Update 58 (23rd of February 2021)

Information about infection disease
COVID-19 (novel coronavirus)

Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich
23rd 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 30th January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11th of February. The virus itself has been named SARS-CoV-2. On 11th of March 2020 WHO characterized the disease as a pandemic.

HIGHLIGHTS/NEWS

- As the COVID-19 situation in **Tanzania** remains very concerning. **WHO** renewed the call for Tanzania to start reporting COVID-19 cases and share data. Tanzania is also asked to implement the public health measures that we know work in breaking the chains of transmission, and to prepare for vaccination. A number of Tanzanians travelling to neighbouring countries and beyond have tested positive for COVID-19. This underscores the need for Tanzania to take robust action both to safeguard their own people and protect populations in these countries and beyond.
- The **Slovak Foreign Minister** asks the **EU** to deliver vaccines early to combat the "tragic" situation. In addition, Slovakia is requesting the help of 10 doctors and 25 nurses from abroad via the EU emergency mechanism.
- **ECDC**: Published new recommendations to improve monitoring for SARS-CoV-2 in mink. As of January 2021, the virus has been detected at 400 mink farms in eight countries in the EU/EEA – 290 in Denmark, 69 in the Netherlands, 21 in Greece, 13 in Sweden, three in Spain, two in Lithuania and one each in France and Italy.
- **UN**: According to UN Secretary General António Guterres, the corona pandemic must not be a pretext for cracking down on those who think differently. The pandemic is being used by some countries as a "pretext" to impose tough security measures and "abolish the most basic freedoms". Guterres called the "undermining of electoral processes" as well as the "weakening of the voices of opposition members". Human rights activists, journalists, lawyers and even health system workers were arrested, persecuted, intimidated and monitored for criticizing the anti-corona measures or the lack of measures. The access to vital information is impaired, the "deadly disinformation" spread the defendant Guterres said in a video message at the beginning of a meeting of the UN Human Rights Council in Geneva, without naming specific countries.
- **The Council of European Bishops' Conferences** has called for a European country to commemorate the victims of the pandemic every day of Lent until Easter. After starting on February 17th in Albania, Germany followed on February 27th.
- **WHO:** The WHO has again commented on its investigations into the origin of SARS-CoV-2. Although the virus was already widespread in the Wuhan region in autumn and winter, a laboratory accident is the least likely cause. In addition, the authority asks the international community to continue immunizing in all age groups despite the presumably lower effectiveness of the vaccine from the manufacturer AstraZeneca. The experts hope that this will significantly alleviate severe gradients.
- **RUS:** The head of the Russian health authority has confirmed that the transmission of the **H5N8 bird flu virus** to humans has been detected for the first time in the Moscow region. Corresponding reports have already been sent to the WHO. So far, 7 people have been infected, and there has been no human-to-human transmission. All the necessary containment measures have been initiated.

GLOBALLY ↘
111 763 585
confirmed cases
75 141 400 recovered
2 475 154 deaths

EU/EEA and the UK ↗
36 006 384
confirmed cases
19 693 050 recovered
823 617 deaths

USA ↗
(new cases/day 56 622)
28 080 545
confirmed cases
11 977 707 recovered
498 167 deaths

India ↗
(new cases/day 14 199)
11 016 434
confirmed cases
10 712 665 recovered
156 463 deaths

Brazil ↘
(new cases/day xx)
10 195 160
confirmed cases
9 108 205 recovered
247 143 deaths

Russia ↘
(new cases/day 12 455)
4 130 447
confirmed cases
3 684 955 recovered
82 255 deaths

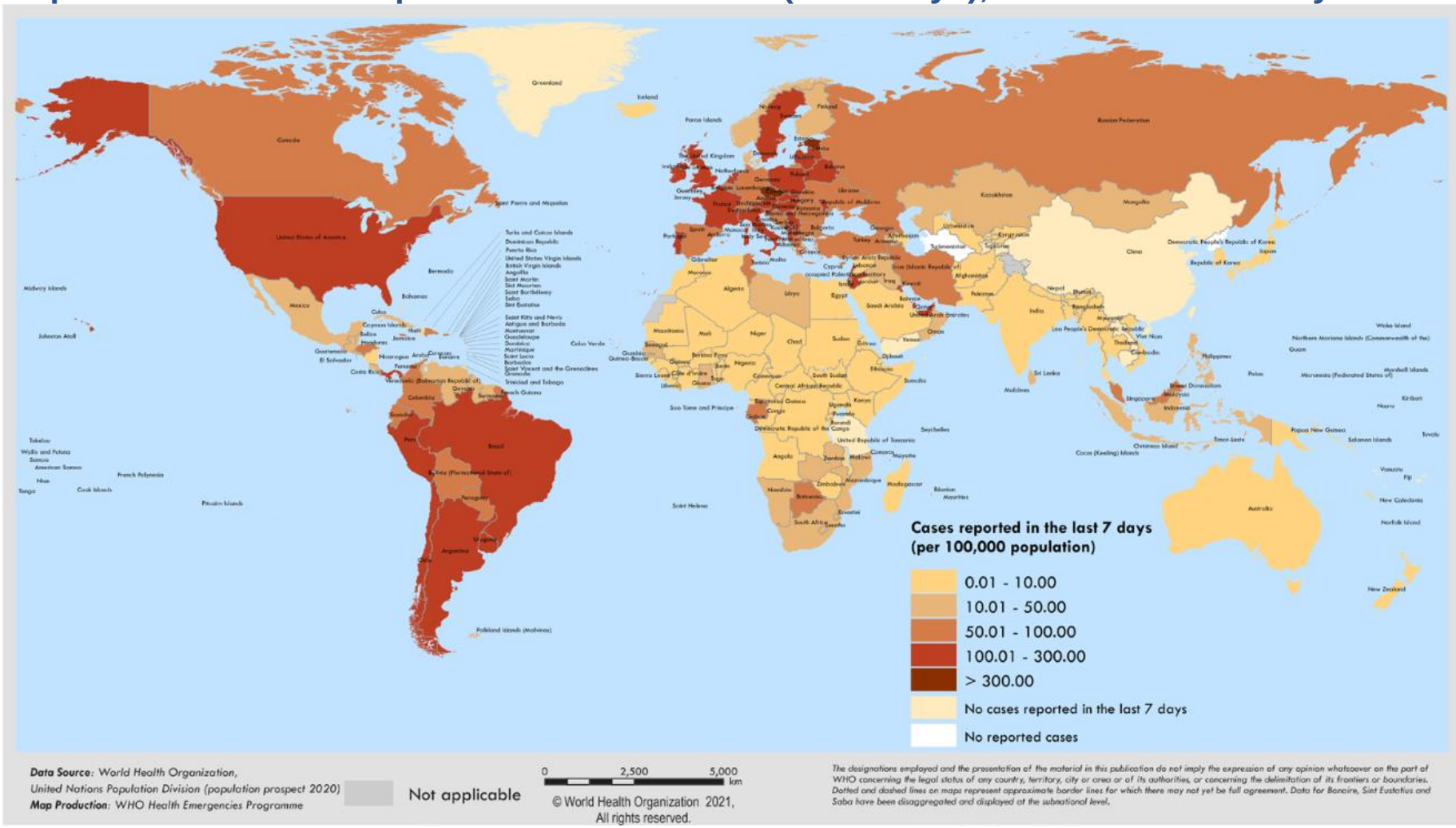
UK ↗
(new cases/day 10 641)
4 126 150
confirmed cases
-not reported- recovered
120 757 deaths

