



## Update 55 (02<sup>nd</sup> of February 2021)

### Information about infection disease COVID-19 (novel coronavirus)



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

02<sup>nd</sup> of February 2021  
email: [info.dhsc@coemed.org](mailto: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 30<sup>th</sup> January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11<sup>th</sup> of February. The virus itself has been named SARS-CoV-2. On 11<sup>th</sup> of March 2020 WHO characterized the disease as a pandemic.

#### HIGHLIGHTS/NEWS

- **WHO** performs a new webinar at 03 February on [SARS-CoV-2 virus mutations and variants](#). See more information under “Global situation” in this document.
- **World Health Organization experts** visited a center for animal diseases in Wuhan. The team thus continued its investigations into the origin of the corona pandemic in China. The team met with livestock health workers in Hubei Province, visited laboratories, and had an in-depth discussion with questions and answers. The WHO visit was preceded by intensive negotiations on access to information about the virus and its suspected origin in the city of Wuhan.
- **CureVAC/Bayer:** The chemical and pharmaceutical company Bayer has announced to produce 161 million doses of the COVID-19 vaccine from CureVac after its approval. CureVac is currently in stage three of clinical testing.
- **EU: BioNTech** plans to expand delivery of its COVID-19 vaccine to the EU by up to 75 million vaccine units in the coming quarter. A total production of two billion doses of the vaccine is planned for 2021. This will increase the previously expected production of 1.3 billion doses by more than 50 percent.
- **EU:** According to the EU Commission, the pharmaceutical company **AstraZeneca** will deliver nine million additional doses of its corona vaccine in the first quarter. The company also plans to expand its production capacities in Europe.
- **EMA:** The drug REGN-COV2, which is based on the combination of two antibodies, is currently being examined by the authorities for approval. According to the EMA, a study suggests that the agent can reduce the amount of corona viruses present in the blood. But it is still too early to draw conclusions about the relationship between benefits and risks.
- **Roche:** Plans to launch a coronavirus rapid test, which is less unpleasant for patients, by mid-February. With the SARS-CoV-2 Rapid Antigen Test Nasal, the sample is taken from the front area of the nose instead of from the nasopharynx. An application for emergency approval is already being prepared for the USA.
- **Europol:** Warns travelers about criminal gangs who sell fake Corona test certificates at airports and on the Internet. Several suspects have already been arrested for giving false negative test results to travelers in the UK, France, Spain and the Netherlands.
- **ECDC:** To monitor the progress of vaccination efforts across the EU, ECDC has set up a monitoring system for collection of key vaccine rollout indicators. It is called the [COVID-19 Vaccine Tracker](#), an interactive ‘live’ dashboard that provides the latest data reported by EU countries.

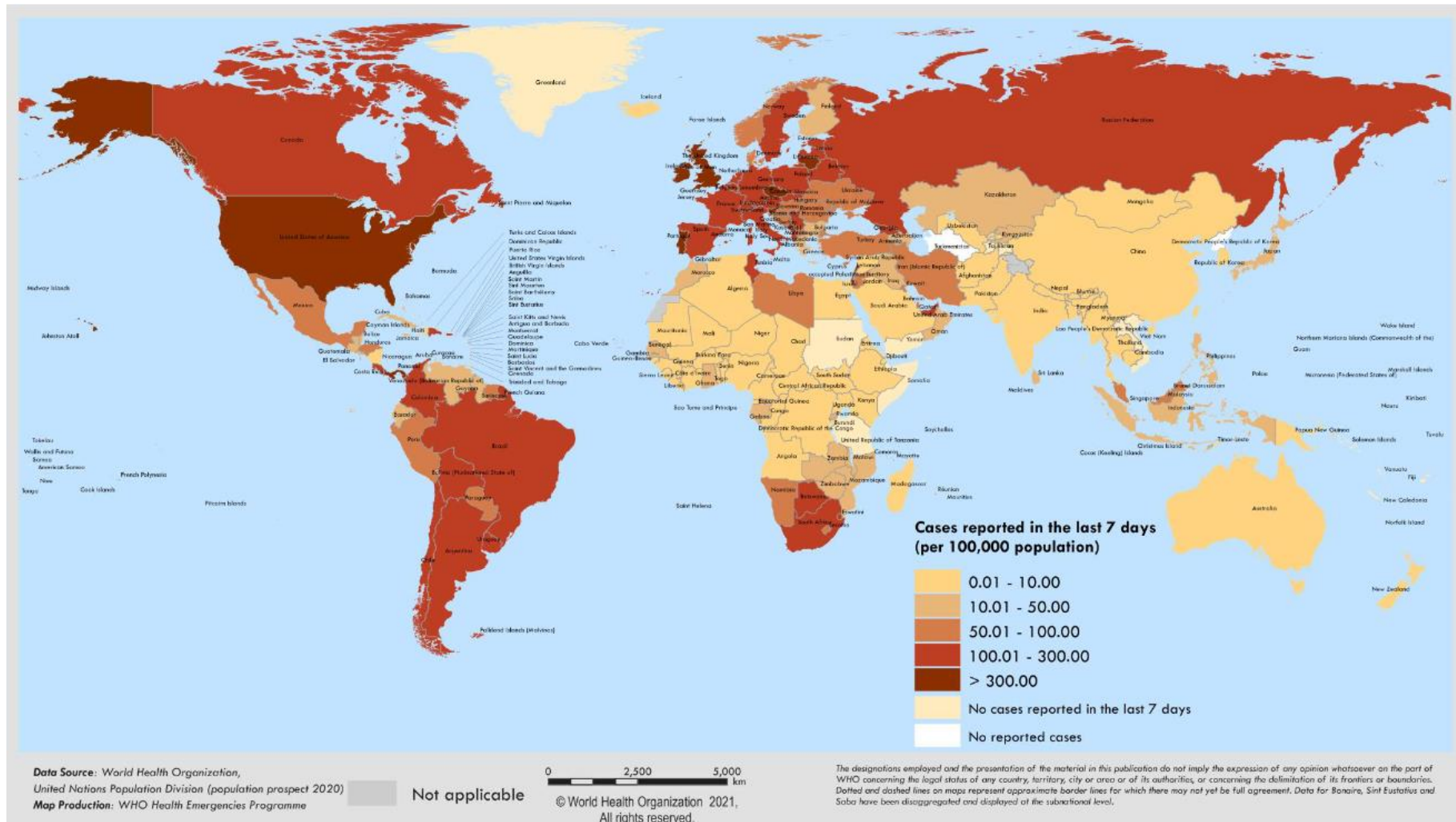
|  |
|--|
| <b>GLOBALLY</b> ∨<br>103 429 410<br>confirmed cases<br>68 043 950 recovered<br>2 238 671 deaths                            |
| <b>EU/EEA and the UK</b> ∨<br>32 933 295<br>confirmed cases<br>17 578 350 recovered<br>734 200 deaths                      |
| <b>USA</b> ∨<br><b>(new cases/day 121 284)</b><br>26 213 071<br>confirmed cases<br>10 604 328 recovered<br>441 361 deaths  |
| <b>India</b> ∨<br><b>(new cases/day 11 427)</b><br>10 766 245<br>confirmed cases<br>10 448 406 recovered<br>154 486 deaths |
| <b>Brazil</b> ↗<br><b>(new cases/day 27 756)</b><br>9 229 322<br>confirmed cases<br>8 202 354 recovered<br>225 099 deaths  |
| <b>UK</b> ∨<br><b>(new cases/day 18 607)</b><br>3 835 783<br>confirmed cases<br>-not reported- recovered<br>106 564 deaths |
| <b>Russia</b> ∨<br><b>(new cases/day 17 391)</b><br>3 825 739<br>confirmed cases<br>3 282 631 recovered<br>72 456 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)



