



Update 57 (16<sup>th</sup> of February 2021)

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



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

**16<sup>th</sup> of February 2021**  
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In December 2019, a novel coronavirus emerged in Wuhan City, China. Since then the virus spread to 65 countries including Europe and America. Since then the virus showed evidence for human-to-human transmission as well as evidence of asymptomatic transmission. At 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**

- On 14 February 2021, an [Ebola virus disease \(EVD\) outbreak](#) was declared in the rural area of **Gouéké** in N'Zerekore region, **Guinea**. Three laboratory-confirmed cases have been confirmed by the national reference laboratory - the first confirmed cases reported since 2016.
- French President Emmanuel Macron** has called for **greater international support** for corona vaccinations in **poorer countries**. Even when European vaccination programs are in trouble because of late deliveries and bureaucratic hurdles, "African countries understandably ask Western countries about their access to vaccinations". In the past few days, Macron had talked to vaccination experts and heads of international pharmaceutical companies about vaccinations that were as quick and simultaneous as possible in order to end the pandemic and get the economy going again. The United Nations-supported Covax is one of the programs designed to ensure equal vaccine distribution. However, due to financial problems and a lack of commitments from large countries, it is only slowly moving forward.
- European Investment Bank (EIB)**: Warns against the use of cheap antibiotics to ventilate thousands of people with corona worldwide. This could accelerate the advance of multi-resistant germs. Antibiotic resistance could trigger the next global health crisis.
- The **WHO** issued emergency approval for the AstraZeneca's vaccine. The agency followed the recommendation of her independent vaccination council (SAGE).
- ECDC**: Published the [14<sup>th</sup> update of their risk assessment](#): SARS-CoV-2 - increased circulation of variants of concern and vaccine rollout in the EU.
- ECDC**: In the new risk assessment ECDC announced, that at this time there is no evidence available to support the assumption that a person vaccinated against SARS-CoV-2 with any of the currently-available vaccines (including those licensed in the EU) will be completely unable to transmit COVID-19 to a susceptible individual.
- ECDC**: Published their first update on the technical report on "[Using face masks in the community](#)" and the effectiveness in reducing transmission of COVID-19.
- British Prime Minister Boris Johnson** is in favor of a global pandemic deal. This should ensure that the signatory states "contribute all of their data" also to prevent future epidemics.

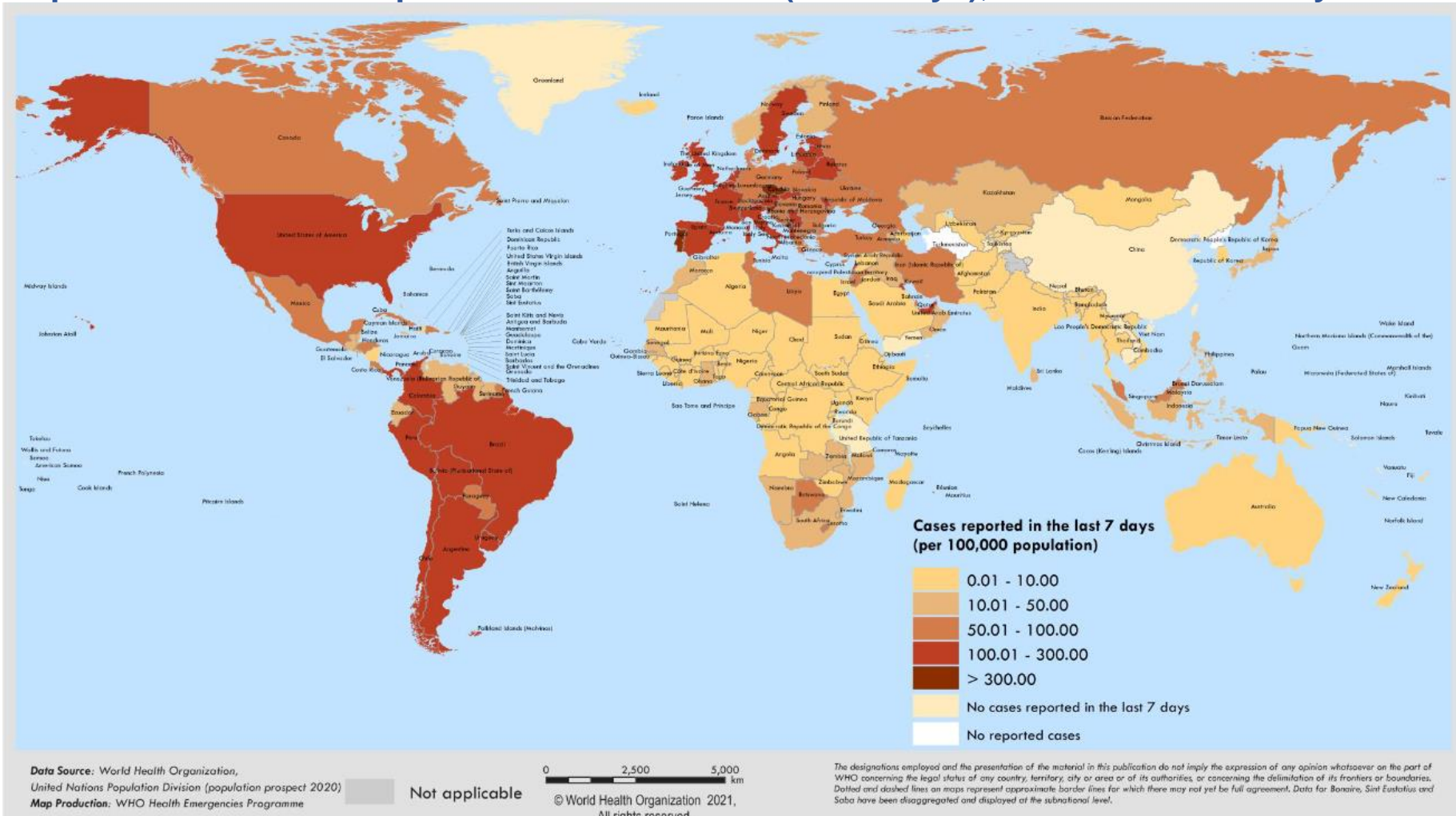
<p><b>GLOBALLY</b> ↘</p> <p>109 173 272 confirmed cases 73 099 250 recovered 2 408 279 deaths</p>
<p><b>EU/EEA and the UK</b> ↘</p> <p>35 013 834 confirmed cases 19 088 800 recovered 797 964 deaths</p>
<p><b>USA</b> ↘ (new cases/day 47 025)</p> <p>27 584 603 confirmed cases 11 626 193 recovered 484 241 deaths</p>
<p><b>India</b> → (new cases/day xx)</p> <p>10 925 710 confirmed cases 10 633 025 recovered 155 813 deaths</p>
<p><b>Brazil</b> ↘ (new cases/day 24 759)</p> <p>9 866 710 confirmed cases 8 821 887 recovered 239 773 deaths</p>
<p><b>UK</b> ↘ (new cases/day 9 765)</p> <p>4 047 843 confirmed cases -not reported- recovered 117 396 deaths</p>
<p><b>Russia</b> ↘ (new cases/day 13 999)</p> <p>4 040 505 confirmed cases 3 567 189 recovered 79 210 deaths</p>

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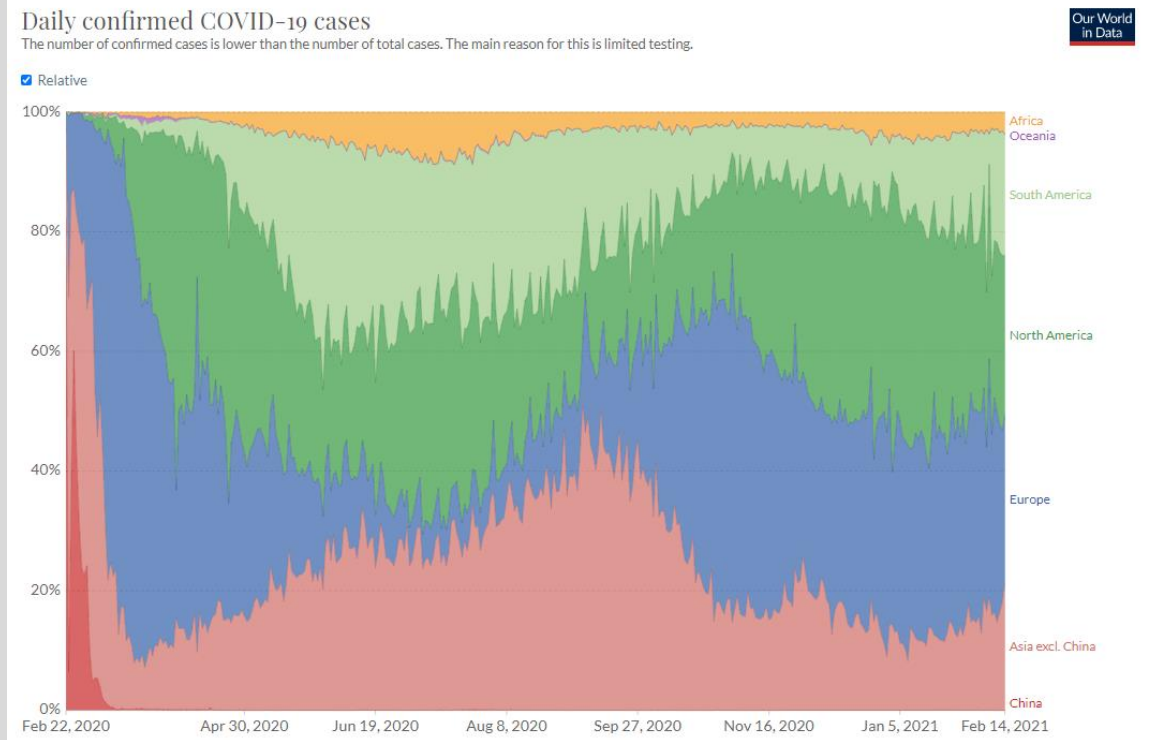
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# Map of countries with reported COVID-19 cases (last 7 days), as of 1 to 7 February 2021



