



Short Update 64a COVID-19 Coronavirus Disease 09th of April 2021



News:

- **EMA:** [Still recommends AstraZeneca's Corona vaccine](#). A possible link between the active substance and thrombosis had been established, but the benefits of the vaccine exceeded possible risks.
- **WHO:** Published [an interim statement](#) of the COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety on AstraZeneca COVID-19 vaccine.
- **COVAX:** The Facility has now delivered life-saving vaccines to over 100 economies since making its first international delivery to Ghana on 24 February 2021. So far, more than 38 million doses of vaccines from manufacturers AstraZeneca, Pfizer-BioNTech and Serum Institute of India (SII) have now been delivered.
- **ECDC:** Published a technical report on [reinfections with SARS-CoV-2](#) for the implementation of a surveillance case definition within the EU/EEA.
- **WHO:** Once again, Africa's poor supply of vaccines against Covid-19 has been criticised. Less than two percent of all vaccine doses delivered worldwide have so far been administered to people in Africa. Further delays in vaccine deliveries to Africa are expected, as India has temporarily banned the export of vaccines in the face of a strong second wave of corona.
- **ECtHR:** The European Court of Human Rights does not consider that vaccination is a violation of human rights. "The measures can be considered necessary in a democratic society," the court ruled after several families filed a lawsuit against the Czech immunization requirement for children. Czech health policy is in the "best interests" of children, the court ruled. "The aim must be to ensure that every child is protected against serious diseases, by vaccination or by herd immunity," the court added. The obligation to vaccinate is therefore not a violation of Article 8 of the European Convention on Human Rights (right to respect for private and family life).
- WHO's health emergencies online learning platform: [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](#).

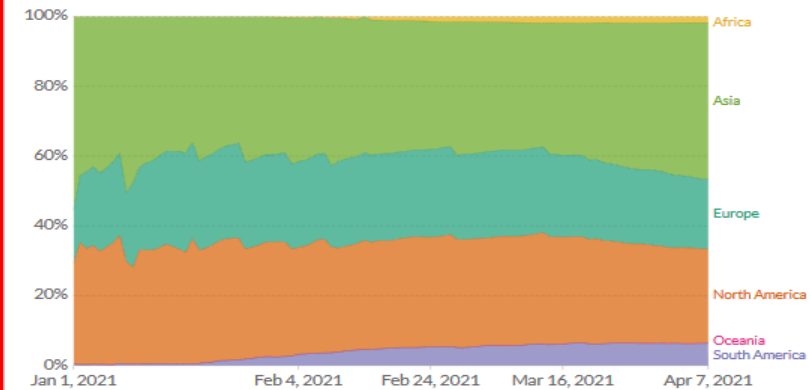
Topics:

- Statements on Vaccine Safety on AstraZeneca COVID-19 vaccine
- Global situation
- SARS-CoV-2 variants of concern
- **Subject in Focus:** Vaccination and non-pharmaceutical interventions for COVID-19
- Ramadan and COVID-19
- In the press
- Three ways to detect a corona infection
- Timeline COVID-19 infection
- Risk assessment of NATO/EU missions - A risk assessment for BIH* has been added this week.

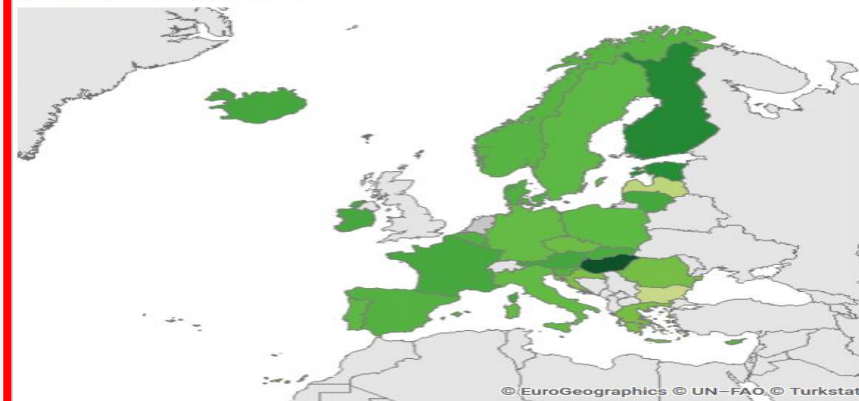
COVID-19 vaccine doses administered by continent

Total number of vaccination doses administered. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).

Relative



Cumulative uptake (%) of the first vaccine dose among adults (18+) in EU/EEA countries as of 2021-04-08



Uptake first dose (%)
Not Reported 38.6%

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GLOBAL



134 006 594

Confirmed cases

121 600 000 recovered

2 903 109 deaths

USA



(new cases/7days 139,9)

30 879 696

confirmed cases

29 310 000 recovered

557 803 deaths

Brazil

(new cases/7days 210,3)



13 279 857

confirmed cases

11 770 000 recovered

345 025 deaths

India

(new cases/7days 51,9)



13 060 542

confirmed cases

11 570 000 recovered

167 642 deaths

EUROPE



44 974 137
confirmed cases

40 330 000

recovered

976 608 deaths

France

(new cases/7days 364,0)



4 939 258

confirmed cases

4 278 000 recovered

98 037 deaths

Russia

(new cases/7days 40,7)



4 563 026

confirmed cases

4 325 000 recovered

100 158 deaths

GBR

(new cases/7days 30,2)



4 370 325

confirmed cases

4 183 000 recovered

126 980 deaths

Statements on Vaccine Safety on AstraZeneca COVID-19 vaccine

WHO statement

The COVID-19 subcommittee of the **WHO Global Advisory Committee on Vaccine Safety (GACVS)** has reviewed reports of rare cases of blood clots with low platelets following vaccination with the AstraZeneca COVID-19 vaccine (including Covishield) since their onset a few weeks ago.

At its most recent meeting on 7 April, 2021, the subcommittee reviewed latest information from the European Medicines Agency along with information from the United Kingdom's Medicines and other Health products Regulatory Agency (MHRA), and other Member States and noted the following:

- Based on current information, a causal relationship between the vaccine and the occurrence of blood clots with low platelets is considered plausible but is not confirmed. Specialised studies are needed to fully understand the potential relationship between vaccination and possible risk factors.
- The GACVS subcommittee will continue to gather and review further data, as it has done since the beginning of the COVID vaccine programme.
- It is important to note that whilst concerning, the events under assessment are very rare, with low numbers reported among the almost 200 million individuals who have received the AstraZeneca COVID-19 vaccine around the world.
- Rare adverse events following immunizations should be assessed against the risk of deaths from COVID-19 disease and the potential of the vaccines to prevent infections and reduce deaths due to diseases. In this context, it should be noted that as of today, at least 2.86 million people have died of COVID-19 disease worldwide.
- Side effects within two- or three-days following vaccination, the majority of which are mild and local in nature, are expected and common. However, individuals who experience any severe symptoms – such as shortness of breath, chest pain, leg swelling, persistent abdominal pain, neurological symptoms, such as severe and persistent headaches or blurred vision, tiny blood spots under the skin beyond the site of the injection - from around four to 20 days following vaccination, should seek urgent medical attention. Clinicians should be aware of relevant case definitions and clinical guidance for patients presenting thrombosis and thrombocytopenia following COVID-19 vaccination. To this end, the GACVS subcommittee also suggested that a committee of clinical experts including haematologists and other specialists is convened, for advice on clinical diagnosis and case management.
- Active surveillance, including sentinel site / hospital case-based investigations should be considered, to further characterise these rare events. WHO has developed template protocols that countries could adapt for such studies. The GACVS will meet again next week to review additional data and will be issuing further recommendations as relevant

WHO is carefully monitoring the rollout of all COVID-19 vaccines and will continue to work closely with countries to manage potential risks, and to use science and data to drive response and recommendations.

