



Short Update 58a COVID-19 Coronavirus Disease 26th of February 2021



GLOBAL

↑
113 070 371
Confirmed cases
74 404 900 recovered
2 509 238 deaths

USA

→
(new cases/day 75 829)
28 300 994
confirmed cases
11 802 427 recovered
505 951 deaths

India

(new cases/day 16 738)
↑
11 063 491
confirmed cases
10 750 680 recovered
156 825 deaths

Brazil

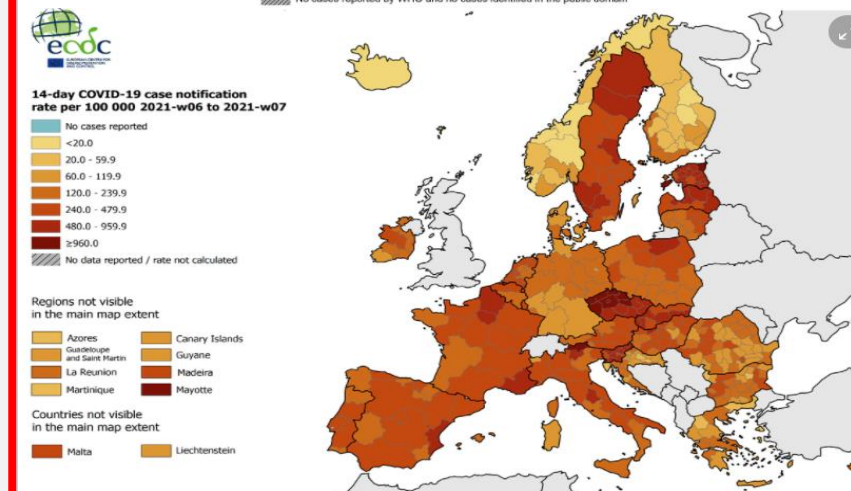
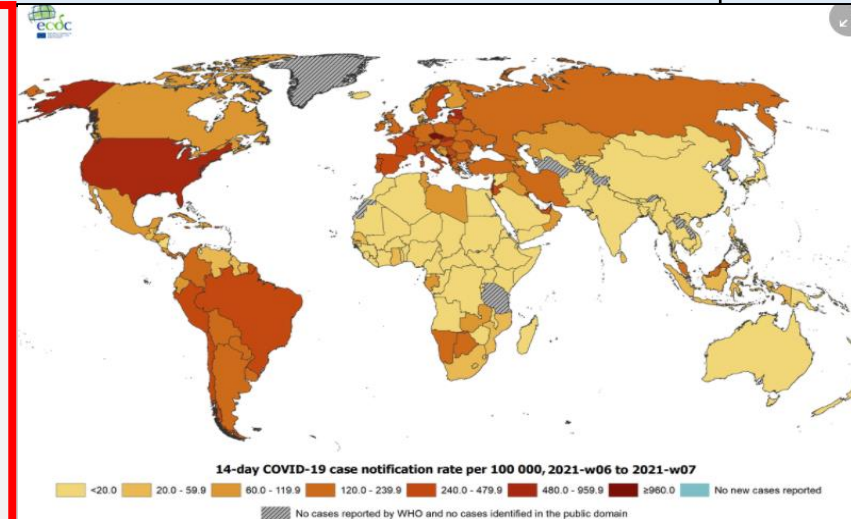
(new cases/day 66 588)
↑
10 390 461
confirmed cases
9 264 696 recovered
251 498 deaths

News:

- **EU:** The introduction of a digital vaccination card was decided at the EU special summit. The compatibility of all national vaccination cards is to be guaranteed. Further development will take about three months. Furthermore, the EU is working on developing its own vaccination capacities in the long term in order to secure the supply of vaccines in the future. Tenders for production facilities should be initiated and research should be promoted.
- **USA:** The variant first detected in California in December, which researchers called "B.1.427 / B.1.429", is, according to initial findings, probably more contagious than the original virus.
- **HUN:** Hungary is the first EU country to use the corona vaccine from the Chinese manufacturer Sinopharm. The Russian corona vaccine Sputnik V has been inoculated in the country for almost two weeks.
- **China** has approved two more domestic corona vaccines. This is a product from the manufacturer CanSino Biologics and one of the Sinopharm subsidiary Wuhan Institute of Biological Products. This means that four vaccines have now been approved. There are not yet any approvals for corona vaccines from Western drug manufacturers in China.
- **COVAX:** Ghana today receives the first shipment of corona vaccines from the international Covax initiative. 600,000 doses of AstraZeneca are to be distributed. Covax plans to distribute more than 337 million corona vaccine doses in around 145 low and middle income countries in the first half of this year.
- **WHO:** Urges intensive research into the long-term consequences of corona diseases. Studies on this are extremely important, the WHO sees a clear priority here.
- **EU:** According to EU investigators, governments around the world have been offered a total of 400 million doses of vaccines that do not come directly from the manufacturers, so-called ghost vaccines. The vaccine would be worth up to three billion euros.
- **WHO's** health emergencies online learning platform: [OpenWHO.org](https://openwho.org).
- Find Articles and other materials about COVID-19 on **our** website [here](#).
- Please use **our** online observation form to report your lessons learned observations as soon as possible [here](#).

Topics:

- **Global situation**
- **SARS-CoV-2 variants of concern**
- **Subject in Focus:** Global Attitudes Towards the COVID-19 Vaccines
- **Ebola virus outbreak in Guinea, 2021**
- **FAQ: Vaccination and positive test results?**
- **Timeline COVID-19 infection**
- **In the press**



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EUROPE

↑
36 534 653
confirmed cases
19 942 100
recovered
835 607 deaths

Russia

(new cases/day 11 067)
↓
4 164 802
confirmed cases
3 725 604 recovered
83 481 5deaths