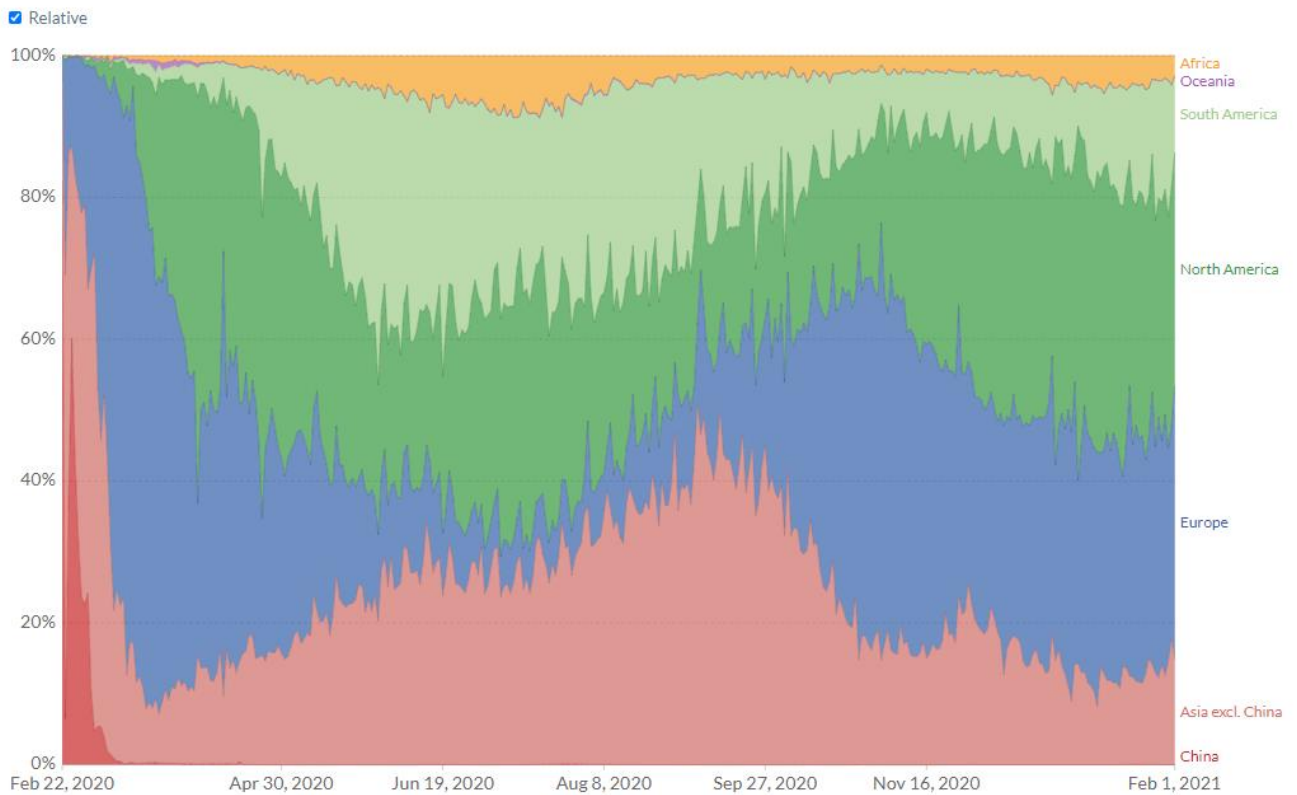
## Worldwide Situation

### 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.

Our World in Data

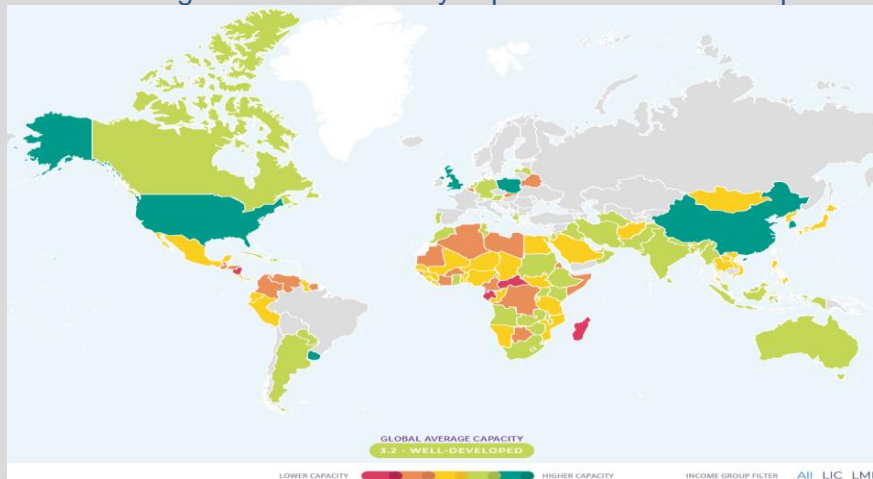


#### WHO SCORE Global Report

WHO SCORE Global Report highlights urgent need for better data to strengthen pandemic response and improve health outcomes.

SCORE (Survey, Count, Optimize, Review, Enable) is a technical package of essential interventions, recommended actions, tools and resources that aims to support countries in addressing challenges and meeting health information system needs. It represents – for the first time in a single, harmonized package – all the key elements to enable governments to address data gaps, invest in scalable solutions, and take informed policy action.

The pandemic has highlighted that even the most advanced health and data systems still struggle to provide data in near real-time in order to act swiftly. The lack of data worldwide limits the understanding of the true mortality impact of the COVID-19 pandemic, undermining response planning.



#### Survey population and health risks

- S1. System of regular population-based health surveys
- S2. Surveillance of public health threats
- S3. Regular population census

Source: <https://www.who.int/data/data-collection-tools/score/dashboard/>  
<https://www.who.int/news/item/01-02-2021-who-score-global-report-highlights-urgent-need>

## [WHO Webinar: SARS-CoV-2 virus mutations and variants](#)

3 February 2021 14:30 – 15:15 CET

### [The latest on the COVID-19 global situation and the emergence of new mutations and variants](#)

It is normal for viruses to evolve over time through mutations and as a consequence, the emergence of new variants is to be expected.

Join this webinar to learn about the new SARS-CoV-2 variants that have emerged; the implications of these variants; and what is being done to monitor and respond to the emergence of SARS-CoV-2 variants.

When: 3 February 2021, 14:30 –15:15 CET | 17:00 Dehli | 8:30 Washington DC

Speaker: Dr Sylvie Briand, Director Global Infectious Hazards Preparedness WHO

[Register](#)

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## **SARS-CoV-2 wastewater monitoring**

Epidemiologists around the world are desperately looking for new tools to deal with the corona pandemic. Comprehensive analyzes could support scientists with important data if there are uncertainties about the reported number of infections. This always happens when you are dealing with many asymptomatic infected people, as is often the case with the SARS-CoV-2 virus. Such an instrument has been around for a long time: the WHO included wastewater analyzes for polioviruses in its program to eradicate the poliomyelitis viruses ten years ago.

### [Switzerland one of the pioneers in the field of SARS-CoV-2 wastewater analysis](#)

The potential of such analyzes has now been shown in Switzerland. For example, the country introduced a further purification stage when it was still being discussed in other European countries. When the infection rate picked up speed in spring, researchers from [the water research institute Eawag](#) and the ETH Lausanne tried to set up an early warning system. In the meantime, they have made considerable progress and can carry out simple analyzes that do not require genetic sequencing as with mutations, within a few days. Now they apparently even found traces typical of the British virus mutant for the first time through wastewater analyzes. Accordingly, the modified virus was circulating earlier than expected. Initially, the Swiss Federal Office of Public Health BAG reported shortly before Christmas that variant B.1.1.7, which appeared in Great Britain, had been detected for the first time in samples from infected people. However, according to [data from a preprint study](#) that has not yet been reviewed by independent specialist colleagues, the variant was detected in the wastewater at least two weeks earlier. The earliest evidence comes from the Lausanne sewage treatment plant on December 9th - apparently much earlier than the BAG's clinical data showed.

The Zurich Werdhölzli sewage treatment plant purifies the wastewater from around 430,000 people. "We were able to detect a signal in the wastewater in as little as ten to fifteen newly reported corona cases per day," says environmental engineer Ort, one of the Eawag researchers involved. He now hopes that more sewage treatment plants will participate in the project and that a larger monitoring network will be created. But the researchers are already regularly uploading their data to a dashboard - just like their colleagues in [NLD](#), [ESP](#), [FRA](#), [GB](#), [ZAF](#) and [USA](#).

### [Netherlands and Luxembourg with almost comprehensive wastewater monitoring](#)

Since autumn, a national system has been checking most of the around 350 sewage treatment plants for SARS-CoV-2 particles and the results can be viewed on the national dashboard. Such a system would also be desirable in other countries. "It is shameful how far ahead other countries are when it comes to wastewater monitoring," says Professor Jörg Drewes, Professor of Urban Water Management at the Technical University of Munich. In Germany as in other European countries, the potential of diagnostics has been underestimated for too long.

The largest German project on wastewater monitoring was carried out by researchers from the TU Dresden together with colleagues from the Helmholtz Center for Environmental Research (UFZ) and the German Association for Water Management, Wastewater and Waste (DWA). Samples were taken regularly at around 50 sewage treatment plants throughout Germany - it is the largest attempt to date to establish a comprehensive monitoring system for wastewater in Germany.

### [Some questions still open](#)

It is unclear how stable the virus is and how well it survives the journey from the toilet through the sewer system. It is therefore not yet entirely certain how reliable the number of virus quantities that arrive in the sewage treatment plant is. The question of what exactly the viral load in the wastewater

ultimately says is still open. "We do not yet know very well how many virus particles are excreted in the proportion of infected people," says virologist René Kallies from the UFZ. The Swiss know the problem too. As long as the questions have not been clarified, the number of unreported cases of corona infections cannot be precisely determined, says Ort. This requires clinical studies that examine the stool of infected people.

Source: <https://www.medrxiv.org/content/10.1101/2021.01.08.21249379v1>  
<https://www.sciencedirect.com/science/article/pii/S0048969720352797>  
<https://www.eawaq.ch/en/department/sww/projects/sars-cov2-in-wastewater/>  
<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/wastewater-surveillance.html>  
<https://coronadashboard.government.nl/landelijk/rioolwater>  
<https://www.samrc.ac.za/wbe/>

### **"Sputnik V" with an effectiveness of 91.6 percent**

After criticizing the lack of reliable studies, Russian researchers have published further details on the corona vaccine "Sputnik V". According to this, the vaccine has an effectiveness of 91.6 percent. [The results were published in the medical journal "The Lancet"](#).

Russia is aiming for registration in the EU. The vaccine is now used in the fight against corona in more than 15 countries. The scientists spoke of interim analyzes of the important test phase III among around 20,000 volunteers. The results agree with earlier information. An effectiveness of 91.6 percent means that 91.6 percent fewer diseases per 100 test subjects occurred in the vaccinated group than in the control group. This means that "Sputnik V" would have almost the same effectiveness as the vaccines from Moderna and BioNTech, and a higher degree than the agent from AstraZeneca.

"Sputnik V" only had serious side effects in a few cases, but the researchers did not attribute them to the vaccine, it said. Most volunteers would have reported mild side effects such as flu-like symptoms and arm pain. There were also four deaths during the study, which the scientists said were not related to the vaccination. According to the Russian researchers, "Sputnik V" was also tested on more than 2000 people over 60 years of age. In this group, the vaccine was "similarly effective and well tolerated," the study said. The study is not yet finished; In total, the corona vaccine should be tested on 40,000 volunteers.

|  | Total cases | Vaccine group    | Placebo group  | Vaccine efficacy (95% CI) | p value |
|--|-------------|------------------|----------------|---------------------------|---------|
| <b>First COVID-19 occurrence from 21 days after dose 1 (day of dose 2)*</b>  |             |                  |                |                           |         |
| Overall  | 78          | 16/14 964 (0.1%) | 62/4902 (1.3%) | 91.6% (85.6-95.2)         | <0.0001 |
| <b>Age group (years)</b>   |             |                  |                |                           |         |
| 18-30  | 5           | 1/1596 (0.1%)    | 4/521 (0.8%)   | 91.9% (51.2-99.3)         | 0.0146  |
| 31-40  | 17          | 4/3848 (0.1%)    | 13/1259 (1.0%) | 90.0% (71.1-96.5)         | <0.0001 |
| 41-50  | 19          | 4/4399 (0.1%)    | 15/1443 (1.0%) | 91.3% (73.7-96.9)         | <0.0001 |
| 51-60  | 27          | 5/3510 (0.1%)    | 22/1146 (1.9%) | 92.7% (81.1-97.0)         | <0.0001 |
| >60  | 10          | 2/1611 (0.1%)    | 8/533 (1.5%)   | 91.8% (67.1-98.3)         | 0.0004  |
| <b>Sex</b>   |             |                  |                |                           |         |
| Female   | 32          | 9/5821 (0.2%)    | 23/1887 (1.2%) | 87.5% (73.4-94.2)         | <0.0001 |
| Male   | 46          | 7/9143 (0.1%)    | 39/3015 (1.3%) | 94.2% (87.2-97.4)         | <0.0001 |
| Moderate or severe cases   | 20          | 0/14 964         | 20/4902 (0.4%) | 100% (94.4-100.0)         | <0.0001 |
| <b>First COVID-19 occurrence after dose 1†</b>   |             |                  |                |                           |         |
| Any time after dose 1  | 175         | 79/16 427 (0.5%) | 96/5435 (1.8%) | 73.1% (63.7-80.1)         | <0.0001 |
| From 14 days after dose 1  | 109         | 30/14 999 (0.2%) | 79/4950 (1.6%) | 87.6% (81.1-91.8)         | <0.0001 |
| <b>First COVID-19 occurrence after dose 2 (28 days after dose 1)*</b>  |             |                  |                |                           |         |
| All  | 60          | 13/14 094 (0.1%) | 47/4601 (1.0%) | 91.1% (83.8-95.1)         | <0.0001 |
| Data are n/N (%), unless otherwise stated. *Includes those who received both doses. †Includes participants who received at least one dose. |             |                  |                |                           |         |
| <b>Table 2: Interim results on vaccine efficacy</b>  |             |                  |                |                           |         |

Source: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00191-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00191-4/fulltext)  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00234-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00234-8/fulltext)

## Vaccination report

### GBR vaccination strategy

According to government information, another 40 million vaccine doses from the French manufacturer Valneva have been secured. This means that the UK can expect 100 million doses in total by 2022 from the company, which is hoping for approval of its drug later this year. For the following years - 2023 to 2025 - the British have ordered another 90 million vaccine doses from Valneva. According to the manufacturer, the order will have a volume of up to 1.4 billion euros.