Source: <https://www.who.int/news/item/07-04-2021-interim-statement-of-the-covid-19-subcommittee-of-the-who-global-advisory-committee-on-vaccine-safety>

EMA statement

The European Medicines Agency (EMA) still recommends AstraZeneca's Corona vaccine. A possible link between the active substance and thrombosis had been established, but the benefits of the vaccine exceeded possible risks.

EMA's safety committee (PRAC) has concluded today that unusual blood clots with low blood platelets should be listed as very rare side effects of Vaxzevria (formerly COVID-19 Vaccine AstraZeneca).

In reaching its conclusion, the committee took into consideration all currently available evidence, including the advice from an ad hoc expert group.

EMA is reminding healthcare professionals and people receiving the vaccine to remain aware of the possibility of very rare cases of blood clots combined with low levels of blood platelets occurring within 2 weeks of vaccination. So far, most of the cases reported have occurred in women under 60 years of age within 2 weeks of vaccination. Based on the currently available evidence, specific risk factors have not been confirmed.

People who have received the vaccine should seek medical assistance immediately if they develop symptoms of this combination of blood clots and low blood platelets (see below).

The PRAC noted that the blood clots occurred in veins in the brain (cerebral venous sinus thrombosis, CVST) and the abdomen (splanchnic vein thrombosis) and in arteries, together with low levels of blood platelets and sometimes bleeding.

The Committee carried out an in-depth review of 62 cases of cerebral venous sinus thrombosis and 24 cases of splanchnic vein thrombosis reported in the EU drug safety database (EudraVigilance) as of 22 March 2021, 18 of which were fatal.¹ The cases came mainly from spontaneous reporting systems of the EEA and the UK, where around 25 million people had received the vaccine.

COVID-19 is associated with a risk of hospitalisation and death. The reported combination of blood clots and low blood platelets is very rare, and the overall benefits of the vaccine in preventing COVID-19 outweigh the risks of side effects.

EMA's scientific assessment underpins the safe and effective use of COVID-19 vaccines. Use of the vaccine during vaccination campaigns at national level will also take into account the pandemic situation and vaccine availability in the individual Member State.

One plausible explanation for the combination of blood clots and low blood platelets is an immune response, leading to a condition similar to one seen sometimes in patients treated with heparin (heparin induced thrombocytopenia, HIT). The PRAC has requested new studies and amendments to ongoing ones to provide more information and will take any further actions necessary.

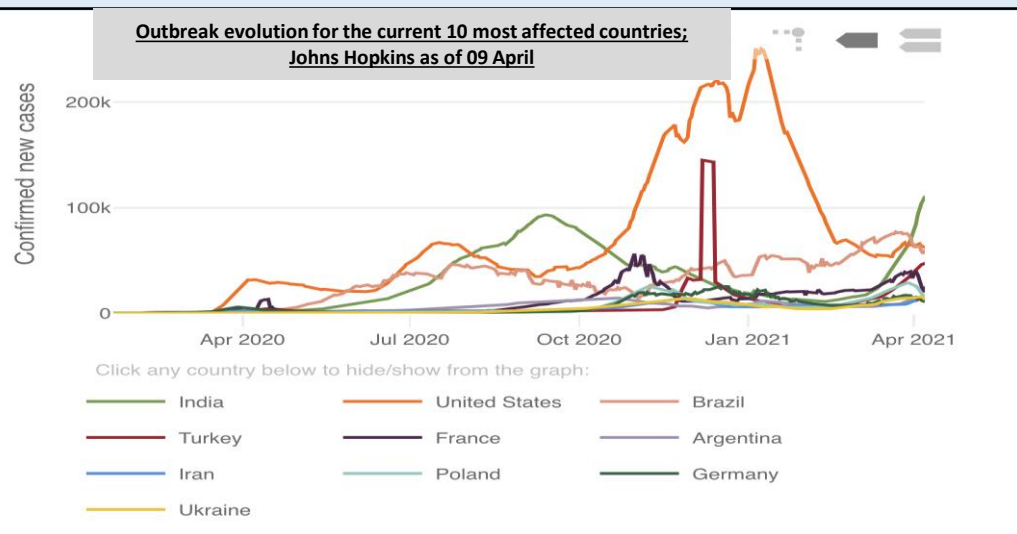
The PRAC stresses the importance of prompt specialist medical treatment. By recognising the signs of blood clots and low blood platelets and treating them early, healthcare professionals can help those affected in their recovery and avoid complications.

Vaxzevria is one of four vaccines authorised in the EU for protecting against COVID-19. Studies show that it is effective at preventing the disease. It also reduces the risk of hospitalisation and deaths from COVID-19.

As for all vaccines, EMA will continue to monitor the vaccine's safety and effectiveness and provide the public with the latest information.

Source: <https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-ema-finds-possible-link-very-rare-cases-unusual-blood-clots-low-blood>

Global Situation



Country reports:

Countries in the Arab world want to tighten regulations again during the festive period because of a feared increase in corona infections during the Muslim fasting month of Ramadan. **Saudi Arabia** wants to ban traditional fasting (Iftar) and pre-dawn breakfast (Suhur) in mosques, the Al-Arabiya news channel reported. Believers in **Dubai** in the **United Arab Emirates** must wear masks in mosques and are allowed to stay there for a maximum of 30 minutes for special night prayer (Tarawih). In **Oman**, public life is again severely restricted during Ramadan, which is expected to begin next Tuesday in most countries. Shops must remain closed and all activities in the fields of sport, culture and entertainment must also be suspended. There will also be a night curfew from 9 p.m. to 4 a.m. In **Morocco**, the existing curfew will also continue to apply during the month of fasting. There, people are not allowed to leave the house between 8 p.m. and 6 a.m. In **Turkey**, stricter Corona measures are also planned during Ramadan.

DEU: In view of the increasing number of cases, the German Interdisciplinary Association for Intensive and Emergency Medicine (DIVI) is calling for rapid drastic restrictions on public life instead of easing. In the past few days, 80 to 100 patients have been added to the intensive care units every day. More than 5000 patients are expected by the end of April.

