



Short Update 65a COVID-19 Coronavirus Disease 16th of April 2021



GLOBAL

138 896 885
Confirmed cases
125 500 000 recovered
2 985 273 deaths

USA

(new cases/7days 148,0)
31 365 036
confirmed cases
29 740 000 recovered
562 931 deaths

India

(new cases/7days 84,2)
14 074 564
confirmed cases
11 970 000 recovered
173 123 deaths

Brazil

(new cases/7days 227,2)
13 746 681
confirmed cases
12 260 000 recovered
365 444 deaths

News:

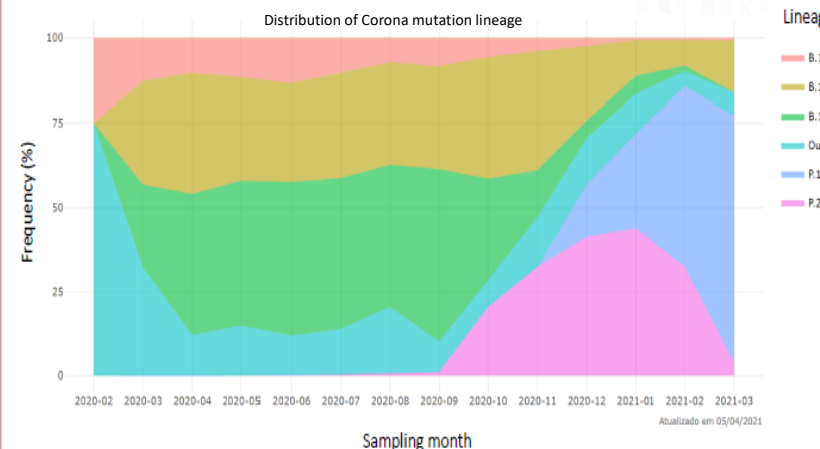
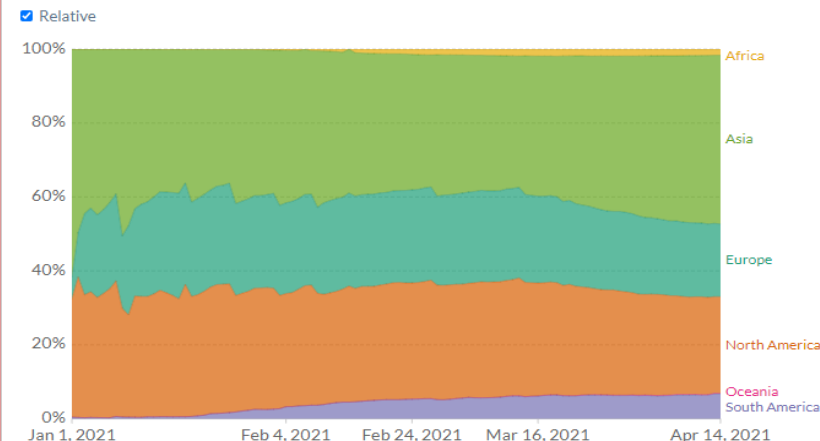
- In an open letter to US President Joe Biden, several Nobel laureates and former heads of state have called for a temporary suspension of patent law on Corona vaccines. The 170 signatories include Nobel laureates Muhammad Yunus, Joseph Stiglitz, and Francoise Barré-Sinoussi, France's ex-president Francois Hollande, former British Prime Minister Gordon Brown, and former Soviet leader Mikhail Gorbachev.
- EU:** EU Member States have given the go-ahead for a standardised vaccination card for travel within Europe. The document is due to be used from the summer onwards to determine whether a person can redistribute the coronavirus or at least how likely it is.
- WHO/UNAIDS:** Stressed again that a disruption to HIV services as high as 75% has been reported in some countries—to prevent increased AIDS-related deaths, HIV services must continue during the COVID-19 pandemic. [New mathematical modelling](#) now show the benefits of continuing to provide life-saving HIV services outweigh the risk of COVID-19 transmission by 100 to 1.
- USA:** In a [joint CDC and FDA Statement](#) on **Johnson & Johnson** COVID-19 Vaccine the capabilities recommend a pause in the use of this vaccine out of an abundance of caution. Until the process of reviewing and analysing cases is complete.
- WHO:** Published a interim guidance for a [safe Ramadan practices in the context of COVID-19](#).
- EMA:** Starts reviewing study data for the possible use of a COVID-19 antibody drug from the British pharmaceutical company GlaxoSmithKline. The aim is to provide EU-wide recommendations to national authorities, which could decide on this basis on the early application of the remedy. According to study data, the drug "VIR-7831" reduces the risk of hospitalization and death in COVID patients by 85 percent. An emergency approval application was submitted in the USA in March.
- 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:

