



# Short Update 59a COVID-19 Coronavirus Disease 05<sup>th</sup> of March 2021



## GLOBAL

115 641 242  
Confirmed cases  
76 265 950 recovered  
2 569 749 deaths

## USA

(new cases/day 37 309)  
28 713 813  
confirmed cases  
10 753 819 recovered  
518 014 deaths

## India

(new cases/day 17 407)  
11 173 761  
confirmed cases  
10 839 894 recovered  
157 548 deaths

## Brazil

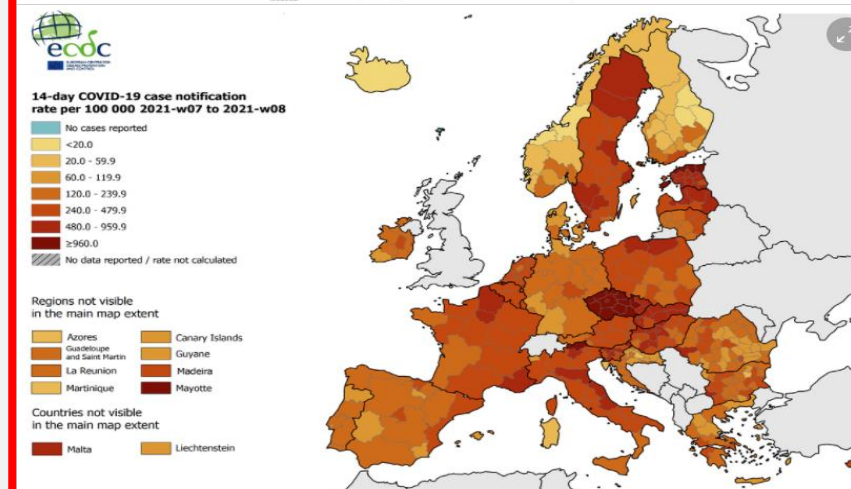
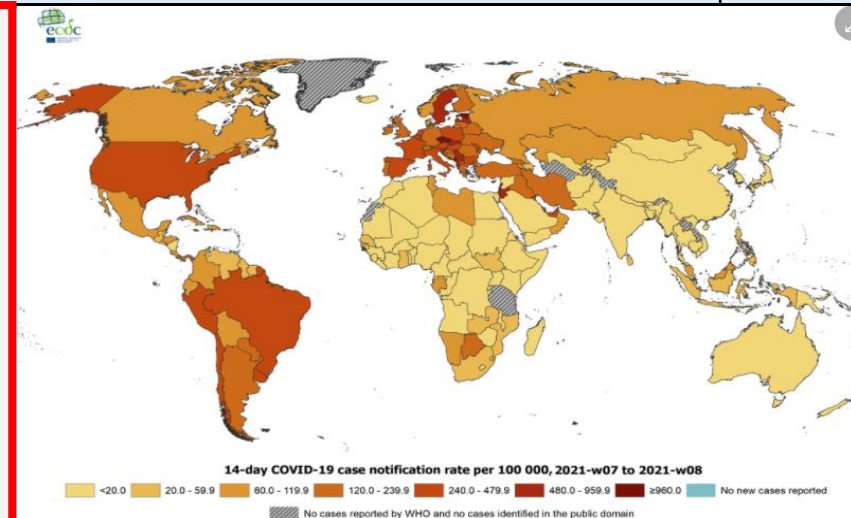
(new cases/day 71 704)  
10 793 732  
confirmed cases  
9 605 870 recovered  
260 970 deaths

### News:

- **NLD:** An explosive device exploded near a Corona test center north of Amsterdam on Thursday morning. No one was injured, but the explosion destroyed windows at the test centre. Police investigations are ongoing.
- **EMA:** The EU Medicines Agency is starting to consider a marketing authorisation for the Russian Corona vaccine Sputnik V.
- **WHO:** The number of new infections rose by nine percent in more than half of the European countries last week. More than a million new infections have been detected. The increase was particularly marked in Central and Eastern Europe, but some Western European countries have also reported more cases.
- **UN:** In North Korea, greater isolation from the outside world as part of the measures against the Corona pandemic is leading to a deterioration in the supply and human rights situation. There were reports that people were starving and more children and elderly people were begging because their families could no longer support them. There are shortages of vital goods, medicines, agricultural production and raw materials for state factories. Aid deliveries have been stuck on the border with China for months due to import restrictions.
- **IND/Covaxin:** The Indian company Bharat Biotech has reported an 81 percent efficacy in its COVID-19 vaccine "Covaxin" according to initial study results. It was the result of an interim analysis based on 43 infections in a study involving around 25,800 participants. India had already approved the drug in January, although efficacy data from the crucial clinical trial were still pending.
- **ITA/EU:** On Thursday, Italy halted the delivery of astraZeneca vaccine to Australia. This was due to the continuing shortage of vaccines in the EU and the delays in the supply of eu-specific AstraZeneca vaccines. It was only at the end of January that the EU introduced the possibility of export restrictions. The Australian government reacted calmly to the export blockade.
- **BioNTech and Pfizer** have been practicing the global vaccine recall since Tuesday. Vaccinations on site should not be affected by the test. Vaccine centres are only involved in the exercise virtually and not in real terms.
- 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: The importance of fit, filtration and breathability of non-medical (fabric) masks in the context of COVID-19
- First identification of human cases of avian influenza A(H5N8) infection
- The Tigray Refugee Crisis
- **FAQ:** Vaccination and positive test results?
- In the press



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## EUROPE

37 515 963  
confirmed cases

20 483 850  
recovered  
857 065 deaths

## Russia

(new cases/day 11 263)

4 241 970  
confirmed cases

3 826 183 recovered  
86 368 5deaths

## GBR

(new cases/day 6 573)