With the order, the British government is continuing its - so far successful - strategy of concluding fixed contracts with vaccine manufacturers at an early stage. However, it will be some time before the vaccine comes onto the market. The clinical tests of phases I / II are currently underway, followed by the important phase III.

In total, the UK has already ordered more than 400 million doses of various vaccines. With two doses per person, as required for most vaccines, it could vaccinate the entire population of the country nearly three times. However, not all of the vaccines ordered have already been approved.

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**SOS Children's Villages:** The aid organization criticizes the fact that numerous countries around the world are excluding refugees from their vaccination strategies against COVID-19. More than a third of the 114 countries that have so far drawn up vaccination plans do not include refugees. In some countries, such as Colombia, refugees are even explicitly excluded. There is a vaccination ban for people who lived in the country without legal status. The global economic collapse caused by the corona pandemic made the situation of refugees even worse and drove many into hunger and livelihood. Now it is the task of the global community to ensure that refugees have the same opportunity to get vaccinated as everyone else, the aid organization demanded.

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**CureVac:** After the cooperation with Bayer, the German company is driving forward the production of its possible corona vaccine with its new partner Rentschler Biopharma SE. The companies announced that the manufacturing processes were currently being tested and optimized. It is expected that the Rentschler site in Germany will be able to produce more than 100 million doses of the CureVac vaccine per year. CureVac has started to build a European network for vaccine production with several service partners, it said.

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**BioNTech:** According to the company, the measures to expand production capacities are going according to plan. To meet increased global demand, the company plans to manufacture two billion doses of its COVID-19 vaccine in 2021. The previously planned production of 1.3 billion vaccine doses will be increased by more than 50 percent.

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**Moderna:** Wants to remove a bottleneck in the manufacturing process with additional units of the vaccine per vial. Instead of the previous 10, the vials could be filled with up to 15 vaccination units in order to increase production, the company announced. Only a certain number of ampoules can be filled per day. Before the implementation, the regulatory authority FDA must give the green light.

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**DEU:** Before the government's upcoming vaccination summit, the Association of Research-Based Drug Manufacturers (VFA) warned of too high expectations of the vaccination industry. According to the association, the complex manufacture of vaccines requires suitable production facilities and qualified personnel. Even companies that could quickly expand their capacities would need six to nine months.

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**GBR:** According to the health service, almost all residents of nursing homes have now been offered a first dose of corona vaccine. However, it is unclear how many of the residents of the more than 10,000 nursing homes in England have also accepted the vaccination offer. The next milestone that the British government has set for itself is due in mid-February: by then, the most vulnerable groups in society, and thus 15 million Britons, should have received an initial dose. Just under 600,000 doses of vaccine were given on Saturday alone, according to the UK government. The number of first vaccinations rose to just under nine million. However, only around 490,000 people received a second dose.

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**CHE:** Due to delivery bottlenecks with corona vaccines, only half as many vaccinations can be given in February as planned. Originally, 1.3 million vaccinations were planned. In fact, there are now only

650,000 vaccine doses from BioNtech and Moderna available. The doses that have not been delivered should arrive in March at the latest. The government had promised that by June all people in Switzerland who so wish can be vaccinated. By January 27, a good 262,000 vaccinations had been made. Around three percent of the population should have been vaccinated with it. According to the Federal Office's knowledge, there is enough vaccine available to administer the necessary second dose.

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**ITA:** After AstraZeneca's corona vaccine was approved by the European Medicines Agency, the Italian authority recommended, as DEU already have, age-restricted use of the product. Although the available data showed a lower effectiveness than the two already approved vaccines, the drug could strengthen the vaccination campaign in Italy, announced the drug agency Aifa. With regard to the assessment of the effectiveness of the vaccine in people over 55 years of age, however, the data from the registration studies would have shown "a certain degree of uncertainty". This part of the population was poorly represented. Nevertheless, a good antibody reaction was observed there. The authority recommended the vaccine from the British-Swedish group based on it for people between 18 and 55 years of age, until more well-founded data were available. In the elderly or people with previous illnesses, the mRNA vaccines should be administered.

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**USA:** A new evaluation of vaccination data by the CDC suggests an unjust distribution of the corona vaccine between blacks and whites in the country. Between mid-December and mid-January, nearly 13 million people in the US received at least one vaccination. Of the approximately 6.7 million people whose information on ethnicity was available, only 5.4 percent described themselves as black. In contrast, 60.4 percent described themselves as white. Another 11.5 percent said they were of Latin American or Asian descent.

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**RUS:** had announced that it would be able to supply the EU with 100 million doses of the Sputnik V vaccine in the second quarter. This would allow 50 million people to be vaccinated. An application for approval of the vaccine has already been submitted to the European Medicines Agency (EMA).

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**UKR:** Despite a vaccination ban with the Russian active ingredient Sputnik V imposed in Ukraine, vaccinations with the vaccine have started in the east of the country. In the separatist-controlled areas on the Russian border, according to media reports, the first medical workers, social service workers and representatives of security forces received a vaccination. The parliament in the capital Kiev, however, banned Sputnik V a few days ago. The parliament relies on western vaccines. According to the government, the first deliveries are expected in two weeks.

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**ISR:** Israeli government is distributing coronavirus vaccine to Palestinians. Medical personnel at the front should be vaccinated against the infectious disease with 5000 doses. It is the first time that Israel, following criticism from the United Nations and human rights groups, has confirmed the delivery of vaccine to the Palestinians.

The Palestinian Authority expects further deliveries from other sources in the near future. The government expects the vaccination campaign in the Palestinian Territories to start in two weeks. Initially, 50,000 doses would be provided.

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**PAK:** The Pakistani Air Force has transferred half a million coronavirus vaccine doses from the Sinopharm company to Islamabad - a donation from China. Another 7 million doses of the AstraZeneca vaccine are expected to arrive from the World Health Organization's Covax procurement program by March.

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**ZAF:** The first delivery of the corona vaccine was received on Monday. AstraZeneca's one million vaccine doses are initially intended for health care workers.

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**CHN:** The Chinese police broke up a gang of criminals that produced fake vaccines against the coronavirus. More than 80 suspects were arrested. In raids in the capital Beijing and in several cities in the eastern provinces of Jiangsu and Shandong, a total of more than 3,000 counterfeit vaccine doses were confiscated. According to media reports, the gang had filled ampoules with salt water and sold them as vaccination doses.



### **Country reports:**

**Global:** The emergency rooms worldwide are observing fewer emergency patients during the corona lockdown compared to previous years. One theory is that people are afraid of being infected with COVID-19 and do not go to the hospital emergency room. According to this theory, patients come to the emergency rooms later, but also sicker. Another assumption is that the population is currently less active and therefore there are fewer accidents, but also other acute cases that might be triggered by particular stress.

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**USA:** As one of the last countries in the world, the USA had a nationwide mask requirement on public transport in the fight against the spread of the coronavirus. Mouth and nose protection must now be worn on board airplanes, ships, ferries, trains, underground trains, buses, taxis and similar means of transport. The mask requirement also applies at traffic junctions such as airports, train stations or ports. Transport companies are therefore only allowed to transport people who comply with the mask requirement. The order is valid for an indefinite period.

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**AUS:** After a single case of infection with the corona virus, Perth has announced a five-day lockdown for its almost two million residents beginning last Sunday evening. Schools are not allowed to open on Monday as planned, all residents have to stay at home. They are only allowed to leave the house to go to the doctor, to go shopping, to work or to play sports. It is the first infection within the state of Western Australia in ten months. The aim is to quickly bring the outbreak under control and prevent it from spreading to the population. This includes all residents of the city of Perth and the nearby regions of Peel and South West.

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**JAP:** The government is planning to extend the corona emergency for the Tokyo area and other prefectures by one month until March 7th. Only in the Tochigi region will it be lifted on February 7th. Although the number of new infections has recently fallen, the situation in hospitals remains tense because of the high number of seriously ill people. However, the state of emergency is not a lockdown: restaurants and bars should not serve alcohol from 7 p.m. and close at 8 p.m. Citizens are called upon to stay at home and, above all, not to go out after 8 p.m. Unlike other countries, Japan has no legal means to impose severe curfews.

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**ISR:** The government has agreed to extend the nationwide lockdown for at least five more days. The ban on flights to or from Israel is also to be extended. The cabinet will meet on Wednesday to decide whether a further extension of the measures is necessary.

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**IND:** Plans to spend 25.4 billion euros on its health budget in the coming fiscal year, starting in April. According to the Ministry of Health, that would be 137 percent more than in the previous year. Accordingly, the country wants to spend four billion euros on vaccine development and vaccination programs alone.