ITA: Italy's Prime Minister Mario Draghi is making easing of the Corona locks conditional on advances in vaccination. It is essential that the older populations with a high risk of corona death are vaccinated before new steps become possible. He also calls for a temporary halt to vaccinations for under-60s. Instead, the protection of the elderly should be a priority. Unlike other countries, Italy did not give priority to pensioners at the start of the vaccination campaign at the end of December. Experts say this has led to thousands of deaths.

NLD: Dutch investigators say they have prevented an attack on a Corona vaccination centre. A 37-year-old man has been arrested on suspicion of a terrorist attack in Den Helder, the prosecutor's office said. The man reportedly wanted to detonate an explosive device in the vaccination center, thereby sabotaging the vaccinations.

ESP: The introduced sharp mask requirement is relaxed. On the beach, the mask can now be removed as long as the visitors are in a fixed place and keep at least 1.5 meters away from others. Even when swimming, no mask is required to be worn, as well as during "absolutely necessary" times of eating or drinking in public.

CZE: The highest administrative court in the Czech Republic has confirmed the Corona test obligation at the workplace. A worker of an automotive supplier had sued because he usually saw a medical intervention requiring consent. The judges considered the measure proportionate, a spokesman said. A smear of the throat is not such a powerful interference with the physical integrity and human dignity of the worker that the obligation to test must be stopped. It must be borne in mind that, in this way, a complete closure of the establishments could be prevented.

UKR: The death toll and hospital admissions for coronavirus infections have reached a new high in Ukraine. Within the previous 24 hours, 481 people had died and 5587 had been hospitalized, health authorities said. The situation has been worsening for months, and the health system is overstretched.

VAT: The Vatican Museums and Gardens are scheduled to reopen on 3 May. This was announced by the museum in the Vatican State in Rome. However, in order to protect health during the pandemic, visits would have to be booked in advance on the Internet on the museums' website. In addition, only a limited number of guests are admitted. The opening date is provisional and depends on the development of the Corona figures.

TUR: A record number of new infections were again recorded on Thursday. According to official figures from the Ministry of Health, the figure was 55,941. In addition, 258 deaths were recorded.

MAR: A new variant of the coronavirus has been discovered in the country, according to a state science panel. The variant, first identified in the city of Ouarzazate, was described as "100 percent Moroccan." It was unclear at first whether it was a cause of the recent increase in infections in the country.

IRN: Iran's interior minister is infected with the Corona virus, according to the well-informed Fars news agency. Iran has been in the fourth corona wave since the beginning of the week. The number of new corona cases and deaths related to the Sars-CoV-2 virus has risen dramatically since then. Within a day, 185 deaths and 22,586 new infections related to the virus were recorded, the health ministry said on Thursday.

BRA: Even at the height of the pandemic in Brazil, President Jair Bolsonaro continues to rule out tough curfews in the South American country.

ARG: In the face of the second wave of the Corona pandemic in Argentina, the country's government is again imposing strict curfews. A nightly curfew will be in place in the most affected districts from Friday between midnight and 6 a.m. Private gatherings in houses and apartments beyond one's own family will be prohibited until the end of April, and open-air meetings will be limited to a maximum of 20 people. Restaurants and bars must close at 11 p.m., casinos and discos will be completely closed.

Global Situation

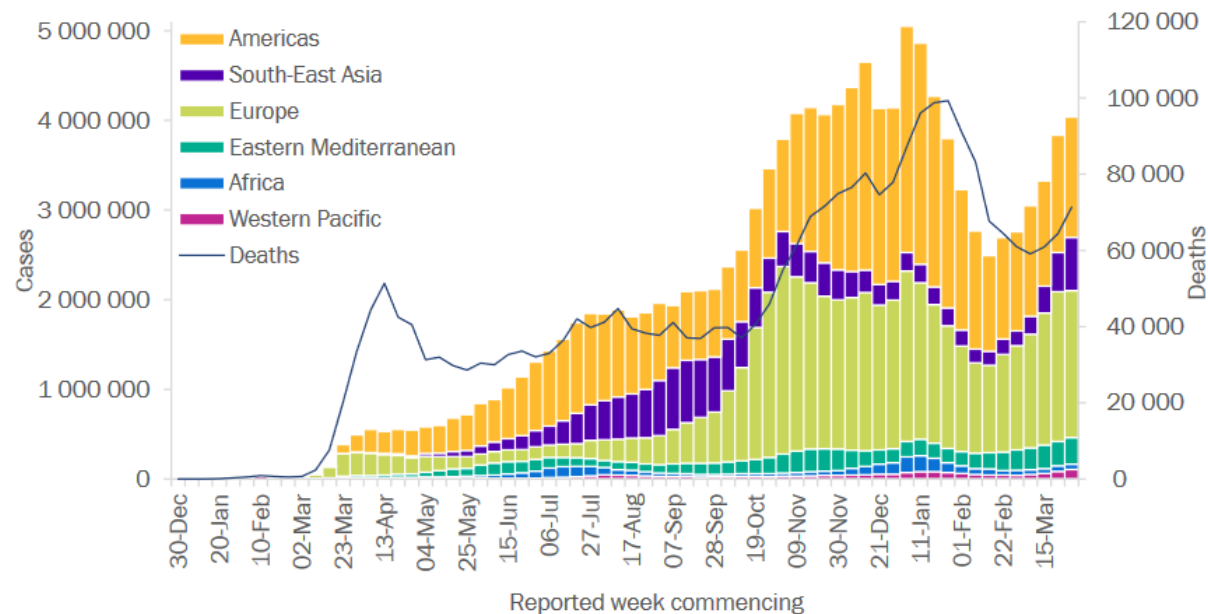
Global epidemiological situation overview; WHO as of 06 April 2021

Globally, new COVID-19 cases rose for a sixth consecutive week, with over 4 million new cases reported in the last week. The number of new deaths also increased by 11% compared to last week, with over 71 000 new deaths reported. The largest increases in case incidence were observed in the South-East Asia (most notably in India) and the Western Pacific regions. All regions, except for the African Region, reported increases in the number of deaths, with the largest increase of 46% from the South-East Asia Region.

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

- **India**; reporting 513 885 cases, a 38% increase,
- **Brazil**; reporting 505 668 cases, a 5% decrease
- **United States of America**; reporting 444 756 cases, a 5% increase,
- **Turkey**; reporting 265 937 cases, a 43% increase and
- **France**; reporting 233 607 cases, 4% decrease.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 4 April 2021**



Vaccination news:

EU: The EU Commission does not believe that the approval of the Russian Corona vaccine Sputnik V can help overcome the vaccination bottlenecks in the short term. A representative of the Commission answered no to the question of whether preparations from Russia or China, for example, could help to vaccinate 70 percent of adults in the EU by the summer.