4 201 362  
confirmed cases  
xx recovered  
124 025 deaths

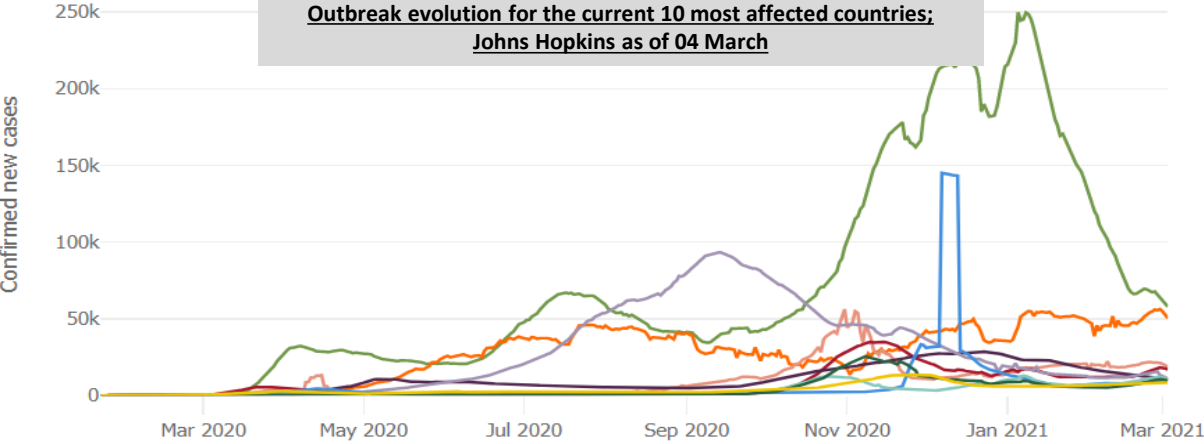
## France

(new cases/day 25 279)

3 835 595  
confirmed cases  
262 690 recovered  
87 835 deaths

# Global Situation

**Outbreak evolution for the current 10 most affected countries;  
Johns Hopkins as of 04 March**



Click any country below to hide/show from the graph:

- United States
- Brazil
- France
- Italy
- Russia
- India
- Turkey
- Czechia
- Poland
- Iran

**Country reports:**

**DEU:** At Wednesday Bund-Country Meeting, it was decided that the Lockdown will be extended until March 28, but there are first easing steps. New to the decisions is the strong coupling of the opening steps to incidence values as well as an emergency mechanism. Opening steps can be returned in case of a specific incidence is reached. Bookstores, florist shops and garden markets as well as body related services and driving and flight schools open again from Monday. Meeting with up to five people from two different households are allowed again. Couples are considered a household. Children up to 14 years will not be counted. With a stable seven-day incidence of less than 50 new infections per 100,000 inhabitants, further relaxation is possible: the retail, museums, galleries, zoological and botanical gardens and memorial sites can then open, contact-free sports in small groups (up to ten people) outdoor would be allowed. If the seven-day incidence has not deteriorated after the third opening step for 14 days and remains below 50, then there will be a next easing: external gastronomy, theater, concert and opera houses and cinemas may then open. The contact-free sport is also allowed indoors, the contact sport in the outdoor area. If the seven-day incidence remains stable for two weeks, the next openings can come. Recreational events with up to 50 people outdoor as well as contact sport in halls are included.

The dissemination of the Corona version B.1.1.7 has continued to increase. Their share of a sample of almost 25,000 positive cases from last week was around 46 percent. At the beginning of the survey, about a month ago, the proportion of mutant was still estimated to six percent, two weeks later it was 22 percent. Further mutant variants, which circulate approximately in South Africa and Brazil, so far seems to play a subordinate role.

**SVK:** To curb the Corona pandemic, a nocturnal curfew was imposed until 19 March. It applies between 8 pm and 5 am. During the day the house should only be left, for doctor visits, work and walks. Slovakia currently has the highest corona death rate in the world.

**GRE:** Has a harder approach to incorrect excuses for failing to meet Lockdown rules. Banks and supermarkets are likely to be visited from Thursday only in a radius of two kilometers around their own apartment. The police will control. In Greece, the corona new infections rise despite a four-month lockdown. On Wednesday, 2702 new infections were reported - a maximum this year. The incidence value per 100,000 inhabitants rose to 15.7. In January he still had 4.2. Because of the continued rising corona numbers in the area of Athens, the Greek government will assist private clinics to ease the pressure from the national health system.

**CZE:** Hospitals report a record number of COVID-19 patients. A total of 8,162 people are being treated in hospital, the highest level since the start of the pandemic. Among them were more than 1660 particularly serious cases, which must be artificially ventilated. In eastern Bohemia, an emergency plan was activated because the hospital capacity was completely exhausted. In view of the desperate situation, largely untested medicines are now to be used on an experimental basis. 10,000 packs of the antiparasitic ivermectin arrived at the University Hospital in Brno. Meanwhile, large companies began mass testing of all employees with Corona. Within the next two weeks, more than two million workers and employees will be tested at least once.

**POL:** The number of new infections has almost doubled in 24 hours. Experts are also concerned about the increasing number of patients hospitalist for COVID-19. Currently there are more than 15,000, 1500 have to be artificially ventilated. Poland had recently eased some restrictions, but announced that it would tighten them again if the number of cases increased.

**HUN:** Measures to combat coronavirus are being tightened. As of Monday, all stores, pharmacies, drugstores and gas stations will have to close for at least two weeks. The lower levels of the schools and kindergartens close until the end of the Easter holidays on 7 April.

**LTU:** The country aggravates its entry requirements. The entry is possible from 10 March at only with a negative corona test. The rule will also apply to Lithuanian citizens. The test finding must not be older than 72 hours. He must be submitted to the airline or other carrier companies before departure in Lithuanian, English or Russian. Exceptions are available for Corona vaccinated and genes. For all entrants, registration and quarantine may still apply.

**USA:** After the announcing of the Governors of Texas and Mississippi, to repeal the mask obligation and all capacity limits for restaurants and other companies in their federal states, US President Joe Biden sharply criticized the move. It will take months to vacinate all Americans against the coronavirus. Until then, it is crucial to follow the protective measures recommended by science. The government appeals to people to continue to maintain the precautions for curbing the pandemic such as wearing masks, "regardless of the state's decision".

**BRA:** With more than 1900 Corona deaths the second day in a row a new high was recorded. The health authorities of the South American country reported on Wednesday (local time) 1910 deaths by Covid-19 within 24 hours.

**LKA:** The government has decided that Corona deaths should be buried on a small island off the main island. But on Wednesday, about two-thirds of the island's 150 residents protested. They are afraid that they will become infected with the virus in this way. So far, there have been no corona cases on the island. Until recently, the government had imposed a controversial cremation requirement for confirmed COVID deaths and suspected cases. The government had argued that burying corona deaths could pollute groundwater and spread the disease. According to the WHO, there is no scientific basis for this.