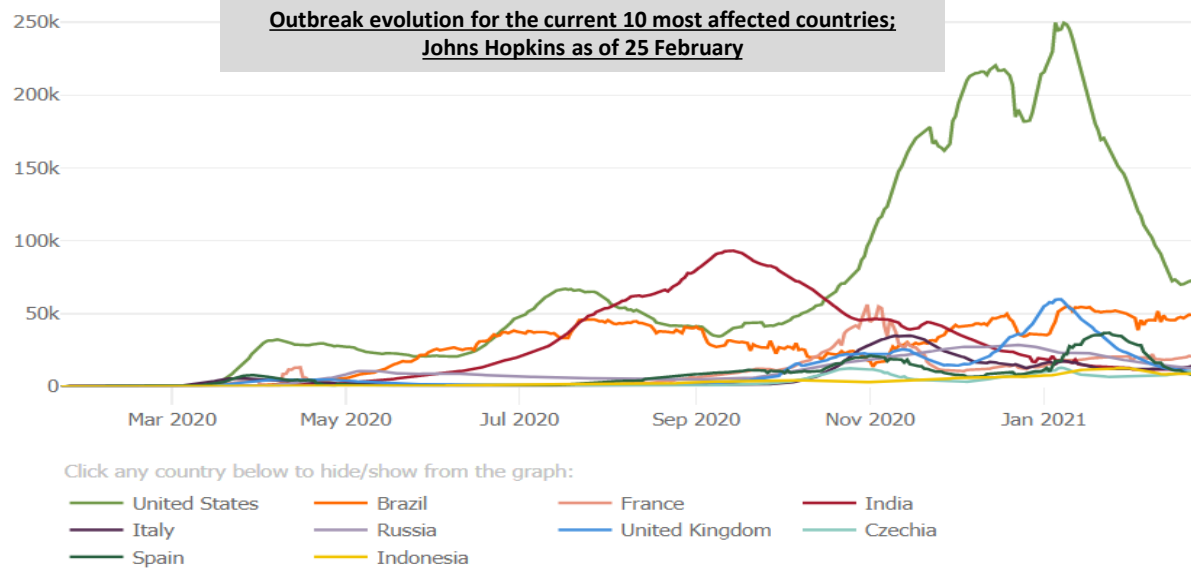
GBR

(new cases/day 9 989)
↓
4 154 566
confirmed cases
xx recovered
122 070 deaths

France

(new cases/day 25 403)
↑
3 686 813
confirmed cases
254 868 recovered
85 582 deaths

Global Situation



FRA: Due to the accumulation of highly contagious coronavirus variants, France is tightening the entry rules from parts of the German border area: A negative PCR test is required for all non-business trips to the French administrative district of Moselle from March. The South African Corona variant is spreading strongly in the Moselle department on the border with Saarland and Rhineland-Palatinate.

The French authorities registered 31,518 new corona infections on Wednesday. So many cases within one day have not been recorded since November. On Wednesday last week, the number of new infections was 25,018. Half of the cases now belongs to the British variant.

DEU: The number of corona intensive care patients in Germany has fallen below the 3000 mark. More than half of them (59 percent) are ventilated. The last time the number of corona intensive care patients was below 3000 was more than three months ago, at the beginning of November. By the beginning of January it rose to more than 5700. Since then it has been falling continuously.

ESP: In SWE: In view of a possible third wave of infections, Sweden is tightening its corona measures. From March 1st, cafes, bars and restaurants should only open until 8:30 p.m. The number of customers in stores and gyms is limited. The Stockholm authorities had previously recommended wearing a face mask in public transport and in rooms in which sufficient distance cannot be maintained.

On Mallorca, restaurants, cafés and pubs are allowed to reopen for the first time after around seven weeks as a result of a significant improvement in the corona situation. As of Tuesday, the catering establishments can again receive guests in their outdoor areas. They must close again by 5 p.m. at the latest. A maximum of 50 percent of the tables may be set up outside with a maximum of four people each.

GBR: The announcement by the government in London that it will lift all lockdown measures in the UK by June 21 is starting to have an impact on the festival industry. As the organizers of the Reading and Leeds Festival announced, the music festival in England with artists such as ex-Oasis frontman Liam Gallagher and rapper Stormzy will take place in August.

A panel of experts has lowered the warning level in the coronavirus pandemic from the highest level 5 to 4. The risk of a collapse in the health system within weeks is no longer given in view of the steadily falling key figures.

USA: starts research on corona long-term consequences. The causes and consequences of persistent exhaustion, breathing problems, malaise and neurological consequences should be investigated.

At least two scientific studies on the California variant have already been completed and should be published soon. The variant has already been discovered in other US states and countries around the world since it was first detected in December, but according to previous knowledge has so far mainly spread in California.

ISR: Shortly after it started, hundreds of thousands of Israelis downloaded the so-called Green Passport, which grants those who have recovered and vaccinated in the Corona crisis special relief.

Country reports:

FIN: The corona measures are drastically tightened due to the increasing number of infections. Bars and restaurants would have to close for three weeks from March 8, the government said. In addition, secondary school students would need to be taught from home and contacts in the hardest hit areas would have to be limited to six people.

DEN: The government wants to relax part of the current corona measures on March 1st. Shops are allowed to reopen next Monday if their retail space is less than 5000 square meters and they are not in shopping centers. Larger stores can also reopen with a very limited number of customers. Open-air cultural institutions are also allowed to receive visitors at the turn of the month if these guests can present a corona test that is no more than 72 hours old. The meeting restriction will be increased from 5 to a maximum of 25 participants for organized sports and club activities that take place outside. In North and West Jutland some of the graduating classes are allowed back to their schools, and on the Baltic island of Bornholm even all pupils are allowed. However, all of them over the age of twelve, as well as the staff, should take corona tests twice a week.

CZE: Travel to Brazil and parts of Africa will initially be banned until April 11th. South Africa, Kenya, Tanzania and Mozambique, among others, are affected. Furthermore, the tightening of the corona measures is being discussed. The deliberations on this continued. According to media reports, there is a restriction of freedom of movement to the respective administrative region in the room. According to the latest information from the EU agency ECDC, the Czech Republic has the highest rate of new infections in the EU.

HUN: After extending the State of Emergency to May, the partial lockdown would now also be extended to March 15.

POR: Extended its Corona emergency by two weeks to March 16.

Global Situation

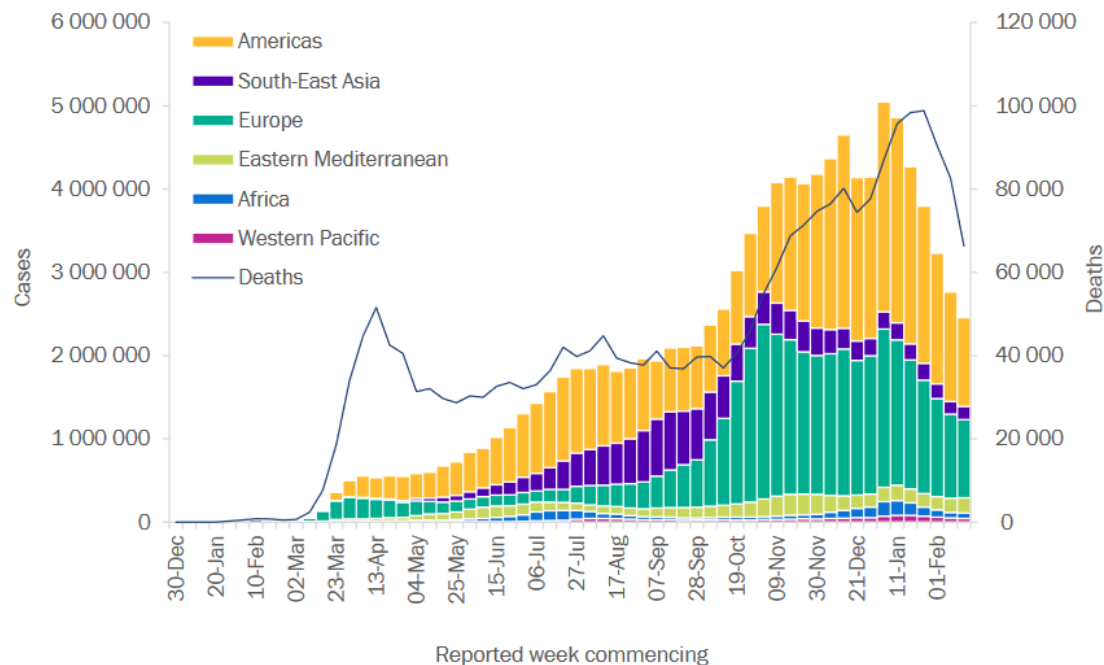
Global epidemiological situation overview; WHO as of 21 Feb