- Global situation
- SARS-CoV-2 variants of concern
- Subject in Focus:** Monoclonal Antibodies and COVID-19
- Ramadan and COVID-19
- In the press
- Three ways to detect a corona infection
- Timeline COVID-19 infection

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).



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EUROPE

46 619 322
confirmed cases
41 940 000
recovered
1 003 362 deaths

France

(new cases/7days 370,7)
5 187 879
confirmed cases
4 537 000 recovered
100 073 deaths

Russia

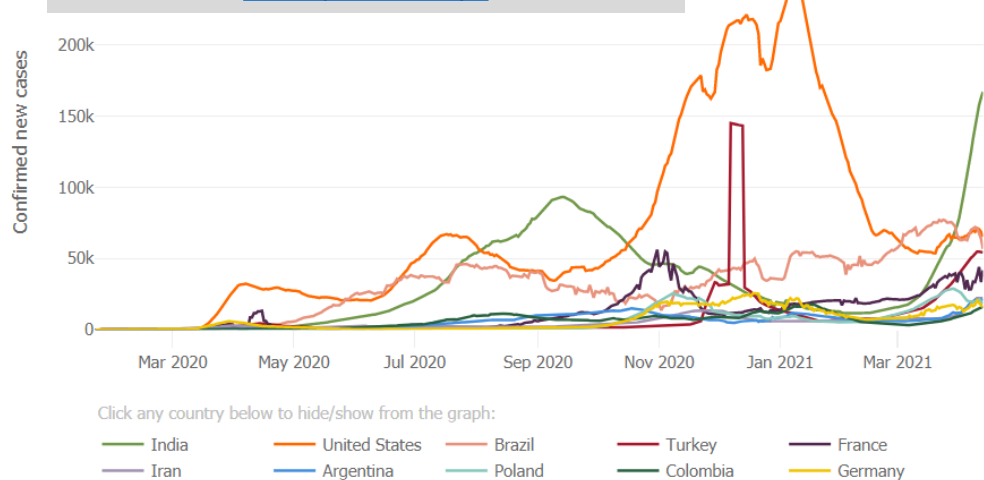
(new cases/7days 40,5)
4 622 464
confirmed cases
4 385 000 recovered
102 667 deaths

GBR

(new cases/7days 16,0)
4 380 980
confirmed cases
4 213 000 recovered
127 191 deaths

Global Situation

Outbreak evolution for the current 10 most affected countries;
Johns Hopkins as of 14 April



Country reports:

DEN: In four phases, the current travel restrictions will be relaxed. As of next Wednesday, the Danish government will no longer advise against all trips abroad in principle. The list of valid reasons for entry with which one is allowed into the country is extended. From then on, exchange students, summer house and boat owners as well as permanent campers can also enter. Phases two to four are scheduled for May 1 and 14, and probably June 26. From phase two onwards, vaccinated tourists from EU and Schengen countries with passable infection figures will be able to enter without testing and quarantine. Phase three will also exempt people, including holidaymakers from border areas, from the quarantine requirement. In the final phase, danes should be able to take summer holidays in Europe and receive tourists in Denmark on the condition that they can detect negative tests, vaccinations or surviving infections.

CHE: Corona rules will be relaxed from next Monday, despite rising infection numbers. From Monday, leisure establishments with indoor spaces, such as indoor enclosures in the zoo or greenhouses in botanical gardens, will also be allowed to open. Outdoor events are allowed again with up to 100 guests, with up to 50 people indoors. Theatres and concert halls may only offer one third of their seating capacity. Universities are allowed to offer classroom instruction again. Inside, distances must be maintained and masks must be worn.