# Global Situation

## Vaccination news:

### Global epidemiological situation overview; WHO as of 28 Feb

Over 2.6 million new cases were reported last week, a 7% increase compared to the previous week, following six consecutive weeks of declining numbers (Figure 1). The global case increase was driven by increases in the Eastern Mediterranean (14%), South-East Asia (9%), Europe (9%) and the Americas (6%). Possible reasons for this increase include the continued spread of more transmissible variants of concern (VOCs), relaxation of public health and social measures (PHSM) and fatigue around adhering to PSHM measures. Basic public health measures remain the foundation of the response. For public health authorities, that means testing, contact tracing, isolation, supported quarantine and quality care. For individuals, it means avoiding crowds, physical distancing, hand hygiene, masks and ventilation. Furthermore, immunity conferred by vaccination takes weeks at the individual level, and it may take longer to observe impacts at the population-level.

The number of global new deaths continues to decrease, with over 63 000 new deaths reported last week, a 6% decrease as compared to the previous week. New deaths decreased in four regions, Europe, Africa the Western Pacific, and the Americas (by 15%, 19%, 35% and 1%, respectively), and increased by 47% in the South East Asia Region, partly due to retrospective reporting of deaths from Nepal. The Americas reported over 1.1 million new cases and nearly 34 000 deaths, which accounted for 42% of global cases and 53% of global deaths.

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

- **United States of America;** reporting 472 904 cases, a 2% decrease,
- **Brazil;** reporting 373 954 cases, a 18% increase,
- **France;** reporting 149 959 cases, a 14% increase,
- **Italy;** reporting 112 029 cases, a 32% increase and
- **India;** reporting 105 080 cases, a 21% increase

**EU:** In view of the unusually high number of cases, the **Czech Republic** and **Slovakia** receive 100,000 additional BionTech vaccine doses from other EU countries. Over the past few weeks, both states belonged to the world's most severe affected.

**WHO:** Expressed "serious concerns" about the EU's planned Corona vaccination passport. So far, it is uncertain how long immunity will last after a corona vaccination and whether the vaccination prevents the recipient from infecting other people. The organization warned against not taking coronavirus mutants seriously enough. It is not yet the time for the people of Europe to sit back. As recently on Thursday, the number of new infections in Europe had risen to more than one million after a six-week decline of nine percent.

**BEL:** According to the existence of recent studies from the UK and Israel that showed that AstraZeneca vaccine also offered more than 55-year-old "good protection against the disease" the government decided to also be vaccinated in the future older people with the vaccine. So far, 5.7 percent of the full-year inhabitants of Belgium have received a first vaccine, 3.5 percent a second. Sweden and other European countries are going the same way.

**FRA:** The Prime Minister is also calling for vaccinations at the weekend. They are in a race with the virus, he said, and set a timetable: at least ten million people are expected to be vaccinated by mid-April, 20 million by mid-May and 30 million by summer. France is home to about 67 million people.

**CZE:** The Czech government has asked China for help with the fight against the pandemic. A spokesman for the Presidential Office in Prague explained to buy wool from Beijing vaccine of the State Group Sinopharm. The communist government has already agreed to immediately support this concern.

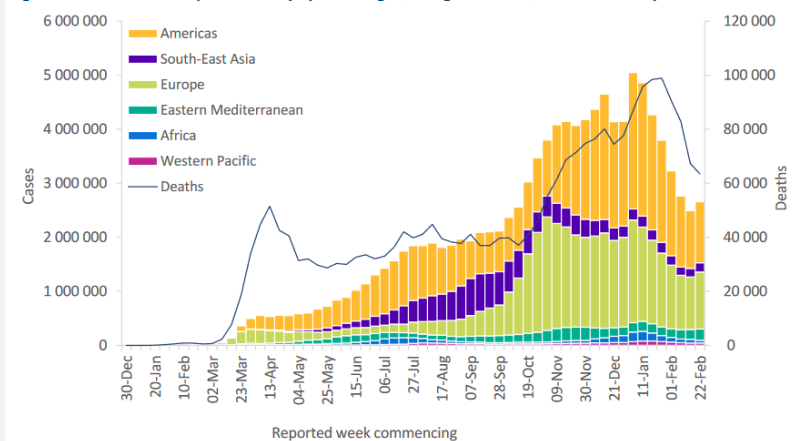
**AUT:** Austria's capital Vienna wants to use The AstraZeneca vaccine in people over 65 years of age. The vaccine is initially intended to be used in at-risk patients in hospital. At the federal level, they want to wait for the recommendation of the national vaccination body.

**RUS:** Despite low vaccination rates, immunity to corona is to be achieved by the summer in a wider part of the population. Based on delivery and vaccination plans, the so-called herd immunity is expected by the end of July. Vaccine production is to be increased. According to the latest figures from the Ministry of Health, at the end of last week, just under four million Russians had been vaccinated against Corona - equivalent to just 2.8 percent of the total population.

**USA:** With the first delivery of the Johnson & Johnson Corona vaccine, several vaccine centers in New York should now work around the clock. In the Yankee Stadium in the New York Bronx, in the Javits Center Congress Center in Manhattan and in a vacuum center in the north of the state of New York, a 24 hours shift should be vaccinated until the first approximately 164,800 doses of the vaccine expected this week are administered.

The US Bishops' Conference has asked Catholics to refuse the Corona vaccine of Johnson & Johnson as far as possible. The reason is the use of cell lines from abortus tissue to be used in development and production. Johnson & Johnson has not only developed the drug from cell lines that came from abortions, but also produced with their help. The bishops refer as an alternative to the vaccines of manufacturers Moderna and BionTech. Although both used cell lines from suspended fetuses, but only for test purposes.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 28 February 2021\*\*

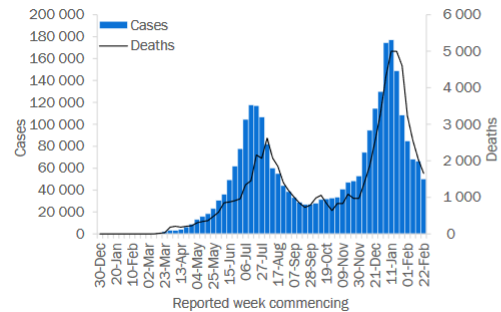


# Situation by WHO Region, as of 28<sup>th</sup> February

## African Region

In the past week, the African Region reported over 50 000 new cases and 1500 new deaths, a 24% and 19% decrease respectively compared to the previous week. This represents the largest decline as a percentage in new cases and the second largest decline of new deaths globally. In the region new cases in the past week rose in 17 of 49 (36%) countries and fell in 30 of 49 (64%). This week new deaths increased in 13 of 49 (28%) countries and declined in 24 of 49 (53%).