The number of global new cases reported continues to fall for the sixth consecutive week, with 2.4 million new cases last week, a 11% decline compared to the previous week (Figure 1). The number of new deaths also continued to fall for the past three weeks, with nearly 66000 new deaths reported last week, a 20% decline as compared to the previous week. A total of four out of six WHO regions reported declines in new cases, with only South-East Asia and the Eastern Mediterranean regions showing a small 2% and 7% increase, respectively. The Americas continue to see the greatest drops in absolute numbers of cases. Meanwhile, the number of new deaths declined in all regions apart from the Western Pacific (6% increase).

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

- **United States of America;** reporting 480 467 cases, a 29% decrease,
- **Brazil;** reporting 316 221 cases, a 1% decrease,
- **France;** reporting 131 179 cases, a 3% increase,
- **the Russian Federation;** reporting 92 843 cases, a 11% decrease and
- **India;** reporting 86 711 cases, a 10% increase

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 February 2021**



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update---23-february-2021>

Vaccination news:

Astra/Zeneca/EU: AstraZeneca has once again admitted problems with the production of its corona vaccine in the EU. AstraZeneca could only produce half of the 180 million vaccine doses planned for the EU within the EU in the second quarter. Despite of that AstraZeneca still wants to keep its delivery commitments. The EU has ordered up to 400 million doses of its [corona vaccine from AstraZeneca](#).

The pharmaceutical company **Moderna** assumes that it will be able to produce 700 million vaccine doses worldwide this year, 100 million more than previously expected. In addition, further improvements in production would be investigated, which could possibly raise the number to a billion cans. 1.4 billion cans are conceivable for the coming year. US laboratories are also testing an [experimental additional vaccination of Moderna against the virus variant first detected in South Africa](#).

BioNTech: A study on the effects of a third dose of their corona vaccine is currently being carried out. The aim is to find out whether the immune system is able to defend itself against mutated virus variants if a third, so-called booster vaccination is administered six to twelve months after the first two doses. 144 volunteers from the early-stage study in the US last year will be offered a third dose. BioNTech and Pfizer, who jointly developed the vaccine, are also changing the recipe. They are talking to the FDA and EMA about a study to assess doses that have been adjusted to better protect against virus variants, the companies said.

CureVac: According to its own information, EU approval of the corona vaccine is expected in early June. The decisive data from the clinical tests are expected for mid-April.

FDA/USA: According to the FDA, the corona vaccine from the US pharmaceutical company Johnson & Johnson is very effective. Accordingly, in a large clinical study in the USA, the agent prevented serious illnesses by 85.9 percent. In studies in South Africa and Brazil, the effectiveness was 81.7 and 87.6 percent, respectively. So the vaccine also seems to work well against the South African and Brazilian virus variants, which are considered to be significantly more contagious. According to experts, the vaccine could significantly simplify and accelerate the vaccination campaign: In contrast to the other vaccines, Johnson & Johnson only requires one injection. The product is also easier to transport and store: According to the company, it can be kept for at least [three months at temperatures between two and eight degrees](#).

BHR: Granted the world's first emergency approval for **Johnson & Johnson's** corona vaccine. Four vaccines are currently being vaccinated free of charge: BioNTech, Sinopharm, Sputnik V and AstraZeneca.

CHN/ZWE: CHN wants to provide ZWE with 400,000 free cans, twice as many as previously promised. The country has already bought 600,000 doses from Sinopharm and started vaccinations last week. The neighboring country of Mozambique also received 200,000 vaccine doses, according to the media. China is said to export its vaccines to 27 countries and supply 53 poor [countries for free, including Pakistan, Cambodia, Laos, Mongolia and Belarus](#).

ISR: The government wants to ramp up the country's economy completely from April 5th. The decisive factor is that all eligible citizens aged 16 or over should be vaccinated by the end of March. Around half of the population has now received at least one dose of the BioNTech vaccine. Furthermore, the pharmaceutical companies Pfizer and Moderna want to set up branches in Israel. Moderna discusses another factory to manufacture vaccines. Pfizer would like to open a center for research and development.

In the future, certain authorities will be allowed to pass on the names and contact details of people who have not been vaccinated against the coronavirus. According to the government, the law gives local authorities an opportunity to encourage people to vaccinate through face-to-face meetings. The measure is valid for at least three months.

SYR: The government plans to start vaccinations against the coronavirus in the coming week. According to official information, the country received vaccine from a "friendly country". Which country and which vaccine is being treated remained unclear, but [there is speculation about Israel](#). The first thing to do is to vaccinate people in the healthcare sector.

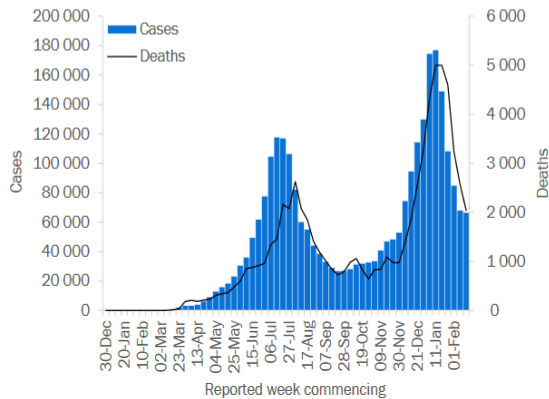
RUS: has cut the sales price for its Sputnik V corona vaccine by half to the equivalent of EUR 9.60 per dose. The price applies only to the vaccination program within Russia.

Situation by WHO Region, as of 23rd February

African Region

In the past week, the African Region reported over 66 400 cases and 2000 deaths, a 2% and 20% decrease respectively compared to the previous week. This is the fifth consecutive week the Region reported decreases in both new cases and deaths. The highest numbers of new cases were reported in South Africa (12 304 new cases; 20.7 new cases per 100 000 population; a 25% decrease), Mozambique (6380 new cases; 20.4 new cases per 100 000; a 42% increase) and Ethiopia (6153 new cases; 5.4 new cases per 100 000; a 45% increase).

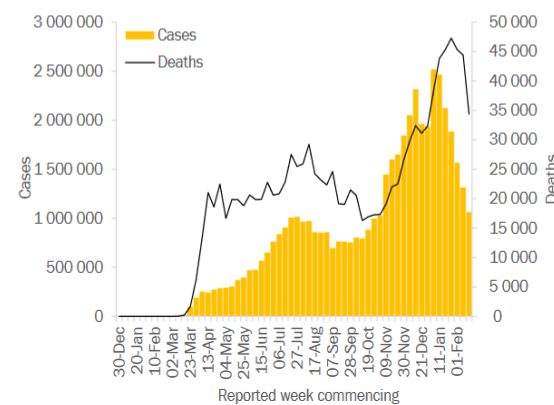
The countries reporting the highest number of new deaths in the past week were South Africa (1119 new deaths; 1.9 new deaths per 100 000; a 32% decrease), Ethiopia (90 new deaths; 0.1 new deaths per 100 000; a 150% increase), and Nigeria (84 new deaths; <0.1 new deaths per 100 000; a 16% decrease).