GBR: According to official data, centres are to be set up throughout the country to treat the long-term effects of COVID-19. By the end of the month, there should already be 83 such centres across England. According to data from the UK's Statistics agency ONS, at least 600,000 people in England have suffered from COVID-19 disease for more than 12 weeks.

IND: The Ministry of Health has recorded 217,353 new infections – It is the eighth record in nine days. The highly contagious British variant was detected in 81 percent of the COVID samples. The variant is more infectious and virulent, currently a patient infects up to nine out of ten contact persons, compared to up to four people last year.

ISL: Corona requirements will be relaxed from today. The gym and swimming pools are allowed to open, but with only half as many visitors as normal, they must close by 10 p.m. at the latest. The same closing time now also applies to pubs, which are also allowed to receive customers again from today. Training sessions and sporting competitions are also allowed for children and adults, but without spectators. Up to 50 participants are now allowed on stage and 100 seated people in the audience in the choir and at other artistic events. The ceiling for participants in public meetings will be raised from 10 to 20.

GRE: If the Corona expert team agrees on Friday, the one-week quarantine requirement for tourists from EU countries will be abolished from next Monday. The prerequisite for this is that the arrivals are either fully vaccinated or have a current negative PCR test. Some of the arrivals will continue to be tested at random. In the country itself, tourists will then have to comply with the applicable Corona rules - for example, the mask requirement, which is still in place everywhere at the moment.

TUR: The number of daily corona new infections is reaching a new high. The Turkish Ministry of Health reported 62,797 new cases. This was the first time the number had risen above 60,000 since the start of the pandemic. With Corona's infections soaring, the government had tightened infection protection restrictions further this week. The evening curfew begins two hours earlier, i.e. at 7 p.m. Restrictions on travel between provinces have also been imposed.

KOR: On Wednesday, the highest increase in corona infections in three months was recorded. According to the health authority, 731 new cases were reported in 24 hours. The Department of Health said last weekend's increased mobility showed that people's caution was waning in public. In the coming days, therefore, there will be discussions about stricter rules to keep distance.

THA: On Wednesday, 1,335 new cases were registered within 24 hours, the number at an all-time high since the pandemic began. The government ordered all civil servants to work as much as possible in the home office. The private sector was recommended to take appropriate action as well. Travel restrictions have also been imposed in dozens of provinces. The government fears that the virus will spread further due to the traditional Songkran New Year celebration, which began on Tuesday and lasts all week.

ISR: After a one-year curfew due to the Corona pandemic, Israel will return to the country from 23 May. The prerequisite is that people are vaccinated against the coronavirus and can additionally demonstrate a negative PCR test. Upon arrival, tourists would also have to undergo an antibody test to prove their immunization against the coronavirus. According to the ministry, the entry permit for tourists is initially only valid for a limited number of group travellers. In a second step, the borders should then also be reopened to individual travellers.

BRA: Brazil's Supreme Court has given the go-ahead for the Senate to begin an investigation into President Bolsonaro's handling of the Corona pandemic. Critics accuse Bolsonaro of botching Brazil's response to the pandemic and opposing safeguards. He also failed to raise resources for vaccines and promoted the use of drugs that do not work against the virus.

ARG: Given the current infection situation, the government has again imposed strict curfews on large parts of the country. A curfew will be in place in the Buenos Aires area from 8 p.m. to 6 a.m. on Friday. Only workers in essential sectors are excluded. All social, sporting, cultural and religious events in enclosed spaces are prohibited. Schools and kindergartens must close by the end of April.