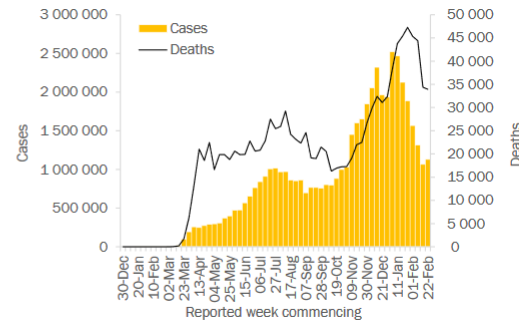
The highest numbers of new cases were reported in South Africa (9858 new cases; 16.6 new cases per 100 000 population; a 20% decrease), Ethiopia (6196 new cases; 5.4 new cases per 100 000; a 1% increase), and Nigeria (3864 new cases; 1.9 new cases per 100 000; a 34% decrease). The same countries reported the highest number of new deaths in the past week: South Africa (1001 new deaths; 1.7 new deaths per 100 000; an 11% decrease), Ethiopia (83 new deaths; 0.1 new deaths per 100 000; an 8% decrease), and Nigeria (74 new deaths; <0.1 new deaths per 100 000; a 12% decrease).



## Region of the Americas

Over 1.1 million new cases and just under 34 000 new deaths were reported in the Region of the Americas this week, a 6% increase and 1% decrease respectively compared to the previous week. This represents the first rise in new cases since the week ending 10 January. This week, new cases rose in 22 of 56 (39%) countries and fell in 24 of 56 (43%). This week, new deaths increased in 11 of 56 (20%) countries and declined in 20 of 56 (36%).

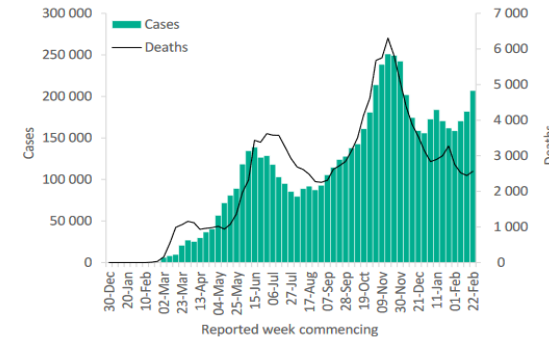
The highest numbers of new cases were reported from the United States of America (472 904 new cases; 142.9 new cases per 100 000 population; a 2% decrease), Brazil (373 954 new cases; 175.9 new cases per 100 000; an 18% increase) and Argentina (49 516 new cases; 109.6 new cases per 100 000; a 50% increase). The highest numbers of new deaths were reported from the United States of America (14 866 new deaths; 4.5 new deaths per 100 000; a 1% increase), Brazil (8070 new deaths; 3.8 new deaths per 100 000; an 11% increase), and Mexico (5509 new deaths; 4.3 new deaths per 100 000; a 14% decrease).



## Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 207 000 new cases, a 14% increase compared to last week. The region reported just over 2500 new deaths, a 5% increase. Across the region 14 of 22 (64%) countries reported increases in new cases and 8 of 22 (36%) declined this week. New deaths rose in 13 of 22 countries (59%) and fell in 7 of 22 (32%).

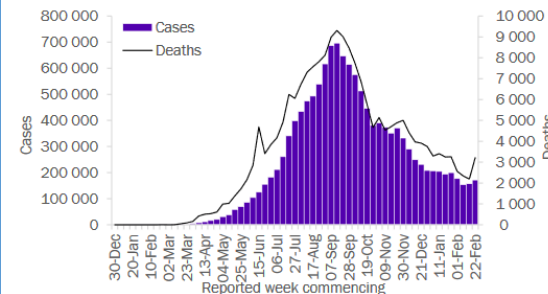
The three countries reporting the highest numbers of new cases this week were the Islamic Republic of Iran (57 078 new cases; 68 new cases per 100 000 population; a 3% increase), Iraq (27 491 new cases; 68.3 new cases per 100 000; a 19% increase) and Jordan (26 685 new cases; 261.5 new cases per 100 000; a 78% increase). The highest numbers of new deaths this week have been reported in the Islamic Republic of Iran (571 new deaths; 0.7 new deaths per 100 000 population; a 9% increase), Lebanon (355 new deaths; 5.2 new deaths per 100 000; a 6% increase) and Egypt (341 new deaths; 0.3 new deaths per 100 000; a 6% decrease).



## South-East Asia Region

In the past week, the South-East Asia Region reported over 171 000 new cases, an increase of 9% compared to last week while the region reported over 3200 new deaths, a 47% increase<sup>1</sup>. Across the region half of the countries (5/10; 50%) reported increases in new cases and the other half (5/10; 50%) declined this week. New deaths rose in 3 of 10 countries (30%) and fell in 5 of 10 (50%).

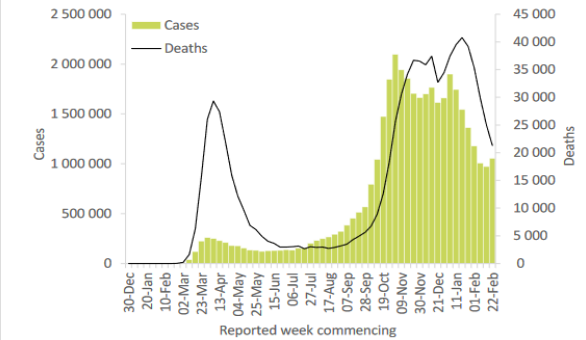
The three countries reporting the highest numbers of new cases were India (105 080 new cases; 7.6 new cases per 100 000; a 21% increase), Indonesia (57 721 new cases; 21.2 new cases per 100 000; a 5% decrease) and Sri Lanka (3410 new cases; 15.9 new cases per 100 000; a 26% decrease). The three countries reporting the highest numbers of new deaths this week were Indonesia (1665 new deaths; 0.6 new deaths per 100 000; a 21% increase), India (749 new deaths; 0.1 new deaths per 100 000; a 14% increase) and Nepal (712 new deaths; 2.4 new deaths per 100 000<sup>1</sup>).