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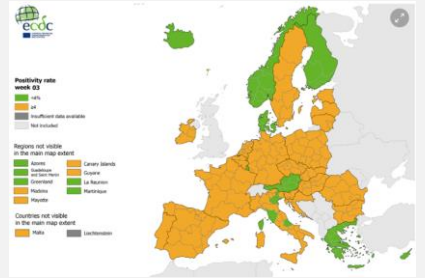
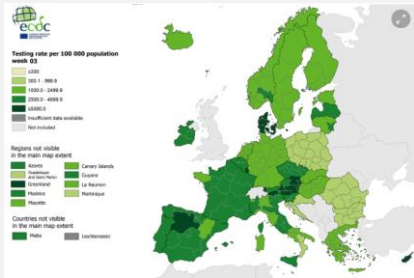
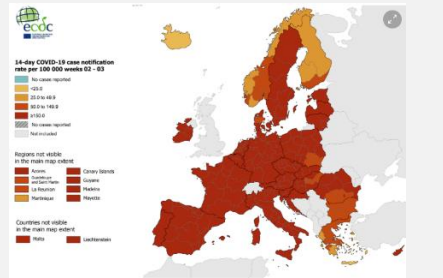
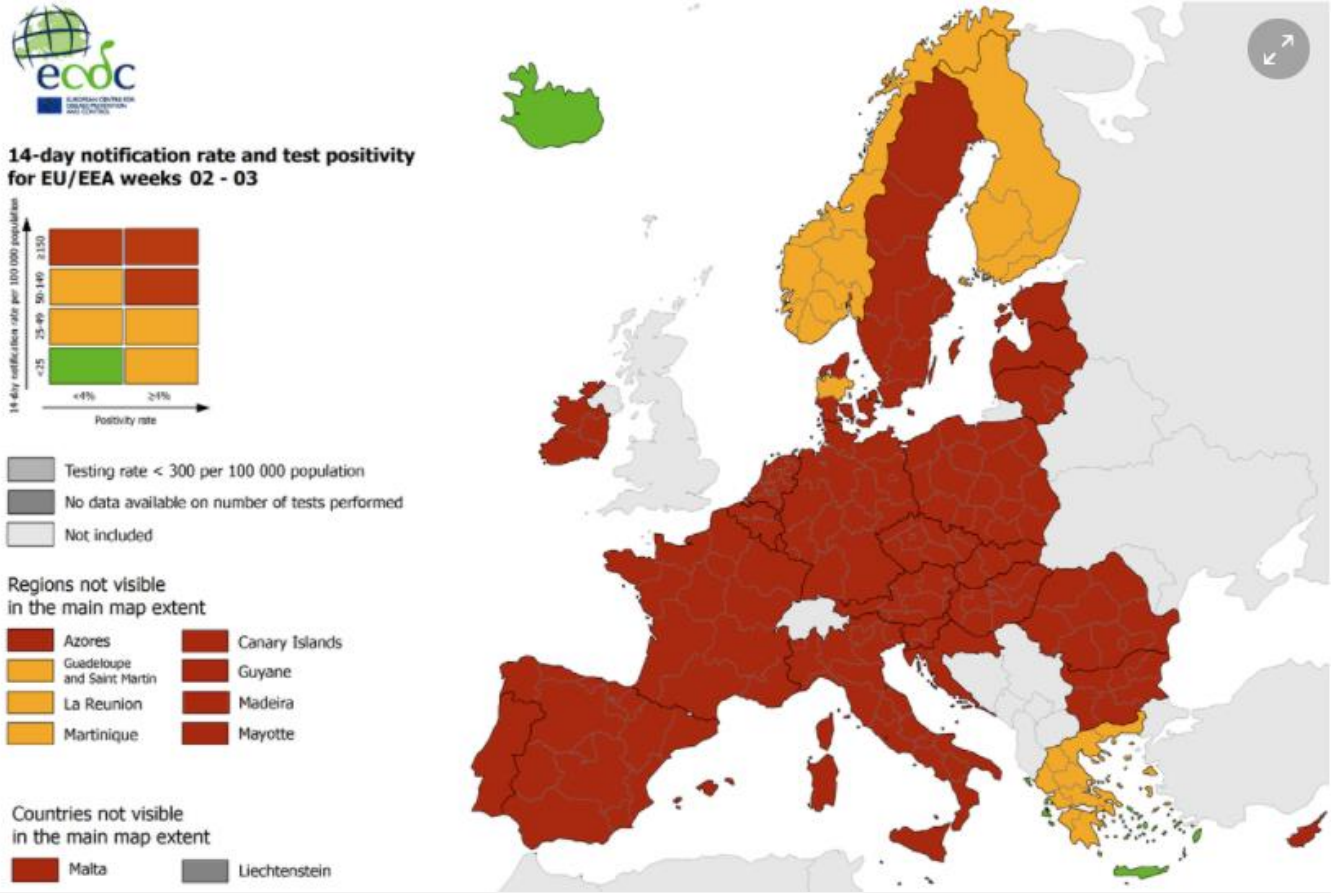
**VNM:** In the first major corona outbreak for months, the more contagious variant of the pathogen, which was initially found in Great Britain, was detected according to authorities. The Health Minister announced that twelve of a total of 276 patients with confirmed coronavirus infection had genome sequencing carried out and the mutation found. Eleven of them appeared in a factory with thousands of employees in the northern province of Hai Duong. The twelfth case involved a returnee from the area. The origin of the transmissions is still being determined.

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**TZA:** The Tanzanian government, criticized for dealing with the coronavirus, sticks to its stance: "The ministry has no plans to get vaccines for COVID-19," said the Health Minister. The country is safe, she affirmed, and at the same time called on the population to improve hygiene practices - including the use of disinfectants. She also recommended inhaling water vapor, which health experts elsewhere have found ineffective at killing coronaviruses. The government's chief chemist also suggested herbal remedies for curing COVID-19, but did not provide any evidence of their effectiveness. A few days ago, Tanzania's President publicly questioned the effectiveness of coronavirus vaccines. He has long been saying that God eradicated COVID-19 in Tanzania. The government has not updated the number of corona infections in the country since April, it still stands at 509.

# 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 21 January 2021



14-day case notification rate per 100 000 inhabitants

Testing rates per 100 000 inhabitants

Positivity rates

# ECDC COVID-19 surveillance report Week 03, as of 28 January 2021

## Weekly surveillance summary

### Overall situation

By the end of week 3 (ending Sunday 24 January 2021), four countries observed increasing case rates (compared to seven countries in week 2) and five reported increasing hospital or ICU admissions and/or occupancy due to COVID-19 (same number as in the previous week). Case rates among older age groups increased in two countries and four countries reported increasing death rates. Absolute values of the indicators remain high in all countries, including those with stable or decreasing trends in these indicators, suggesting that transmission is still widespread. Although in most countries, indicators show an improving epidemiological situation, in a number of countries reporting increasing case trends it is likely that hospitalisations and ICU admissions, and potentially deaths, will increase in the coming weeks.

### Trends in reported cases and testing

- By the end of week 3, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources from 30 countries, was 421 (country range: 26–1 429) per 100 000 population. The rate has been decreasing for one week.
- Among 29 countries with high case notification rates (at least 60 per 100 000), increases were observed in four countries (Finland, France, Portugal and Spain). Stable or decreasing trends in case rates of 1–9 weeks' duration were observed in 25 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia and Sweden).
- Based on data reported to The European Surveillance System (TESSy) from 26 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 22 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovenia, Spain and Sweden).
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 3, available for 29 countries, varied from 672 to 12 918 tests per 100 000 population. Austria had the highest testing rate for week 3, followed by Denmark, Luxembourg, Cyprus and Malta.
- Among 21 countries in which weekly test positivity was high (at least 3%), three countries (France, Lithuania and Poland) observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 18 countries (Belgium, Bulgaria, Croatia, Czechia, Estonia, Germany, Hungary, Ireland, Italy, Latvia, Malta, the Netherlands, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).

### Hospitalisation and ICU

- Pooled data from 20 countries for week 3 show that there were 1.6 patients per 100 000 population in ICU due to COVID-19, which is 76% of the peak ICU occupancy observed during the pandemic. Pooled weekly ICU admissions based on data from 15 countries were 3.6 new admissions per 100 000, which is 42% 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 26 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden). No other increases have been observed, although data availability varies.

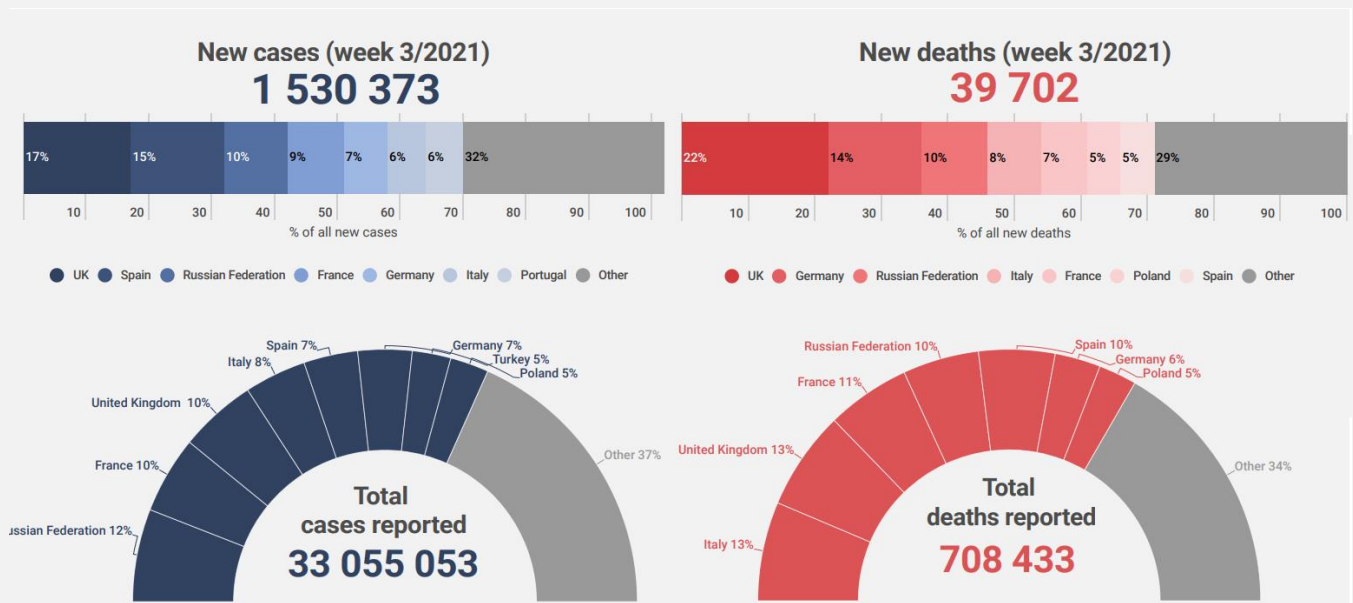
### Mortality

- 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 103.2 (country range: 0.0–247.6) per million population. The rate has been stable for nine weeks.
- Among 29 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in four countries (Ireland, Portugal, Slovakia and Spain). Stable or decreasing trends in death rates of 1–6 weeks' duration were observed in 25 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia 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 (18 Jan – 24 Jan 2021 Epi week 02)



## Almost two million more unemployed in the EU

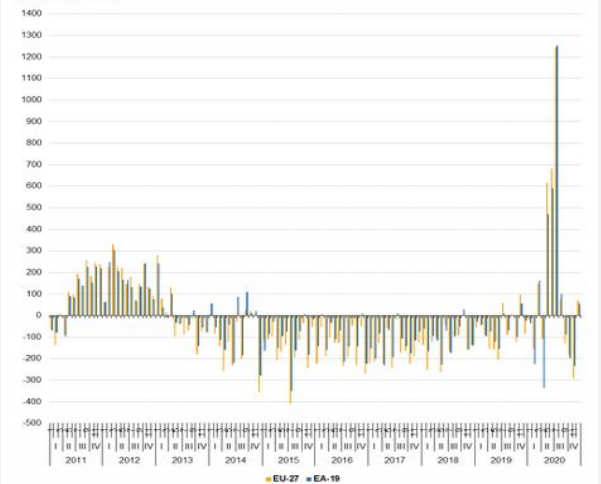
In December, almost two million more people were unemployed in the EU than before the outbreak of the corona pandemic. According to the Eurostat statistics office, the unemployment rate rose from 6.5 percent in December 2019 to 7.5 percent at the end of the Corona year 2020.

With 438,000 more young people looking for work, youth unemployment accounts for almost a quarter of this increase.