Moderna: Even six months after the complete corona vaccine with Moderna's mRNA vaccine, protection remains high, according to a new study. A long-term test of 33 subjects showed a still high level of antibodies against COVID-19 six months after the second vaccination in all age groups, US experts report in the New England Journal of Medicine (NEJM). The study will be continued in order to be able to observe the effectiveness of the vaccine for an even longer period of time.

GBR: The UK Vaccination Commission has amended its recommendation for the AstraZeneca vaccine. In future, the drug will only be given to adults over 30 years of age if possible, the Commission has announced. This is due to reports of rare cases of blood clots associated with vaccination with the vaccine. Anyone who has received the first vaccination in the UK with the vaccine should also get it with the second vaccination. Officials say the new recommendations for the use of AstraZeneca will not significantly disrupt the vaccination plan in the UK. Vaccines from other manufacturers are available in sufficient quantities.

RUS/SVK: Russia calls on Slovakia to return controversial Sputnik V vaccine doses. The authority responsible for Sputnik marketing abroad, RDIF, accuses the EU country of breach of contract and "an act of sabotage" because the vaccine has not been tested in one of the laboratories designated for this purpose. The delivered cans are now to go to other countries. According to the Slovak Medicines Agency (SUKL), the batch differs from those tested by the European Medicines Agency (EMA). The RDIF speaks of misinformation.

USA: Meanwhile, about one in five people are fully vaccinated against corona. Of the approximately 330 million U.S. residents, 66 million are fully vaccinated, data from the U.S. Food and Drug Administration (FDA) showed. In terms of the number of adults currently eligible to be vaccinated - around 260 million people - there is a vaccination rate of 25 percent. A good 112 million people have received at least one vaccination since the start of the vaccination campaign in mid-December, according to the CDC. This corresponds to one third of the total population. In total, around 175 million doses have been vaccinated for initial and secondary vaccinations since then.

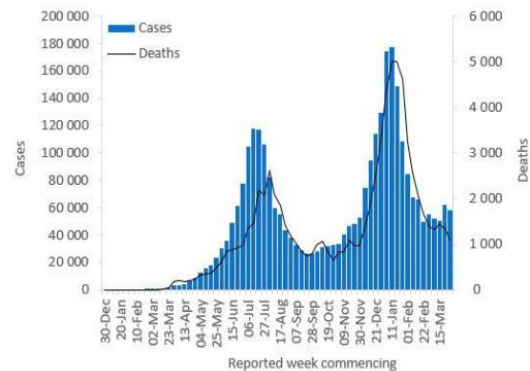
AUS: Australia's health authorities recommend only Pfizer/BioNTech vaccine vaccinations for under-50s instead of AstraZeneca. The decision was taken after experts from the European Medicines Agency (EMA) found a possible link between the AstraZeneca active substance and very rare cases of thrombosis. The risk is "extremely low." Nevertheless, the government has changed its recommendations.

Situation by WHO Region, as of 06th April

African Region

The Region reported around 59 000 new cases and 1000 new deaths last week, a 6% and 20% decrease respectively compared to the previous week. The highest numbers of new cases were reported from Ethiopia (14 517 new cases; 12.6 new cases per 100 000 population; a 10% increase), Kenya (8747 new cases; 16.3 new cases per 100 000; a 5% decrease), and South Africa (7035 new cases; 11.9 new cases per 100 000; an 8% decrease).

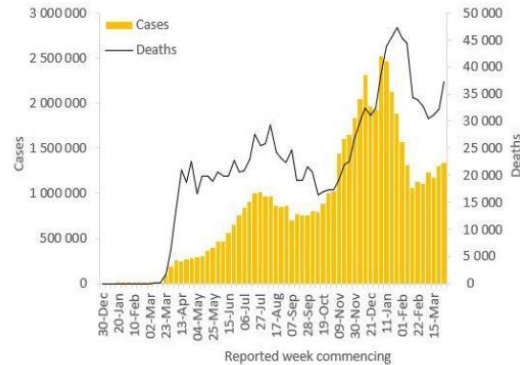
The highest numbers of new deaths were reported from South Africa (306 new deaths; 0.5 new deaths per 100 000 population; a 46% decrease), Ethiopia (152 new deaths; <0.1 new deaths per 100 000; a 11% increase), and Kenya (102 new deaths; 0.2 new deaths per 100 000; a 13% decrease).



Region of the Americas

The Region reported over 1.3 million new cases and over 37 000 new deaths, a 3% and a 15% increase respectively compared to the previous week. Overall, there has been an increasing trend in weekly case incidence over the last six weeks. The highest numbers of new cases were reported from Brazil (505 668 new cases; 237.9 new cases per 100 000; a 5% decrease), the United States of America (444 756 new cases; 134.4 new cases per 100 000; a 5% increase), and Argentina (82 102 new cases; 181.7 new cases per 100 000; a 46% increase).

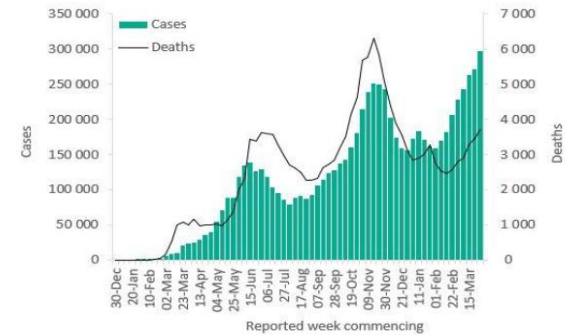
The highest numbers of new deaths were reported from Brazil (21 094 new deaths; 9.9 new deaths per 100 000; a 26% increase), the United States of America (7536 new deaths; 2.3 new deaths per 100 000; an 8% increase), and Mexico (2992 new deaths; 2.3 new deaths per 100 000; an 18% decrease).



Eastern Mediterranean Region

The Region reported over 297 000 new cases and about 3700 new deaths, a 10% and a 7% increase respectively compared to the previous week. Both cases and deaths are on an upward trajectory with new cases increasing for the past eight weeks. The highest numbers of new cases were reported from the Islamic Republic of Iran (73 471 new cases; 87.5 new cases per 100 000; a 38% increase), Jordan (44 742 new cases; 438.5 new cases per 100 000; a 19% decrease), and Iraq (41 043 new cases; 102.0 new cases per 100 000; an 9% increase).

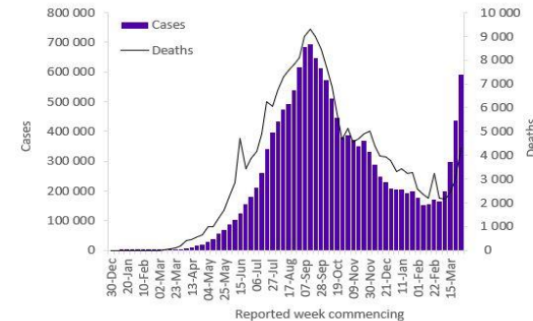
The highest numbers of new deaths were reported from the Islamic Republic of Iran (691 new deaths; 0.8 new deaths per 100 000; an 18% increase), Jordan (658 new deaths; 6.4 new deaths per 100 000; a 4% decrease), and Pakistan (539 new deaths; 0.2 new deaths per 100 000; a 50% increase).