## European Region

The European Region reported over 1 million new cases and over 21 000 new deaths, an increase of 9% and decrease of 15% respectively when compared to the previous week. This represents the first rise in new cases since the week ending 10 January, and reverses declines made over the previous two reporting weeks. This week new cases rose in 36 of 61 (59%) countries and fell in 22 of 61 (36%) while new deaths rose in 16 of 61 countries (26%) and fell in 30 of 61 (49%).

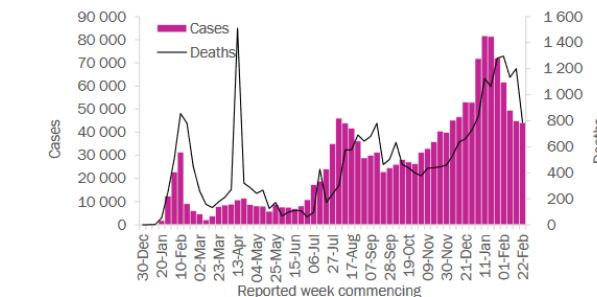
The three countries reporting the highest numbers of new cases were France (149 959 new cases; 229.7 new cases per 100 000; a 14% increase), Italy (112 029 new cases; 185.3 new cases per 100 000; a 32% increase), and Czechia (82 321 new cases; 768.7 new cases per 100 000; a 26% increase). The highest numbers of deaths were reported from the Russian Federation (2829 new deaths; 1.9 new deaths per 100 000; an 11% decrease), the United Kingdom of Great Britain and Northern Ireland (2340 new deaths; 3.4 new deaths per 100 000, a 32% decrease), and Germany (2204 new deaths; 2.6 new deaths per 100 000; a 24% decrease).



## Western Pacific Region

The Western Pacific Region reported just over 44 000 new cases the past week, a 2% decrease compared to the previous week and reported just under 800 new deaths, a 35% decrease. Of the 22 countries in the region the number of new cases rose in 6 (27%) this week while they fell in 10 of 22 (45%). The number of new deaths increased in 1 of 22 countries (14%) and declined in 5 of 22 (23%) this week.

The three countries reporting the highest numbers of new cases in the region this week were Malaysia (18 043 new cases; 55.7 new cases per 100 000; a 2% decrease), the Philippines (14 959 new cases; 13.7 new cases per 100 000; a 24% increase) and Japan (7233 new cases; 5.7 new cases per 100 000; a 28% decrease). The three countries reporting the highest numbers of new deaths this week were Japan (443 new deaths; 0.4 new deaths per 100 000; a 12% decrease), the Philippines (221 new deaths; 0.2 new deaths per 100 000; a 61% decrease) and Malaysia (70 new deaths; 0.2 new deaths per 100 000; a 25% decrease).



Source:

<https://www.who.int/publications/m/item/weekly-epidemiological-update---2-march-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 02 March 2021:

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

Since our last update on 23 February, VOC 202012/01 has been detected in five additional countries. As of 2 March, a total of 106 countries across all six WHO regions have reported cases of this variant. Community transmission has been reported in at least 42 countries across four WHO regions, noting that transmission classification is currently incomplete for 35 (33%) countries reporting this variant.



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

Since the last update on 23 February, 501Y.V2 has been reported from five additional countries –now totalling 56 countries across all six WHO regions. Community transmission of 501Y.V2 has been reported in eight countries across three WHO regions, noting the transmission classification is currently incomplete for 42 (75%) countries reporting this variant.



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

Since our last update, one country has corrected their reporting, and reporting from another amounted to one additional country. To date, this variant is reported in 29 countries across all 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 nine (31%) countries reporting this variant.



## 4. Condensed overview of emerging information on key variants of concern as of 02 March 2021

Nextstrain clade	20I/501Y.V1	20H/501Y.V2 <sup>†</sup>	20J/501Y.V3
PANGO lineage	B.1.1.7	B.1.351	B.1.1.28.1, alias P.1 <sup>†</sup>
GISAID clade	GR	GH	GR
Alternate names	VOC 202012/01 <sup>†</sup>	VOC 202012/02	-
First detected by	United Kingdom	South Africa	Brazil / Japan
Earliest sample date	20 September 2020	Early August 2020	December 2020
Key spike mutations	<ul style="list-style-type: none"> <li>N501Y</li> <li>D614G</li> <li>A570D</li> <li>P681H</li> <li>H69/V70 deletion</li> <li>Y144 deletion</li> </ul>	<ul style="list-style-type: none"> <li>N501Y</li> <li>D614G</li> <li>E484K</li> <li>K417N</li> <li>L242/A243/L244 deletion</li> </ul>	<ul style="list-style-type: none"> <li>N501Y</li> <li>D614G</li> <li>E484K</li> <li>K417N</li> </ul>
Key mutation in common	S106/G107/F108 deletion in non-structural protein 6 (nsp6)		
Number of countries reporting cases (newly reported in last week)**	106 (5)	56 (5)	29 <sup>‡</sup> (1)

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update---2-march-2021>  
[https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update47-sars-cov-2-variants.pdf?sfvrsn=f2180835\\_4](https://www.who.int/docs/default-source/coronaviruse/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:

## The importance of fit, filtration and breathability of non-medical (fabric) masks in the context of COVID-19

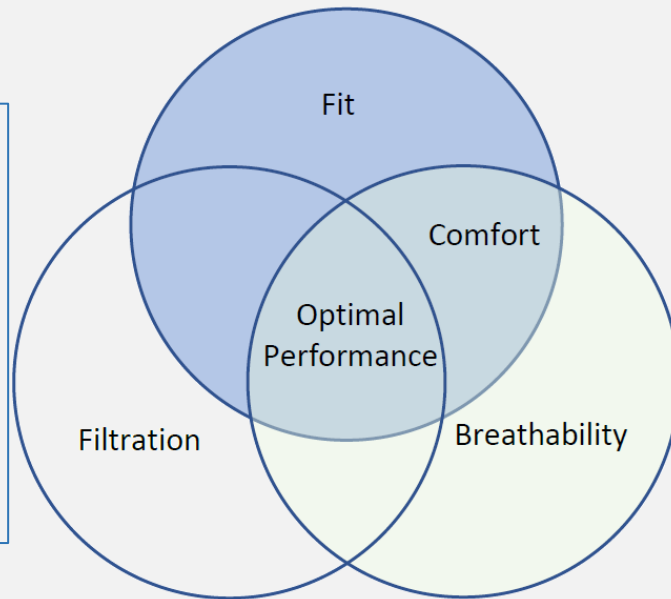
Since the implementation of the mask requirements nearly all over the world a number of different mask type's medical and non-medical are available. One of the most used are commercial non-medical (also called fabric or cloth) masks; however, the multitude of voluntary international standards together with the absence of regulatory oversight has made it difficult for people to know if their masks are effective barriers.