The countries most affected by unemployment are Greece (16.7 percent according to October figures), Spain (16.2 percent), Lithuania (10.1 percent) and Italy (9.0 percent). The lowest unemployment rate was recently recorded in the Czech Republic at 3.1 percent. In Germany, according to Eurostat, it was 4.6 percent.

Source: [Eurostat/unemploymentrate/Dec2020](https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&code=une_r1m)

Change in the number of unemployed persons (compared to previous month, in thousands), seasonally adjusted, January 2011 - December 2020



Source: Eurostat (online data code: une\_r1m)

Figure 1: Change in the number of unemployed persons (compared to previous month, in thousands), seasonally adjusted, January 2011 - December 2020

**EU:** The ambassadors of the EU states agreed on Monday in Brussels on recommendations for entry from non-EU states. The EU states want to take greater account of the spread of new corona variants in third countries in the future. For travelers from areas with worrying mutations, a quarantine obligation should apply after arrival. Additional corona tests on or after arrival are also planned. After the ambassador's decision, the recommendations still have to be officially accepted by the capitals in writing.

### **Country Reports:**

**POR:** To contain the pandemic, has banned entry and exit without good reason. Controls were reintroduced at the land border with neighboring and EU partner Spain. In addition, controls at ports and airports were tightened following the government decree. Exceptions apply to people who drive to work, return to their main residence or are on the road for work, for the transport of goods, as well as for medical emergencies or humanitarian aid. According to data from the Ministry of Health, there were only seven free beds for intensive care on Sunday.

After a request for help from Portugal, the German Bundeswehr had sent a medical investigation team to neighboring Spain, whose findings are now being evaluated. Following a decision by the Ministry of Defense on Wednesday, the Bundeswehr will also provide POR with 26 paramedics, 150 field hospital beds and a total of 50 ventilators.

**AUT:** Will take over seriously ill corona patients from Portugal. How many people should be flown to Austria is currently being clarified with the Portuguese Ministry of Health. The Portuguese health care system is under massive pressure due to the high number of infections. According to the authorities, there are only a few intensive care beds available.

The government decided to partially relax the tough lockdown from February 8th. The trade, schools and body-friendly service providers such as hairdressers can reopen under strict conditions. The lessons in the schools will partly take place in shifts. Only those students who can be tested are allowed to participate. Hairdressers and other services may also only be used with a test that is not older than 48 hours. The exit restrictions are limited to the time between 8 p.m. and 6 a.m. Two households can meet during the day. In other areas, such as entry, however, tightening was decided. In the future, all those entering, for whom there is no exception, would have to present a negative corona test when crossing the border. A ten-day quarantine must also be observed; a free test after five days is no longer possible. Like other travelers, commuters would now have to register online and submit a negative corona test once a week. In order to prevent tourists from crossing the border as

much as possible, controls in ski areas are being increased significantly. Not wearing FFP2 masks or ignoring the minimum distance now costs 90 euros.

**NLD:** The number of corona patients in French hospitals rose to its highest level in two months on Sunday. According to the authorities, it amounted to 27,613. That was 331 more than the day before and as many as last at the beginning of December.

**ITA:** For the first time in weeks, the number of COVID-19 patients admitted to intensive care units per day is below 100. As of Sunday, 2215 corona patients were being treated in Italian intensive care units. Although this number is well below the nationwide average of 4,000 intensive care patients in November, Italy has been struggling with a renewed upward trend in the corona numbers since autumn.

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Since Monday, restrictions have been eased again in many regions. 16 regions are now in a yellow corona zone. Among others, Lazio with the capital Rome and Lombardy. Bars and restaurants are allowed to open up again. From 6 p.m., the local can sell orders to take away. In addition, museums open again to visitors from Monday to Friday. However, the curfew from 10 p.m. to 5 a.m. and the ban on travel between the regions continue to apply, unless they are necessary for professional or health reasons.

**ESP:** The restrictions are being relaxed in the greater Madrid area. Instead of the previous four, six people will be allowed to come together on the terraces of restaurants from Friday. The start of a night curfew could also be postponed from 10 p.m. to midnight. The Madrid region is opposing official recommendations that the measures should be tightened in many places.

**GBR:** Hundreds of thousands of Britons have had to wait more than a year for operations. Since the beginning of the pandemic, their number has increased from a good 1,600 to currently 192,000 patients. The reason is that there are currently more than 34,000 patients treated with COVID-19 in UK hospitals, more than 3,800 of whom are ventilated.

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The South African virus variant has been found in the UK in eleven people who have had no contact with travelers. The government ordered mass tests in the eight districts where the cases occurred. In these districts, each comprising around 10,000 people - including three in London - all residents aged 16 and over would be asked to take a test, even if they showed no symptoms. The infected would self-isolate. The consistent follow-up of their contact persons should prevent further spread.

**FRA:** The number of corona patients in intensive care units rose above the 3200 mark for the first time since December 6th. Authorities reported 3,228 intensive care patients. The number of new positive tests was 4347, slightly above the value a week ago (4240).  
Due to the health situation, there will be no reopening of the ski lifts in the ski areas in February. So far, no date could be given for a planned reopening.

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According to clinicians, up to a fifth of the infections in the greater Paris area can now be traced back to the highly contagious variant of the corona virus that first appeared in Great Britain. On January 7th, the rate was six to seven percent; last week it was 15 to 20 percent. Stricter restrictions are necessary to contain the pandemic.

**DNK:** Starting next Monday, students will be allowed to go back to school up to fourth grade. This is a result of the fact that the number of infections has decreased due to the strict restrictions of recent times. The higher grades will continue to be taught from a distance. All other Corona measures will remain in place until February 28th.

**POL:** COVID-19 was first detected in mink. All animals in the affected mink farm in the north of the country would be culled.

## Subject in Focus

### Overview of the implementation of COVID-19 vaccination strategies and vaccine deployment plans in the EU

The new ECDC technical report provides an updated overview of the progress of national COVID-19 vaccination strategies including vaccine deployment plans and their rollout in the EU/EEA. It also provides new insights into some of the critical aspects and challenges of the implementation.

On 19 January 2021 the European Commission set out actions to step up the response against the COVID-19 pandemic and accelerate the rollout of vaccination campaigns across the EU, with the aim to vaccinate a minimum of 70% of the adult population by the summer of 2021.

#### Vaccine deployment plans and rollout of vaccination

- All EU/EEA countries have developed strategies or plans for the deployment of the COVID-19 vaccine at the national level, which address, among other elements, the selection of priority groups by phase of implementation, as well as key elements of the logistics of implementation.
- All EU/EEA countries have initiated their national COVID-19 vaccination campaigns and 26 reporting countries confirmed that the administration of the COVID-19 vaccination is not mandatory.
- In most countries, the vaccination campaigns started between the 26 and 31 December 2020, shortly after the first lots of vaccines (Pfizer/BioNTech, Comirnaty) were delivered to all EU/EEA countries by the manufacturer. In addition to Comirnaty, by the 28 January, at least 22 countries reported having started administering the COVID-19 Vaccine Moderna. Additional brands will be introduced as soon as authorised for use.
- Following the update of EMA's product information on 8 January 2021 for Comirnaty with the additional specification that each vial contains up to six doses of the vaccine if low dead-volume syringes and/or needles are used, 22 countries responded that they intend to extract a sixth dose from the five-dose vial to increase the availability of doses. This decision is still under review in one country.
- Considering the option of delaying the administration of the second dose to ensure the highest possible coverage of the first dose with the initial limited vaccine supply, and considering the vaccination course included in current EMA product information for Comirnaty (two doses 21 days apart) and COVID-19 vaccine Moderna (two doses 28 days apart), and WHO's recommendation based on currently available clinical trial data that the interval between vaccine doses may be extended up to 42 days (six weeks), most countries replied that for the time being they will not extend the timing between the first and second dose (14 countries), or that the decision is still pending (six countries). Two countries have extended the 21-day dose interval for Comirnaty (one of them to 28 days and the other to up to 42 days); one other country is also planning to extend the timing between the first and second dose.
- As of 29 January 2021, 23 EU/EEA countries reported complete or partial data on the rollout of their national COVID-19 vaccination campaign to The European Surveillance System (TESSy) (vaccine doses distributed to EU/EEA countries and administered to individuals, including by age and other prioritised groups). Regarding the proportion of the total number of doses distributed to EU/EEA countries that have been administered, as of 29 January 2021, the value ranges between 21.5% and 100%. The estimate of the national vaccine uptake for the first dose among adults (18+), as of 29 January 2021, varies between 0.9% and 3.8%. Data should be interpreted with caution at this stage and all possible factors affecting vaccine deployment in each country should be considered, as well as data completeness and quality. Overall data reporting and completeness need to be improved to provide estimates by age groups and in the 80+ population for all countries. ECDC is working with countries to achieve this.

| Countries       | Total number of doses distributed to EU/EEA countries | Doses distributed to EU/EEA countries per hundred inhabitants (18+) | Total number of doses administered | Proportion of doses distributed that have been administered (%) | National vaccine uptake for the first dose among adults (%) |
|-----------------|---|---|------------------------------------|---|---|
| Belgium         | 350 625   | 3.8   | 246 870                            | 70.4%   | 2.7%  |
| Cyprus          | 28 110  | 4.0   | 6 050                              | 21.5%   | 0.9%  |
| Czechia         |   |   | 198 691                            |   | 2.2%  |
| Denmark         | 281 970   | 6.1   |                                    |   |   |
| Finland         |   |   | 151 686                            |   | 3.1%  |
| Germany         |   |   | 2 216 127                          |   | 2.6%  |
| Greece          | 422 970   | 4.8   | 213 555                            | 50.5%   | 2.2%  |
| Hungary         | 403 830   | 5.0   | 213 008                            | 52.7%   | 2.2%  |
| Iceland         | 16 410  | 5.9   | 15 218                             | 92.7%   | 3.8%  |
| Italy           | 1 805 875   | 3.6   | 1 374 137                          | 76.1%   | 2.5%  |
| Lithuania       | 82 874  | 3.6   | 82 874                             | 100%  | 2.9%  |
| Luxembourg      | 23 080  | 4.7   | 11 370                             | 49.3%   | 2.0%  |
| Malta           | 40 590  | 9.8   | 16 420                             | 40.5%   | 3.7%  |
| the Netherlands | 757 020   | 5.4   | 215 498                            | 28.5%   | 1.5%  |
| Poland          | 1 257 300   | 4.0   | 1 097 296                          | 87.3%   | 3.0%  |
| Portugal        | 338 290   | 4.0   | 166 658                            | 49.3%   | 1.6%  |
| Slovenia        | 70 230  | 4.1   | 58 638                             | 83.5%   | 3.0%  |
| Spain           | 1 355 850   | 3.5   | 1 149 549                          | 84.8%   | 2.7%  |
| Sweden          | 409 575   | 5.1   | 229 796                            | 56.1%   | 2.6%  |

### Priority groups

- Vaccinations are being rolled out through various phases. All 30 EU/EEA countries have started vaccinating the priority groups included in their first phase, which were selected based on their higher risk of developing severe disease, as well as to protect healthcare and other front-line workers. Some countries have already progressed to groups included in subsequent phases.
- Countries primarily prioritised elderly people (with various lower age cut-off across countries), residents and personnel in long-term care facilities, healthcare workers, social care personnel and those persons with certain comorbidities. Some countries also prioritise workers of essential public services other than those in health such as police, firefighters and educational institutions workers.
- Considering the limited vaccine supply in the first phase, adjustments are made to the priority groups as countries roll out their campaigns. For example, some countries (Austria, Czechia, Croatia, France, Malta, the Netherlands, Portugal, Romania, Slovakia) further adapted the prioritised groups to be vaccinated including healthcare workers in different settings, educational workers and both residents and emergency services affected by the earthquake in Croatia.
- A few other countries (Latvia, Luxembourg, Norway and Spain) are currently discussing adjustments of priority groups.