Please click on the headlines to jump into the document

Table of Contents

Back to Top

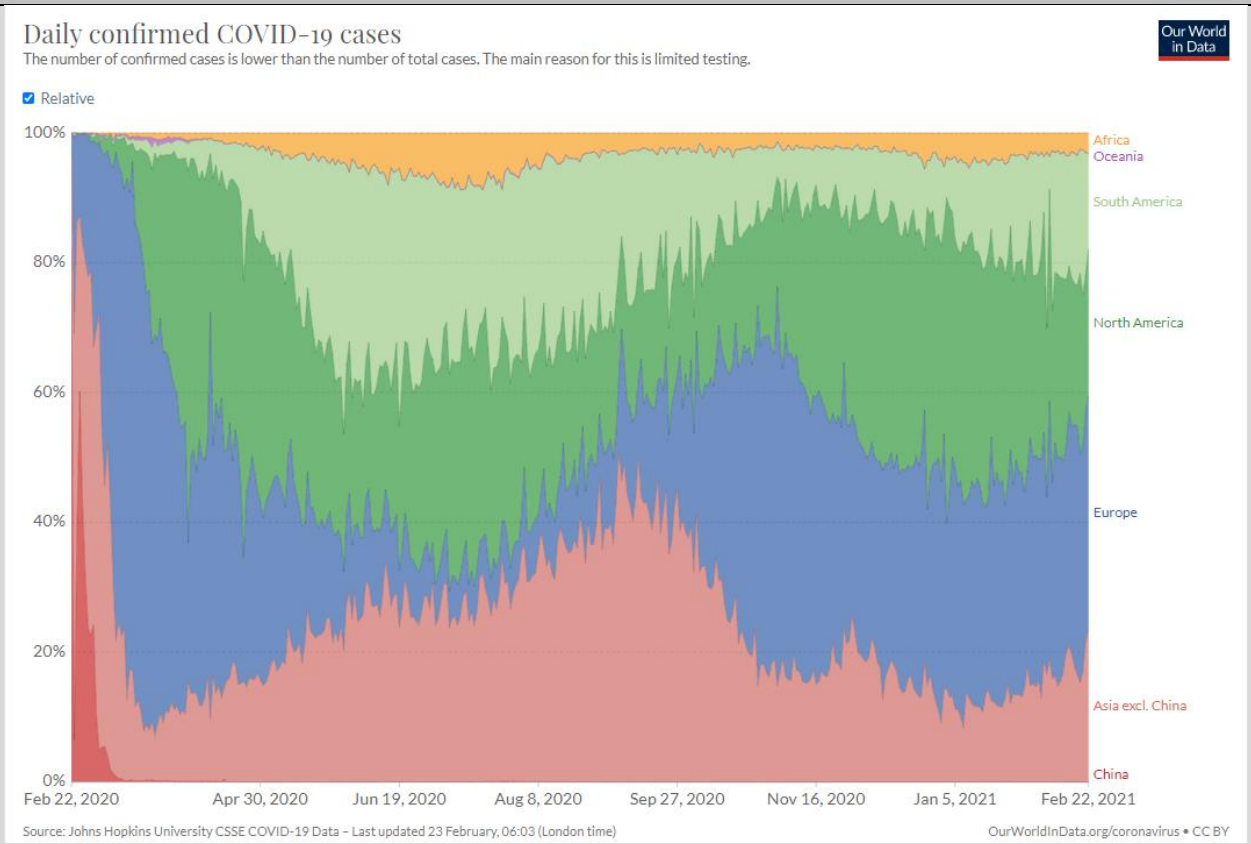
Map of countries with reported COVID-19 cases (last 7 days), as of 1 to 7 February 2021

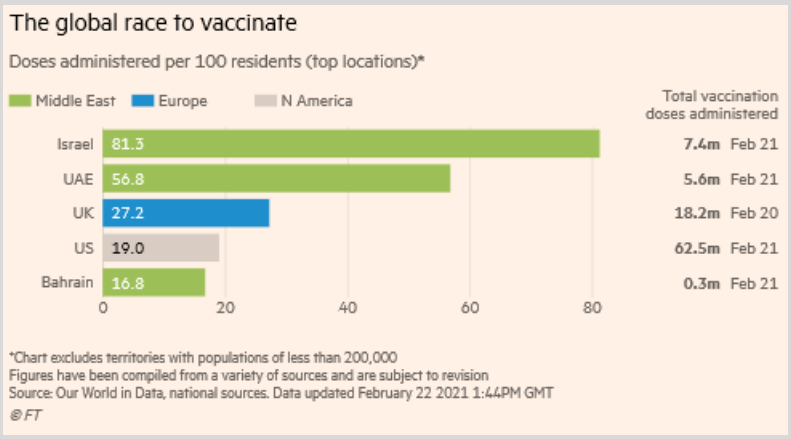


Back to Table of Contents Back to Top

Worldwide Situation

Global Situation





Vaccination report

UK Covid Challenge - Study with voluntarily infected people starts in Great Britain

For a better understanding of the SARS-COV-2 coronavirus, people in Great Britain are said to be intentionally infected with the pathogen. We are looking for up to 90 healthy and young volunteers between 18 and 30 years of age for a study; they are designed to be exposed to the virus in a safe and controlled environment. This was announced by the Ministry of Economic Affairs in London.

When it comes to researching new treatment methods or vaccinations, so-called “Human Challenge Trials” have often been carried out in the past, for example with smallpox or malaria. Today such attempts often contradict ethical standards.

Nevertheless, well-known researchers spoke out in favor of such a study last year, also in connection with research into SARS-CoV-2, although no specific, causal therapy for Corona Virus Disease (COVID) has yet been established.

In May 2020, more than 14,000 people from over 100 countries had already registered as test subjects for the UK Covid Challenge. And on Wednesday Imperial College London announced that the Research Ethics Committee ("REC") had given its approval. The project, approved in the highest circles of government and supported by state funds, is presented as a cooperation between several institutions: UK government's Vaccine Taskforce, Imperial College London, the Royal Free London NHS Foundation Trust and hVIVO, a company that is considered a pioneer in human infection models ("viral human challenge models "). It will start soon.

The aim of the study is to find out, among other things, what amount of virus is at least necessary for an infection, how the immune system reacts to the virus and how infected people release the virus particles into their environment. The results will also play a central role in vaccine development. For the time being, the UK Covid Challenge will use the pathogen that has been occurring worldwide since March 2020 and not the much more contagious (British, note) variant B.1.1.7, which first appeared in the autumn in south-east England. Doctors and scientists are to monitor the subjects around the clock. In a follow-up study, test subjects are also to be vaccinated with a new active ingredient and then exposed to the virus.

"We hope that the study will provide unique insights into the coronavirus and the starting points for the most effective vaccinations," said Clive Dix, interim chair of the British vaccination task force, to "BBC News". This task force is now closely linked through Clive Dix to C4X Discovery, a pharmaceutical developer - "We are aiming to create the world's most productive drug discovery engine by using cutting-edge technologies and expertise to efficiently deliver best-in-class small-molecule medicines to clinical partners for the benefit of patients."