When implemented with other public health and social measures, a mask can serve as an effective barrier to prevent transmission of the SARS-CoV-2 virus, provided that it fits well, has good filtration, and the wearer can easily breathe through it (Figure 3). When any of these three parameters are not optimized, the mask may be an ineffective barrier and/or uncomfortable to wear.

**Good fit** means the mask fully covers the nose, mouth and chin. There should be no leaks around the edges of the mask. The exhaled breath should be filtered through the surface of the mask.

**Good filtration** means the mask has the right fabric or combination of fabrics that filter droplets present in exhaled air.

**Good breathability** means the wearer can easily breathe through the material of the mask. Since masks are often rated in terms of their filtration, it is equally important to maximize breathability to ensure the wearer's comfort.



WHO first issued [guidance](#) on the composition of non-medical or fabric masks in June 2020 providing specific recommendations about the number of layers, their composition and performance, and the importance of fit. Where possible, to ensure adequate wearer comfort, the design and combination of textiles used in manufacturing the fabric masks should be independently tested for adequate fit, filtration and breathability. This is especially important for masks used for an extended period of time and/or in humid environments. WHO continues to encourage governments to establish regulations for non-medical masks, and has published on the next side:

When purchasing a fabric mask, check the packaging for information that they have been laboratory tested:

- At least 70% filtration of particles or droplets measuring three microns (lower filtration is acceptable if the challenge particles/droplets are smaller);
- No more than 60 pascals of pressure difference per square centimetre (<60 Pa/cm<sup>2</sup>) (alternative measures such as air permeability or airflow resistance may be used);
- Guaranteed at least five cycles of washing with no performance reduction;
- No exhalation valves;
- Antimicrobial coatings or treatments are not required; if included, the treated layers must be away from the skin and be tested for inhalational and skin safety as per the [ISO](#) or [REACH](#) regulation requirements.

If there are no standards listed on the package, find a mask that has three layers, made up of:

- Inner layer made of absorbent cotton;
- Middle layer made of a non-woven spunbond polypropylene (i.e., a filter layer); and
- Outer layer made of a moisture resistant polyester or another layer of non-woven spunbond polypropylene.

Breathability may be altered when additional layers are added to increase filtration. For example, adding a second mask over the first may increase filtration and fit, but can also make breathing more difficult and uncomfortable. If people have to take off a mask to breathe, the barrier is naturally lost.

Finally, a non-medical/fabric mask should always be stored properly in designated plastic bags or containers before and after use and should be cleaned daily when used, with soap or detergent and preferably hot water (60 degrees). If hot water is not available, wash the mask with soap or detergent using water at room temperature followed by boiling the mask for one minute.

Single use masks should always be disposed of properly, preferably into a closed bin after use. Masks should never be left out after use, as used masks may contain virus which may be transmitted to the wearer or others.

For complete information on the selection of a mask, how to wear and maintain it, visit the [WHO mask webpage](#).

WHO technical guidance for mask use in the context of COVID-19 can be found [here](#).

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update---2-march-2021>  
<https://apps.who.int/iris/handle/10665/332293>  
<https://www.iso.org/standards.html>  
<https://echa.europa.eu/regulations/reach/understanding-reach>  
<https://apps.who.int/iris/handle/10665/337199>  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>



# 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.

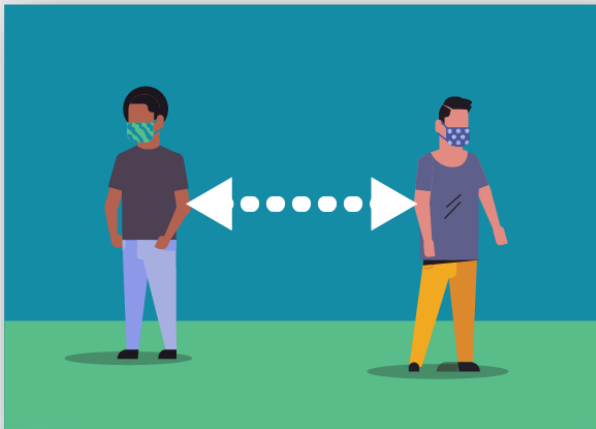
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

**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:



# First identification of human cases of avian influenza A(H5N8) infection

On 20 February 2021, Russian authorities reported the detection of influenza A(H5N8) virus infection in seven poultry workers in an outbreak of highly pathogenic avian influenza (HPAI) A(H5N8) virus on a poultry farm in the south of Russia. All seven human cases were reported to be mild or asymptomatic.

HPAI A(H5N8) viruses have been circulating in European bird populations since 2014, causing large outbreaks and affected several million of birds and poultry. More than 10 000 exposure events of people have been estimated between 2016 and 2018.

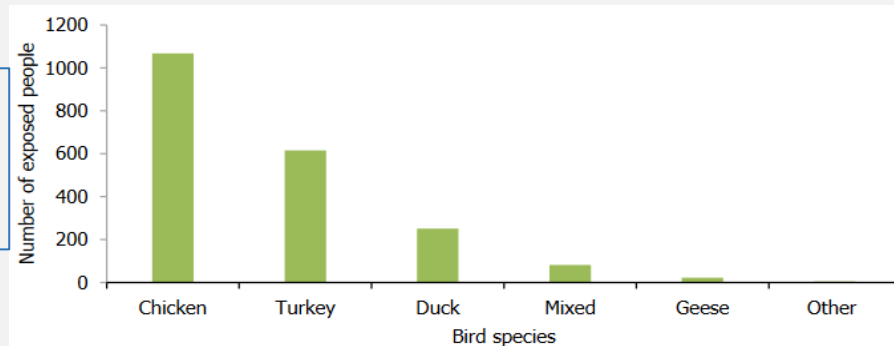
Since October 2020, around 1 700 outbreaks in poultry holdings and wild bird findings due to A(H5N8) and other reassorted A(H5Nx) viruses have been reported to the animal disease notification system (ADNS) from the EU, the European Economic Area (EEA) and neighbouring countries.