Region of the Americas

Over 1 million new cases and over 34 300 new deaths were reported in the Region of the Americas this week, a 19% and 23% decrease respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (480 467 new cases; 145.2 new cases per 100 000 population; a 29% decrease), Brazil (316 221 new cases; 148.8 new cases per 100 000; a 1% decrease) and Mexico (51 537 new cases; 40 new cases per 100 000; a 22% decrease).

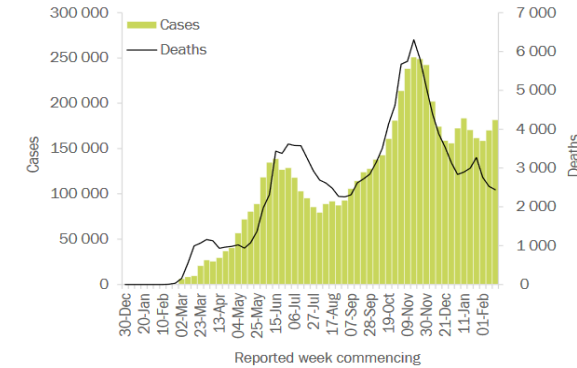
The highest numbers of new deaths were reported from the same countries, the United States of America (14 747 new deaths; 4.5 new deaths per 100 000; a 31% decrease), Brazil (7276 new deaths; 3.4 new deaths per 100 000; a 2% decrease) and Mexico (6408 new deaths; 5.0 new deaths per 100 000; a 22% decrease).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 181 000 new cases, a 7% increase compared to last week. The region reported just over 2400 new deaths, a 3% decrease. The three countries reporting the highest numbers of new cases this week were the Islamic Republic of Iran (55 208 new cases; 65.7 new cases per 100 000 population; a 7% increase), Iraq (23 122 new cases; 57.5 new cases per 100 000; a 63% increase) and the United Arab Emirates (22 570 new cases; 228.2 new cases per 100 000; a 2% increase).

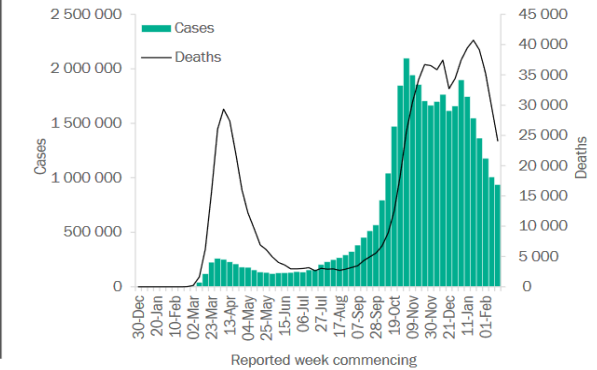
The highest numbers of new deaths this week have been reported in the Islamic Republic of Iran (526 new deaths; 0.6 new deaths per 100 000 population; a 12% increase), Egypt (363 new deaths; 0.4 new deaths per 100 000; a 10% increase) and Lebanon (336 new deaths; 4.9 new deaths per 100 000; a 16% decrease).



European Region

The European Region reported over 939 000 new cases and over 24 000 new deaths, a decrease of 7% and 19% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were France (131 179 new cases; 201 new cases per 100 000; a 3% increase), the Russian Federation (92 843 new cases; 63.6 new cases per 100 000; an 11% decrease), and Italy (84 977 new cases; 140.5 new cases per 100 000; an 1% decrease).

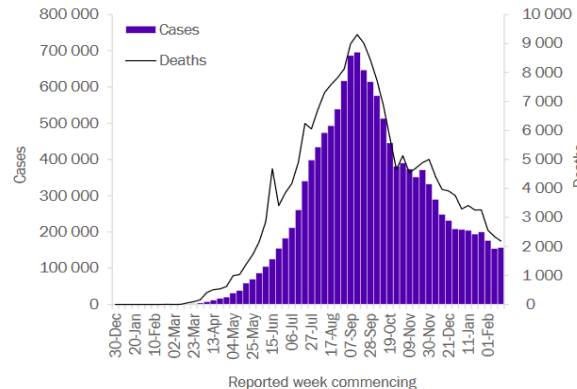
The highest numbers of deaths were reported from the United Kingdom (3457 new deaths; 5.1 new deaths per 100 000; a 28% decrease), the Russian Federation (3167 new deaths; 2.2 new deaths per 100 000; a 9% decrease) and Germany (2881 new deaths; 3.4 new deaths per 100 000; a 16% decrease).



South-East Asia Region

In the past week, the South-East Asia Region reported over 157 000 new cases, an increase of 2% compared to last week. The region reported over 2100 new deaths, a 6% decrease. The three countries reporting the highest numbers of new cases were India (86 711 new cases; 6.3 new cases per 100 000; a 10% increase), Indonesia (60 650 new cases; 22.2 new cases per 100 000; a 5% decrease), and Sri Lanka (4628 new cases; 21.6 new cases per 100 000; a 26% decrease).

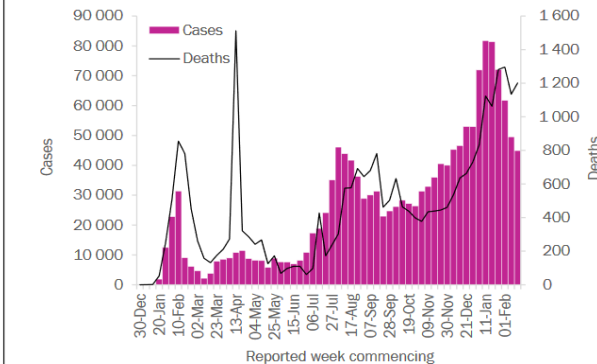
The three countries reporting the highest numbers of new deaths this week were Indonesia (1380 new deaths; 0.5 new deaths per 100 000; an 11% decrease), India (660 new deaths; <0.1 new deaths per 100 000; a 2% increase) and Bangladesh (76 new deaths; <0.1 new deaths per 100 000; no change in new deaths reported this week as compared to last week).



Western Pacific Region

The Western Pacific Region reported just under 45 000 new cases the past week, a 9% decrease compared to the previous week. The region reported 1200 new deaths, a 6% increase. The three countries reporting the highest numbers of new cases in the region this week were Malaysia (18 467 new cases; 57.1 new cases per 100 000; a 20% decrease), the Philippines (12 033 new cases; 11.0 new cases per 100 000; a 2% increase), and Japan (10 035 new cases; 7.9 new cases per 100 000; a 9% decrease).