## Worldwide Situation

### Global Situation



### Vaccination report

#### Half of the countries in the Eastern Mediterranean have started vaccination

Corona vaccination campaigns have now started in around half of the 21 countries in the Eastern Mediterranean. According to the WHO, more than 6.3 million doses of the corona vaccine have been administered in twelve countries in the region. The region stretches from North Africa to the Middle East and, according to the WHO, comprises around 600 million people. More than six million cases of infection and around 140,000 deaths have been recorded there since the pandemic began. Saudi Arabia began its vaccination campaign in mid-December, Morocco and Egypt in late January, and Lebanon last Sunday. Israel, which has already vaccinated more than 3.8 million of its residents, is not included in WHO statistics. Nine countries - including Iraq and Tunisia - have not yet started immunization. According to the WHO, the first vaccine doses are due to arrive in the Palestinian Territories and Tunisia in the coming weeks via the Covax initiative, which is committed to the fair distribution of corona vaccines.

#### Jordan opens the world's first vaccination center in refugee camps

Jordan is the first country in the world to open a corona vaccination center in a refugee camp. According to UNHCR, the facility in the Saatari camp for Syrian refugees is the first of its kind in the world. Around 2000 of the 80,000 residents of the camp on the border with Syria have registered for a vaccination. About 1200 of them met the necessary criteria to receive preferential vaccination. In Jordan, people over 65, people with previous illnesses and health care workers are vaccinated initially.

**EU:** A vaccination offer is to be made available to all citizens who want this by the end of summer. No vaccine is needed in addition to the funds already planned for the EU, as EU Internal Market Commissioner Thierry Breton announced.

**WHO** also recommends AstraZeneca's vaccine for use. The WHO issued emergency approval. The agency followed the recommendation of her independent vaccination council (SAGE). In addition to the effectiveness and safety, the WHO also checks the quality of the factories in which the serum is produced for such approval.

The WHO Emergency Use Listing (EUL) is a prerequisite for UN organizations to buy and distribute the vaccine. Likewise, countries that do not have their own capacity for scientific tests can grant approval in their country based on the preparatory work of the WHO.

For countries such as Great Britain, the USA or the members of the EU and many others, WHO emergency approval does not matter. You carry out your own risk analyzes and decide on approval.

**BioNTech:** A data analysis in **Israel** on the use of the BioNtech vaccine against corona confirms that the preparation is highly effective. The health insurance company Clalit included 600,000 people whose second vaccination had been at least a week earlier. According to a Clalit spokeswoman, there were 94 percent fewer symptomatic infections in the group of those who had been vaccinated than in a control group of people who had not yet been vaccinated. Those who became infected despite being vaccinated had 92 percent fewer severe courses.

Another analysis had previously shown that people who become infected with the Sars-CoV-2 pathogen after a corona vaccination apparently reproduce fewer viruses than those who have not been vaccinated - and are therefore possibly less contagious. This already applies after a single vaccination dose, Israeli researchers reported on the preliminary data.

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**Sanofi:** The French pharmaceutical company has to take another setback in his vaccine development. According to the company, the vaccine developed with US partner Translate Bio will not be available this year. So far, Sanofi had assumed that approval would already be possible in the second half of 2021. The candidate is based on the novel mRNA technology that other companies are using for their already approved vaccines. Clinical trials should begin this quarter.

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**Bayer:** After starting the production of a corona vaccine, the pharmaceutical company Bayer expects the first deliveries in December. Because of the procurement and validation of equipment and complex qualification studies, it will take a few more months before the Bayer plant is ready to go. A double-digit number of jobs is to be newly created. The approval of the to-be-produced Curevac vaccine is expected in the second quarter. It would be the first time that Bayer produces a vaccine. The group plans to produce 160 million vaccine doses in 2022.

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**GBR:** The British government has achieved its self-imposed goal of vaccinating at least 15 million residents against Corona by mid-February. More than 90 percent of Britons over 70 years of age are now vaccinated.

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**HUN:** Is the first country in the EU to be supplied with a Chinese corona vaccine. A plane with 550,000 doses of Sinopharm's vaccine has arrived in Budapest from Beijing. This means that 275,000 people can be vaccinated with two doses each. In total, Hungary expects five million doses of the vaccine over the next four months. The vaccine from the state-owned Chinese manufacturer Sinopharm has an effectiveness of almost 80 percent. It is already used in Serbia. Hungary has also agreed to purchase two million doses of the Russian coronavirus vaccine Sputnik V. It has been administered in hospitals in Budapest since last week.

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**ZAF:** According to a media report, South Africa is calling on the Serum Institute of India (SII) to withdraw one million doses of AstraZeneca's corona vaccine. Just last week the country suspended the introduction of the vaccine after a clinical study. The study had shown that the vaccine offers minimal protection against mild to moderate illnesses for the coronavirus variant currently prevalent in the country.

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**CHN/ZWE:** Zimbabwe received 200,000 doses of the Chinese Sinopharm vaccine against the coronavirus on Monday. The vaccine is to be given primarily to health care workers. The country wants to vaccinate around 10 million people within a year. According to China's Ambassador Guo Shaochun, Zimbabwe is one of the first of 58 countries to receive vaccine donations from China.

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**AUS:** According to the health authority TGA, the COVID-19 vaccine from AstraZeneca has been granted preliminary approval. It is the second vaccine approved in Australia. The regulatory agency approved BioNTech vaccine last month. The vaccination program will start on February 22<sup>nd</sup> with the first 142,000 doses of the BioNTech vaccine.

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**USA:** Corona vaccinations have passed the 50 million mark. The information relates to both the Moderna and BioNTech vaccines. Almost 70 million cans have been shipped across the country. According to the CDC, around 37 million people have received at least one dose, over 13 million have already received the second. Around 5.7 million vaccinations were given in care facilities.

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**BRA:** In view of the lack of vaccine doses, the Brazilian metropolis of Rio de Janeiro is suspending vaccinations against the coronavirus. Accordingly, Rio should receive the new batch of vaccines next week. Other cities in the state of Rio de Janeiro and in Brazil had already reported a vaccine shortage or stopped vaccinations.

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**ISR:** In Tel Aviv, free meals are supposed to attract undecided people to mobile vaccination stations in the districts of Jaffa and Kirjat Shalom. Those who get vaccinated there - and can show a resident card or register for it - will also receive hummus and knafeh in Jaffa or pizza and coffee in Kirjat Shalom. Both areas have high numbers of infections. Bnei Brak takes a similar approach near Tel Aviv, a city mainly inhabited by strictly religious Jews. Those who get vaccinated there receive a portion of the classic Jewish Sabbath dish, Tschulent, "as a reward". Food is considered an important part of Jewish culture.

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**KOR:** bought vaccine for another 23 million people. An agreement was reached for the vaccine from the manufacturer Novavax for 20 million people and the BionTech product for three million people.

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## Country Reports:

### WHO/CHINA/USA

The U.S. government has expressed great concern about China's handling of the WHO investigation into the origin of the coronavirus. Beijing must cooperate with the investigation and ensure that the experts' mission remains independent and "free of interference or changes by the Chinese government," said US President Joe Biden's national security advisor, Jake Sullivan. The mission's initial findings and the investigation process are a matter of "great concern," Sullivan said. "In order to better understand this pandemic and prepare for the next one, China must provide data from the first days of the disease outbreak," Sullivan said. At this "critical time, the top priority must be to protect WHO's credibility," he said.

China has been accused of withholding knowledge of the first possible diseases outside Wuhan in late autumn 2019. The international experts who are looking for the origin of the pathogen on behalf of the WHO were in China for four weeks. After two weeks in quarantine, during which they had prepared their rounds and also conferred intensively with their Chinese colleagues via video, they visited several hospitals, institutes, laboratories and also the Huanan market in Wuhan, where the first recorded infections with the virus had occurred. But there were also infections in Wuhan that could not be associated with this market. The investigations followed after a long tug-of-war with the Chinese side. The search for the origin of the pathogen is considered politically sensitive, as China fears that it can be denounced as the culprit for the pandemic.

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**USA:** The average number of daily new corona infections in the USA has fallen below the 100,000 mark for the first time in months. The last time such numbers were given was in early November. The CDC urged caution, however, as the daily case numbers and death toll are still more than two and a half times higher than in summer. New virus mutations are also reported from more than 30 US states.

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The renowned US immunologist Anthony Fauci has been awarded the Israeli Dan David Prize for his role during the Corona crisis. His prize money amounts to one million dollars (about 825,000 euros), as the foundation announced. Fauci had also been recognized for his work against the AIDS virus, but "especially for his struggle for recognition for new approaches, such as mRNA vaccinations, which are now administered to millions worldwide, and for the courageous defense of science against ignorant opposition during the challenging Corona -Crisis, "announced the jury.