**Table 5. Overview of priority groups currently being vaccinated in EU/EEA countries (n=26)\***

| Country         | Priority groups currently being vaccinated |                 |  |   |   |                                      |  |
|-----------------|--|-----------------|--|---|---|--------------------------------------|--|
|                 | Elderly                                    | Elderly in LTCF | Adults with co-morbidities                           | Healthcare workers  | Personnel in LTCF                             | Social care personnel                | Other risk groups (i.e. workers of essential public services other than health; others)  |
| Austria         | Yes (80+)                                  | Yes             | Yes  | Yes   | Yes   |                                      |  |
| Belgium         | Yes  | Yes             | Yes  | Yes   | Yes (in nursing homes)                        |                                      | Yes  |
| Croatia         | Yes  | Yes             |  | Yes   | Yes   |                                      | Yes (emergency services, Red Cross, mountain service, police, firefighters etc. and citizens in the area affected by the earthquake)   |
| Czechia         | Yes  | Yes             |  | Yes   | Yes   | Yes                                  |  |
| Denmark         | Yes  | Yes             | Yes  | Yes   | Yes   |                                      |  |
| Estonia         | Yes  | Yes             | Will start in February; currently a pilot is ongoing | Yes   | Yes   |                                      | Yes (other staff in hospitals, GP centres or other health-care institutions)   |
| Finland         | Yes (80+)                                  | Yes             |  | Yes (front-line and critical healthcare personnel)  | Yes (social and healthcare personnel in LTCF) | Yes (critical social care personnel) |  |
| France          | Yes (75+)                                  |                 | Yes  | Yes (HCW at risk)   | Yes   | Yes (personnel at risk)              | Yes (disabled/dependent persons)   |
| Germany         | Yes  | Yes             | Yes  | Yes   | Yes   | Yes                                  | Yes  |
| Greece          | Yes (80+)                                  | Yes             |  | Yes   | Yes   | Yes                                  |  |
| Hungary         |  | Yes             |  | Yes   | Yes   | Yes                                  |  |
| Iceland         | Yes  | Yes             | Yes  | Yes (HCW in COVID-19 wards, intensive care units and front-line personnel in primary health care clinics) |   |                                      | Yes (response and rescue units/officers from ambulance services, police, coast guard, border guard)  |
| Ireland         | Start in February                          | Yes             |  | Yes   |   |                                      |  |
| Latvia          |  |                 |  | Yes   |   |                                      | Yes (medical practitioners and medical treatment support persons who are employed in the medical treatment institutions specified in the order of the Minister for Health and who provide State paid health care services, and also employees who, upon performing their work duties, are in close contact with COVID-19 patients) |
| Lithuania       | Yes  | Yes             | Yes  | Yes   | Yes   | Yes                                  |  |
| Luxembourg      |  | Yes             |  | Yes   | Yes   |                                      |  |
| Malta           | Yes (85+)                                  | Yes             |  | Yes   | Yes   |                                      | Yes (other frontline workers)  |
| the Netherlands | Yes  | Yes             | Yes  | Yes   | Yes   |                                      | Yes (inpatients in mental health facilities)   |
| Norway          | Yes (85+)                                  | Yes             | Yes (aged 18-64)                                     | Yes (with patient contact)  |   |                                      |  |
| Poland          | Yes  | Yes             |  | Yes   |   | Yes                                  | Yes  |
| Portugal        | Yes  | Yes             | Yes  | Yes   | Yes   |                                      |  |
| Romania         | Yes (65+)                                  | Yes             | Yes  | Yes   | yes   | Yes                                  | Yes  |
| Slovakia        | Yes  | Yes             |  | Yes   | Yes   | Yes                                  | Yes (critical infrastructure)  |
| Slovenia        | Yes (80+)                                  | Yes             |  | Yes   | Yes   | Yes                                  |  |
| Spain           | Yes  | Yes             |  | Yes (only if directly involved in COVID-19 care/treatment)  | Yes   | Yes                                  | Yes (disabled/dependent persons)   |
| Sweden          |  | Yes             | Yes  | Yes   | Yes   | Yes                                  |  |

\* information gathered from ISAA reports on 11 January 2021, 18 January 2021, 25 January 2021; updates received from HSC and NITAG members on the 28 January 2021

**Table 6. Critical factors identified by countries that require adjustment of the vaccination strategy during the rollout (n=24)\***

| Plans to regularly review critical factors based on:         | Countries  |
|--|--|
| Epidemiological situation at national and subnational levels | Austria, Croatia, Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden          |
| New evidence about the virus and its impact on human health  | Austria, Croatia, Denmark, Estonia, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden                   |
| Actual vaccine uptake by target group                        | Austria, Croatia, Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden                   |
| Vaccine storage and supply chain capacities                  | Austria, Croatia, Czechia, Denmark, Estonia, France, Greece, Latvia, Lithuania, Luxembourg, Malta, Norway, Portugal, Romania, Slovakia, Slovenia, Spain  |
| (Human) resources required for vaccination of the population | Austria, Croatia, Czechia, Estonia, France, Germany, , Greece, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden  |
| New information regarding COVID-19 vaccine characteristics   | Austria, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden |

\* information gathered from ISAA reports on 14 December 2020, 05 January 2021, 11 January 2021; updates received from HSC and NITAG members on the 28 January 2021



## Vaccine delivery options, workforce capacity and supply chain management

- EU/EEA countries are currently using a variety of settings for administering vaccinations. Most countries will continue to utilise existing vaccination structures and some plan to scale up, once more vaccine doses become available, such as increasing or introducing mass vaccination centres.
- Most countries now have adequate storage, cooled transport and cold chain available for the deployment of vaccines, and 20 out of the 23 responding countries said that health authorities and civil authorities are coordinating the deployment of the vaccines.
- Supply chain management will likely need to be adapted based on the delivery settings and types of vaccines used. In addition, as the rollout continues, an increase in vaccination sites will likely be needed as well as an increase in the workforce to provide vaccinations.

**Table 7. Overview of the status of national COVID-19 vaccination logistics and infrastructure (n=26)\***

| Status of national COVID-19 vaccination logistics and infrastructure (storage and transport needs) | Countries  |
|--|--|
| Adequate storage capacities are available  | Austria, Belgium, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden |
| Adequate cooled transport is available   | Austria, Belgium, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden |
| Adequate cold chain is available   | Austria, Belgium, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden                   |
| Logistics and infrastructure are under development   | Croatia, France, Slovenia  |

## Systems to monitor vaccination administration and coverage

- As of 28 January 2021, electronic immunisation registries for the monitoring of individual and population-level vaccine uptake are available at the national or subnational level in 21 countries.
- Five countries have an ad hoc electronic system, four countries are using specific electronic immunisation cards and one country is manually recording the vaccinations. Documentation regarding which vaccine product has been administered and when is key to the success of vaccination programmes. Such documentation is also important for monitoring any safety signals, such as an adverse event following immunisation (AEFI) that may arise for any of the vaccine products, and for producing reliable estimates of vaccine effectiveness. Information in these registries could serve as the basis for immunisation cards.

**Table 10. Mechanisms in place for inviting people eligible for vaccination (n=16)\***

| Mechanisms in place for inviting people eligible for vaccination   | Member States  |
|--|--|
| The eligible person is called for vaccination through their healthcare provider or other health entity (e.g. local public health office, national health insurance, insurance companies etc) | Austria, Estonia, Greece, Iceland, Ireland, Lithuania, Malta, Norway, Portugal, Romania, Slovenia, Spain |
| The eligible person is asked to pro-actively book an appointment through dedicated phone systems, website or app   | Austria, Croatia, Czechia, Greece, Lithuania, Luxembourg, Malta, Portugal, Romania, Slovakia             |

**Table 14. System types to monitor individual COVID-19 vaccination status (n=25)\***

| Monitoring of the vaccination status will be done by:     | Countries  |
|---|--|
| Existing electronic immunisation information system (IIS) | Austria, Belgium, Czechia, Denmark, Estonia, Finland, France, Greece, Iceland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden |
| Ad hoc electronic systems                                 | France, Germany, Ireland, Luxembourg, Slovakia   |
| Specific electronic immunisation cards                    | Croatia, Estonia, Germany, Portugal  |
| Manual recording  | Luxembourg   |

**Table 15. Availability of detailed communication plans for COVID-19 vaccination (n=24)\***

| Availability of detailed communication plans | Member States   |
|--|---|
| Already in place / finalised                 | Austria, Estonia, France, Germany, Greece, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Sweden |
| Drafted                                      | Croatia, Denmark, Finland, Lithuania, Spain   |
| Still under development                      | Belgium, Czechia, Latvia, Iceland, Ireland, Slovenia, Slovakia  |

## Current and future challenges with the rollout of vaccination campaigns

- Challenges countries are facing with the rollout of the vaccines include, among others: shortage of equipment, in particular a lack of low dead space syringes and needles; communication challenges and the spread of disinformation; challenges with monitoring systems such as consolidating quality of registry data, logistical challenges and limited vaccine supply.
- Challenges countries expect to face in the future include, discrepancy between advised and actual vaccination prioritisation due to logistical and practical deployment needs; limited vaccine supply; reaching homogenous vaccination coverages in different regions; and public trust in the vaccination campaign, communication, misleading information and vaccine acceptance.
- Some countries shared some lessons learned so far in the vaccination rollout such as the need for extensive coordination between national and local authorities and the multidisciplinary participation required in the planning and the implementation of the vaccination strategy.