In the same period, seven EU/EEA countries reported a total of 1 888 people exposed to infected birds (e.g. during culling activities) to the European Food Safety Authority (EFSA).

No transmission to humans has been reported from EU/EEA countries or any other country globally related to A(H5Nx) viruses since the first introduction to Europe in 2014.

This is the first report providing direct virological evidence of a zoonotic transmission of highly pathogenic avian influenza A(H5N8) virus from birds to humans. **There has been no evidence of human-to-human transmission.**

Number of exposed people by affected bird species (N=2,043) in nine EU/EEA countries, 1 January 2019 to 11 February 2021



## ECDC risk assessment

The assessment is based on very limited data and there is therefore considerable uncertainty regarding the conclusions reached.

The risk of infection related to avian influenza influenza A (H5N8) virus is assessed:

- The risk to the general public is assessed as **very low**:
  - No human-to-human transmission has been described, and the likelihood of infection is therefore related only to exposure to infected wild birds or poultry, which is very low for the general population.
  - In relation to the severity of the disease, the human cases have all been asymptomatic or mild, and the impact based on severity is therefore very low, although case numbers are low.
  - The limited information hampers any further assessment on the impact on a population with no likely pre-existing immunity to A(H5) viruses, should the virus transmit between humans.

- The risk to occupationally exposed workers is assessed as **low**:
  - No human-to-human transmission has been described, and the likelihood of infection is therefore related to direct exposure to infected wild birds or poultry or contaminated environment. Personal protection equipment as required for people exposed to infected or dead birds, e.g. involved in culling activities, following the outbreak confirmation of HPAI viruses in many countries reduces the risk of transmission. Viruses remain purely avian-adapted without markers for mammalian adaptation. The likelihood of infection is therefore assessed as low.
  - Other A(H5Nx) viruses have shown high severity and mortality, so that the evolution of these viruses need to be closely monitored and any human-to-human transmission identified and reported as early as possible to implement public health control measures.
  - The molecular data on available sequences do not indicate a pattern for increased transmission to humans. However, the high frequency of reassortment events related to the clade 2.3.4.4 A(H5N8) viruses might pose a risk for A(H5N8) viruses to acquire features for increased transmission to and between humans.
  - Further information of the viruses and detailed case data (e.g. age, gender, date of sampling (swabs and serum) tests performed and results, date of results, outcome) are needed to better assess the situation.

## Summary

The virus remains purely avian-adapted and no markers for mammalian adaptation, pathogenicity for humans or altered susceptibility to existing antivirals have been observed. The disease severity has been described as asymptomatic or mild, so the impact based on severity is very low.

People at risk are mainly those in direct contact/handling diseased or dead birds or poultry (e.g. farmers, veterinarians and labourers involved in culling and rendering). Wearing personal protective equipment when exposed to infected birds will minimise the risk of transmission.

Local health authorities may consider monitoring exposed people for a minimum of 10 days in order to detect possible related influenza-like symptoms or conjunctivitis and initiate diagnostic testing as soon as possible after onset of symptoms. People exposed to birds likely to be infected should be instructed to report any symptoms to local health services. Sampling material from symptomatic people should be taken immediately for diagnostic and confirmatory purposes.

Any human infection with avian influenza viruses is notifiable within 24 hours through the Early Warning and Response System (EWRS) and the International Health Regulations (IHR) notification system. The continued surveillance of avian influenza virus in wild birds and poultry in Europe, combined with timely generation and sharing of complete viral genome sequences, are crucial.



# The Tigray Refugee Crisis

In early November 2020, the Ethiopia region (Tigray) was affected by incidents of armed conflicts due to the military and political confrontation between federal and regional forces in Tigray region. Eastern Sudan has received many refugees through various border points. Sudan has received over 52,200 new Ethiopian refugees as of December 20th.

Nearly 100,000 refugees from Eritrea, were registered in four camps in Tigray when fighting erupted in November between Abiy's government and the regional ruling party, the Tigray People's Liberation Front (TPLF). Two of those camps, Hitsats and Shimelba, were caught up in hostilities and remain inaccessible to the United Nations refugee agency and its Ethiopian counterpart, the Agency for Refugee and Returnee Affairs (ARRA).

Continuing these processes of continuing fighting and absence of food Ethiopian and Eritrean refugees moved to Sudan to seek help there.

## The Aftermath of the Tigray fighting

In February 2021 the U.N. refugee agency was warning that thousands of Eritrean refugees in northern Ethiopia's conflict-ridden Tigray province are in desperate need of aid and protection. The agency was renewing its appeal to the government for access to the refugees periodically.

Before the start of Ethiopia's military offensive in Tigray in early November, the U.N. refugee agency cared for some 96,000 Eritrean refugees in four camps. Since then, the agency has lost control of the camps and of its ability to provide essential aid to the refugees.

Since early January, Ethiopia has granted U.N. and private agencies limited access to two camps in southern Tigray. The World Food Program reports it has been able to provide 26,000 residents of the camp with emergency food rations and nutrition assistance, but it says much more food and nonfood aid is needed.

The situation is particularly grave for refugees in northern Tigray. U.N. officials say two camps caught in the crossfire of the conflict have suffered severe destruction to infrastructure and damage. Thousands of Eritrean refugees subsequently fled for safety from the camps.

NCO's say the refugees told the high commissioner about their traumatic experiences and fears for the future.

A recent report from the U.N. office for the coordination of humanitarian affairs warns of a looming humanitarian disaster. It estimates more than 2.3 million people throughout conflict-ridden Tigray need immediate life-saving assistance.

## Situation in Sudan

The recent political changes and reforms in Sudan should result in a better future for its citizens. However, the country is still facing the effects of decades of conflict, poor state of basic essential services, recurrent natural hazards and a failing economy. The Tigray crisis in Ethiopia has caused an influx of refugees into Sudan. The coronavirus pandemic is further straining an already fragile social and health infrastructure.

Some 7.1 million people are experiencing food shortages and require humanitarian assistance. Those most vulnerable, especially refugees and internally displaced people, are struggling due to high food prices, cash and fuel shortages and the disruption of basic services.