A quarter of the population has their first vaccine dose receive

So far, over 16 million vaccinations with vaccines from Oxford-AstraZeneca and Pfizer-BioNTech have been carried out in Great Britain since the beginning of December - so British people at particular risk, or in other words almost a quarter of the population, have received their first dose of vaccine against the coronavirus. Simon Stevens, the head of the NHS health system in England, spoke of the "largest and fastest vaccination program in Europe - and in the history of the health service". Only Israel and the United Arab Emirates, both small countries, have proportionally vaccinated more people than the British.

With over 4 million cases and around 120,000 deaths, Great Britain is still in lockdown with the request "stay at home". The British government website also states: "Coronavirus (COVID-19) is spreading fast" and "Do not leave your home unless necessary" and "1 in 3 people who have the virus have no symptoms, so you could be spreading it without knowing it ". Tourist travel to the UK is prohibited. Even business trips are, if at all, only possible under extremely difficult conditions and should be planned in detail and with the British Business partners are discussed (see also information on freedom of movement below). Digital meetings remain the business norm. A negative corona test and registration of the itinerary ("passenger locator form") must be proven to enter England. Travelers must also isolate themselves for 10 days and take additional corona tests in the country. Exceptions only apply to travelers from Ireland and the Channel Islands and for a few professional groups. When traveling to the UK, the return journey to Germany must also be well planned. Because of the virus mutation developed on the British Isles, the United Kingdom is one of the so-called virus variant areas.

https://www.gov.uk/government/news/worlds-first-coronavirus-human-challenge-study-receives-ethics-approval-in-the-uk
https://science.orf.at/stories/3204807/ https://ukcovidchallenge.com/ https://www.youtube.com/watch?v=n0ps8E2MKZg
https://www.c4xdiscovery.com/about/board.html https://www.globaltimes.cn/page/202102/1215777.shtml
https://www.gtai.de/gtai-de/trade/specials/special/vereinigtes-koenigreich/covid-19-einschraenkungen-bei-einreise-und-bewegung-im-land-234844
https://www.finanznachrichten.de/nachrichten-aktien/c4x-discovery-holdings-plc.htm

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Study: Fewer infections after BioNTech vaccination

According to an analysis of British data, the vaccine from BioNTech and Pfizer not only prevents disease, but even the mere infection with the coronavirus. The risk of infection drops by around 70 percent after the first of the two planned doses, and by around 85 percent after the second, said the British health authority Public Health England, citing preliminary data that has not yet been verified by independent experts.

"This suggests that the vaccine could also help stop the transmission of the virus because you cannot pass the virus on if you are not infected," the statement said. The reported values go back to the "Siren" study, in which questionnaires on symptoms, smears and blood serum samples are regularly analyzed for a group of around 40,000 employees from the health sector.

If further analyzes confirm that the vaccines currently used significantly reduce the transmission of the virus, the pandemic could be effectively slowed down with the ongoing vaccination campaigns - and the faster the faster large parts of the population are vaccinated, the faster.

DEU: The federal government expects that at least ten million more vaccine doses will be delivered by March 4th. This emerges from an overview by the Ministry of Health, which is available to the Reuters news agency. Thereafter, another 5,844,150 vaccination doses are expected from BioNTech, 4,154,400 from AstraZeneca and 343,000 from Moderna. However, Moderna only gave delivery numbers for the first week, so the total number should not be final. In the second quarter, the numbers are expected to rise rapidly

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As part of the administrative assistance, the Ministry of Health asked the Bundeswehr to operate a vaccination center in Bonn and Berlin from March 2021. In this way, the federal government wants to prepare for state employees in priority group 2 to be vaccinated, according to government circles. This applies to police officers or soldiers, for example. These had been upgraded in the priority group because the AstraZeneca vaccine is only intended to be used in people under the age of 65 and is therefore not given to the elderly.

ITA: The British-Swedish pharmaceutical company AstraZeneca has delivered fewer Corona vaccine doses than planned to Italy and thus caused political displeasure. The group had already announced in January that it would deliver fewer vaccine doses to Italy in the first quarter of the year than planned and was already being criticized at the time. According to a press release from the company, AstraZeneca now plans to deliver 4.2 million cans by the end of March. The government had expected eight million doses for the first three months.

BGR: Made a breakthrough in the corona vaccination campaign with a large number of people willing to vaccinate. In Bulgaria, so-called green corridors have now also been opened for those willing to vaccinate who are not covered by the government's vaccination plan or who would have been there much later. Long queues of people formed in front of the 318 vaccination stations, some of which were newly established, in the capital Sofia and in other larger cities. In the future there will be vaccination centers open around the clock and mobile vaccination teams. AstraZeneca vaccine was being given doses everywhere.

AUS: Had started the first vaccination with the BioNTech vaccine. By the end of the week, more than 60,000 cans from the German manufacturer are to be vaccinated initially to health care workers and senior citizens. AstraZeneca's first batch of vaccine is expected to reach Australia in the next two weeks.

USA: According to its own information, the US disease authority CDC has administered 63.1 million vaccine doses so far. A total of 75.2 million doses were delivered.

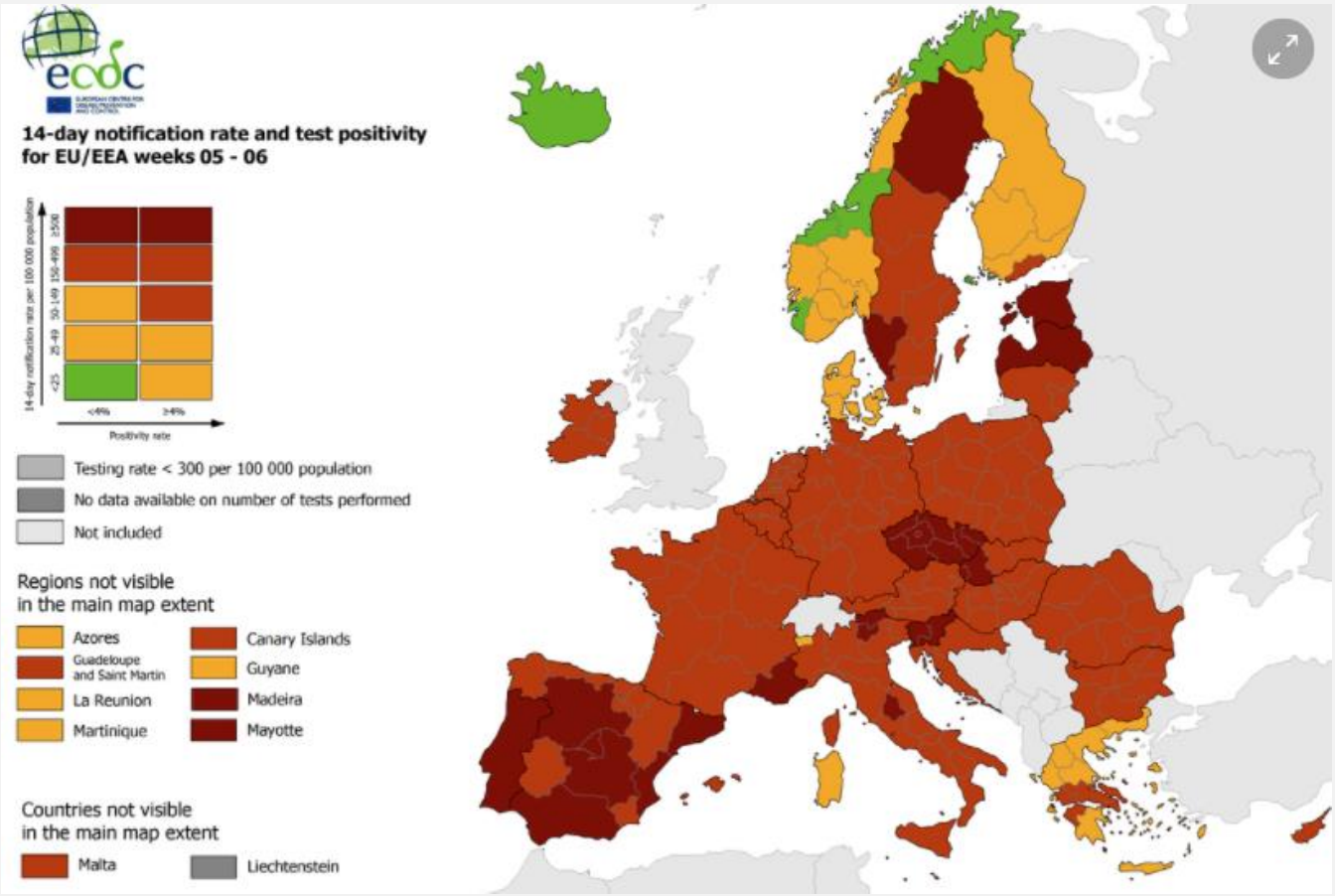
PSE: The vaccination campaign against the coronavirus has started in the Gaza Strip. As the Ministry of Health in the Palestinian Territory announced, the first person was given an injection with the Russian Sputnik vaccine at noon. In a first, three-week phase, 11,000 people are to be vaccinated. Priority is given to medical staff, the elderly and high-risk patients.