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**PER:** With Oscar Ugarte, Peru has appointed the fifth health minister since the beginning of the corona pandemic almost a year ago. Peru is currently experiencing a sharp increase in new corona infections. The hospitals in the Andean country recently recorded a new high with more than 14,100 corona patients. The Peruvian vaccination program began Tuesday after the country received 300,000 doses of vaccine from Chinese company Sinopharm.

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**BRA:** In the past week, more people have died in connection with a corona infection than ever before since the beginning of the pandemic. There were around 1105 corona deaths on average per day, as a merger of the largest media announced, citing the health authorities.

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**NZL:** After three corona cases in Auckland, the city was placed under a three-day lockdown on Monday. The cases are the more contagious variant first discovered in the UK. Genome tests have shown no connection to previously known cases. The lockdown, which runs until Wednesday, is the first in the country in six months.

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**ISR:** The Corona cabinet has initiated further easing: students in grades five and six as well as eleven and twelve in places with low infection rates should be allowed to go to school again from Sunday. In addition, shopping centers, museums, libraries and markets are allowed to reopen to unvaccinated people from Sunday. Vaccinated and convalescent people should also be allowed to visit fitness studios, cultural and sporting events, trade fairs and swimming pools.

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**KOR/PRK:** The South Korean secret service reports a hacker attack from North Korea on the US pharmaceutical company Pfizer. The hackers tried to steal information about the vaccine and data on the treatment of a corona infections. Most recently, in December, the Russian security software manufacturer Kaspersky reported that North Korean hackers wanted, among other things, to gain access to the computer system of a pharmaceutical company that is related to corona research.

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**JAP:** According to a survey, more than half of Japanese companies are in favor of postponing or canceling the Summer Olympics in Tokyo. 56 percent are in favor of such a step, according to an online survey by the Tokyo Shoko Research institute in early February. In August it was 53.6 percent. Only 7.7 percent of the companies surveyed believed that the major sporting event should take place this year as planned. In the previous survey, 22.5 percent expressed this opinion.

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**VNM:** For the first time in five months, a death related to the coronavirus was detected. A 53-year-old Japanese man who died in an apartment block in Hanoi had tested positive for the virus. The building was cordoned off, residents and administrative staff isolated.

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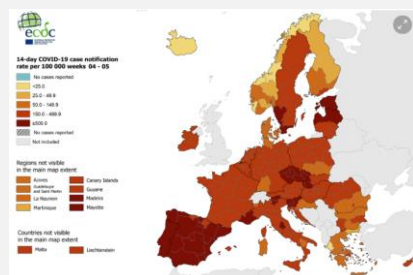
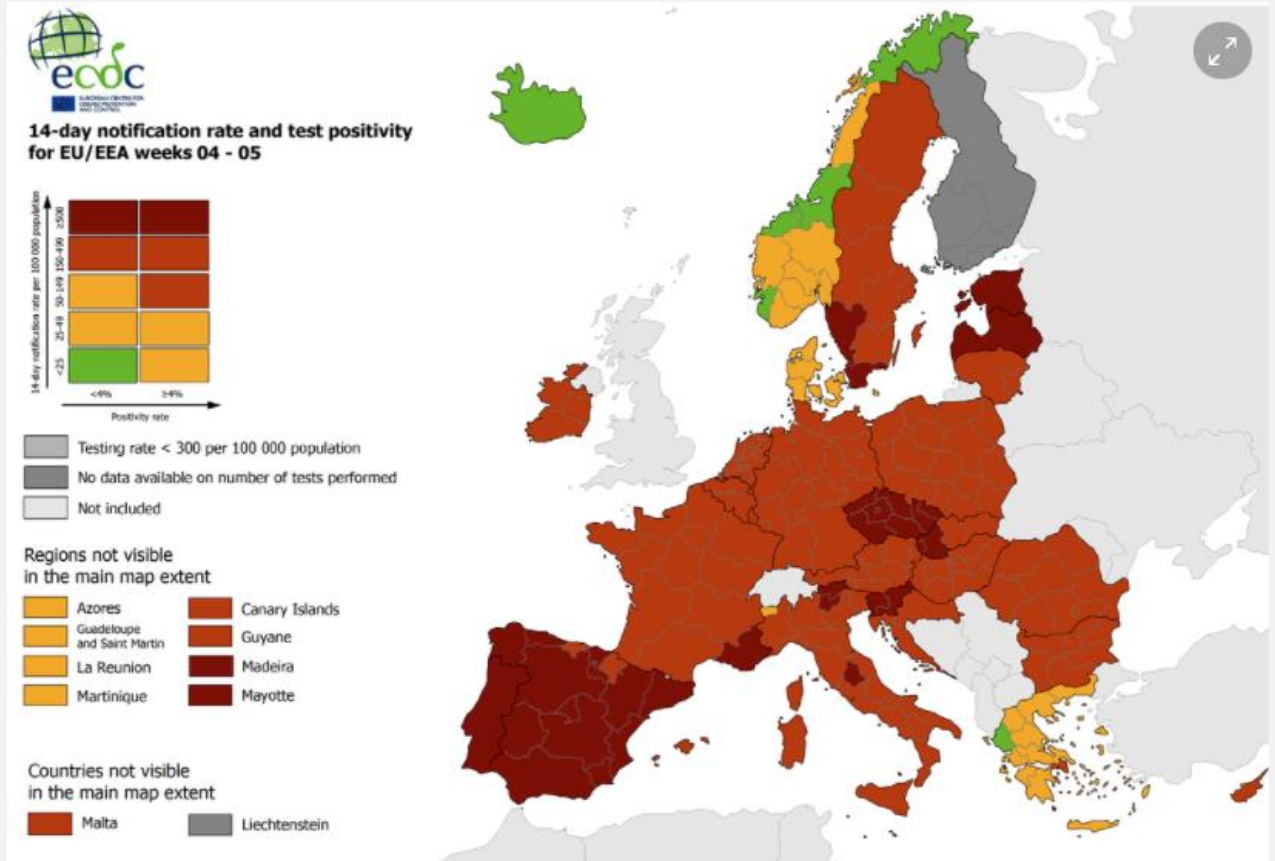
**MYS:** Suspected violations of the corona lockdown in Malaysia have led to 1111 arrests in one day, according to government information. A third of these affected people who tried to cross the borders between the 13 states on Sunday. Many were therefore taken into custody for violating rules to maintain physical distance or to wear face masks. The number of daily arrests for corona violations is usually in the three-digit range. Most of those affected are usually released after paying a fine. After a significant increase in the number of cases since December, the government of the Southeast Asian country imposed a lockdown in January. At the beginning of February this was extended by two weeks and currently applies to large parts of the country except for the state of Sarawak on Borneo. The residents have to work from home as much as possible and are only allowed to move within a radius of ten kilometers from their apartments. Crossing state borders is prohibited.

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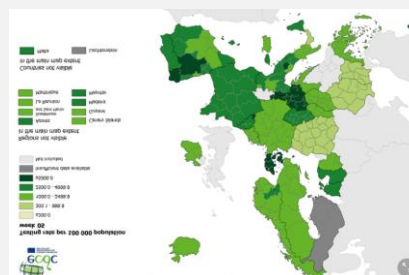
**ZAF:** At least 20 border posts to neighboring countries were reopened on Monday. Precautions have been taken to avoid mass gatherings of travelers at the counters. South Africa wants to work with its neighbors to ensure smoother passenger traffic. Before the border closings in January, there had been reports of travelers with allegedly falsified corona tests. According to the government, anyone who is picked up at a border post with fake evidence risks being banned from entry for at least five years.

# Situation in Europe

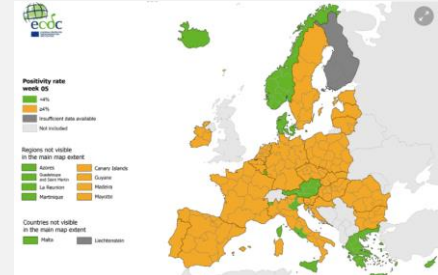
## Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU, as of 11 February 2021