The three countries reporting the highest numbers of new deaths this week were the Philippines (561 new deaths; 0.5 new deaths per 100 000; a 41% increase), Japan (505 new deaths; 0.4 new deaths per 100 000; a 12% decrease), and Malaysia (93 new deaths; 0.3 new deaths per 100 000; an 8% decrease).



Source:

<https://www.who.int/publications/m/item/weekly-epidemiological-update---23-february-2021>

Update on SARS-CoV-2 Variants Of Concern (VOC)

WHO/ECDC is working with partners to evaluate available evidence around transmissibility, severity, antibody neutralization capabilities and potential impacts on vaccines of specific mutations, variants of interest and variants of concern. Here we provide an update on ongoing studies, as well as the geographical distribution of three variants of concern as reported by countries, territories and areas (hereafter countries) as of 23 February 2021:

1. Variant VOC 202012/01, lineage B.1.1.7:

Since the last update on 16 February, an additional 7 countries have reported cases of variants VOC202012/01. As of 23 February a total of 101 countries across all six WHO regions have reported this variant. Community transmission has been reported in at least 45 countries across five WHO regions, noting that transmission classification is currently incomplete for 23 countries reporting this variant.



2. Variant 501Y.V2, lineage B.1.351:

Since the last update on 16 February, 501Y.V2 has been reported from 5 additional countries – now totaling 51 countries across all six WHO regions. Community transmission of 501Y.V2 has been reported in 13 countries across four WHO regions, noting the transmission classification is currently incomplete for 21 (41%) countries reporting this variant. In several areas within the African Region, variant 501Y.V2 has been reported to comprise a high proportion of sequenced samples.

Studies highlighting reductions in neutralizing antibody activity against 501Y.V2 following either natural infection or vaccination, with potential to impact re-infection risk or vaccine effectiveness have been discussed previously.

A preliminary report with a small sample size (n=20) indicated that the serum neutralization capacity of serum elicited by BNT162b2 vaccine, produced by Pfizer-BioNTech, was weaker against variant 501Y.V2 by approximately two thirds as compared to that of another variant. 36 Further studies are needed to fully understand efficacy of existing vaccines. Recent preliminary evidence suggests that variant 501Y.V2 may compromise immunity indicating potential increased risk of reinfection. There is now growing evidence that the mutations present in this variant may help the virus evade immune system responses triggered by previous infections of SARS-CoV-2 or by vaccines.



There has been a report of a SARS-CoV-2 reinfection with the 501Y.V2 variant months after recovering from a first episode of COVID-19 with a more severe clinical presentation.

3. Variant P.1, lineage B.1.1.28:

Since our last update, variant P.1 has been reported in 8 additional countries. To date, this variant is reported in 28 countries across four of the six WHO regions. Community transmission of P.1 has been reported in at least three countries in one WHO region, noting the transmission classification is currently incomplete for 8 (28%) countries reporting this variant.



4. Condensed overview of emerging information on key variants of concern as of 23 Feb 2021

Nextstrain clade	20I/501Y.V1	20H/501Y.V2*	20J/501Y.V3
Pango lineage	B.1.1.7	B.1.351	B.1.1.28.1
GISAID clade	GR	GH	GR
Alternate names	VOC 202012/01*	VOC 202012/02	P.1*
First detected by	United Kingdom	South Africa	Brazil / Japan
First appearance	20 September 2020	Early August 2020	December 2020
Key spike mutations	H69/V70 deletion; Y144 deletion; N501Y; A570D; D614G; and P681H	L242/A243/L244 deletion; N501Y; D614G; E484K; and K417N	N501Y; D614G; E484K; and K417N
Key mutation in common	S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)		
Transmissibility*	Increased ¹ (36%-75%) ² , increased secondary attack rate ³ (10% to 13%)	Increased [1.50 (95% CI: 1.20-2.13) times more transmissible than previously circulating variants] ^{4,5}	Suggested to be increased
Severity*	Possible increased severity and mortality ⁶	No impact reported to date ^{4,5} , no significant change in-hospital mortality ⁷	Under investigation, no impact reported to date
Neutralization capacity*	Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection ⁸	Decreased, suggesting potential increased risk of reinfection ^{4,9,10}	Potential decrease, small number of reinfections reported ^{11,12}
Potential impacts on vaccines*	No significant impact on Moderna, Pfizer-BioNTech, and Oxford-AstraZeneca vaccines ¹³⁻¹⁶	Moderna and Pfizer-BioNTech: Reduction in the neutralizing activity, but impact on protection against disease not known. ¹³⁻¹⁶ Novavax and Johnson & Johnson: Lower vaccine efficacy in South Africa compared to settings without the variant (press release data only). Moderate-severe disease were assessed. Serologic neutralization results pending. ^{17,18} Oxford/AstraZeneca: Limited vaccine efficacy against mild-moderate COVID-19 disease, with wide confidence intervals, impact on severe disease undetermined. Serologic neutralization substantially reduced compared with original strains, based on small number of samples analyzed. ^{19,20}	Under investigation
Potential impacts on diagnostics*	S gene target failure (SGTF). ¹⁹ No impact on Ag RDTs observed ²¹	None reported to date	None reported to date
Countries reporting cases (newly reported in last week)**	101 (7)	51 (5)	29 (8)

Results of ongoing studies of VOCs are summarized in this Table. While many countries worldwide are currently experiencing a decline in overall SARS-CoV-2 infections likely as a result of the public health and social measures (PHSM) implemented, there has been an increased number of reports of variants which are of concern. As surveillance activities at local and national levels are strengthened, including strategic genomic sequencing to detect cases infected with SARS-CoV-2 variants, the number of countries reporting VOCs has continued to increase in the past two weeks

Source:
<https://www.who.int/publications/m/item/weekly-epidemiological-update---23-february-2021>
https://www.who.int/docs/default-source/coronavirus/risk-comms-updates/update47-sars-cov-2-variants.pdf?sfvrsn=f2180835_4
<https://www.ecdc.europa.eu/sites/default/files/documents/RRA-covid-19-14th-update-15-feb-2021.pdf>
<https://www.who.int/publications/m/item/covid-19-weekly-epidemiological-update>

Subject in Focus

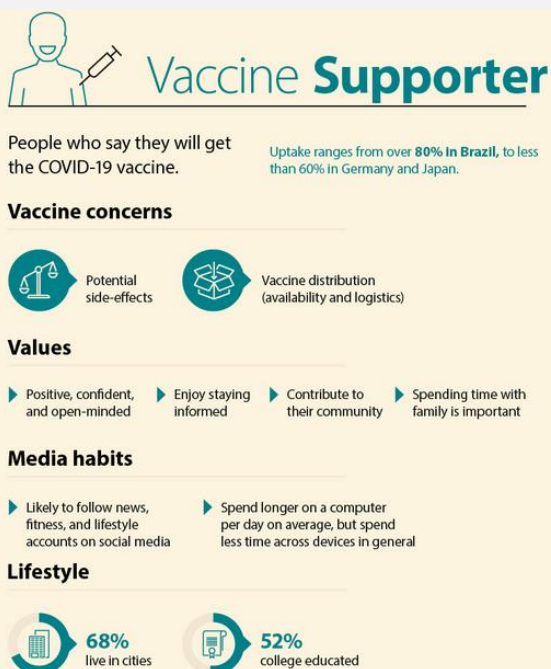
Global Attitudes Towards the COVID-19 Vaccines

In order to achieve herd immunity against COVID-19, some experts believe that between 70% to 80% of a population must be vaccinated. But attitudes towards these vaccines are undoubtedly mixed. In fact, it's estimated that one-third of people globally have some major concerns.