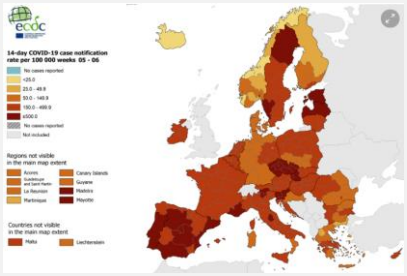
AFG: has started its vaccination program against the coronavirus. The first dose was given to the well-known journalist Anisa Shahid, who was honored last year for her coverage of the corona pandemic. Afterwards, a doctor and two members of the security forces were vaccinated. India donated 500,000 cans from the pharmaceutical company AstraZeneca to Afghanistan in early February. Initially, around a quarter of a million people are to be vaccinated.

	Country Reports: **UKR**: Because of the overload with corona patients, tents have been set up at a hospital in western Ukraine for treatment. In Bohorodchany in the Ivano-Frankivsk region, 120 additional beds were thus made available. The Carpathian region not far from the EU's external border has had the highest number of infections in Ukraine for about two weeks. The reasons for this are unclear. The country lacks the means to identify new virus strains. --- **USA**: The cinemas in the US metropolis of New York have been closed for around a year. From next week they can reopen with restrictions. Only a quarter of the seats should be occupied, and no more than 50 people should be present per film showing. In addition, mask, distance and hygiene rules must be observed. Ventilation is also one of the conditions. This means that new relaxations were announced again and again within a few weeks: Previously, amusement parks and amusement facilities were allowed to reopen indoors. In addition, stadiums were reopened to a limited extent for major events and the interiors of restaurants, cafes and bars were reopened when capacity was limited. --- **NZL**: The recently reintroduced corona restrictions are ending in New Zealand's largest city, Auckland. The lockdown will be lifted at midnight on Monday. A three-day lockdown was imposed in Auckland due to three new infections. In addition, there was a nationwide obligation to wear mouth and nose protection. Because of extremely strict measures and close contact tracing, New Zealand has come through the pandemic well so far. In the island state in the South Pacific with just under five million inhabitants, there were only 2001 cases and 26 deaths.

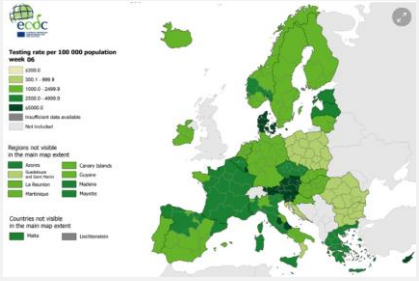
Situation in Europe

[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 18 February 2021

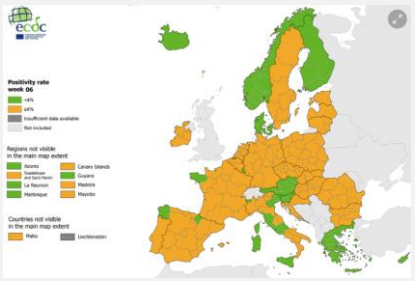




14-day case notification rate per 100 000 inhabitants

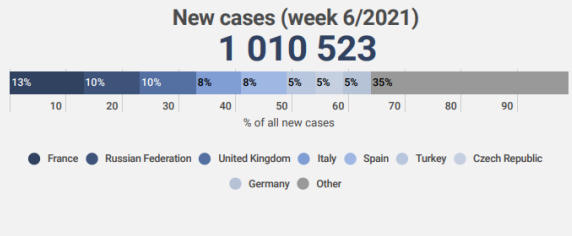


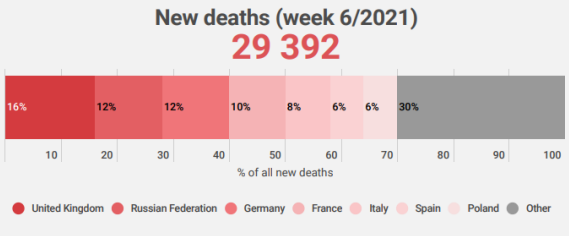
Testing rates per 100 000 inhabitants

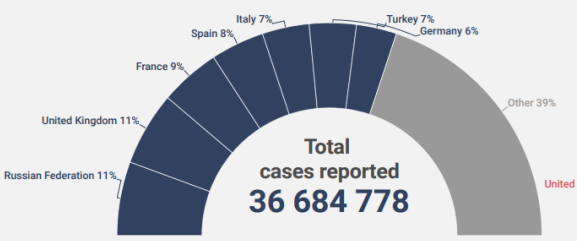


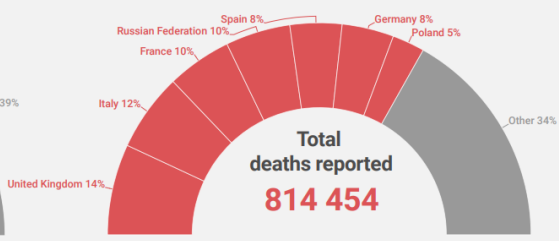
Positivity rates

[COVID-19 situation update for the WHO European Region (8 Feb – 14 Feb 2021 Epi week 06)]()









[Back to Table of Contents]()

[Back to Top]()

ECDC COVID-19 surveillance report Week 05, as of 18 February 2021

Weekly surveillance summary

Overall situation

By the end of week 6 (week ending Sunday 14 February 2021), nine countries in the EU/EEA had reported increasing case notification rates and/or test positivity. Case rates in older age groups had increased in one country, six countries reported increasing hospital or ICU admissions and/or occupancy due to COVID-19 and four countries reported increasing death rates. Although the overall epidemiological situation is improving in most countries, 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 that are 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 to week 4 (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 6, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 305 (country range: 7–968) per 100 000 population. The rate has been decreasing for four weeks.
- Among the 29 countries with high case notification rates (at least 60 per 100 000), increases were observed in seven countries (Bulgaria, Czechia, Estonia, Greece, Hungary, Luxembourg and Slovakia). Stable or decreasing trends in case rates of 1–9 weeks' duration were observed in 22 countries (Austria, Belgium, Croatia, Cyprus, Denmark, Finland, France, Germany, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain and Sweden).
- Based on data reported to The European Surveillance System (TESSy) from 25 countries for 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 were observed in 22 countries (Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 6, available for 29 countries, varied from 798 to 25 554 tests per 100 000 population. Cyprus had the highest testing rate for week 6, followed by Austria, Denmark, Luxembourg and Slovenia.
- Among 21 countries in which weekly test positivity was high (at least 3%), four countries (Bulgaria, Hungary, Malta and Poland) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 17 countries (Belgium, Croatia, Czechia, Estonia, France, Germany, Ireland, Italy, Latvia, Lithuania, the Netherlands, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).