14-day case notification rate per 100 000 inhabitants

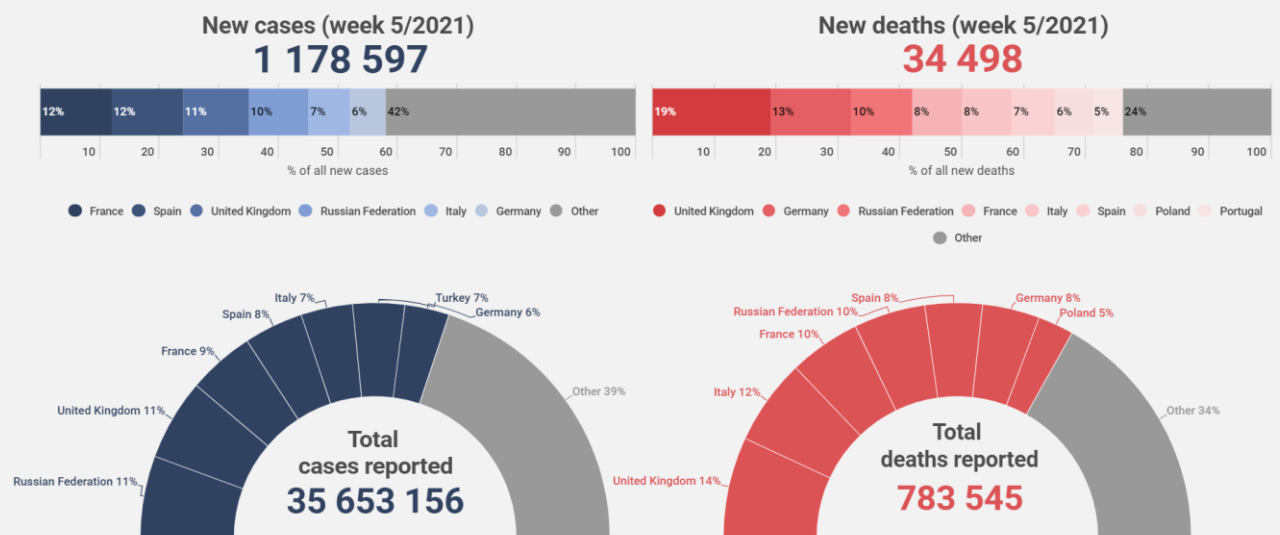


Testing rates per 100 000 inhabitants



Positivity rates

## COVID-19 situation update for the WHO European Region (1 Feb – 7 Feb 2021 Epi week 05)





## ECDC COVID-19 surveillance report Week 05, as of 11 February 2021

### Weekly surveillance summary

#### Overall situation

By the end of week 5 (ending Sunday 7 February 2021), 10 countries in the EU/EEA reported increasing case notification rates and/or test positivity. Case rates among older age groups increased in one country, two countries reported increasing hospital or ICU admissions and/or occupancy due to COVID-19 and two countries reported increasing death rates. Although in most countries the overall epidemiological situation is improving, absolute values of these indicators remain high, suggesting that transmission is still widespread. It is possible that increases in admissions to hospital, ICU and mortality will follow in the coming weeks in those countries currently observing increasing case notification rates.

#### New

A map presenting data submitted by EU/EEA countries to the [GISAID EpiCoV database](#) shows the distribution of variants among sequenced samples and the average weekly number of samples with a published sequence for the five weeks until week 3 (Section 3.8). A bullet point under 'Variants of concern' summarises the sequencing volumes in the EU/EEA based on these data.

#### Trends in reported cases and testing

- By the end of week 5, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources from 30 countries, was 359 (country range: 8–1 190) per 100 000 population. The rate has been decreasing for three weeks.
- Among 29 countries with high case notification rates (at least 60 per 100 000), increases were observed in eight countries (Bulgaria, Czechia, Estonia, Greece, Hungary, Latvia, Luxembourg and Slovakia). Stable or decreasing trends in case rates of 1–8 weeks' duration were observed in 21 countries (Austria, Belgium, Croatia, Cyprus, Denmark, Finland, France, Germany, Ireland, Italy, Liechtenstein, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain 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 23 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Germany, Greece, 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 5, available for 28 countries, varied from 715 to 25 899 tests per 100 000 population. Cyprus had the highest testing rate for week 5, followed by Denmark, Austria, Luxembourg and Slovenia.
- Among 21 countries in which weekly test positivity was high (at least 3%), four countries (Bulgaria, Croatia, Estonia and Poland) observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 17 countries (Belgium, Czechia, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).

#### Hospitalisation and ICU

- Pooled data from 24 countries for week 5 show that there were 9.7 patients per 100 000 population in hospital due to COVID-19. Pooled weekly hospital admissions based on data from 21 countries were 9.1 new admissions per 100 000.
- Pooled data from 18 countries for week 5 show that there were 1.5 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 14 countries were 2.4 new admissions per 100 000.
- 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 27 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia 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 100.3 (country range: 0.0–334.4) per million population. The rate has been stable for 11 weeks.
- Among 26 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in two countries (Slovakia and Spain). Stable or decreasing trends in death rates of 1–6 weeks' duration were observed in 24 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia and Sweden).

#### Variants of concern

- Sequencing capacity varies greatly across the EU/EEA; the rate of SARS-CoV-2-positive cases sequenced and reported to the [GISAID EpiCoV database](#) by 9 February for the period 21 December 2020 to 24 January 2021 was lower than the recommended level of 10% in all but two EU/EEA countries (Denmark and Iceland). Ten countries sequenced and reported between 60 and 499 samples to GISAID EpiCoV during the same time period while 17 countries sequenced and reported <60 samples or did not report data.

#### 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 Vaccine roll-out overview EU, as of 11 February 2021

### Vaccine roll-out summary

#### Key figures as of 07 February 2021

Total number of vaccine doses distributed by manufacturers to EU/EEA Member States: **23 466 020** (28 countries reporting)

Reporting countries: *Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden*

Number of vaccine doses distributed by manufacturers to EU/EEA Member States per hundred inhabitants: **median of 6.2 per hundred inhabitants (range: 1.4-14 per hundred inhabitants)** (28 countries reporting)

Reporting countries: *Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden*

Total number of vaccine doses administered in EU/EEA Member States: **17 695 221** (29 countries reporting)

Reporting countries: *Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden*

Uptake of first vaccine dose among adults aged 18 years and above in EU/EEA Member States: **median of 3.5% (range: 0.3%-7.6%)** (29 countries reporting)

Reporting countries: *Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden*

Uptake of first vaccine dose among persons aged 80 years and above: **median of 18% (range: 0%-50%)** (19 countries reporting)

Reporting countries: *Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Hungary, Iceland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Sweden*

Full vaccination uptake in adults aged 18 years and above among EU/EEA Member States: **median of 1.1% (range: 0%-3%)** (29 countries reporting)

Reporting countries: *Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden*

Full vaccination uptake in persons aged 80 years and above among EU/EEA Member States: **median of 2.1% (range: 0%-18%)** (19 countries reporting)

Reporting countries: *Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Hungary, Iceland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Sweden*

## [The origin and early spread of SARS-CoV-2 in Europe](#)

A new study estimates the origin and spread of SARS-CoV-2 in Europe prior to spring 2020 border closures based on viral genome sequences. The scientist confirmed that the predominant European outbreak most likely started in Italy and spread from there. This outbreak was probably seeded by a transmission event in either Hubei, China or Germany.

In particular, they found that before the first border closures in Europe, the rate of new cases occurring from within-country transmission was within or exceeded the estimated bounds on the rate of new migration cases.

The scientists assume that during the time span considered, the outbreak in Hubei, China and the different European outbreaks were only sources and not sinks for SARS-CoV-2 globally.

Genome sequence data indicates that prior to 8 March 2020, SARS-CoV-2 was introduced from Hubei province into France, Germany, Italy, and other European countries at least two to four times each.

The largest number of estimated introductions was 18 from Italy to other European countries.

According to the study, the border closings in Europe around a year ago came too late to stop the corona virus. As early as March 8, 2020, there were around as many local infections with the virus in Europe as were brought in by travelers from abroad, report researchers from ETH Zurich. The EU only closed the borders on March 17th. In the event of an infection, as was already the case on March 8, a border closure would only make sense in connection with a drastic restriction of contacts in the country. Then the reduction in contacts from abroad will help to slow the spread.

**Table 1.** [View popup](#)  
Median inferred number of introductions from each source region to each sink region along the transmission tree linking analyzed cases

Source/sink	France	Germany	Italy	Other European
Hubei	3 (0, 6)	4 (1, 6)	2 (0, 6)	4 (0, 8)
France	–	0 (0, 1)	0 (0, 3)	2 (0, 4)
Germany	0 (0, 2)	–	1 (0, 3)	1 (0, 4)
Italy	6 (1, 9)	1 (0, 4)	–	18 (6, 34)
Other European	2 (0, 6)	1 (0, 4)	1 (0, 4)	–

Hubei is assumed to be a source only. Values in parenthesis are the upper and lower bound of the 95% highest posterior density interval for these estimates.

Source: <https://www.pnas.org/content/118/9/e2012008118/tab-figures-data>

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### Country Reports:

**DEU:** During corona checks at the borders with Austria and the Czech Republic, the federal police prohibited entry into Germany in almost 5,000 cases in the first 30 hours. About every third person checked had been turned away for violating the stricter entry conditions. The rules have been in effect since midnight on Sunday. The aim is to prevent the spread of more contagious new variants of the coronavirus.

.....  
The federal government is extending the strict entry rules for people from "virus variant areas" to Germany until March 3rd. It affects countries in which mutated variants of the coronavirus have already spread widely. With a few exceptions, almost only Germans and foreigners residing in Germany are currently allowed to enter from there. These include Great Britain, Brazil, Portugal, South Africa, the Czech Republic and large parts of the Austrian state of Tyrol.

.....  
Corona is apparently particularly rampant in Germany in the social professions. As the Barmer health insurance company announced, in the fourth quarter of 2020, 7.6 out of 1,000 insured workers in geriatric care were on the cranes due to a COVID-19 infection. Just behind are employees in health care and nursing, ambulance services, obstetrics and those in education, social work and remedial care with 7.3 sick leave per 1000 people who are insured with Barmer. For the employees in the

doctor's offices, the rate was 5.5. The COVID-19 case numbers are significantly lower in industries in which direct contact with other people is not absolutely necessary.

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**NLD:** A Dutch administrative court has declared the curfew as a state measure in the fight against the corona pandemic to be unlawful and ordered it to be lifted immediately. The government had imposed the curfew based on an emergency law, according to which it can take measures without involving parliament. In the opinion of the court, however, it was not an acute emergency. According to the court, the curfew is a severe restriction on freedom of movement and an interference in the personal living conditions of citizens.

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**DEN:** For fear of mutated variants of the corona virus, Denmark is tightening its entry regulations for people from the border areas. Travelers from northern Germany or the southern Swedish border regions, you must be able to show a negative corona test that is no more than 72 hours old, in addition to a valid reason for entry. This also applies to cross-border commuters who work or live in the areas. So far, a maximum seven-day-old negative corona test had been enough for the residents of the border areas.