**Table 16. Current challenges countries are facing with the rollout of COVID-19 vaccines (n=14)\***

| Challenges  | Countries  |
|---|--|
| Availability of storage capacities  | Croatia, Latvia, Lithuania, Slovenia                             |
| Availability of cold chain  | Latvia, Lithuania  |
| Availability of shipping and transshipment  | Croatia, Lithuania, Slovenia                                     |
| Strategies to ensure optimal stock management and avoid expiration of stocks  | France, Lithuania, Poland, Slovenia                              |
| Staffing shortages to administer vaccines   | Latvia, Lithuania, Romania                                       |
| Shortages of personal protective equipment to deliver the vaccine   | Latvia   |
| Shortages of equipment needed for vaccination, such as syringes, including shortage of low dead-space syringes/needles                | Austria, Czechia, Latvia, Lithuania, Luxembourg, Malta, Slovenia |
| Size of centres set up for administering mass vaccinations  | Latvia   |
| Availability of vaccination sites in order to cover the population eligible for vaccination (e.g. reaching hard to reach populations) | Latvia, Poland   |
| Managing different types of vaccines in regard to logistics, storage and/or administration  | Latvia, Slovenia   |
| Mechanisms in place for inviting people eligible for vaccination  | Czechia, Latvia, Slovenia  |
| People who are eligible and scheduled to receive vaccines are refusing to take the vaccine  | Latvia   |
| Spread of vaccine misinformation and disinformation   | Croatia, Czechia, Latvia, Estonia                                |
| Communication challenges  | Czechia, Latvia, Norway, Slovakia                                |

Communicating effectively about prioritisation of population groups and the rationale behind the choices, vaccine characteristics in terms of safety and efficacy, and any adaptations that are made to vaccination strategies during the rollout is vital for maintaining trust in the vaccination campaigns.

### References:

- <https://www.ecdc.europa.eu/en/publications-data/overview-implementation-covid-19-vaccination-strategies-and-vaccine-deployment>

## Conflict and Health

### COVID-19 Crisis in Venezuela



In cooperation with Bundeswehr HQ of Military Medicine

### Venezuela

|                    |                         |
|--------------------|-------------------------|
| Area:              | 916 445 km <sup>2</sup> |
| Population:        | 28,887,118              |
| Capital:           | Caracas                 |
| Age structure:     |                         |
| 0-14 years:        | 25,66%                  |
| 15-24 years:       | 16,14%                  |
| 25-54 years:       | 41,26%                  |
| 55-64 years:       | 8,76%                   |
| 65 years and over: | 8,18%                   |



#### CONFLICT:

The power struggle between the incumbent Venezuelan ruler Nicolás Maduro and his political opponent Juan Guaidó has meanwhile reached the status of an economic, social and humanitarian crisis. Behind Maduro's democratic facade, repressive methods of rule dominate. There are no longer any constitutional guarantees. Guaidó, on the other hand, would like to get Maduro out of power. Third countries, such as the USA and Russia, have already intervened in the conflict, but it will ultimately be carried out on the shoulders of the people of Venezuela. The ongoing battle for relief supplies is fueling the already tense situation in the country. Venezuela's democratic process of erosion and economic decline began under the government of Hugo Chávez (1999-2013) and intensified under Maduro. He rigged elections, the franchise and the electoral system. The National Assembly, dominated by the opposition, was ousted, the newly created Constituent Assembly took over all legislative tasks in 2017 and the judiciary was brought into line. Since then, the country (approx. 31.7 million inhabitants) has been exposed to an inexorable system blockade by the Maduro regime, which continues to hold the reins of power over the Venezuelan security forces in autocratic hands, but has largely lost its recognition on the international stage. In addition, there is a dispute with "interim president" Guaidó, who is internationally respected and also enjoys great popularity among his own population, but who does not have any further instruments of power in the country. Maduro's endeavors in recent years have been to force the international community to deal with him - no matter how inhuman one may find his regime on the international level. For example, he confronted his neighbors with problems that demand immediate reactions, for example by setting off massive movements of refugees in the direction of neighboring countries or by giving Colombian guerrilla groups shelter in their own country. On the other hand, Guaidó tries to steal the supporters from Maduro and hopes to turn the ruling coalition against each



other in order to let them collapse from within. The results of the recent parliamentary elections in Venezuela on December 6, 2020, however, stifle this effort in the bud. President Maduro's Socialist Party emerged as the clear winner and will in future provide two thirds of the members of the new parliament. Large parts of the opposition had boycotted the election, neither the EU nor the US recognize it. Observers now expect Maduro to gain full control over the state apparatus. Guaidó, on the other hand, could also be delegitimized as interim president by losing his role as parliamentary president.

#### **HEALTH:**

According to the "Global Health Security Index", Venezuela is in 176th place of all 195 registered countries, making it one of the world's worst prepared for epidemics and pandemics. The state has been suffering from supply bottlenecks for years. The depressed health system is currently being put to a tough test by the corona pandemic. With just 206 intensive beds in 46 hospitals and only 102 ventilators, Venezuela has less than ten percent of the equipment needed for a moderate disaster scenario. Overcrowding and poor access to water make the situation even more difficult. In the clinics, there is not only a lack of inoperable equipment or medication. Even simple hygiene items such as mouth guards, gloves, chlorine, disinfectants or soap are in short supply. In addition, there are only limited possibilities to test for the virus at all. It was feared that a massive Covid-19 outbreak could mean a death sentence for the majority of patients in the South American crisis state. Fortunately, this has not been the case so far, with almost 1200 deaths in slightly more than 125,000 infected people. However, the pandemic shows the potential to further exacerbate the political and economic situation in Venezuela. Maduro's quick action in March 2020 not only aimed to prepare the ailing health sector to some extent for the demands of the epidemic. He was aware that Corona could have catastrophic consequences for himself too. In spring 2020 he applied to the International Monetary Fund (IMF) for an emergency loan of \$ 5 billion. "Honorable Organization" began Maduro his letter to the institution, which he had scoured for many years as the "stooge of imperialism". A few hours later, the negative decision came from Washington. For his part, President Guaidó applied for aid and funding from international organizations. After 3 months of SARS-CoV-2 in South America, Venezuela reported an astonishing 2,316 confirmed infections, including 22 deaths. These numbers are unlikely to be the result of effective quarantine measures. The measures and the crisis have so far shown the opposite effect: on the one hand, efforts to master the difficult situation were recognized, on the other hand, fear of compulsory medical examinations prevailed.

#### **CONCLUSION:**

Venezuela is one of five countries threatened by famine whose complex crisis is man-made in every respect. The corona pandemic has caused the rival sides to emphasize their respective strategies. Nowhere is Maduro's occupation of the switching points of power more evident than in the way he acts in the corona crisis. The lack of transparency about the number of infections and deaths overshadows a far darker reality, without being really surprising. Since Corona, Maduro has intensified his autocratic style of government over the nation. He lets his apparatus of power take rigorously. Raids have skyrocketed, as have threats and attempts to intimidate political opponents. Maduro's message: He is in charge and anyone who wants to influence the course of the pandemic has no choice but to submit to it unconditionally. Guaidó, on the other hand, assures himself of always reliable support from Washington. In line with the US State Department, he is calling for a newly formed emergency government to save Venezuela from the worst. The political power tug-of-war had a massive impact on the development of the epidemic in Venezuela. The virus hits an already sick country. But this political conflict sometimes rests, says León, head of the Dataanálisis survey institute. It is only a matter of defeating the disease. And that is where the government has more leverage. "Maduro controls the hospitals, the distribution of medicine, and he or members of the government announce the new infected numbers every day." León acknowledges that the president reacted quickly and correctly to the crisis. "He did what you expect from a head of state". In any case, the population will not blame him for this crisis.

# Venezuela

23.0 Index Score

176/195



PREVENT



DETECT



RESPOND



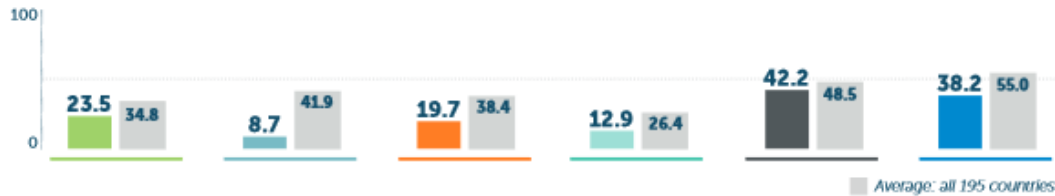
HEALTH



NORMS



RISK



Average: all 195 countries

|  | COUNTRY SCORE | AVERAGE SCORE* |   | COUNTRY SCORE | AVERAGE SCORE* |
|--|---------------|----------------|---|---------------|----------------|
| <b>PREVENTION</b>  | <b>23.5</b>   | <b>34.8</b>    | <b>HEALTH SYSTEM</b>  | <b>12.9</b>   | <b>26.4</b>    |
| Antimicrobial resistance (AMR)                                     | 25            | 42.4           | Health capacity in clinics, hospitals and community care centers        | 64            | 244            |
| Zoonotic disease   | 2.8           | 271            | Medical countermeasures and personnel deployment                        | 0             | 21.2           |
| Biosecurity  | 0             | 16.0           | Healthcare access   | 47.4          | 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   | 974           | 85.0           | Capacity to test and approve new medical countermeasures                | 25            | 42.2           |
| <b>DETECTION AND REPORTING</b>                                     | <b>8.7</b>    | <b>41.9</b>    | <b>COMPLIANCE WITH INTERNATIONAL NORMS</b>                              | <b>42.2</b>   | <b>48.5</b>    |
| Laboratory systems   | 33.3          | 54.4           | IHR reporting compliance and disaster risk reduction                    | 50            | 62.3           |
| Real-time surveillance and reporting                               | 0             | 39.1           | Cross-border agreements on public and animal health emergency response  | 50            | 54.4           |
| Epidemiology workforce   | 0             | 42.3           | International commitments   | 31.3          | 53.4           |
| Data integration between human/animal/environmental health sectors | 0             | 29.7           | JEE and PVS   | 0             | 17.7           |
| <b>RAPID RESPONSE</b>  | <b>19.7</b>   | <b>38.4</b>    | 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           | <b>RISK ENVIRONMENT</b>   | <b>38.2</b>   | <b>55.0</b>    |
| Emergency response operation                                       | 0             | 23.6           | Political and security risks  | 28.6          | 60.4           |
| Linking public health and security authorities                     | 0             | 22.6           | Socio-economic resilience   | 45.2          | 66.1           |
| Risk communication   | 0             | 39.4           | Infrastructure adequacy   | 16.7          | 49.0           |
| Access to communications infrastructure                            | 70.2          | 72.7           | Environmental risks   | 46.1          | 52.9           |
| Trade and travel restrictions                                      | 100           | 97.4           | Public health vulnerabilities   | 56.3          | 46.9           |

\*Average: all 195 countries

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

www.ghsindex.org

Source:

<https://www.bpb.de/politik/hintergrund-aktuell/322205/parlamentswahl-in-venezuela>  
<https://www.bpb.de/internationales/weltweit/innerstaatliche-konflikte/266687/venezuela>  
<https://ze.tt/machtkampf-wir-erklaeren-euch-was-gerade-in-venezuela-los-ist/>  
<https://www.ghsindex.org/country/venezuela/>  
[https://de.wikipedia.org/wiki/Global\\_Health\\_Security\\_Index](https://de.wikipedia.org/wiki/Global_Health_Security_Index)  
<https://www.blickpunkt-lateinamerika.de/artikel/venezuela-das-virus-trifft-auf-ein-schon-krankes-land/>  
<https://www.vorwaerts.de/artikel/venezuela-coronakrise-staatskrise>  
<https://www.rnd.de/gesundheit/venezuela-corona-bedroht-angeschlagenes-gesundheitssystem-H2JEMOABS7GMINN6G35E44BMY.html>  
[https://en.wikipedia.org/wiki/Template:COVID-19\\_pandemic\\_data](https://en.wikipedia.org/wiki/Template:COVID-19_pandemic_data)  
<https://www.merkur.de/welt/medikament-coronavirus-who-venezuela-forschung-impfstoff-wirksamkeit-maduro-nebenwirkungen-zr-90080662.html>

## MilMed CoE VTC COVID-19 response

Topics former VTCs

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
- Resilience strategies from the private sector

At the last VTC, the private companies International SOS, GIDEON, MIGITA solution and MI2 introduce themselves and presented how their companies can support public institutions in order to support the fight against the current pandemic.