Undernutrition rates in the country are among the highest in the world: According to UNICEF, 2.7 million children (14.1%) and 1.9 million mothers suffer from acute malnutrition, a life-threatening condition.

Besides, over 850,000 people are affected by the desert locust swarms and heavy rainfall and flooding. In September 2020, the Nile river rose to its highest level in 100 years, destroying over 111,000 homes and forcing the Government to declare a 3-month state of emergency.

Sudan hosts more than 3.7 million refugees and internally displaced people. Resources in the hosting areas are overstretched, food supplies are running low and education and health services are under-resourced.

By the end of January 2021, over 60,000 Ethiopian refugees had crossed the border into Sudan refugees fleeing the conflict in the neighbouring Tigray region. Additionally, the new crisis in 4 Darfur states has led to over another 100,000 displaced people, mostly people that were already displaced.

Organisations are reporting shortages of essential medicines across the country, while the COVID-19 is challenging Sudan's weak health system even further.

## Future for refugees?

With the unstable situation in their home countries and the inhuman conditions in the Sudan one of the only opportunities to survive is to move to Europe. To avoid another wave of refugees as faced in 2015 European refugee crisis the conditions should be improved and negotiation should be pushed forward.



Source: <https://www.icrc.org/en/where-we-work/africa/south-sudan/south-sudan-refugees>  
<https://reliefweb.int/report/sudan/health-centre-rehabilitated-mobile-clinics-deployed-support-east-sudan-s-refugee-crisis>  
<https://www.bbc.com/news/world-africa-55147858>  
<https://www.voanews.com/africa/un-eritrean-refugees-tigray-face-humanitarian-crisis>  
<https://reliefweb.int/report/sudan/echo-factsheet-sudan-last-updated-03032021>

## 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.

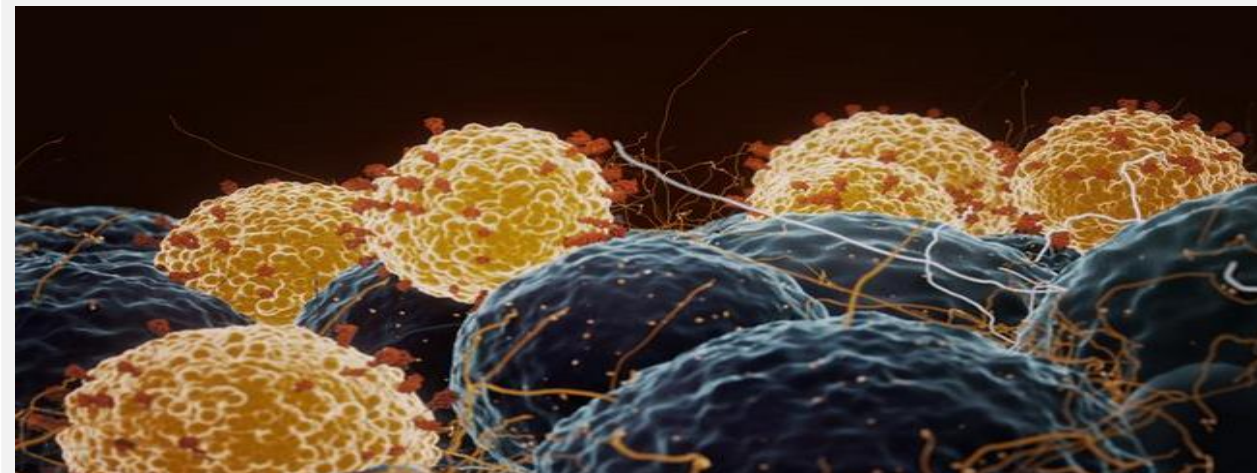
**A full vaccination has already taken place, do I still have to be in quarantine if I am a contact person or if I am entering from a risk area:**

-> **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>



## 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!

04<sup>th</sup> March 2021

**Aljazeera**

### **Antibodies from S Africa COVID variant may offer cross-protection**

<https://www.aljazeera.com/news/2021/3/4/antibodies-from-south-africa-covid-variant-may-offer-protection>

04<sup>th</sup> March 2021

**Los Angeles Times**

### **San Diego Zoo vaccinates apes against COVID-19**

<https://www.latimes.com/california/story/2021-03-04/san-diego-zoo-vaccinates-apes-against-covid-19>

26<sup>th</sup> February 2021

**DW**

### **COVID: Germany in lockdown lethargy**

<https://www.dw.com/en/covid-germany-in-lockdown-lethargy/a-56711655>

04<sup>th</sup> March 2021

**BBC**

### **Covid-19: Another new variant added to UK watch list**

<https://www.bbc.com/news/health-56284155>

04<sup>th</sup> March 2021

**Aljazeera**

### **WHO inspectors 'to scrap interim report' on probe of COVID origin**

<https://www.aljazeera.com/news/2021/3/4/who-inspectors-to-scrap-interim-report-on-probe-of-covid-origin>

05<sup>th</sup> March 2021

**The Guardian**

### **Experts warn Covid vaccines being sold on darknet likely to be scams**

<https://www.theguardian.com/australia-news/2021/mar/05/experts-warn-covid-vaccines-being-sold-on-darknet-likely-to-be-scams>

04<sup>th</sup> March 2021

**South China Morning Post**

### **Release coronavirus vaccine efficacy data, ex-China drug watchdog chief urges country's pharma firms**

<https://www.scmp.com/news/china/politics/article/3124113/release-covid-19-vaccine-efficacy-data-former-china-drug>

04<sup>th</sup> March 2021

**The Guardian**

### **Europe must 'get back to basics' to curb Covid resurgence, says WHO**

<https://www.theguardian.com/world/2021/mar/04/europe-must-deploy-health-basics-to-curb-covid-19-resurgence>

03<sup>rd</sup> March 2021

**The Guardian**

### **Covid deaths high in countries with more overweight people, says report**

<https://www.theguardian.com/world/2021/mar/03/covid-deaths-high-in-countries-with-more-overweight-people-says-report>

# 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:



**1**  
Crowded places

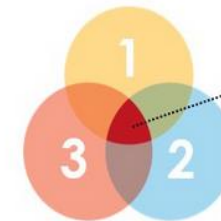
with many people nearby

**2**  
Close-contact settings

Especially where people have close-range conversations

**3**  
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.**