Hospitalisation and ICU

- Pooled data from 24 countries for week 6 show that there were nine patients per 100 000 population in hospital due to COVID-19. According to pooled weekly hospital admissions based on data from 19 countries, new admissions were 12.5 per 100 000.
- Pooled data from 18 countries for week 6 show that there were 1.7 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 13 countries were 2.5 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 25 countries (Austria, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, 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 for 30 countries, was 92.3 (country range: 0.0–257.8) per million population. The rate has been stable for 12 weeks.
- Among 27 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in four countries (Bulgaria, Latvia, Liechtenstein and Slovakia). Stable or decreasing trends in death rates of 1–7 weeks' duration were observed in 23 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovenia, Spain 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 17 February 2021 for the period 28 December 2020 to 31 January 2021 was lower than the recommended level of 10% or 500 sequences in all but two EU/EEA countries (Denmark and Iceland). During the same period, ten countries sequenced and reported between 60 and 499 samples to GISAID EpiCoV while 18 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 18 February 2021

Vaccine rollout summary

Key figures as of 14 February 2021

Total number of vaccine doses distributed by manufacturers to EU/EEA Member States: **28 161 073** (28 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, 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 7.7 per hundred inhabitants (range: 1.1-11 per hundred inhabitants)** (28 countries reporting)

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

Total number of vaccine doses administered in EU/EEA Member States: **21 944 944** (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 4.2% (range: 0.9%-9.7%)** (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: 0.1%-73%)** (20 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, 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 1.9% (range: 0.4%-3.6%)** (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

Full vaccination uptake in persons aged 80 years and above among EU/EEA Member States: **median of 5.6% (range: <0.1%-23%)** (20 countries reporting)

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

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Country Reports:

FRA: In view of the sharp rise in the number of corona infections, a new lockdown will be imposed on parts of the Alpes-Maritimes region in southern France around Nice on the next two weekends. The coastal region between Menton and Theoule is affected, said a representative of the regional government. More shops would then have to close. Grocery stores would be asked to stagger their opening times. The obligation to wear masks in public would also be tightened again. The situation in the region has "deteriorated significantly". Therefore, the vaccination campaign should also be accelerated. Additional vaccination doses have been ordered from the manufacturers BioNTech and AstraZeneca.

The area on the Franco-Italian border currently has an incidence of 588 new infections per 100,000 people. The British coronavirus variant is also very common.

ITA: The fear of another wave of infection with the corona virus is increasing. The spread of the British virus variant, which is responsible for the increase in the number of cases, is of particular concern. Experts also fear an accelerated spread due to the mild weather on weekends, which hardly kept an Italian at home. Instead, crowds of people flocked to the streets, parks and waterfront promenades of several Italian cities. In Rome, for example, Via del Corso, one of the main shopping streets in the old town, had to be closed to the public: The influx of passers-by was so great that it was no longer possible to keep the distance. In response to the spread of corona variants, three regions tightened their corona restrictions.

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Due to rising corona numbers, Italy has extended the travel ban between the regions of the country by a good month. This means that people are not allowed to leave their own regions until March 27th. Exceptions apply, for example, to work and emergencies.

In addition, visits to other private households are only possible to a very limited extent. In so-called red zones with a high corona risk, people should even stay at home as far as possible, with exceptions, for example, for trips to urgent work.

GBR: Schools in England are slated to reopen on March 8th, announced Minister Nadhim Zahawi, who is responsible for the vaccination campaign. From then on, two people should also be able to meet outdoors. From March 29, two families are likely to come together, and outdoor sports will also be allowed again, Zahawi told the radio station LBC. Prime Minister Boris Johnson wants to present his timetable for an exit from the corona lockdown during the day.

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The UK government wants to lift all restrictions on the coronavirus pandemic in England by June 21. British Prime Minister Boris Johnson said this at the presentation of his lockdown timetable in the British House of Commons in London. The lockdown is to be lifted in several steps every five weeks. The prerequisite, however, is that the positive trends in reducing the number of infections and the vaccination campaign can continue and that no new virus variant changes the situation. The decisive factor is not the planned times, but the data from the pandemic.

HUN: On Tuesday, the Hungarian parliament approved the extension of the emergency for a further 90 days due to the corona pandemic.

Subject in Focus

Psychological effects during the corona pandemic - comparison of 1st lockdown to 2nd lockdown

Psychological effects during the corona pandemic - comparison of 1st lockdown to 2nd lockdown

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The first wave of COVID -19 arrived unexpectedly and left us with the feeling of something unfinished just slowed a bit. It has brought us lockdown that involved isolation and the harder reach of medical services. It even led to the so-called **mass trauma**, that has many aspects.

In trauma there's a rupture in meaning making and a gap arises between the event and the individual's orientating system.

This **trauma went viral**, because the usual ways of coping illness, death and grief didn't work. The mourning rituals also turned upside down with socially distanced funerals and cuts in headcount. On the individual level it raised **depression and anxiety** – 40.9% reported some kind of mental health related problems in June 2020 and 10.7% suicidial thoughts (Canady, 2020)- because of **isolation** and the so called **interoceptive fear** that comes from the nature of the situation, there's a virus, that can't be seen and could be deadly. It distorts our sense of time and normal life and besides these also involves vicarious traumatisation, the trauma has its effects not just on who lives it through but on those ones, who sees it or hears about it (Prideaux, 2021).

On the group or social level, there's a high level of tension that follows lockdowns, usage of masks, social distancing and vaccination. Every event could be a trigger and could end up in serious conflict. It also has its impact on family life and children at different ages. Their social life is also distorted that's a key element for teenagers. Besides this home-schooling and home-office for the parents has also their difficulties.

There's a special attention on **doctors and nurses** where sometimes there's a high appreciation and sometimes there's a high tension against them. They are under extreme pressure where they must face the **moral injury** also, when have to decide about lives (Borges, 2020). The world of healthcare and hospitals are very closed and hard to see from the outside, hard to understand how they work, what is too much or overload to them. In these pandemic times they are over their routine and sometimes seems as if there's something secretly going on even with open communication about their activity. Besides these because of the extreme burden fatigue and mental health problem also rising by them (ICN report, 2021)

Central communication is a key in this process, because there's a high uncertainty in the situation and finding stabile points for orientating oneself is a key to cope and staying resilient. It is hard to find the balance to **communicate the ri**sk (Abrams, 2020), but not going to awake panic in the community. As time goes by it's hard to keep the restrictions especially when the public doesn't see its effectiveness for ex.: they stay at home, wearing the masks and the number of infected still rises. Helplessness can lead to the need of more information where **conspiration theories** can rise. That's a natural need both on individual and social level either to understand what is happening around us and gain some kind of control. People became autodidactic infectologysts and/or a lot of virus sceptic theory has risen. Even by those ones who had been infected or have to handle the infected ones. The belief of ignoring or denying something endangering's existence can be mentally protective to a certain extend but dangerous to the others in reality.