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**AUT:** The Corona test offer will be further expanded. From March 1st, free corona self-tests for at home, the so-called living room tests, will be available in pharmacies. Up to five of these should be available per person per month. They are intended solely for self-control and cannot be used as access tests for visits by hairdressers or other body-hugging service providers.

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**ITA:** Shortly before the planned opening of many ski regions in Italy, the government in Rome stopped the start of activities and extended the existing winter sports ban for recreational athletes. Although the ski operation in the so-called yellow zones of the country should start again, this had to be contradicted due to the increased risks from new virus variants.

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Due to the increasing corona numbers, four areas were upgraded to orange zones on Sunday. These include areas in Tuscany and Liguria, as well as the Abruzzo region in central Italy and the Alpine province of Trentino. The government in Rome introduced a division of the country into risk zones months ago with different levels of restrictions. Restaurants and bars are closed in the oranges. Only takeaway sales are allowed. In addition, citizens should not leave their cities and communities. The tightening will initially apply for 15 days. Most of the country with a population of 60 million continues to belong to the yellow zones with moderate restrictions. The government recently extended a travel ban across regional borders to February 25. Exceptions apply to work and emergencies.

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**GBR:** Measures to contain the virus for travelers will continue to be tightened. According to the British government, travelers from countries on the Red List (33 countries including Brazil and South Africa) must be in hotel quarantine for 14 days from Monday. Compliance is monitored, a violation can be punished with heavy fines and prison terms of up to ten years. Travelers from countries not on the list are required to isolate themselves at home for ten days and show two negative COVID-19 tests. The number of new infections in the UK has been falling dramatically for a few weeks but remains at a high level. In the past seven days, the country had just under 150 new infections per 100,000 inhabitants.

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**FRA:** According to a newspaper report, the French Ministry of Health asked health authorities and hospitals to start working in the crisis facility from February 18. With the postponement of non-urgent operations and the mobilization of all available medical workers, a possible increase in the number of sick people due to coronavirus mutants should be countered.

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**POL:** After the winter sports areas opened on Friday for a test phase of two weeks the government is already considering withdrawing the loosening of the lockdown. The reason the specifications were not adhered to. While many were enthusiastic about skiing, tightly packed groups of celebrants went dancing and singing through the shopping and entertainment street. Many did not wear a mask. The police had to issue more than a hundred fines, there were also fights, according to the police, shops were damaged, and a car burned out.

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**CZE:** Due to the dramatically high number of corona infections, the current emergency was extended by 14 days on Monday. Numerous measures such as exit restrictions are linked to the current state of emergency. Non-everyday shops, restaurants and hotels are closed. There is an extensive entry ban for foreigners.

## Subject in Focus

### ECDC – Risk assessment on SARS-CoV-2

**ECDC showed in their new risk assessment that without Corona measures, there will be a strong increase in infection.**

In the update the EU health authority ECDC has warned against loosening measures against the spread of the coronavirus and its variants at this point in time. The epidemiological situation remains very worrying, the occupancy of hospital and intensive care beds are still at a high level. If the virus containment measures are not maintained or even intensified, studies show that a considerable increase in the number of infections and deaths must be expected. Immediate, strict and decisive measures are crucial to control virus transmissions and protect the capacities of the healthcare system. While most countries in the European Economic Area are currently seeing falling infection rates, the introduction and spread of the virus variants first noticed in the UK, South Africa and Brazil have raised concerns.

Therefore in this SiF we will take a deeper look at the updated version:

[Risk assessment: SARS-CoV-2 - increased circulation of variants of concern and vaccine rollout in the EU](#)

The new risk assessment provides an overall update on the COVID-19 situation in the EU, including latest data on the situation with SARS-CoV-2 variants of concern (VOC) covered by previous targeted risk assessments.

#### Executive summary

Several EU countries have observed a decline in the overall incidence of SARS-CoV-2 in recent weeks, most probably due to the impact of tightened non-pharmaceutical interventions (NPIs). Nonetheless, the epidemiological situation is still of serious concern across the EU/EEA, with the majority of countries still experiencing high or increasing notification rates in older age groups and/or high death rates. Although vaccine rollout has started in all EU countries, targeting priority groups based on their risk of developing severe disease (the elderly and residents in long-term care facilities) as well as healthcare and other front-line workers, it is still too early to detect an impact on COVID-19 mortality or hospitalisations.

While most countries are currently seeing a decline in overall infections as a response to NPIs, the introduction and increased spread of new SARS-CoV-2 variants first identified in the **United Kingdom (B.1.1.7)**, **South Africa (B.1.351)** and **Brazil (P.1)** has raised concerns. As suggested by recent anti-lockdown protests and civil disturbances in some European cities, pandemic fatigue could adversely affect the continued acceptance of and compliance with NPIs by the population.

Since 21 January 2021, EU countries have observed a substantial increase in the number and proportion of SARS-CoV-2 cases of the *B.1.1.7 variant*, first reported in the United Kingdom. Ireland reports B.1.1.7 to be the dominant circulating SARS-CoV-2 strain and, based on growth trajectories observed, several other countries are expecting a similar situation in the coming weeks. The *variant B.1.351* has also been increasingly reported in EU countries, often, but not only, linked to travel, and it has also been associated with outbreaks. The *variant P.1* is so far being reported at lower levels, possibly because it is mainly linked to travel exchange with Brazil, where it appears to be spreading.

The *B.1.1.7 variant* appears to be more transmissible than the previously predominant circulating strains and may cause more severe infection. Several countries where the variant has become dominant have seen rapid increases in incidence. This has resulted in increased hospitalisations, overstretched health systems and excess mortality.

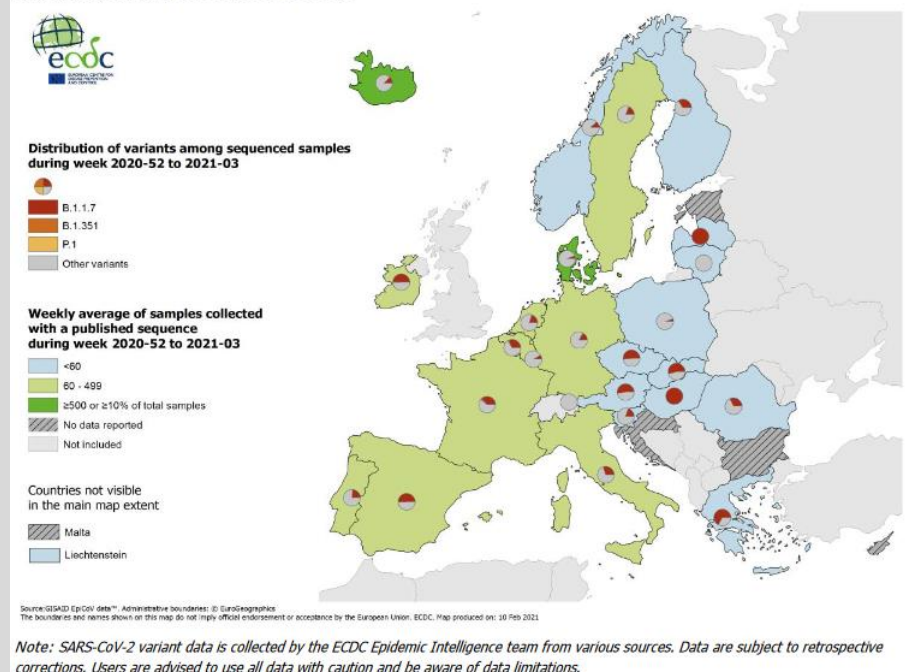
*B.1.351* is also associated with increased transmissibility. In addition, there is evidence pointing to the potential for reduced effectiveness for some of the COVID-19 vaccines with this variant.

## Sequencing capacity

Sequencing capacity varies greatly across the EU; the rate of SARS-CoV-2-positive cases sequenced and reported to GISAID EpiCoV by 11 February for the period of week 52-2020 to week 03-2021 was lower than the recommended level of 10% in all but two EU/EEA countries (Denmark and Iceland).

Limited sequencing capacity and/or lack of reporting of variant strains does not mean that they are not circulating in a country. Many EU countries are still sequencing at very low levels and therefore there is no reason to assume that countries that have not performed screening or reported their results have a lower proportion of this variant circulating.

**Figure 1. Distribution of SARS-CoV-2 variants and average number of samples sequenced in EU/EEA countries, weeks 2020-52 to 2021-03**



*It is important to note that sequencing data are significantly delayed, and the proportions displayed in Figure 1 represent the situation two weeks ago for the countries that submitted data to GISAID.*

## Effectiveness of vaccines against transmission

As the vaccines continue to be rolled out across the world, preliminary evidence on the impact of COVID-19 vaccines against the transmission of SARS-CoV-2 is becoming available.

Real-world data on the effectiveness of vaccines on transmission has been made available from Israel in a preprint article of a study.

The study compares individuals aged 60 years or over who had tested positive for COVID-19, where more than 75% of that age group have had a first dose of the BioNTech vaccine, compared to those aged 40-60 years where only 25% have had a first dose.

From this the authors inferred that the reduction in viral load of those individuals aged 60+ years over time, compared to the group aged 40-60 years, indicates that vaccination with the BioNTech vaccine may provide individual protection, and may also reduce some viral shedding, thereby possibly lowering transmission.

A further preprint article based on an observational study in Israel found that the viral load was reduced four-fold for infections occurring 12-28 days after the first dose of BioNTech vaccine, potentially affecting viral shedding and contagiousness as well as severity of the disease.