Using survey data from eight different countries, [Global Web Index](#) created five archetypes to help illustrate how typical attitudes towards vaccines differ depending on a range of factors, such as age, income, lifestyle, and values.

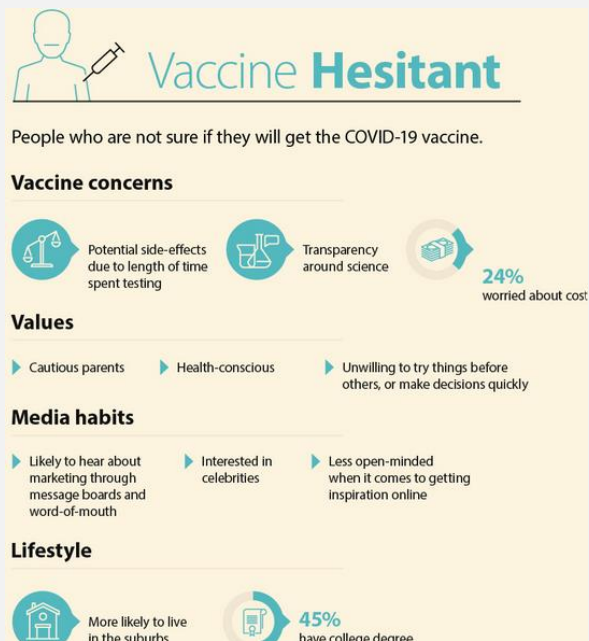
Vaccine Supporters

Out of all participants surveyed, 66% of them support the idea of getting a COVID-19 vaccine. Within this group, there is a skew towards younger people (aged 18-34) who are likely working professionals earning a high income and living in a city.



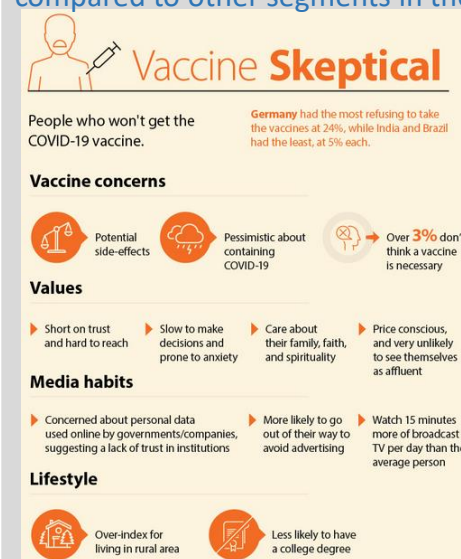
Vaccine Hesitant

The vaccine hesitant group, which is more common among cautious suburban parents, makes up 12% of the total study. They are more likely to be female, and feel anxious about the length of time spent testing vaccines and therefore require more transparency around the science.



Vaccine Obligated

The vaccine obligated group makes up 11% of the total, and has a skew towards males aged between 16 and 24 years old. While this group is also concerned with potential side-effects, their responses suggesting that a vaccine may not be necessary to combat COVID-19 was above average compared to other segments in the study.



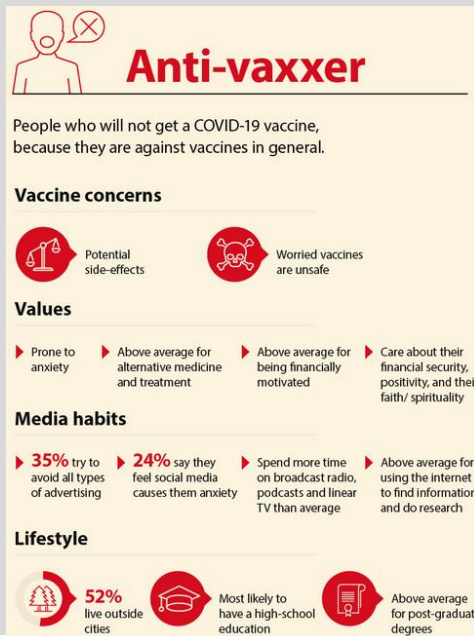
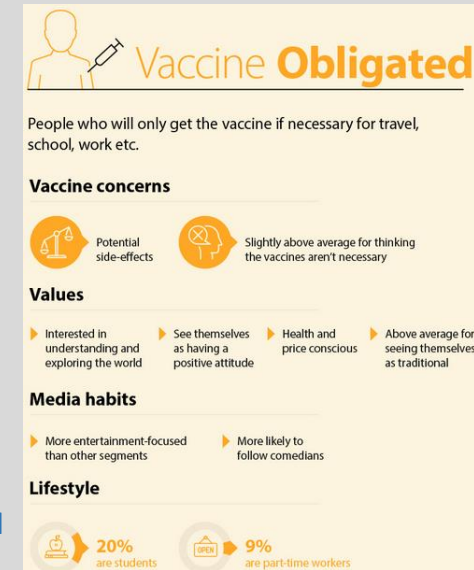
Vaccine Sceptical

The vaccine skeptical group makes up another 11% of the total. However, this group is mostly female, who are aged between 45-64 and earn a lower-than-average income. They are less likely to have a college degree, and are more likely to live in a rural area. Along with the worry of potential

side-effects, this group is generally more pessimistic about containing COVID-19 at all. Therefore a small percentage do not believe a vaccine will help tackle the global health crisis.

Anti-Vaxxers

Anti-vaxxers are a sub-segment of the vaccine skeptical group that makes up 1.4% of the total population. Anti-vaxxers do not believe in getting any vaccine due to safety concerns, not just not a vaccine for COVID-19. Anti-vaxxers tend to fall into one of two age brackets, between 16-24 years or 55-64 years old, and are typically males with lower incomes.



Ebola virus outbreak in Guinea, 2021

On 14 February 2021, national authorities declared an Ebola virus disease (EVD) outbreak in the rural area of Gouéké in Nzérékoré region, Guinea. As of 18 February 2021, seven EVD cases (three confirmed and four probable) have been identified, including five deaths.

The first case died on 28 January 2021. Response measures have been initiated and the World Health Organization is supporting the country to procure EVD vaccine doses, as well as therapeutics, reagents and personal protective equipment. Neighbouring countries have initiated response plans. So far, no neighbouring countries have reported confirmed cases.

These are the first EVD cases reported in Guinea since the large outbreak that occurred in West Africa between 2013 and 2016. This ongoing outbreak may increase in size and spread to other areas within Guinea and/or to neighbouring countries.