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They are in the business of saving and protecting lives, when involved in health or security situations.

More than 10,000 multi-cultural health, security and logistics experts stand by to provide support and assistance from over 1,000 locations in 85 countries. International SOS has 26 Assistance Centres with local experts worldwide for 24/7 and they provide clients with immediate access to experts with extensive experience in all fields of medicine coupled with a thorough knowledge of the local environment and healthcare system.

They have an 24/7 access to travel security reporting, analysis and expert advice from there security consultants, analysts and tracking experts around the world and an accredited, integrated network of 62 clinics and 900 remote site projects around the world. Practicing a supervised international standard of medicine - in developed and emerging countries, offshore and remote locations. They also have access to a network of accredited healthcare, aviation and security providers ensuring to provide clients with the best logistics in the air, on the ground and at sea.

<https://www.internationalsos.com/>

International SOS

## GIDEON

GIDEON is a medical decision support web application and ebooks series covering infectious diseases and microbiology.

GIDEON Informatics, founded in 1992, produces the GIDEON web application and GIDEON ebook series, targeted towards health professionals and educators. Hundreds of customers from around the world, including educational institutions, hospitals, public health departments and military organizations, have chosen GIDEON as their diagnosis and reference tool for Infectious Diseases and Microbiology. GIDEON Informatics is managed by an experienced executive team and maintains a distinguished medical advisory board.

### **GIDEON is helping to tackle COVID-19 to provide:**

- Comprehensive distribution data and maps with rates per 100,000 persons
- Detailed descriptions of clinical & laboratory findings, therapy notes, risk groups, and imaging studies
- Daily updates to ensure the most current and relevant information is available without delay

<https://www.gideononline.com/>

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## MITIGA solution

MITIGA Solutions is a spin-off of the Barcelona Supercomputing Center, a world-renowned institution with over two decades of experience in developing and implementing models in the fields of geophysics, volcanology and atmospheric science under one roof. The Center houses Mare Nostrum, one of the most powerful supercomputers in Europe. Due to this they bring this expertise together with computational resources to help make the world safer and more resilient against natural hazards. Migita bridge the gap between scientific research and operational impact, helping clients manage their risks and make their decision-making more accurate, reliable and timely.

- Data, algorithms, and machine learning to uncover novel insights from historical records.
- Tailored spatial and temporal high-resolution forecasting with 24/7 alerts.
- Deterministic and stochastic models to quantify risks and create high-performance indices.
- High-end interactive data viz to help clients make quicker, more informed decisions.
- Access to leading experts and to one of the most powerful supercomputers in Europe.

<https://www.mitigasolutions.com/>

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## M2 Medical Intelligence

M2 Medical Intelligence manage complex data to produce easy to understand outputs, resulting in cost-effective improvements in hospital emergency preparedness and response. They marry world-leading health security intelligence with emergency management to produce a world class solution for today's difficult-to-predict emergencies.

- On December 30, 2019, the M2 health security intelligence team detected report of unusual respiratory disease reported in Wuhan, China. The following day, M2 issued public notice of the Wuhan situation representing the lead crisis they were monitoring globally, and the crisis was heavily linked to San Francisco by direct, non-stop air traffic.
- On Jan 1st, M2 notified the World Health Organization we were monitoring, and the communication signal pattern did not match SARS 2002-2003- an assessment validated nearly a week later with the discovery of a novel coronavirus.
- On January 5th, M2 issues the first of multiple health security risk reports to its clients, emphasizing awareness as the first step to preparedness, with emphasis to check a travel history to protect the integrity of the core critical care elements of hospitals.
- On February 4th, M2 escalated its warning to clients. On March 22nd, this warning was escalated further based on medical infrastructure collapse reported by Lombardia, Italy. Four days later, M2, based on health security intelligence gathered from multiple countries experiencing first contact with COVID, designed and implemented a comprehensive hospital surveillance system in 10 days that is the first of its kind in the United States. This system is currently used to support the state of Nevada's emergency response to COVID.

- In August, researchers reported a significant mutation in the virus that may have contributed to enhanced transmission- this mutation first appeared in Italy in late February, with dramatic impact on Lombardia's medical infrastructure reported during this period. M2 was unaware of the mutation, however leveraged its expert analysis to recognize a substantive change in the threat pattern of the virus and escalated warning to M2's clients accordingly.

<https://www.m2medintel.com/>

**Next VTC will take place on 10<sup>th</sup> of February 2021 on the subject of "Vaccination: News and Facts"**



## Recommendations

### Recommendation for international business travellers

As of 19<sup>th</sup> October 2020

Updated 2<sup>nd</sup> December 2020 by ECDC and 12<sup>th</sup> January by 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](#). For Europe you will find more information [here](#). For the US [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

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Information on COVID-19 testing and quarantine of air travellers in the EU and the US you can find following the link:

<https://www.ecdc.europa.eu/en/publications-data/guidelines-covid-19-testing-and-quarantine-air-travellers>

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-air-travel.html>

**More information about traveling you can find here.**

- National regulation regarding travel restrictions, flight operation and screening for single countries you will find [here](#) (US) and [here](#) (EU).
- Official IATA travel restrictions. You will find [here](#).

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### 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*

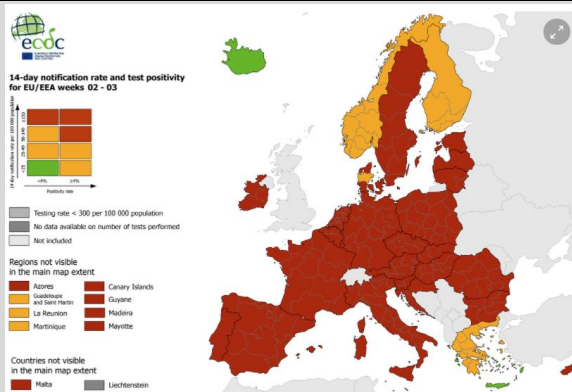
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14 days* at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate**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

#### *2. A common map*

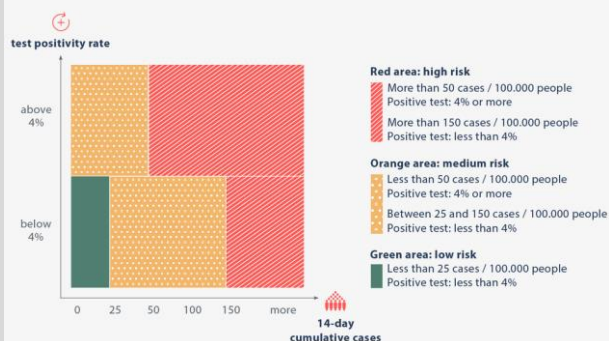
The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. See also [“Situation in Europe”](#).

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

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 Travellers could be asked to submit passenger locator forms

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 **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://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   | <ul style="list-style-type: none"><li>• Because of global spread and the human-to-human transmission the <b>high</b> risk of further transmission persists.</li><li>• Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks.</li><li>• Individual risk is dependent on exposure.</li><li>• National regulation regarding travel restrictions, flight operation and screening for single countries you will find <a href="#">here</a> and <a href="#">here</a>.</li><li>• Official IATA changed their travel documents with new travel restrictions. You will find the documents <a href="#">here</a>.</li><li>• 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.</li><li>• 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.</li></ul>  |
| Europe<br><br>As of 23 <sup>rd</sup> of October 2020 | <p><a href="#">ECDC assessment</a> for EU/EEA, UK as of 23 October 2020:<br/>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>.<br/>The majority of countries in the European region are currently classified as experiencing an epidemiological situation of <b>serious concern</b> due to the increasing case notification rates and/or test positivity <math>\geq 3\%</math> 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"><li>• adherence to the measures was sub-optimal;</li><li>• the measures were not implemented quickly enough;</li><li>• or the measures were insufficient to reduce exposure.</li></ul> <p>As a result, the epidemiological situation is now rapidly deteriorating in most countries.</p> <p><b>There are currently only six countries in the region that are classified as experiencing a stable epidemiological situation.</b></p> <ul style="list-style-type: none"><li>• In countries where the epidemiological situation is stable:</li><li>• the <b>probability of infection</b> for the population is <b>generally low</b> but <b>the impact of infection</b> still <b>varies</b> depending on the individuals affected;</li><li>• the risk for the <b>general population</b> in these countries is <b>low</b>;</li><li>• for <b>vulnerable individuals</b>, including the elderly and people with underlying medical conditions, the risk is <b>moderate</b>.</li></ul> <p>Nevertheless, in these six countries, there is still ongoing transmission and the situation must be closely monitored.</p> <p><b>Based on the latest available data to ECDC, there are currently no countries categorised as having an epidemiological situation ‘of concern’.</b></p> <p><b>In countries where the epidemiological situation is of serious concern:</b></p> <ul style="list-style-type: none"><li>• there is a <b>high risk</b> to the <b>general population</b>,</li><li>• and for <b>vulnerable individuals</b> the COVID-19 epidemiological situation represents a <b>very high risk</b>.</li></ul> <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> |
| As of 21 <sup>st</sup> of January 2021               | <p><b>ECDC</b> assessed the risk of the <b>two new variants</b> 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 29<sup>th</sup> Dec 2020 and 21<sup>st</sup> of January 2021</p> <p><b>Risks associated with new variants of current concern:</b></p> <ul style="list-style-type: none"><li>• The probability of introduction and further spread in the EU is currently assessed as <b>very high</b>.</li><li>• The impact of COVID-19 disease in terms of hospitalisations and deaths is assessed as <b>high</b>, particularly for those in older age groups or with co-morbidities.</li></ul>   |

- 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/very 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**.

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.

Source: <https://www.ecdc.europa.eu/en/current-risk-assessment-novel-coronavirus-situation>  
<https://www.ecdc.europa.eu/en/publications-data/covid-19-risk-assessment-increased-transmission-thirteenth-update>

## References:

- European Centre for Disease Prevention and Control [www.ecdc.europa.eu](http://www.ecdc.europa.eu)
- World Health Organization WHO; [www.who.int](http://www.who.int)
- Centres for Disease Control and Prevention CDC; [www.cdc.gov](http://www.cdc.gov)
- European Commission; [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic\\_en](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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