As time progresses and more of the population are vaccinated, evidence of vaccine impact on transmission will become available.

**However, at this time there is no evidence available to support the assumption that a person vaccinated against SARS-CoV-2 with any of the currently-available vaccines (including those licensed in the EU) will be completely unable to transmit COVID-19 to a susceptible individual.**

**Table 2. Efficacy and effectiveness of COVID-19 vaccines authorised for use in the EU or under rolling review with EMA against SARS-CoV-2 and variants of concern**

Vaccine developer	Non-variant and variants of concern			
	Non-variant	B.1.1.7	B.1.351	P.1
<b>BioNTech/Pfizer</b>				
Efficacy	95% (95% CI 90.0%–97.9%) [70] overall efficacy	n.a.	n.a.	n.a.
Effectiveness	51.4% (95% CI -7.2%–78.0%) after Dose 1, Day 13-24 [71]	n.a.	n.a.	n.a.
<b>Moderna</b>				
Efficacy	94.1% (95% CI, 89.3%–96.8%) [72] overall efficacy	n.a.	n.a.	n.a.
Effectiveness	n.a.	n.a.	n.a.	n.a.
<b>Oxford/ AstraZeneca</b>				
Efficacy	59.5% (95% CI 45.8%–60.7%) [73] overall efficacy	74.6% (95% CI 41.6%–88.9%) (compared to non-B.1.1.7 lineages: 84% (95% CI, 70.7%–97.4%) [59])	n.a.	n.a.
Effectiveness	n.a.	n.a.	n.a. <sup>d</sup>	n.a.
<b>Johnson &amp; Johnson<sup>a,b</sup></b>				
Efficacy	66% [69] overall efficacy <sup>c</sup>	n.a.	57% <sup>c</sup> [69]	n.a.
Effectiveness	n.a.	n.a.	n.a.	n.a.
<b>Novavax<sup>a</sup></b>				
Efficacy	95.6% [60] overall efficacy <sup>c</sup>	89.3% (95% CI 75.2%–95.4%) <sup>c</sup> [74]	49.4% (95% CI 6.1%–72.8%) <sup>c</sup> [74]	n.a.
Effectiveness	n.a.	n.a.	n.a.	n.a.

## Non-pharmaceutical interventions

**Table 1. Measures related to international travel and closure of educational institutions currently applied by EU/EEA countries, as of 9 February 2021**

EU/EEA country	International travellers		Closure of educational institutions <sup>*</sup>			
	Test upon entry or shortly before	Quarantine after arrival	Day-care	Primary schools	Secondary schools	Higher education
Austria	✓	✓			✓	✓
Belgium	✓	✓			Regionally	✓
Bulgaria	✓	✓			Partially*	✓
Croatia	✓	May apply				
Cyprus	✓	✓			Partially*	✓
Czechia	✓	May apply		✓	✓	✓
Denmark	✓	✓			✓	✓
Estonia	✓	Alternative to testing				
Finland	✓	✓			Regionally	Regionally
France	✓					✓
Germany	✓	✓	Partially*	Regionally	Regionally	
Greece	✓	✓		Regionally	Partially*	✓
Hungary	✓	Alternative to testing			✓	✓
Iceland	✓	Alternative to testing				
Ireland	✓	✓	Partially*	✓	✓	✓
Italy	✓	✓	Regionally	Regionally	Partially*, **	
Latvia	✓	✓		Partially*	✓	✓
Liechtenstein		✓				
Lithuania	✓	✓		✓	✓	✓
Luxembourg	✓					
Malta	✓					
Netherlands	✓	✓	Partially*		✓	✓
Norway	✓	✓			Regionally	Partially*, **
Poland	✓	Alternative to testing		Partially*	✓	✓
Portugal	✓	May apply	✓	✓	✓	✓
Romania	May apply	✓			Partially*	✓
Slovakia	✓	✓		Partially*	Partially*	✓
Slovenia	May apply	May apply		Partially*	✓	✓
Spain	✓					Regionally
Sweden	✓				✓	✓

Detailed information on the measures implemented at national level are available in the [Weekly COVID-19 country overview](#). In addition, a repository with all active NPIs from 1 September 2020 for each EU country is made publicly available by ECDC and the Joint Research Centre (JRC) at <https://covid-statistics.jrc.ec.europa.eu/RMeasures>.

## Availability of COVID-19 vaccines in the EU/EEA

Three COVID-19 vaccines have received EU authorisation and are part of the EU Coronavirus Vaccines Strategy Portfolio:

- Comirnaty (BNT162b2) developed by BioNTech/Pfizer,
- COVID-19 Vaccine Moderna (mRNA-1273)
- and COVID-19 Vaccine AstraZeneca (AZD1222).

The European Commission has also signed contracts with three further developers of COVID-19 vaccines:

- Johnson & Johnson,
- Curevac and
- Sanofi-GSK

And EMA rolling reviews have been initiated for the vaccine developed by Johnson & Johnson (1 December 2020) and Curevac. Finally, explorative talks have been concluded with Novavax and Valneva and EMA has initiated a rolling review for the vaccine candidate developed by Novavax (3 February 2021).

As of 7 February 2021, a total of 29 EU countries reported complete or partial data on the vaccine rollout to TESSy. Among the 29 countries reporting that had information available, the estimated vaccine uptake for the first dose among adults (18 years and above) varied between 0.3% and 7.6% (median: 3.5%). Among the 29 countries reporting that had information available, the uptake of two doses among adults (18 years and above) varied between 0.2% and 3% (median: 1.1%). For more information on the vaccine rollout in EU/EEA countries please consult the [weekly report](#) or the [COVID-19 vaccine tracker](#).

## Risk assessment

**The risk associated with further spread of the SARS-CoV-2 VOCs** in the EU is currently assessed as **high** to **very high** for the *overall population* and **very high** for *vulnerable individuals*. This assessment is based on several findings and concerns:

1. the increased transmissibility,
2. recently found evidence of increased severity and
3. the potential for the existing licensed COVID-19 vaccines to be partially or significantly less effective against a VOC,
4. combined with the high probability that the proportion of SARS-CoV-2 cases due to B.1.1.7 (and possibly also B.1.351 and P.1) will increase.

Modelling analysis shows that unless NPIs continue or are strengthened in terms of compliance during the coming months, a significant increase in COVID-19-related cases and deaths in the EU/EEA should be anticipated.

Although vaccination will mitigate the effect of replacement with more transmissible variants, and seasonality could potentially reduce transmission during the summer months, easing measures prematurely will lead to a rapid increase in incidence rates, detection of severe cases and mortality.

Delays in vaccine procurement, distribution and administration, should they occur, would also delay the option to ease NPIs.

Rapid vaccine deployment among priority groups is needed to reduce hospitalisations, ICU admissions and deaths due to COVID-19

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## Modelling of mortality in comparison to the VOC and vaccination

This risk of SARS-CoV-2 spread will be affected by the implementation of NPIs as well as by the progress of the rollout of vaccination programmes.

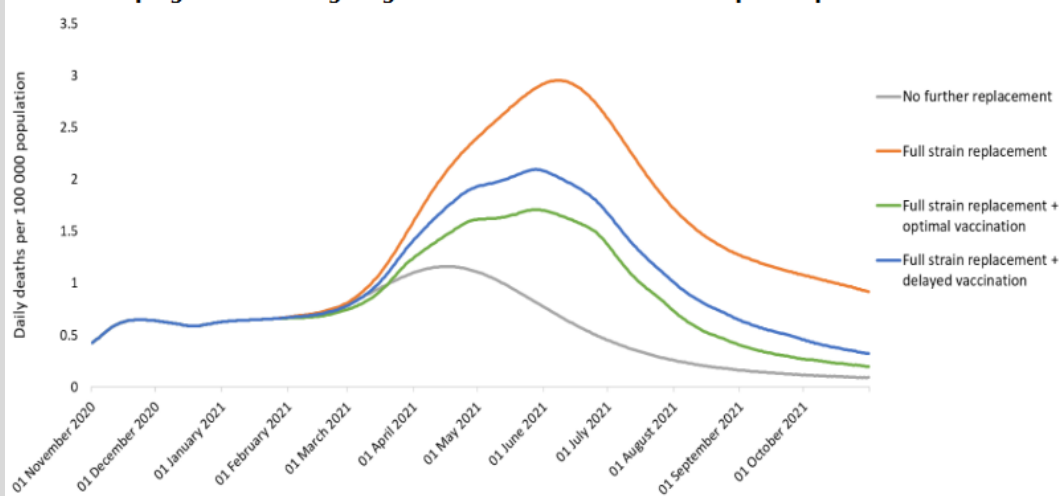
ECDC modelling analysis suggests that if a novel strain of SARS-CoV-2 with an increased transmissibility of 70% replaces the previously circulating strains in the EU by the end of February 2021, the **NPIs in place** at the end of January 2021 would be **insufficient to prevent** a substantial increase in COVID-19 mortality, even as vaccines are being rolled out (Figure 2). However, some strengthening of these measures has already taken place.

The analysis showed that if Member States **achieve the vaccination targets** set by the European Commission in its Communication dated 19 January 2021, the peak excess mortality rate due to the new strain will be approximately **halved and the majority of excess deaths will be**

**prevented.** However, if 25% of doses are **delayed by one month** and 25% by two months, the **impact** of the vaccination programme will be substantially **reduced.**

Given that full strain replacement with B.1.1.7 appears likely, mortality rates will probably **increase,** even with **optimal vaccination,** if NPIs are **not significantly strengthened,** with continued high compliance ensured for the coming period.