South-East Asia Region

The Region reported over 592 000 new cases and 4300 new deaths, a 36% and a 46% increase respectively compared to the previous week. Case incidence rates have risen markedly through March, with a sharp increase in the past three weeks. The number of new deaths continued to increase in the past three weeks with a steep increase reported in past one week. India contributed 87% of new cases and 71% of new deaths in the Region in the past week. The highest numbers of new cases were reported from India (513 885 new cases; 37.2 new cases per 100 000; a 38% increase), Bangladesh (38 471 new cases; 23.4 new cases per 100 000; a 67% increase), and Indonesia (35 522 new cases; 13 new cases per 100 000; a 2% decrease).

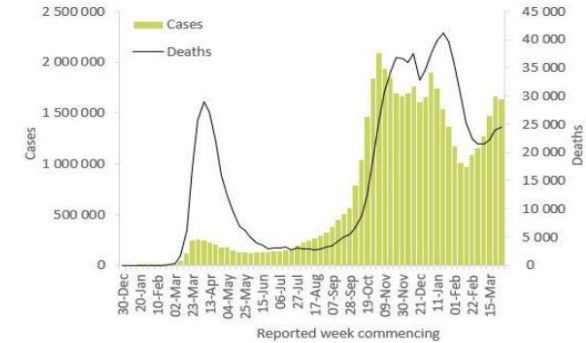
The highest numbers of new deaths were reported from India (3071 new deaths; 0.2 new deaths per 100 000; a 71% increase), Indonesia (878 new deaths; 0.3 new deaths per 100 000; a 4% decrease), and Bangladesh (344 new deaths; 0.2 new deaths per 100 000; a 71% increase).



European Region

After reporting a progressive increase in weekly cases for five weeks, the number of new cases reported this past week is similar to that reported in the previous week, with over 1.6 million new cases reported. The number of new deaths, however, has continued to increase for the past four weeks, with 24 000 new deaths reported. The highest numbers of new cases were reported from Turkey (265 937 new cases; 315.3 new cases per 100 000; a 43% increase), France (244 607 new cases; 374.7 new cases per 100 000; a 4% decrease), and Poland (187 551 new cases; 495.6 new cases per 100 000; a 3% decrease).

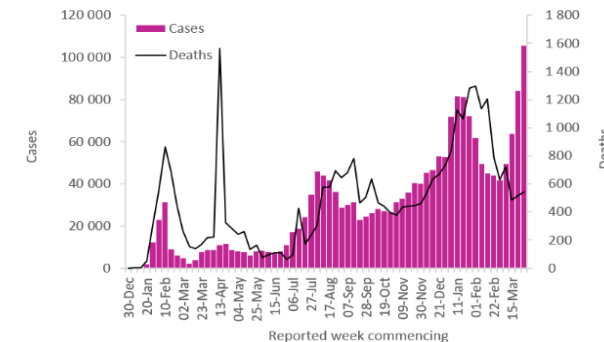
The highest numbers of new deaths were reported from Italy (3068 new deaths; 5.1 new deaths per 100 000; a 2% increase), Poland (3057 new deaths; 8.1 new deaths per 100 000; an 18% increase), and the Russian Federation (2634 new deaths; 1.8 new deaths per 100 000; a 3% decrease).



Western Pacific Region

The Region reported over 106 000 new cases and over 500 new deaths, a 25% and a 5% increase respectively compared to the previous week. A steep increase in the number of new cases has been observed over the past four weeks. The highest numbers of new cases were reported from the Philippines (71 606 new cases; 65.3 new cases per 100 000; a 27% increase), Japan (16 018 new cases; 12.7 new cases per 100 000; a 43% increase), and Malaysia (8968 new cases; 27.7 new cases per 100 000; similar to the previous week).

The highest numbers of new deaths were reported from the Philippines (264 new deaths; 0.2 new deaths per 100 000; a 15% increase), Japan (190 new deaths; 0.2 new deaths per 100 000; a 13% decrease), and Malaysia (35 new deaths; <0.1 new deaths per 100 000; a 59% increase).



Source:

<https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---6-april-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 16 March 2021.

As surveillance activities to detect SARS-CoV-2 variant cases are strengthened at local and national levels, including systematic genomic sequencing, the number of countries reporting VOCs has continued to increase. This information should be interpreted with due consideration of surveillance limitations, including but not limited to differences between countries in sequencing capacity and prioritization of samples for sequencing.

Table 3: Overview of emerging information on variants of concern, as of 30 March 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, alias P.1 [†]
GISAID clade	GR	GH	GR
Alternate names	VOC 202012/01 [†]	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	H69/V70 deletion; Y144 deletion; N501Y; A570D; and P681H	L242/A243/L244 deletion; K417N E484K, N501Y	K417T, E484K; N501Y
Key mutation in common	S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)		
Countries reporting cases (newly reported in last week)**	130 (5)	80 (5)	45(4)

Table 4: Overview of variants of interest (VOIs), as of 30 March 2021*

Nextstrain clade	20C	20C/S.452R	20B/S.484K	Not yet assigned	20C	20C
PANGO lineage	B.1.525	B.1.427/B.1.429	B.1.1.28.2, alias P.2	B.1.1.28.3 alias P.3	B.1.526 (with E484K or S477N)	B.1 descendant with 9 mutations
GISAID clade	G/484K.V3	GH/452R.V1	GR	Not yet assigned	GH	GH
Alternate names		CAL.20C/L452R		PHL-B.1.1.28		
First detected by	United Kingdom and Nigeria	United States of America	Brazil	Philippines and Japan	United States of America	France
First appearance	December 2020	June 2020	April 2020	February 2021	November 2020	January 2021
Key spike mutations	H69-V70 deletion; Y144 deletion; Q52R; E484K; Q677H; D614G; and F888L	L452R; W152C; S13I; and D614G	L18F; T20N; P26S; F157L; E484K; D614G; S929I; and V1176F	141-143 deletion; E484K; N501Y; and P681H	L5F; T95I; D253G; D614G; A701V; and E484K or S477N	G142 deletion; D66H; Y144V; D215G; V483A; D614G; H655Y; G669S; Q949R; and N1187D