Event background

On 14 February 2021, national authorities declared an Ebola virus disease (EVD) outbreak in the rural area of Gouéké, Nzérékoré region, Guinea. Guinea was one of the three most-affected countries in the EVD outbreak in West Africa between 2013 and 2016, which was the largest outbreak of Ebola virus disease ever recorded. This outbreak started in Guinea, in the same area as the current outbreak, and then moved across land borders to result in major epidemics in Sierra Leone and Liberia, with several sporadic cases occurring in other countries.

As of 18 February 2021, seven EVD cases have been identified. According to the WHO and the Ministry of Health of Guinea, the index case was a healthcare worker. Between 18 January and 24 January 2021, the patient visited two healthcare facilities and a traditional practitioner while symptomatic; the patient died on 28 January 2021. Five family members who attended the funeral on 1 February and the traditional practitioner the patient had visited showed Ebola-like symptoms such as diarrhoea, vomiting and bleeding. Five of the seven cases have died; the other two remaining cases (both confirmed cases) have been isolated in healthcare facilities. Unsafe burials occurred for two of the five reported deaths without any safety or protective measures to avoid transmission, although contact tracing was undertaken retrospectively.

Figure 1. Distribution of confirmed and probable Ebola virus disease cases in Guinea, 2021



Virus species

Samples of the confirmed cases have been sent to the Institut Pasteur in Senegal for full genome sequencing; preliminary results confirmed that these cases were infected with the Zaire species of the Ebolavirus genus, which was the species that was circulating in the 2013–2016 EVD outbreak.

Implemented response measures

Response measures have been initiated, and WHO is supporting Guinea to procure an EVD vaccine, as well as therapeutics, reagents and personal protective equipment. Ebola vaccination started on the 23 February 2021. The vaccination was launched in Gouecke, a rural community in N’Zerekore prefecture where the first cases were detected. It uses the “ring strategy” where all people who have come into contact with a confirmed Ebola patient are given the vaccine, as well as frontline and health workers. The launch started with the vaccination of health workers.

The *Guinean Ministry of Health*, together with *Global Outbreak Alert and Response Network (GOARN)* partners, have initiated measures to control the outbreak and prevent further spread. Multidisciplinary teams have been deployed to the field to actively search and provide care for cases, trace and follow up contacts, and sensitise communities regarding infection prevention and control. Planned and in-progress response measures include the initiation of a ring vaccination strategy and the vaccination of frontline workers, as well as strengthening the capacity of the Nzérékoré Ebola Treatment Centre.

As the outbreak is located in an area close to national borders, *WHO* is also liaising with health authorities from Liberia and Sierra Leone to enhance surveillance activities in their bordering districts as well as strengthening their testing capacity. *WHO* is also in contact with Côte d’Ivoire, Mali, Senegal and other countries considered at risk in the sub-region.

Africa Centres for Disease Control and Prevention is preparing to deploy an emergency response support team of experts.

Options for response

Visitors and residents in Guinea should apply the following precautionary measures:

- Avoid contact with symptomatic patients/their bodily fluids, and bodies and/or bodily fluids from deceased patients;
- Avoid the consumption of bush meat and contact with wild animals, both alive and dead;
- Wash and peel fruit and vegetables before consumption;
- Wash hands regularly using soap or antiseptics;
- Ensure safe sexual practices.

Significant developments for the prevention of EVD have been made, with two vaccines (Ervebo and Zabdeno/Mvabea) now licensed for use in several countries, including in the EU and USA. Guinea has approved the Ervebo vaccine.

Screening of travellers returning from Guinea is not justified at this stage.

FAQs

Can the vaccination with COVID-19 vaccines lead to positive test results after rapid antigen tests or PCR tests?

It can be assumed that the COVID-19 vaccination does not lead to a positive test result after rapid antigen or PCR tests.

Antigen test:

The vaccination is extremely unlikely to affect antigen tests.

- The vaccinations currently approved in the EU (Moderna, BioNTech, AstraZeneca) induce an immune response against the spike protein (S-protein). Almost all rapid antigen tests used in Europe are based on the detection of another protein, the nucleocapsid protein (N-protein). *(The summary of product characteristics provided with the test usually indicates whether the respective test is an S-protein or an N-protein based test.)*
- Besides, the test is performed as a nasopharyngeal or throat swab. Even if the antigen test is designed to detect the S-protein, it appears highly unlikely that a sufficient amount of S-protein, induced by the vaccination, will be available in the mucosa cells of the nasopharynx to be recognised by the antigen test the sensitivity of which is only limited.

PCR test:

An influence is excluded.

The quantitative real-time PCR methods for the detection of SARS-CoV-2 mRNA are usually based on the detection of two different virus genes (dual target principle: e. g. envelope [E] plus N2; N1 plus N2; orf1a/b plus E). Interference with a previously performed vaccination with SARS-CoV-2-mRNA, which codes for the S protein can be ruled out if this type of PCR test is used.

If an antigen test result is positive after a COVID-19 vaccination, this is in all probability due to the following causes:

- The vaccinated person was probably infected before the vaccination. The mean incubation period for COVID-19 is five to six days.
- The vaccinated person may have become infected shortly after the vaccination. Complete 95 percent protection can be expected from the vaccination only as from seven to 14 days after the second vaccination.
- Since it is not yet fully clarified whether the vaccination not only protects a person from the COVID-19 disease but also from the infection with the SARS-CoV-2 virus, it cannot be ruled out in principle that a person will become infected even if vaccinated; the disease then usually progresses with milder symptoms or even asymptomatic.
- The antigen test may be false positive, as is the case with all diagnostic devices, which, in rare cases react with some samples, even if the marker – in this case the antigen of the SARS-CoV-2 virus – is not present at all. In some tests, this can certainly occur in the order of magnitude of one to two percent of the tests. For this reason, a PCR test should be performed following a positive rapid antigen test in order to confirm or rule out an infection.

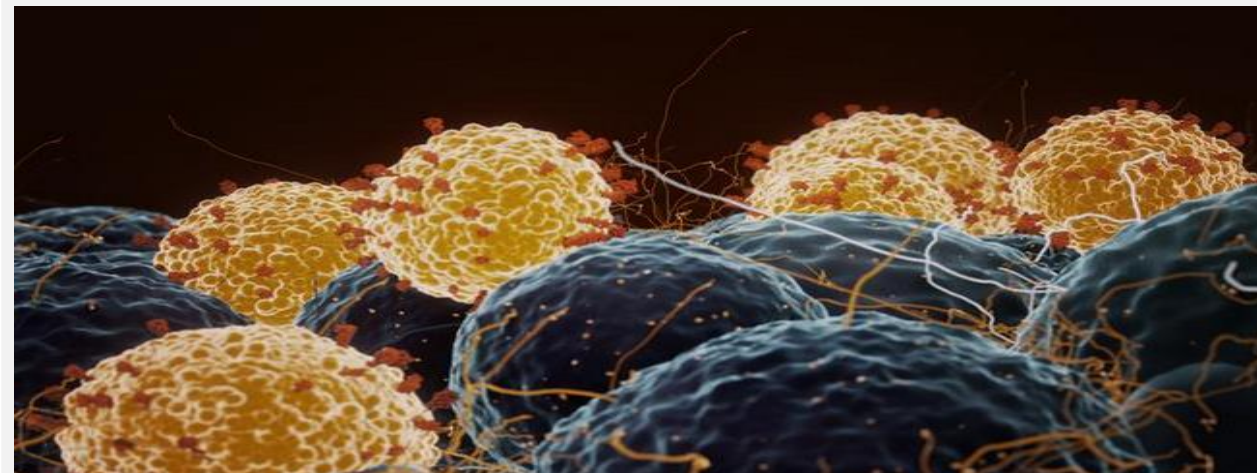
A full vaccination has already taken place, do I still have to be in quarantine if I am a contact person or if I am entering from a risk area:

-> **In most countries quarantine obligations also apply to vaccinated people!** Please reassure yourself about the current requirements before you traveling to a country.