**Figure 2. Projected daily mortality rate in the EU/EEA, assuming no further replacement by more transmissible strains (grey) and no vaccination, complete replacement with a strain that is 70% more transmissible (orange) and the potential impact of an optimal (green) and delayed (blue) vaccination programme in mitigating the effect in the scenario of complete replacement.**



*Note - current non-pharmaceutical interventions are maintained throughout the period [92].*

## Options for response

Based on the current epidemiological situation in the EU with the increased circulation of more transmissible variants, immediate, strong and decisive public health interventions are essential to control transmission and safeguard healthcare capacity. This will involve all EU countries ensuring that layered **NPIs are strengthened and maintained in the coming months** in order to reduce SARS-CoV-2 incidence to the lowest levels possible, thereby also minimising the opportunities for new variants to emerge.

**Optimising the implementation of NPIs**, including issues related to community use of facemasks and school settings, is essential. **Test and trace** approaches, including strong surveillance and sequencing, remain the cornerstones of the response.

**Travel** should not be undertaken by people who are ill or who have had recent contact with COVID-19 cases. Furthermore, ECDC recommends that non-essential travel should be avoided as part of general physical distancing measures in the community.

**In time**, targeted and robust vaccination programmes will enable the easing of NPIs.

Variants against which current licensed vaccines might have a reduced efficacy, as observed for some vaccines with the B.1.351 variant first identified in South Africa, will probably continue to emerge in the future. This should be mitigated by **designing next-generation vaccines** with mutated spike sequences and using alternative viral antigens. Consideration should also be given to their use either as booster doses for those vaccines which have already been developed and are being administered, or, if needed, for the primary series.

Increasing levels of pandemic fatigue need to be properly addressed as a matter of urgency if further waves of infection are to be avoided and population compliance is to be maintained. **Public expectations about the likelihood of easing restrictions need to be carefully managed.** To facilitate this, authorities should make systematic efforts to ensure that they have a good understanding of community perceptions of the pandemic, the NPIs in place and COVID-19 vaccine acceptance through ongoing behavioural research.

Source: <https://www.ecdc.europa.eu/en/publications-data/covid-19-risk-assessment-variants-vaccine-fourteenth-update-february-2021>  
<https://github.com/ellapetter/COVID19/blob/main/Initial%20real%20world%20evidence%20for%20lower%20transmissibility%20of%20individuals%20who%20have%20been%20vaccinated%20by%20BNT162b2.pdf>  
<https://www.medrxiv.org/content/10.1101/2021.02.06.21251283v1>



# Conflict and Health

## COVID-19 Crisis in Iraq



In cooperation with Bundeswehr HQ of Military Medicine

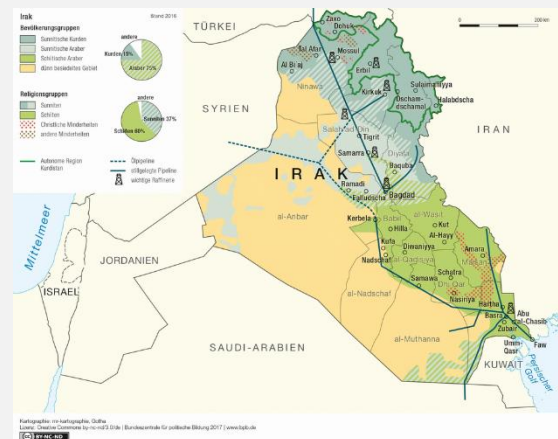
### IRAQ

Area:	437,072 km <sup>2</sup>
Population:	38,433,600
Capital:	Baghdad
Age structure:	
0-14 years:	37,02%
15-24 years:	19,83%
25-54 years:	35,59%
55-64 years:	4,23%
65 years and over:	3,33%



### CONFLICT:

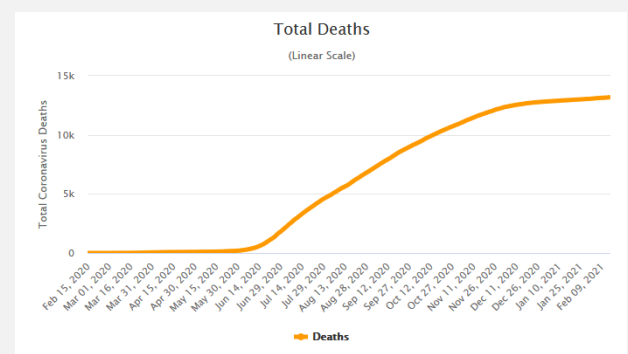
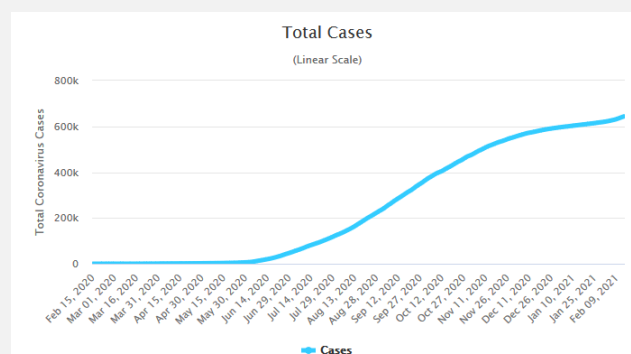
IRAQ - an already fragile state is struggling with the consequences of the coronavirus pandemic Iraq, with its 39 million inhabitants, is one of the larger countries in the Arab world. In addition to the dominant Arab ethnic group, which makes up at least 75% of the population, there is also a large Kurdish minority (around 15-20% of the population) living primarily in the north of Iraq, as well as various smaller ethnic groups such as Turkmen, Armenians and Assyrians. This multi-ethnicity is also to be seen as an expression of the colonial heritage. However, as a result of colonial history, not only were ethnic-cultural entities cut up, but a large number of different religious and social groups were also brought together in a single state. Although Islam is the predominant religion in Iraq and accounts for a good 97% of the population, an essential pillar of today's internal lines of conflict, in addition to the efforts of the Kurdish population for state independence, is above all the inner-Islamic division into Sunnis and Shiites and their struggle for one political supremacy. Shiite Muslims make up the majority of the population in Iraq with up to 65 percent of the population. The rule of the Ba'ath Party, which had been in power since the late 1960s, during which the Iran / Iraq war and the first two so-called Gulf Wars also fell, came to an abrupt end as a result of the third Gulf War in 2003 and with the fall of Saddam Hussein. Years of political instability and increasing terrorist activities as well as civil war-like conditions followed, which on the one hand were directed against the American presence, which was perceived as the occupation, but on the other hand were primarily an internal conflict between Sunni and Shiite Arabs. While the Shiites were still politically suppressed under Saddam Hussein, their influence increased steadily after 2003, also with the support of Shiite Iran. Other political actors whose work does not necessarily contribute to the stabilization of the country include Turkey and, most recently, China. The rise of the Sunni-influenced IS up to its decline in 2018 should also be understood in terms of this intra-Iraqi confessional division. After decades of international and domestic armed conflicts, the population is increasingly tired and the infrastructure is badly damaged. In addition, domestic unity is also endangered by the Iraqi Kurds' striving for independence. This conflict culminated in 2017 in an independence referendum held in the Kurdish autonomous region without the consent of



the Iraqi central government, which subsequently led to violent confrontations with the central government in Baghdad (especially since the Kurdish side also claimed some oil-rich neighboring areas beyond the current autonomous region) . The unity of the country could be preserved for the time being through a show of force by the Iraqi central government, but there has not been any real calm in the face of the conflicts described. In particular, however, as a result of the temporary expansion of the IS area of influence and the ensuing domestic armed conflicts, there were sometimes up to 5 million internally displaced persons, of whom a considerable part (> 1 million people) are still under extremely precarious conditions must live in refugee camps. The tense economic situation due to the relatively low oil prices and the correspondingly low achievable foreign exchange income also contribute to the fragile situation. The Kurdish autonomous region, which used to be considered stable, is also affected by the difficult economic situation, especially since the Kurds had to give up control of the oil-rich areas around Kirkuk after the failed referendum. In addition, the political landscape is more fragmented than ever, the largest faction in the Iraqi parliament, the Sa'irūn list with supporters of Moqtada al-Sadr and secular parties, has just 14% of the seats.

### HEALTH:

The humanitarian situation in Iraq and especially in the refugee camps is still considered tense and has worsened considerably as a result of the COVID-19 pandemic. As in many more fragile states, the reliability of the reporting data in Iraq is fundamentally questionable. A high number of unreported COVID-19 cases can be assumed. The hospitals are overwhelmed, there is no trust in the state hospitals in particular, as they are sometimes already perceived as COVID "incubators" due to the lack that is noticeable everywhere. In addition, unemployment and poverty have risen significantly recently, and up to a quarter of the population could fall below the poverty line in times of the coronavirus pandemic. But not only the coronavirus pandemic or domestic ethnic or religious conflicts contribute to the tense situation, but also known problems such as mismanagement and corruption. Conclusion: Iraq is not coming to rest. Years of armed conflicts, unresolved ethnic and religious lines of conflict, the economic decline due to the collapse of oil prices and, most recently, the massive burdens due to the coronavirus pandemic are extremely demanding on the country. The previously fragile health system has long since reached the limits of its capabilities.