Global Situation

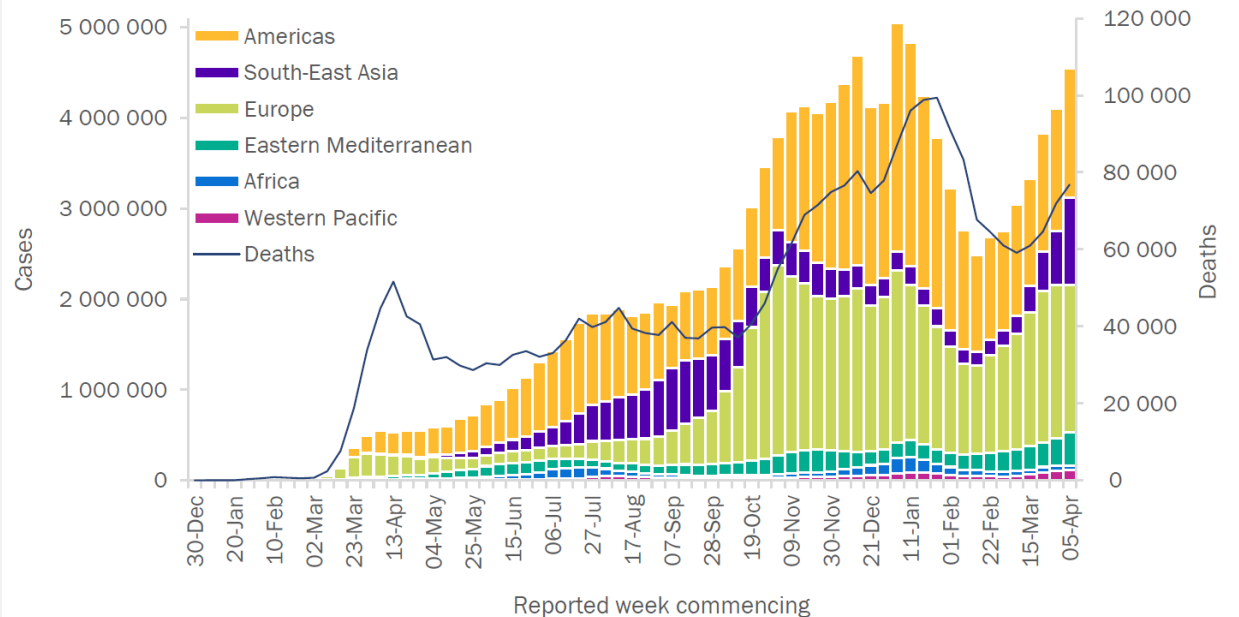
Global epidemiological situation overview; WHO as of 13 April 2021

Globally, new COVID-19 cases rose for a seventh consecutive week, with over 4.5 million new cases reported in the last week (Figure 1). The number of new deaths increased for the fourth consecutive week, increasing by 7% compared to last week, with over 76 000 new deaths reported. The largest increases in case incidence were observed in the South-East Asia (most notably in India) and the Eastern Mediterranean regions (Table 1). All regions, except for the African Region and the Americas, reported increases in the number of deaths, with the largest increase of 189% from the Western Pacific Region (largely driven by a steep increase in new deaths in the Philippines) followed by 47% in South-East Asia.

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

- **India;** reporting 873 296 cases, a 70% increase,
- **United States of America;** reporting 468 395 cases, a 5% increase,
- **Brazil;** reporting 463 092 cases, a 8% decrease
- **Turkey;** reporting 353 281 cases, a 33% increase and
- **France;** reporting 265 444 cases, 9% decrease.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 11 April 2021**



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---13-april-2021>

Vaccination news:

Moderna: The effectiveness of the Corona vaccine has been slightly downgraded. The vaccine protects 90 percent from COVID-19 disease and 95 percent from a severe course. In an article published in the New England Journal of Medicine in December, Moderna had declared efficacy at 94.1 percent. The new findings come from the ongoing third phase of a clinical trial involving more than 30,000 people in the United States. The company did not give the reason for the decline in efficacy, but it could be due to the new virus variants that are now circulating.

BioNTech: An additional 50 million doses of Corona vaccine are to be delivered to EU countries by the end of June. Corona vaccine production has also been ramped up, so 10 percent more vaccine doses could be delivered to the United States by the end of May than planned.

The head of the US pharmaceutical company Pfizer expects that corona vaccinations will have to be refreshed with the vaccine jointly developed by BioNTech and Pfizer. According to initial findings, a third immunization will probably be necessary within twelve months. In addition, another vaccination could be added every year.

