thailand relaxes travel curbs for tourists from more than 50 countries

<https://www.aljazeera.com/news/2020/12/18/thailand-relaxes-travel-curbs-for-tourists-from-over-50-countries>

15th December 2020

DW

Oxfam: 2.7 billion saw no state aid during COVID crisis

<https://www.dw.com/en/oxfam-27-billion-saw-no-state-aid-during-covid-crisis/a-55946161>

16th December 2020

BBC

Covid: What do we know about China's coronavirus vaccines?

<https://www.bbc.com/news/world-asia-china-55212787>

18th December 2020

Aljazeera

What we got wrong about COVID-19 and refugees

<https://www.aljazeera.com/opinions/2020/12/18/what-we-got-wrong-about-covid-19-and-refugees>

17th December 2020

The Guardian

Twitter to remove tweets that spread lies about Covid vaccines

<https://www.theguardian.com/technology/2020/dec/17/twitter-to-remove-tweets-that-spread-lies-about-covid-vaccines>

18th December 2020

South China Morning Post

Travel industry will die if Covid-19 vaccination is mandatory [...]

<https://www.scmp.com/lifestyle/travel-leisure/article/3114465/travel-industry-will-die-if-covid-19-vaccination-mandatory>

17th December 2020

The Guardian

King of Sweden blasts country's 'failed' coronavirus response

<https://www.theguardian.com/world/2020/dec/17/king-sweden-failed-covid-strategy-rare-royal-rebuke-lockdown-hospitals-cases>

14th December 2020

South China Morning Post

Malaysian women, children bear brunt of coronavirus lockdown

<https://www.scmp.com/week-asia/health-environment/article/3113852/malaysian-women-children-bear-brunt-coronavirus>

The new normal!

THE NEW NORMAL



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

Don't just say it,
Do it!



#StaySafe

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

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

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

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

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

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

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



Avoid the Three C's



Be aware of different levels of risk in different settings.

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



Crowded places

with many people nearby



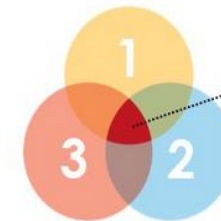
Close-contact settings

Especially where people have close-range conversations



Confined and enclosed spaces

with poor ventilation



The risk is higher in places where these factors overlap.

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

WHAT SHOULD YOU DO?



Avoid crowded places and limit time in enclosed spaces



Maintain at least 1m distance from others



When possible, open windows and doors for ventilation



Keep hands clean and cover coughs and sneezes



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

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



The perfect wave – why masks are still important



NEW STUDY ON MOUTH NOSE PROTECTION AND SOCIAL DISTANCING

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

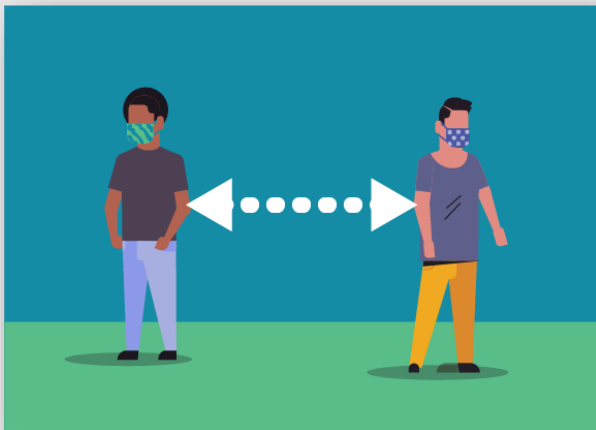
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

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

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

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

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



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

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

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