# Iraq

25.8 Index Score 167/195



PREVENT



DETECT



RESPOND



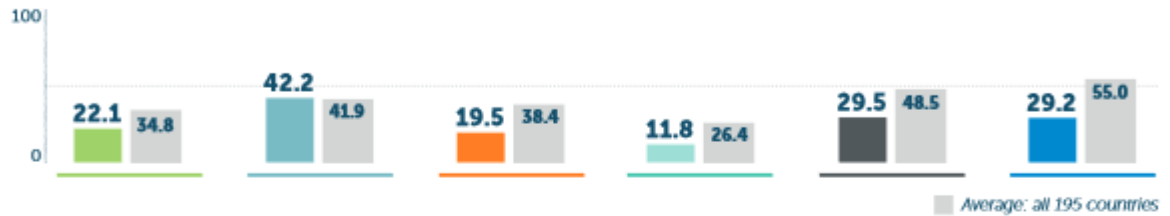
HEALTH



NORMS



RISK



Average: all 195 countries

	COUNTRY SCORE	AVERAGE SCORE*		COUNTRY SCORE	AVERAGE SCORE*
<b>PREVENTION</b>	<b>22.1</b>	<b>34.8</b>	<b>HEALTH SYSTEM</b>	<b>11.8</b>	<b>26.4</b>
Antimicrobial resistance (AMR)	8.3	42.4	Health capacity in clinics, hospitals and community care centers	5.6	24.4
Zoonotic disease	20.4	27.1	Medical countermeasures and personnel deployment	0	21.2
Biosecurity	0	16.0	Healthcare access	41.9	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	87.7	85.0	Capacity to test and approve new medical countermeasures	25	42.2
<b>DETECTION AND REPORTING</b>	<b>42.2</b>	<b>41.9</b>	<b>COMPLIANCE WITH INTERNATIONAL NORMS</b>	<b>29.5</b>	<b>48.5</b>
Laboratory systems	16.7	54.4	IHR reporting compliance and disaster risk reduction	50	62.3
Real-time surveillance and reporting	36.7	39.1	Cross-border agreements on public and animal health emergency response	0	54.4
Epidemiology workforce	25	42.3	International commitments	43.8	53.4
Data integration between human/animal/environmental health sectors	100	29.7	JEE and PVS	0	17.7
<b>RAPID RESPONSE</b>	<b>19.5</b>	<b>38.4</b>	Financing	16.7	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>29.2</b>	<b>55.0</b>
Emergency response operation	0	23.6	Political and security risks	71	60.4
Linking public health and security authorities	0	22.6	Socio-economic resilience	53.6	66.1
Risk communication	0	39.4	Infrastructure adequacy	8.3	49.0
Access to communications infrastructure	68.4	72.7	Environmental risks	38.6	52.9
Trade and travel restrictions	100	97.4	Public health vulnerabilities	42.6	46.9

\*Average: all 195 countries

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

www.ghsindex.org

Source:

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

<https://iraqilestatesindex.org/>

<https://www.bpb.de/internationales/weltweit/innerstaatliche-konflikte/54603/irak>

<https://reliefweb.int/country/iraq> <https://www.worldometers.info/coronavirus/country/iraq/>

[https://www.schwaebische.de/ueberregional/politik\\_artikel,-situation-im-irak-fluechtlinge-geraten-durch-pandemie-noch-staerker-ins-abseits-arid,11299474.html](https://www.schwaebische.de/ueberregional/politik_artikel,-situation-im-irak-fluechtlinge-geraten-durch-pandemie-noch-staerker-ins-abseits-arid,11299474.html)

<https://www.crisisgroup.org/middle-east-north-africa/gulf-and-arabian-peninsula/iraq/b79-exiles-their-own-country-dealing-displacement-post-isis-iraq> <https://www.washingtoninstitute.org/policy-analysis/iraq-faces-coronavirus-empty-coffers-and-crumbling-health-system>

<https://www.liportal.de/irak/wirtschaft-entwicklung/>

<https://www.worldometers.info/coronavirus/country/iraq/>

## 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
- Vaccination: News and Facts

### Vaccination: New's and Facts

#### Vaccination: New's and Facts

We had very comprehensive national briefings of Great Britain, Belgium and Slovakia letting us know about the current status of vaccination in their countries, the strategies of their government and also how military is involved in the national campaigns as well in what prioritization the soldiers will be vaccinated.

These very useful briefing were followed by an authentic briefing of the Principal advisor for Health and crisis management of the European Commission SANTE speaking about the main vaccination strategies within the EU.

All briefings lead to a very good discussion between the briefer and the audience.

The main interests have focused on how vaccines are purchased and distributed, how soldiers going to a mission should be in first line for immunization and how important it will be to remain more independence in producing own drugs, vaccines and medical supply. The audience was very interested in knowing about the range of people declining vaccination in the different countries and the way to solve the problem as well as especially for soldiers working in a foreign country in how regulations are for receiving a immunization with a vaccine that is not yet approved in their own country.

**The next VTC will be held on 24 February continuing with national briefs to the vaccination strategies and also focusing on the new SARS-CoV-2 variants of concern.**

## 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*

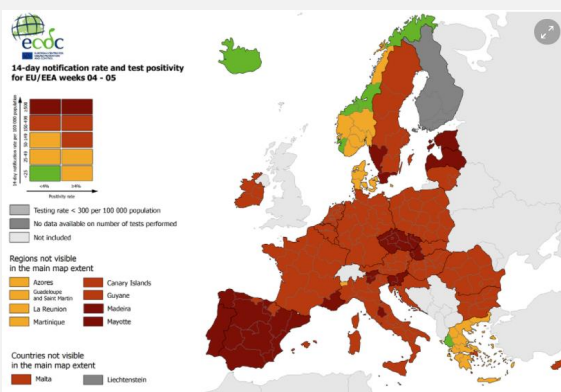
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14 days* at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate**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

#### *2. A common map*

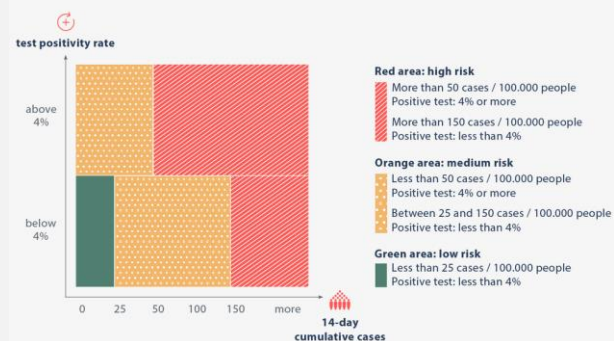
The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. See also [“Situation in Europe”](#).

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

- Because of global spread and the human-to-human transmission the **high** risk of further transmission persists.
- Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks.
- Individual risk is dependent on exposure.
- National regulation regarding travel restrictions, flight operation and screening for single countries you will find [here](#) and [here](#).
- Official IATA changed their travel documents with new travel restrictions. You will find the documents [here](#).
- Public health and healthcare systems are in high vulnerability as they already become overloaded in some areas with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed.
- Asymptomatic persons as well as infected but not sickened persons could be a source of spreading the virus. Therefore, no certain disease-free area could be named globally.

## Europe

As of 23<sup>rd</sup> of  
October 2020

ECDC assessment for EU/EEA, UK as of 23 October 2020:

Under the current classification system, based on epidemiological indicators, the epidemiological situation in countries is classified as *stable*, *of concern* or of *serious concern*.

The majority of countries in the European region are currently classified as experiencing an epidemiological situation of **serious concern** due to the increasing case notification rates and/or test positivity  $\geq 3\%$  as well as the high notification rates in the older age groups and/or high mortality rates.

Countries have implemented various non-pharmaceutical interventions, but these have not been sufficiently effective in controlling transmission due to several factors:

- adherence to the measures was sub-optimal;
- the measures were not implemented quickly enough;
- or the measures were insufficient to reduce exposure.

As a result, the epidemiological situation is now rapidly deteriorating in most countries.

**There are currently only six countries in the region that are classified as experiencing a *stable epidemiological situation*.**

- In countries where the epidemiological situation is stable:
- the **probability of infection** for the population is **generally low** but **the impact of infection** still **varies** depending on the individuals affected;
- the risk for the **general population** in these countries is **low**;
- for **vulnerable individuals**, including the elderly and people with underlying medical conditions, the risk is **moderate**.

Nevertheless, in these six countries, there is still ongoing transmission and the situation must be closely monitored.

**Based on the latest available data to ECDC, there are currently no countries categorised as having an epidemiological situation ‘*of concern*’.**

**In countries where the epidemiological situation is of serious concern:**

- there is a **high risk** to the **general population**,
- and for **vulnerable individuals** the COVID-19 epidemiological situation represents a **very high risk**.

In these countries the continuously increasing trend in notification rates calls for strong public health action in order to prevent the imminent risk that health care systems will be overwhelmed, rendering them unable to provide safe, adequate care.

As of 15<sup>th</sup> of  
February 2021

ECDC assessed the risk of the **two new variants** of SARS-CoV-2, as well as the risk of spreading in the EU and the increased impact on health systems in the risk assessment 15<sup>th</sup> of February 2021

**Risks associated with new variants of current concern:**

**The risk associated with further spread of the SARS-CoV-2 VOCs in the EU is currently assessed as **high** to **very high** for the overall population and **very high** for vulnerable individuals.** This assessment is based on several findings and concerns:

1. the increased transmissibility,
2. recently found evidence of increased severity and
3. the potential for the existing licensed COVID-19 vaccines to be partially or significantly less effective against a VOC,
4. combined with the high probability that the proportion of SARS-CoV-2 cases due to B.1.1.7 (and possibly also B.1.351 and P.1) will increase.

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/sites/default/files/documents/RRA-covid-19-14th-update-15-feb-2021.pdf>

## 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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