POL: From now on, the vaccinations of the Olympic team for Tokyo as well as the participants in the European Football Championship and their supervisors can be organized. This decision is possible since the main risk groups have already been vaccinated in Poland. A total of 1077 Olympians and 60 footballers, including carers, were involved.

LTU: Following Denmark's renunciation of AstraZeneca's Corona vaccine, Lithuania intends to seek the remaining doses. The Baltic EU country has already signalled its interest in Copenhagen. However, it is unclear whether such trade is possible under EU procurement rules at all.

BTN: Within 13 days, about 94 percent of adults were given a first dose of Corona vaccine. That's about 62 percent of the roughly 770,000 residents.

USA: The "Excelsior" vaccination certificate is intended to make it easier for New Yorkers to return to everyday life. Anyone who has the "Excelsior Pass" is allowed to enter the reopening stadiums, concerts and theater performances and does not have to undergo the frequent corona tests. The pass is valid for 6 months.

IRN: 60 million doses of the corona vaccine Sputnik V from Russia had been bought. The contracts for this have already been signed. This means that there is enough vaccine available to vaccinate 30 million people. The vaccine doses should arrive in Iran by the end of the year. Iran is also developing its own vaccine, which entered the human trial phase in December and is due for delivery in the spring. A joint vaccine with Cuba is also being planned.

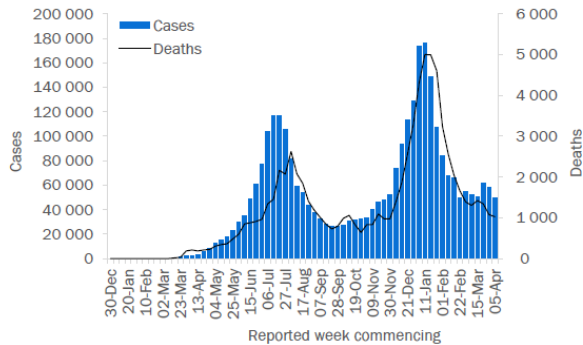
Situation by WHO Region, as of 13th April

WHO regional overviews

African Region

The African Region reported over 50 000 new cases and over 1000 new deaths, a 14% and a 5% decrease respectively compared to the previous week. Weekly cases incidence has fluctuated since late February 2021; however, deaths have continued an overall downward trend. The highest numbers of new cases were reported from Ethiopia (13 944 new cases; 12.1 new cases per 100 000 population; a 4% decrease), Kenya (7107 new cases; 13.2 new cases per 100 000; a 19% decrease), and South Africa (6026 new cases; 10.2 new cases per 100 000; a 14% decrease).

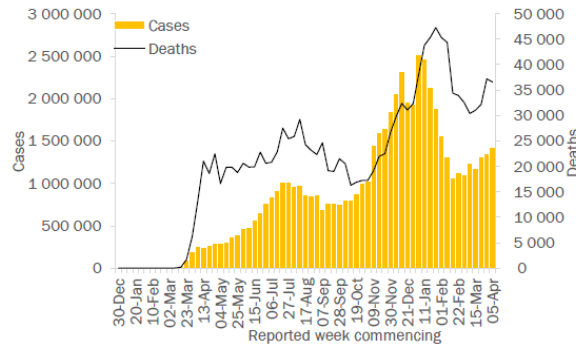
The highest numbers of new deaths were reported from South Africa (302 new deaths; 0.5 new deaths per 100 000 population; a 1% decrease), Ethiopia (210 new deaths; 0.2 new deaths per 100 000; a 38% increase), and Kenya (124 new deaths; 0.2 new deaths per 100 000; a 22% increase).



Region of the Americas

The Region of the Americas reported over 1.4 million new cases and over 36 000 new deaths, a 5% increase and 2% decrease respectively compared to the previous week. Cases have overall gradually increased since mid-February 2021. The highest numbers of new cases were reported from the United States of America (468 395 new cases; 141.5 new cases per 100 000; a 5% decrease), Brazil (463 092 new cases; 217.9 new cases per 100 000; an 8% decrease), and Argentina (124 728 new cases; 276.0 new cases per 100 000; a 52% increase).