Soldiers have special tasks in helping the healthcare workers and law-enforcement activity that worked as a double-edged sword with the feeling of safety and the resistance against their presence accompanied with fear.

These characteristics are true for both waves of the COVID -19 pandemic, but there are differences in the extend and emphasis especially in public reactions. The main differences in the formerly mentioned fields were the followings:

	First wave	Second wave
Mass trauma	Unexpected had its impact on society worldwide. Have no experience how to handle a pandemic situation.	Arrived after a short break as a continuation to the first wave brought a lot of frustration, helplessness without any limitation in time that could help to cope with. (time of duration is unknown)
Depression	Because of isolation lack of social support, the individual is in a vacuum, in an unknown situation full of sorrow and anxiety. Elderly are at extreme risk because of protection	We don't know how long it will last, there's a high doubt about the long-waited vaccination, covid / quarantine fatigue develops. Not just the vulnerable ones are at risk but much higher ratio of the population. More and more connection to the infection and the usual medical services are not available
Anxiety	The threat is not easy to see, the normal points of orientation are distorted. Fear of death and losing the loved ones. Strong interoceptive fear. No social support.	We don't know how long it will last. It's constant. Fear of being source of infection. As a reaction virus -sceptic attitude can be also stronger.
Social level	Higher cooperation, having coping capacity the feeling of being effective we can do sg to control the situation	Tension everywhere. Offensive behaviour, demonstrations against restrictions, masks, vaccination across the world. Even attacks on hospitals.
Generations: **1. children** **2. adults** **3. elderly people**	1. Hard to accept especially adolescents being isolated socially 2. Home office, no borders in space, between everyday roles 3. Less contact especially physical contact	1. School mainly online, restrictions, infections. No normal social rituals, not even for ex. ending school. 2. Quarantine fatigue, less coping capacity, helplessness 3. The feeling of being restricted hard to understand especially with the feeling of having

		survived several hard situations
Doctors and nurses	Highly supported by society, hard to adapt themselves to the challenging situation with moral injury and a lot of reassignments within the system. No absolutely effective cure, vaccination doesn't seem to be close as a solution.	Fatigue, depression, anxiety, being enough of the situation that seems to be neverending. A lot of thoughts on leaving the healthcare system when it's over.
Central communication	Main focus is on risk communication. Besides this conspiration theories in the communities about there's no virus at all.	Main focus is on vaccination and further acceptance of keeping the restrictions. Besides these conspiration theories about vaccination and central control.
Soldiers	Main tasks in helping hospitals	Main tasks in helping hospitals and law enforcement tasks in keeping restrictions.

Table 1 (made by the author)

As we could see, there are differences in the focus of the two waves in the main influenced areas, that are hard to handle. Besides these we must mention that mental health impact of the pandemic and the infection itself is long term one (Cullen, 2020). Therefore, we must prepare to handle it on the long-run on society and military medicine level with good preventive and rehabilitation programs.

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COVID-19 Crisis in Libya

In cooperation with Bundeswehr HQ of Military Medicine

LIBYA

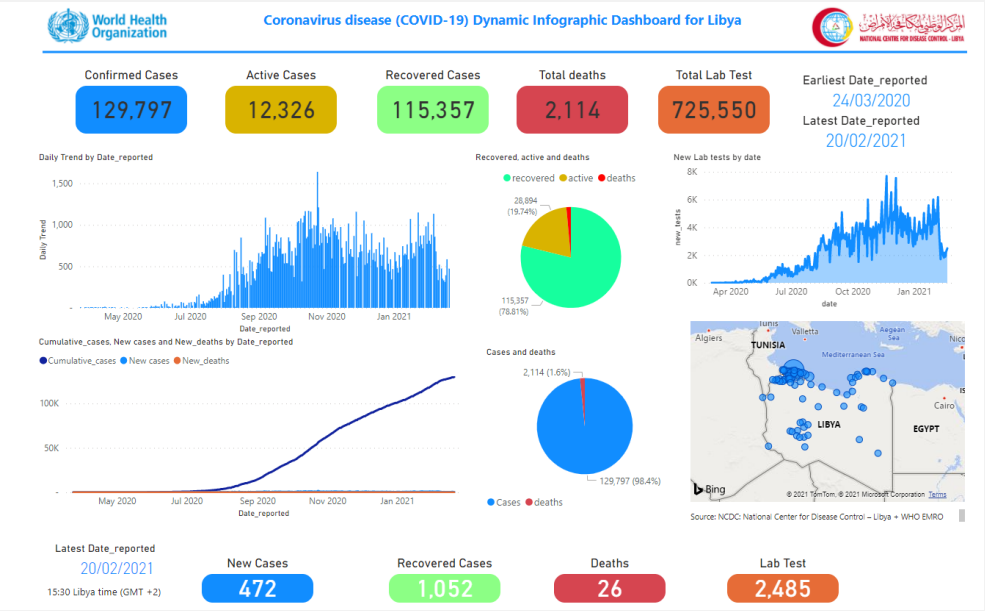
Area:	1,759,541 km^2
Population:	6,871,287
Capital:	Tripoli
Age structure:	
0-14 years:	33,65%
15-24 years:	15,21%
25-54 years:	41,57%
55-64 years:	5,52%
65 years and over:	4,04%

CONFLICT:

After the overthrow of the dictator Gaddafi in 2011, various civil war parties face each other in Libya. On one side is the Libyan general Khalifa Haftar with his troops. Haftar is also behind the parliament, which fled to the city of Tobruk. On the other hand, there is the government under Fayez al-Sarraj, which is recognized by the international community and is based in the capital Tripoli. The UN is constantly making new attempts to mediate between the conflicting parties. Despite the brokered ceasefire in January last year, an arms embargo and another ceasefire agreement in March, fighting in oil-rich Libya intensified over the past year and both sides had stepped up their attacks. Both sides are supported by international allies with troops, mercenaries and financially. Over ten states are now involved in the conflict. Currently, the rival camps in the civil war in Libya agreed on a ceasefire in October 2020. That said the acting UN envoy for Libya, Stephanie Williams, immediately after the signing of an agreement in Geneva. The moment will go down in history, Williams said. Military representatives of Prime Minister Fayez al-Sarraj and General Khalifa Haftar were in Geneva to prepare political talks on the future of Libya. These talks began in Tunisia in November and resulted in the fact that in February 2021, ten years after the start of the conflict, the conflicting parties elected a new transitional government, which should pave the way for nationwide elections in the civil war country in December 2021. The participants in a Libyan dialogue forum elected a new Prime Minister and a three-person Presidium in Switzerland last Friday under UN supervision. With these four posts, the camps from the east and west, which have been enemies for years, are to be united. The activist and businessman Abdul Hamid Dbaiba is to become the new prime minister. Some observers are skeptical whether the results will be accepted and implemented by all influential forces. In particular, the withdrawal of the numerous foreign armed forces and mercenaries in Libya called for by the United Nations will have a critical role in the peace process.