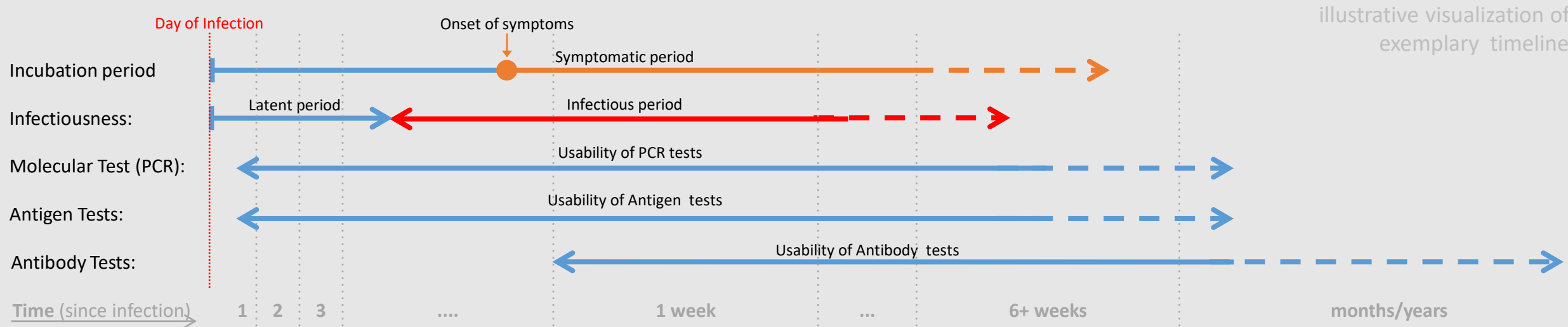
- At the moment it is still unclear whether and to what extent the vaccination could provide protection against transmission
- Therefore: "As long as the infection process is still as dynamic as it is at the moment and no further results are available, all measures should be followed to suppress the pandemic and protect all people as best as possible from infection. Therefore, as a precautionary measure - until further study data are available - Vaccinated persons also observe the infection protection measures when they come into contact with sick people or when returning from a risk area"

Source: <https://www.pei.de/EN/service/faq/faq-coronavirus-content.html>

<https://www.rki.de/SharedDocs/FAQ/COVID-Impfen/gesamt.html;jsessionid=E363B36B89E8728615A8909FBF7ADF92.internet092>



Timeline COVID-19 infection



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

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

In the press

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

24th February 2021

Aljazeera

‘Crisis within a crisis’: Violence against women surges in Fiji

<https://www.aljazeera.com/news/2021/2/24/crisis-within-a-crisis-violence-against-women-surges-in-fiji>

25th February 2021

BBC

Covid-19: Wedding venues 'booked up for two years'

<https://www.bbc.com/news/uk-england-london-56184179>

25th February 2021

DW

Coronavirus: EU leaders consider vaccine passports

<https://www.dw.com/en/coronavirus-eu-leaders-consider-vaccine-passports/a-56682684>

24th February 2021

BBC

Covid-19: Walk-ins invited at 'empty' vaccination hub

<https://www.bbc.com/news/uk-england-hampshire-56183507>

22nd February 2021

Aljazeera

Tanzania's president admits country has COVID-19 problem

<https://www.aljazeera.com/news/2021/2/22/tanzanias-president-admits-country-has-covid-19-problem>

24th February 2021

The Guardian

EU 'catching up' with UK Covid vaccination rollout – Von der Leyen

<https://www.theguardian.com/world/2021/feb/24/astrazeneca-expected-to-miss-eu-covid-vaccine-supply-target-by-half-in-second-quarter-report>

25th February 2021

South China Morning Post

Chinese woman spent six months behind bars for Covid-19 social media post, court document shows

<https://www.scmp.com/news/china/politics/article/3123102/coronavirus-chinese-woman-spent-six-months-behind-bars-covid-19>

24th February 2021

The Guardian

Johnson & Johnson's one-shot Covid vaccine effective, FDA review says

<https://www.theguardian.com/us-news/2021/feb/24/johnson-and-johnson-covid-vaccine-fda-emergency-use>

24th February 2021

The Guardian

Four key questions on a Covid certification scheme in England

<https://www.theguardian.com/world/2021/feb/24/four-key-questions-on-a-covid-certification-scheme-in-england>

The new normal!

THE NEW NORMAL



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

Don't just say it,
Do it!



#StaySafe

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

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

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

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

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

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

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



Avoid the Three C's



Be aware of different levels of risk in different settings.

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



Crowded places

with many people nearby



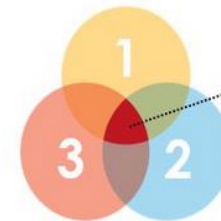
Close-contact settings

Especially where people have close-range conversations



Confined and enclosed spaces

with poor ventilation



The risk is higher in places where these factors overlap.

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

WHAT SHOULD YOU DO?



Avoid crowded places and limit time in enclosed spaces



Maintain at least 1m distance from others



When possible, open windows and doors for ventilation



Keep hands clean and cover coughs and sneezes



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

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



The perfect wave – why masks are still important



NEW STUDY ON MOUTH NOSE PROTECTION AND SOCIAL DISTANCING

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

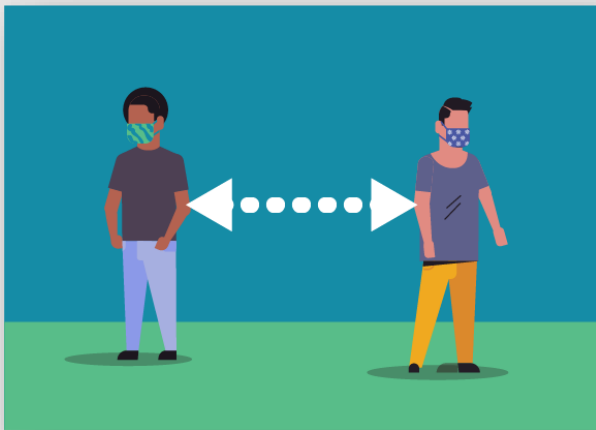
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

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

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

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

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



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

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

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