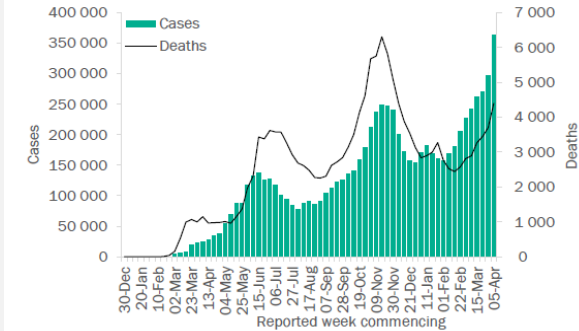
The highest numbers of new deaths were reported from Brazil (20 512 new deaths; 9.7 new deaths per 100 000; a 3% decrease), the United States of America (5173 new deaths; 1.6 new deaths per 100 000; a 31% decrease), and Mexico (3166 new deaths; 2.5 new deaths per 100 000; a 6% increase).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 364 000 new cases and just under 4400 new deaths, a 22% and a 19% increase respectively compared to the previous week. Upward trends in cases and deaths reported since February have continued, with steep increases this week compared to the previous week. The highest numbers of new cases were reported from the Islamic Republic of Iran (128 684 new cases; 153.2 new cases per 100 000; a 75% increase), Iraq (49 955 new cases; 124.2 new cases per 100 000; a 22% increase), and Jordan (35 520 new cases; 348.1 new cases per 100 000; a 21% decrease).

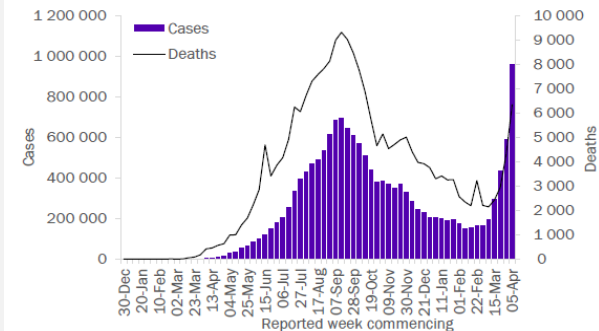
The highest numbers of new deaths were reported from the Islamic Republic of Iran (1233 new deaths; 1.5 new deaths per 100 000; a 78% increase), Pakistan (632 new deaths; 0.3 new deaths per 100 000; a 17% increase), and Jordan (578 new deaths; 5.7 new deaths per 100 000; a 12% decrease).



South-East Asia Region

The South-East Asia Region reported over 965 000 new cases and over 6300 new deaths, a 63% and a 47% increase respectively compared to the previous week. There were steep increases in both cases and deaths, and the highest number of weekly cases was reported in the Region since the beginning of the pandemic. The highest numbers of new cases were reported from India (873 296 new cases; 63.3 new cases per 100 000; a 70% increase), Bangladesh (48 660 new cases; 29.5 new cases per 100 000; a 26% increase), and Indonesia (35 344 new cases; 12.9 new cases per 100 000; a 1% decrease).

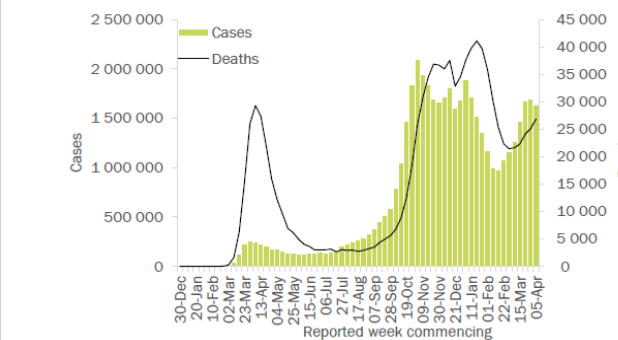
The highest numbers of new deaths were reported from India (4652 new deaths; 0.3 new deaths per 100 000; a 51% increase), Indonesia (1201 new deaths; 0.4 new deaths per 100 000; a 37% increase), and Bangladesh (448 new deaths; 0.3 new deaths per 100 000; a 30% increase).