Figure 4. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 30 March 2021

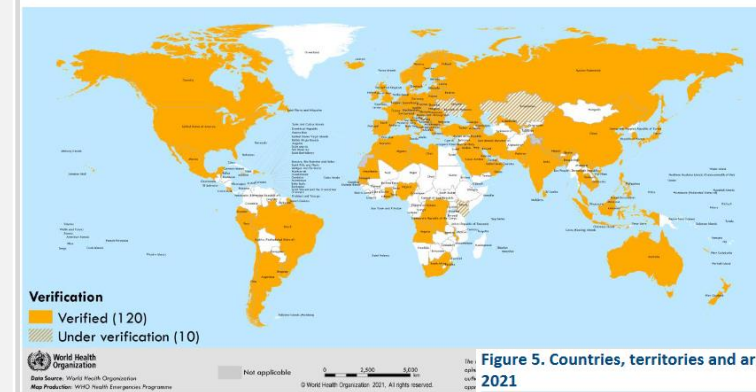
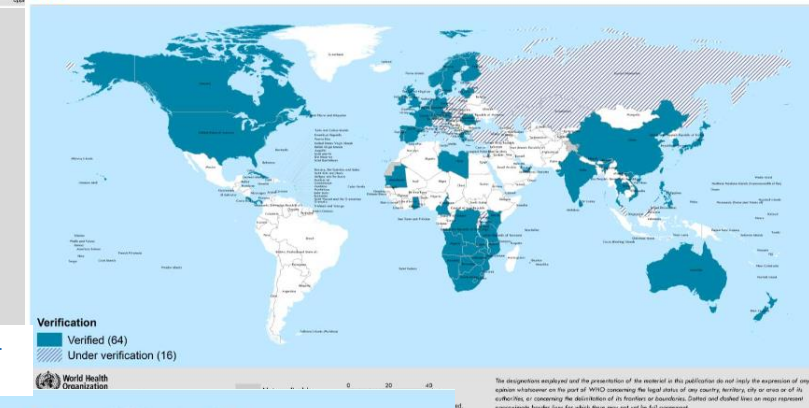


Figure 5. Countries, territories and areas reporting SARS-CoV-2 variant 501Y.V2 as of 30 March 2021



Countries, territories and areas reporting SARS-CoV-2 variant P.1 as of 30 March 2021



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---31-march-2021>

Subject in Focus:

Vaccination and non-pharmaceutical interventions for COVID-19: a mathematical modelling study

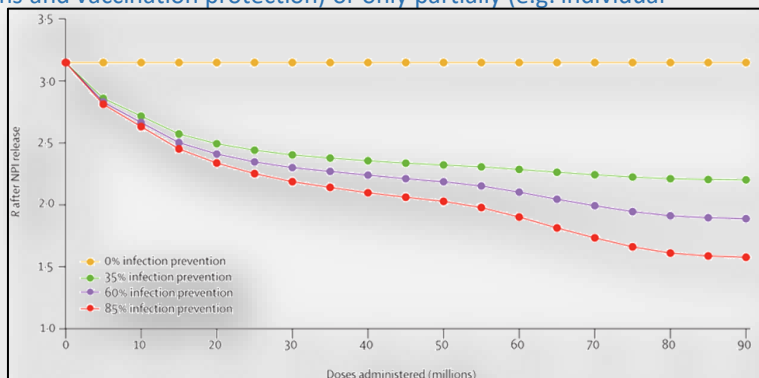
The dynamics of vaccination against SARS-CoV-2 are complicated by age-dependent factors, changing levels of infection, and the relaxation of non-pharmaceutical interventions (NPIs) as the perceived risk declines, but even after vaccinations, a normal everyday life is not a matter of course - calculation models provide new clues.

Vaccine production, approvals, distributions and vaccination scares are currently in full swing worldwide (although the African continent is currently receiving very little vaccine support).

There is a great hope that vaccinations are most likely to enable a return to normal everyday life and that the pandemic can be stopped. British scientists have now tried to use the data available so far to create a predictive model for future pandemic development. In this model, assumptions about the course of infection in relation to the immunization rate and the so-called non-pharmaceutical interventions (NPI) were calculated.

Predictable - the model calculations come to a rather gloomy result - however, the authors also explicitly point out that they assume a so-called "worst case" scenario and that many factors have not been taken into account (e.g. influence of virus variants on infections and vaccination protection) or only partially (e.g. individual probability of illness).

Undoubtedly, the authors believe that a premature reduction in non-pharmaceutical protection/intervention measures (NPIs) (i.e. mask wear, distance, lockdowns, etc.) would have fatal consequences - no matter how many people are vaccinated. This basic assumption is supported by the fact that there is no indication so far that vaccinations alone can interrupt

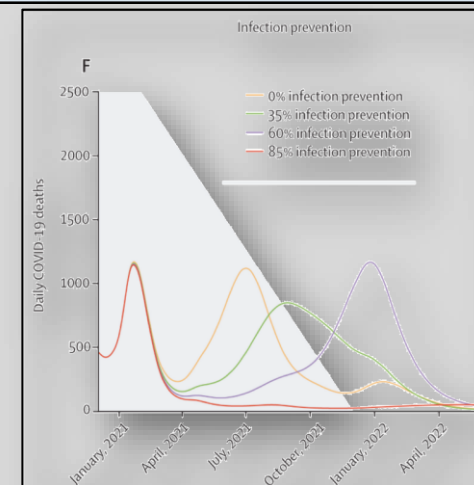


infection chains, i.e. create sterile immunity. If one now assumes the ideal case of vaccination (95% of the over 80s, 85% of the 50-79 year olds and 75% of the 18-49 year olds), then there would be vaccination protection in the population of 88%. However, a complete renunciation of NPIs would further enable the COVID-19 spread and lead to an R-value of 1.58. As described above, neither virus variants nor vaccine breakthroughs are taken into account. What is the maximum theoretical value of the model if there is no vaccination protection? Here you even get to $R = 3.15$. According to these extreme considerations, however, the calculated effects of NPIs at different times are more interesting. Not surprisingly, the reduction in infections and deaths is strongest the sooner and longer the protective measures are applied.

However, for the UK, which is currently running Europe's most successful vaccination campaign, the authors still see a very high number of COVID-19-related deaths by 2024 when easing measures are launched from April 2021. According to their model calculations, it seems particularly important to scientists that too early a relaxation of protective measures not only endangers people who have not yet been vaccinated, but also has serious consequences for partially vaccinated persons.

Clearly, the very positive effect of extending the protection measures for 5 to 10 months with an increasing vaccination rate on the reduction of deaths - in the worst case, about 1,600 people die per day. This rate can be reduced to up to 50 per day.

Notes: as described above, extreme assumptions and calculation bases have been used by the authors. It is to be hoped that this will be sufficiently taken into account in citations and use of the data. Previous experience shows, for example, that even the vaccinations of high-risk groups (over 80 years, elderly and nursing home residents) can drastically reduce the number of COVID-19 deaths. Although re-infections or re-outbreaks are possible and reality in vaccinated or people who have already undergone an infection, the course of infection is much less likely to be associated with complications and deaths. Nevertheless, the goal must of course be to prevent the spread of SARS-CoV-2, which continues to be fast, safe and efficient. This makes a comprehensive testing strategy even more important.