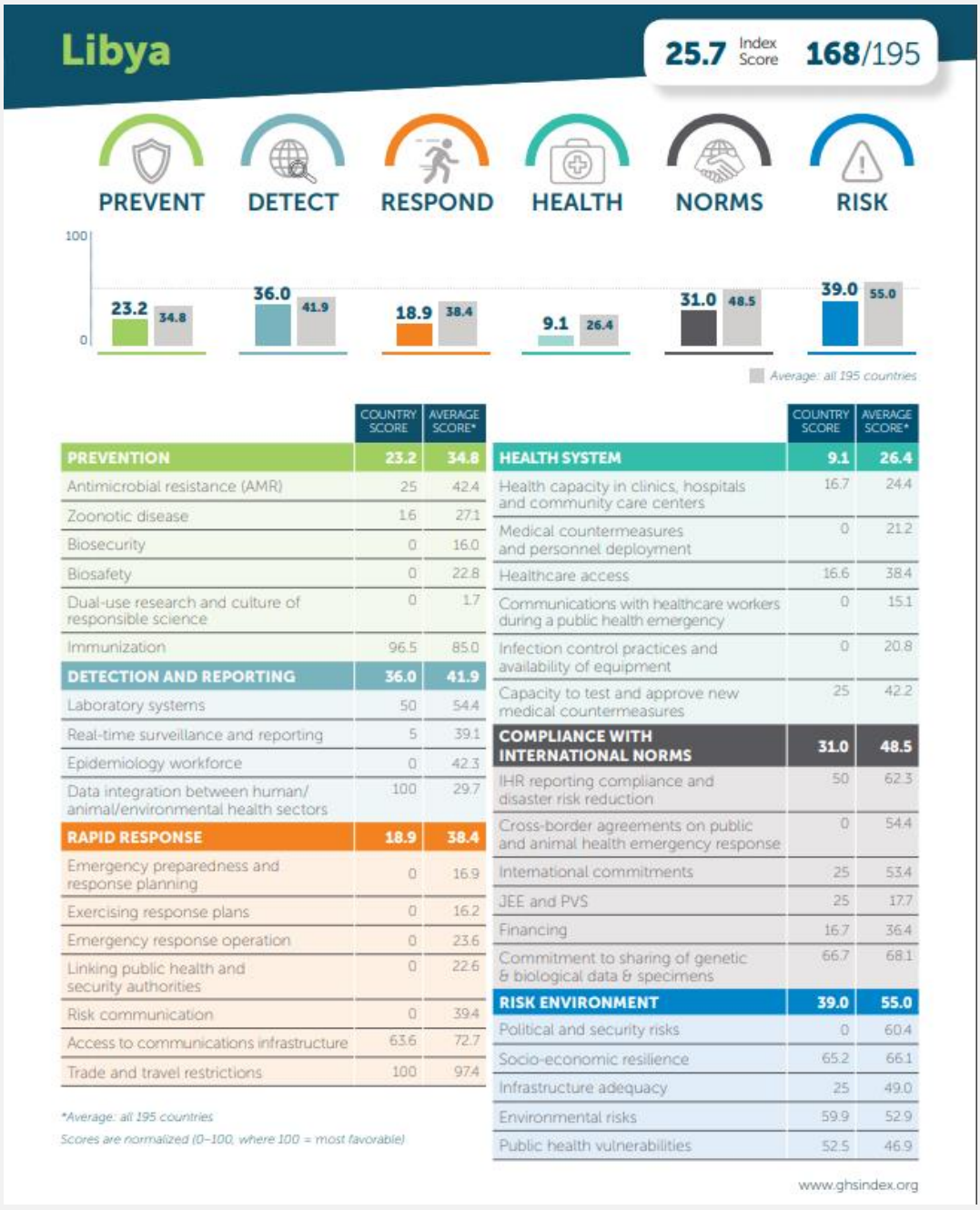
HEALTH:

On March 24, 2020, Libya reported the first COVID-19 case. The internationally recognized government in Tripoli and the counter-government in Benghazi imposed curfews after they again agreed on a ceasefire due to the now one-year Libyan war over Tripoli. In Misrata, parks and gardens were disinfected at the same time, and citizens helped with the distribution of protective masks. At the end of April it was reported in Infektinfo that very strict exit restrictions were imposed so that the pandemic does not spread beyond the 18 cases up to then. The first death was reported on April 6th. The strict measures introduced apparently prevented a sharp increase in the official numbers until the beginning of August. However, the fighting continued to escalate and the health system increasingly collapsed. A total of 3,691 COVID-19 cases were reported on August 1 and 11,834 just 3 weeks later on August 26, which corresponds to a tripling of the cases within three weeks. To date, that number has increased to 129,797 positive cases and 2,114 deaths. However, it must be assumed that there is an immense number of unreported cases, which can sometimes be attributed to a low test capacity. The very low death rate (CFR) of 1.4 percent in regional comparison is also difficult to assess. Probably the partially locally reduced testing and the low number of dead persons in general play a role. The Foreign Office reports on the hygiene measures that there is currently no mask requirement and that distances are hardly observed. This behavior in connection with a few tests also supports the formation of a large number of unreported cases and the spread of the infection. Even though the situation of general vaccination prevention in the country is better than the global average, this is unfortunately of little significance here, as the own infrastructure has been weakened. Overall, the laboratory system would not be so badly set up, and the reporting system in the One Health approach is also rated as good. However, the necessary capacities such as surveillance and epidemiological experts were virtually non-existent for this outbreak. Similarly, the conceptual and other crisis resources and risk communication were initially completely wasted and rely mainly on the help of international organizations. Libya has currently bought 500,000 vaccine doses from Johnson & Johnson and receives 2,800,000 vaccine doses from BionTech for 1,250,000 people (minus 10 percent calculated waste) from the COVAX initiative. With the support of UNICEF and WHO, the NCDC is planning the vaccination campaign in Libya and reports that the "field teams" are ready for action. At the same time, the government is working on a plan to vaccinate the approximately 570,000 refugees and migrants in Libya. Last year's fighting has left the country vulnerable to further disasters, according to local aid workers, and the capacity of hospitals is rapidly declining from local descriptions. In addition, countries that previously admitted wounded patients from the war for care have now stopped because of the coronavirus. The local hospitals were filled with wounded fighters and people of other illnesses. The United Nations Humanitarian Coordinator for Libya, Yacoub El Hillo, issued a sharp warning in April following the attack on a hospital. He said that in March / April alone, 27 health facilities were damaged in the fighting and 14 have already been closed. The Deputy Minister of Health recently reported to the WHO that all medical supplies were as good as used up. These shortages range from vaccinations to drugs for HIV, tuberculosis, and NCDs. There is also a lack of blood, insulin and medical devices for surgical interventions. The interrupted supply chains are the main reason for this development, as manufacturers were no longer paid.



CONCLUSION:

In summary, it can be said that the feared enormous spread potential in the corona pandemic has developed fully after several months with low case numbers, then since August 2020. An effective fight against the pandemic despite the ongoing ceasefire difficult framework conditions and a significant improvement in the humanitarian and health situation is not expected ad hoc. The current developments in the formation of a government and the planned elections in December as well as the ongoing peace process give hope to improve the humanitarian situation and the fight against the pandemic, but critical points such as the foreign forces in the country and the external influence or interest cause uncertainty.