European Region

The European Region reported over 1.6 million new cases and over 26 000 new deaths, a 4% decrease and a 7% increase respectively compared to the previous week. The decrease in cases this week was reported after six consecutive weeks of increases since late February. Deaths continued to increase for a fifth week. The highest numbers of new cases were reported from Turkey (353 281 new cases; 418.9 new cases per 100 000; a 33% increase), France (265 444 new cases; 408.1 new cases per 100 000; a 9% increase), and Poland (136 089 new cases; 358.5 new cases per 100 000; a 27% decrease).

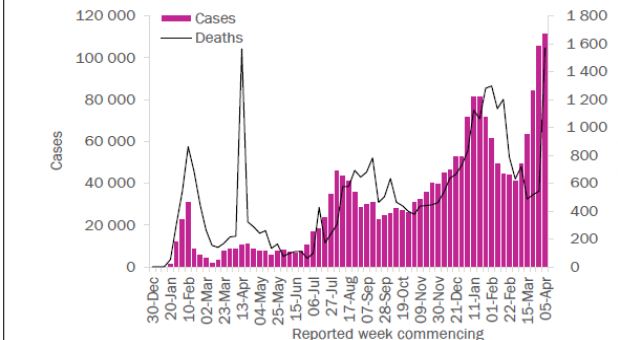
The highest numbers of new deaths were reported from Poland (3480 new deaths; 9.2 new deaths per 100 000; a 14% increase), Italy (3219 new deaths; 5.4 new deaths per 100 000; a 5% increase), and Ukraine (2681 new deaths; 6.1 new deaths per 100 000; a 13% increase).



Western Pacific Region

The Western Pacific Region reported over 111 000 new cases and over 1500 new deaths, a 6% and a 189% increase respectively compared to the previous week. For a fifth consecutive week, the number of cases increased. The sharp rise in deaths were attributed to steep increases in deaths in the Philippines. The highest numbers of new cases were reported from the Philippines (69 164 new cases; 63.1 new cases per 100 000; a 3% decrease), Japan (20 536 new cases; 16.2 new cases per 100 000; a 28% increase), and Malaysia (9507 new cases; 29.4 new cases per 100 000; a 6% increase).

The highest numbers of new deaths were reported from the Philippines (1321 new deaths; 1.2 new deaths per 100 000; a 400% increase), Japan (161 new deaths; 0.1 new deaths per 100 000; a 15% decrease), and Malaysia (35 new deaths; 0.1 new deaths per 100 000; similar to the previous week).



Source:

<https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---13-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.

Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01



Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01



the emergence of the 501Y.V2 variant. This study also established that the secondary attack rate (confirmed or probable cases) was estimated at 76.9% and the tertiary attack rate was estimated at 73.3%. The study highlights that the lack of tertiary transmission outside of the personal sphere suggests that distancing and barrier measures were effective.

Countries, territories and areas reporting SARS-CoV-2 P.1 variant

Genomic surveillance and modelling studies based in Brazil suggest higher transmissibility of the P.1 variant when compared to Brazilian non-P.1 lineages. Moreover, case fatality rates in Brazil increased in people older than 20 years in February 2021, when compared to January 2021, suggesting a potential association between P.1 and more severe disease.



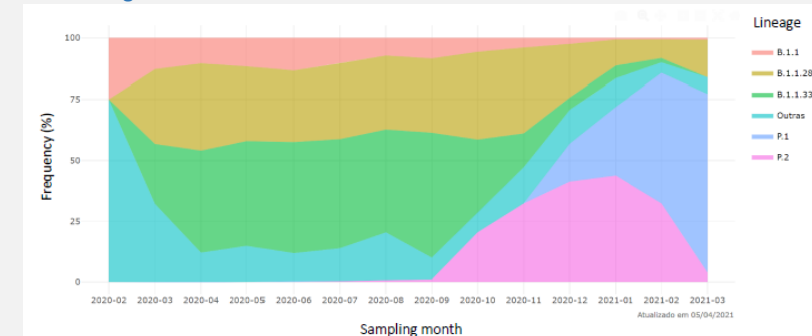
Akin to similar observations with other VOCs elsewhere, it will be important to disentangle changes in disease severity from impacts of increased transmissibility/high incidence adding pressures to health systems and adversely impacting patient outcomes.