Take Home Messages:

- Vaccinations alone will not end the COVID-19 pandemic
- Non-pharmaceutical protection and intervention measures are still mandatory until comprehensive vaccination protection is achieved, as there is a risk of virus transmission and regular cluster outbreaks.
- Regardless of current and possible future virus mutations, a permanent global eradication of SARS-CoV-2 seems unlikely
- Comprehensive, fast, safe diagnostic testing capacities will also be absolutely necessary in the future to detect infections, interrupt infection chains and contain outbreak clusters.
- The development of sustainable human, infrastructural and information technology resources in the public health service is imperative. All measures require the development and implementation of a strategic public health concept.
- The sustainability of the public health service can only be ensured with a high level of investment, especially with regard to the effects of new virus variants.

Table 2 Model projections of deaths from COVID-19 in the UK between Jan 1, 2022, and Jan 1, 2024

	0% infection prevention	35% infection prevention	60% infection prevention	85% infection prevention
Default uptake	129 300 (102 600-154 800)	133 200 (91 100-189 800)	96 700 (51 800-178 900)	21 400 (1480-57 600)
Pessimistic uptake	164 900 (134 500-190 600)	177 700 (129 100-235 700)	147 800 (89 000-235 000)	57 100 (23 000-111 500)
Optimistic uptake	108 700 (84 600-132 200)	105 800 (68 500-160 300)	63 251 (29 397-137 198)	1030 (300-17 500)

Means and 95% credible intervals are shown. Strict non-pharmaceutical interventions remain in place until Jan 1, 2022, and then are completely released, by which time all adults over 18 years of age have been offered the vaccine. Three different assumptions about vaccine uptake are considered: default 95%, 85%, and 75%; pessimistic 90%, 80%, and 70%; and optimistic 95%, 90%, and 85% in those aged 80 years and older, 50-79 years, and 18-49, respectively.



Ramadan and COVID-19

Ramadan:

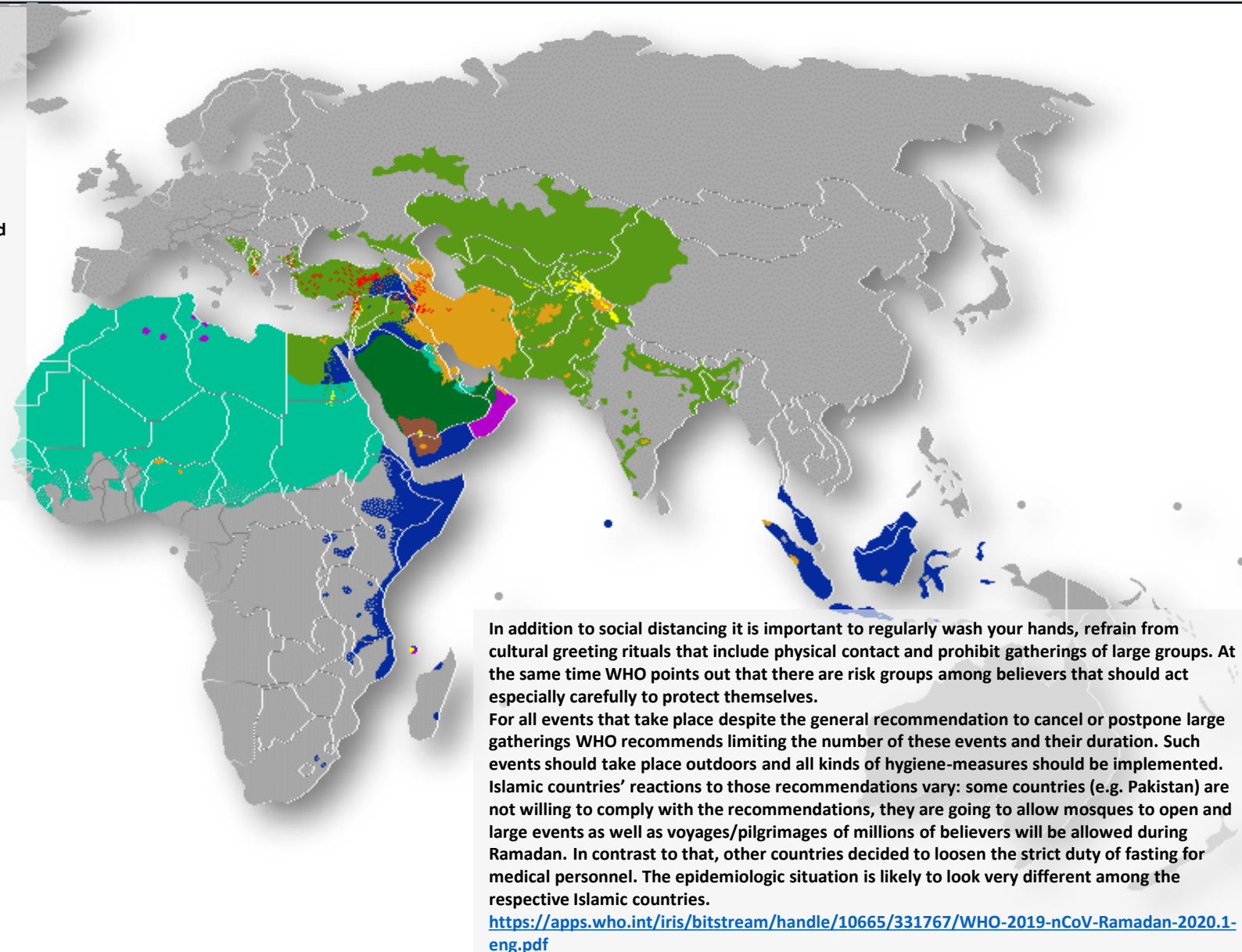
The Ramadan, the month of fasting for the Muslims and the subsequent Fast-Breaking (“Iftar”) are two important events in the Islamic calendar. As one of the five pillars of Islam fasting during Ramadan is conducted by 1.8 billion people (approx. ¼ of global population). Like many other cultural and religious festivities and events worldwide, the Ramadan, starting at the end of April and lasting until the end of May is affected by the pandemic.

During Ramadan/fasting numerous social and physical contacts take place for religious reasons (e.g. increased and intensive visits to the mosques, pilgrimages and celebrations with the family). The usual way of conducting these activities are often not compliant with the rules of social distancing and other prevention measures. Therefore, WHO has published recommendations for celebrating a safe Ramadan. These recommendations should enable believers to fulfil their religious duties while at the same time complying with medical and epidemiological prevention measures to contain the deadly virus.

The most effective measures are the postponement or cancellation of social and religious gatherings, as recommended by the WHO whenever possible. It is recommended to use all available virtual/digital ways of communication to replace physical gatherings for religious interaction to the maximum possible extent.

A strong communication strategy has to be implemented by the authorities (especially national health authorities) to make believers understand, accept and comply with the necessary measures. In order to protect yourself and other from infection WHO still recommends the following:

SUNNI	
	HANAFI
	HANBALI
	MALIKI
	SHAFI'I
SHIA	
	ISMAILI
	JAFARI
	ZAIDI
	OTHER
OTHER	
	IBADI



In addition to social distancing it is important to regularly wash your hands, refrain from cultural greeting rituals that include physical contact and prohibit gatherings of large groups. At the same time WHO points out that there are risk groups among believers that should act especially carefully to protect themselves.