	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	**23.2**	**34.8**
Antimicrobial resistance (AMR)	25	42.4
Zoonotic disease	1.6	27.1
Biosecurity	0	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	96.5	85.0
DETECTION AND REPORTING	**36.0**	**41.9**
Laboratory systems	50	54.4
Real-time surveillance and reporting	5	39.1
Epidemiology workforce	0	42.3
Data integration between human/ animal/environmental health sectors	100	29.7
RAPID RESPONSE	**18.9**	**38.4**
Emergency preparedness and response planning	0	16.9
Exercising response plans	0	16.2
Emergency response operation	0	23.6
Linking public health and security authorities	0	22.6
Risk communication	0	39.4
Access to communications infrastructure	63.6	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
HEALTH SYSTEM	**9.1**	**26.4**
Health capacity in clinics, hospitals and community care centers	16.7	24.4
Medical countermeasures and personnel deployment	0	21.2
Healthcare access	16.6	38.4
Communications with healthcare workers during a public health emergency	0	15.1
Infection control practices and availability of equipment	0	20.8
Capacity to test and approve new medical countermeasures	25	42.2
COMPLIANCE WITH INTERNATIONAL NORMS	**31.0**	**48.5**
IHR reporting compliance and disaster risk reduction	50	62.3
Cross-border agreements on public and animal health emergency response	0	54.4
International commitments	25	53.4
JEE and PVS	25	17.7
Financing	16.7	36.4
Commitment to sharing of genetic & biological data & specimens	66.7	68.1
RISK ENVIRONMENT	**39.0**	**55.0**
Political and security risks	0	60.4
Socio-economic resilience	65.2	66.1
Infrastructure adequacy	25	49.0
Environmental risks	59.9	52.9
Public health vulnerabilities	52.5	46.9

*Average: all 195 countries

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

www.ghsindex.org

Source:
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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 emphasing 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 priorization the soldiers will be vaccinated.

These very useful briefing where 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 19th October 2020 Updated 2nd December 2020 by ECDC and 12th 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

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.

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.

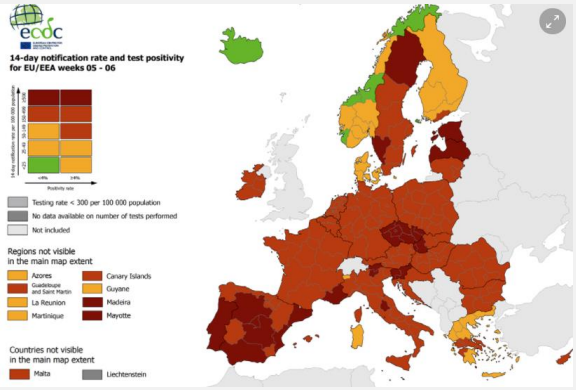
1. Common criteria

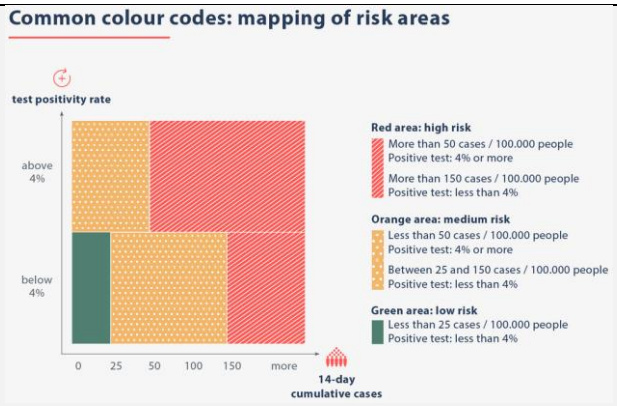
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14* days at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate**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

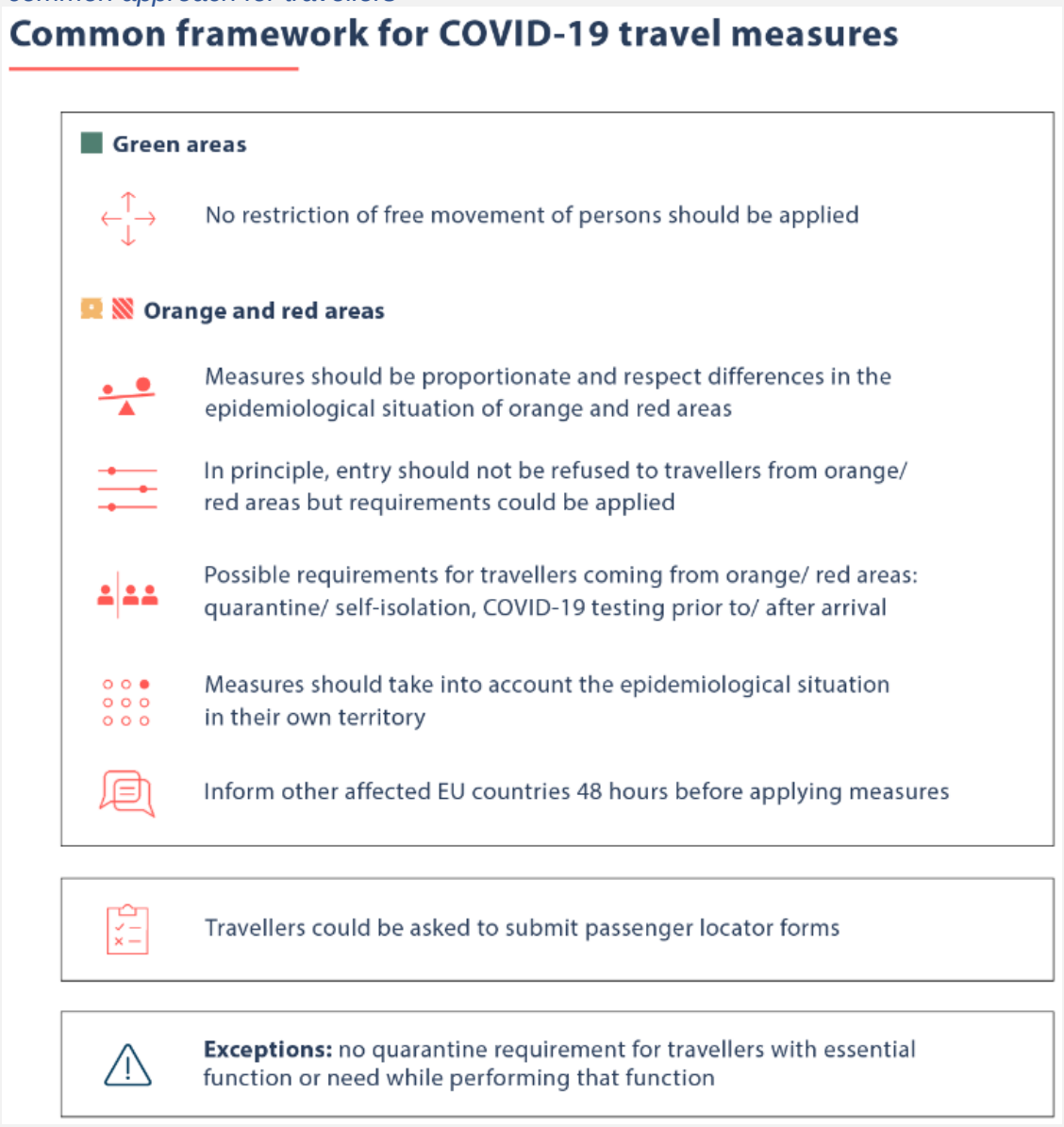
Areas are marked in the following colours:

- **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.





3. A common approach for travellers



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

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

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

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

Risk Assessment	
Global	• Because of global spread and the human-to-human transmission the **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 23rd 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≥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 15th 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 15th 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

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