For all events that take place despite the general recommendation to cancel or postpone large gatherings WHO recommends limiting the number of these events and their duration. Such events should take place outdoors and all kinds of hygiene-measures should be implemented. Islamic countries' reactions to those recommendations vary: some countries (e.g. Pakistan) are not willing to comply with the recommendations, they are going to allow mosques to open and large events as well as voyages/pilgrimages of millions of believers will be allowed during Ramadan. In contrast to that, other countries decided to loosen the strict duty of fasting for medical personnel. The epidemiologic situation is likely to look very different among the respective Islamic countries.

<https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf>

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!

03rd April 2021

Aljazeera

Iran faces fourth COVID wave after Nowruz holidays

<https://www.aljazeera.com/news/2021/4/3/iran-faces-fourth-covid-wave-after-nowruz-holidays>

04nd April 2021

DW

In pictures: COVID has Brazil in a stranglehold

<https://www.dw.com/en/in-pictures-covid-has-brazil-in-a-stranglehold/a-57071595>

04th April 2021

DW

COVID: How Germany forgot its most important agency

<https://www.dw.com/en/covid-how-germany-forgot-its-most-important-agency/a-57096890>

05th April 2021

BBC

Vitamin D: The truth about an alleged Covid 'cover-up'

<https://www.bbc.com/news/health-56180921>

31th March 2021

Aljazeera

14 countries raise concern over WHO report on COVID origin

<https://www.aljazeera.com/news/2021/3/30/fourteen-countries-raise-concern-over-who-report-covid-origin>

08th April 2021

The Guardian

'Think of others': elderly people in Zimbabwe dispel scepticism on Covid vaccine

<https://www.theguardian.com/global-development/2021/apr/08/think-of-others-elderly-people-in-zimbabwe-dispel-scepticism-on-covid-vaccine>

30th March 2021

SPIEGEL international

Vaccine Diplomacy:

The Surprising Success of Sputnik V

<https://www.spiegel.de/international/world/vaccine-diplomacy-the-surprising-success-of-sputnik-v-a-62e54cb2-3d76-4e1a-933b-9912e7c94e48>

08th April 2021

The Guardian

One in three survivors of severe Covid diagnosed with mental health condition

<https://www.theguardian.com/world/2021/apr/07/one-in-three-covid-survivors-diagnosed-with-mental-health-condition>

08th April 2021

The Guardian

Beijing colour-codes buildings to show workers' Covid vaccination rates

<https://www.theguardian.com/world/2021/apr/08/beijing-colour-codes-buildings-workers-covid-vaccination-rates>

Three ways to detect a corona infection

Source: <https://www.zusammengegenercorona.de/>

WHEN?

HOW?

RESULT?

WHAT NOW?

+ Self test

The antigen self-test also enables laypersons to test themselves by following the instructions for use. The result is valid for 24 hours.



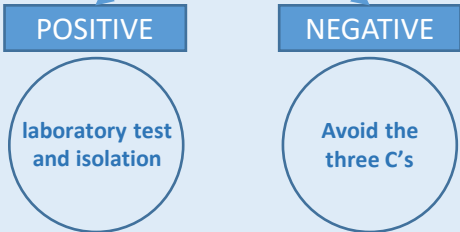
Situation: no suspicion, no symptoms.
Implementation: planned visits to family celebrations, friends, school or day-care
 ⇒ Preventive testing, third-party protection



freely available in pharmacies or in retail stores. Suitable for self-testing at home.

15-30 min

The test person determines the result autonomously by using the test strip



++ Rapid antigen test

A sample is taken by trained staff and evaluated on site. The result is valid for 24 hours.



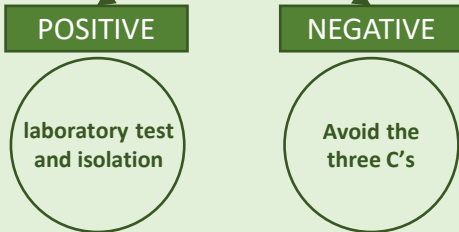
Situation: no suspicion, no symptoms or after contact with COVID-19 infected people
Implementation: planned visits to family celebrations, friends, school or day-care
 ⇒ Preventive testing, third-party protection



Implementation in medical practices or test centers by trained staff

15-30 min

Trained staff determine the result using test strips and provide written evidence



+++ Laboratory test

Specialist staff takes a sample from the nose or throat. The evaluation takes place in the laboratory. Due to the scientific investigation, the test takes longer, but it is also very reliable. It is considered the gold standard.



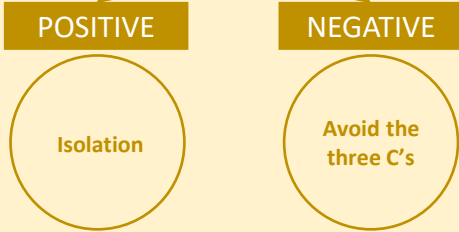
Situation: symptomatic persons, suspected cases, and/or after a positive quick test or self-test result.
 ⇒ Diagnostic



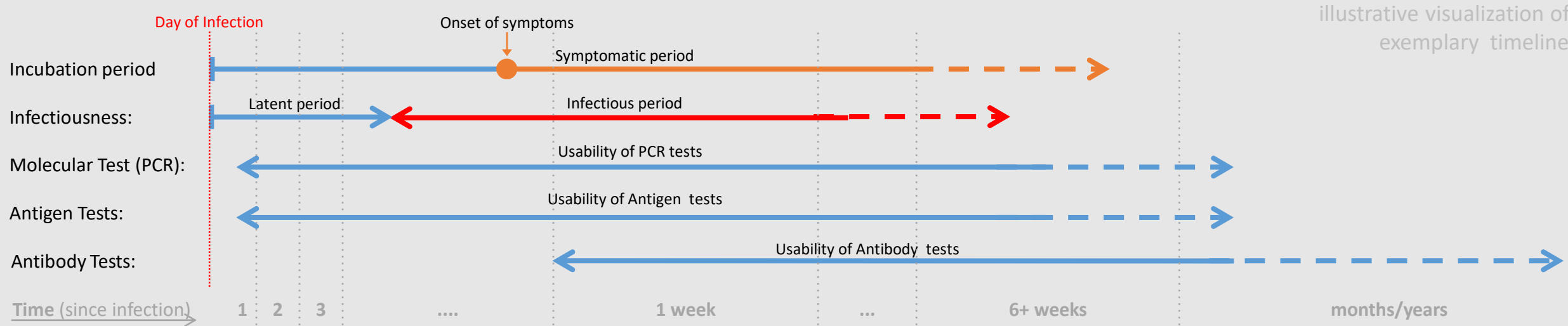
Implementation in medical practices or test centres by trained staff.

1 day

Laboratory analyses sample. Test person receives written or digital evidence.



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:>