A recent study carried out in Italy in settings where both P.1 and VOC 202012/01 were co-circulating at significant levels highlighted that the P.1 variant was outcompeted by VOC 202012/01, which rapidly dominated in the majority of regions. The same study also highlighted potential cross-protection across variants.

In Brazil, the proportion of variant P.1 increased from 28% of specimens collected in January 2021 to 73% in March 2021, based on the data generated from the Fiocruz Genomic Network and GISAID (Figure below). By geographic region of specimen collection, the proportion of variant P.1 was higher in the South east and North regions, which includes Amazonas State, compared to other regions.

Nextstrain clade	PANGO lineage	GISAID clade	Alternate names	First detected by	Earliest samples	Key spike mutations
20C	B.1.525	G/484K.V3	-	United Kingdom and Nigeria	Dec 2020	H69-V70 deletion; Y144 deletion; Q52R; E484K; Q677H; D614G; and F888L
20C/S.452R	B.1.427/B.1.429	GH/452R.V1	CAL.20C/L452R	United States of America	Jun 2020	L452R; W152C; S13I; and D614G
20B/S.484K	B.1.1.28.2, alias P.2	GR	-	Brazil	Apr 2020	L18F; T20N; P26S; F157L; E484K; D614G; S929I; and V1176F
Not yet assigned	B.1.1.28.3, alias P.3	Not yet assigned	PHL-B.1.1.28	Philippines and Japan	Feb 2021	141-143 deletion E484K; N501Y; and P681H
20C	B.1.526 with E484K or S477N	GH	-	United States of America	Nov 2020	LSF; T95I; D253G; D614G; A701V; and E484K or S477N
20C	B.1.616	GH	-	France	Jan 2021	G142 deletion; D66H; Y144V; D215G; V483A; D614G; H655Y; G669S; Q949R; and N1187D

Investigations from a recent study showed five imported cases of variant 501Y.V2 was responsible for 14 transmission chains and a total 36 cases in France. It suggested that epidemiological characteristics, such as incubation period and transmissibility, seemed comparable to those described in China before



Subject in Focus:

Monoclonal Antibodies and COVID-19

A report from the Wellcome Trust in Aug 20 stated 'Monoclonal antibodies are one of the most powerful tools in modern medicine'

This Subject in Focus provides a short update on the use of Monoclonal Antibodies in the treatment of severe disease in COVID-19.

What are monoclonal antibodies?

Several excellent short primers on the use of monoclonal antibodies (aimed at patients) have been published including by JAMA and GAVI. The following image, taken from the JAMA article, illustrates how antibodies interact with, and neutralise, the virus. They do this by binding to specific areas of the spike protein, preventing the virus from entering host cells and allowing neutralisation. They have been used as treatments for a variety of diseases for several years and were identified as potential treatment candidates early in the COVID-19 pandemic. However, their use has been controversial with reports of ineffectiveness.

Current Situation

A news article recently published in Nature

(<https://www.nature.com/articles/d41586-021-00650-7>)

described two studies that demonstrated promise of antibody treatment for preventing severe COVID disease.

A collaboration between Vir Biotechnology and GSK studying the effect of an antibody against coronavirus suggested that

the risk of hospitalisation or death amongst participants was reduced by 85%. In the second trial, a combination of bamlanivimab and etesevimab, reduced risk of hospitalisation and death by 87%. Unfortunately, despite being randomised controlled trials, neither has been published and results were promulgated in a press release on Mar 10.

However, the results reported above add to increasing evidence that antibody therapy is effective against severe forms of the disease. Several monoclonal antibodies against the coronavirus have been identified and tested including VIR-7831 which was originally isolated from a patient with severe acute respiratory syndrome (SARS) in 2003. Vir Biotechnology/GSK also announced that VIR-7831 was able to bind to variants of the virus, including the South African variant as the binding site was less affected by mutation which has opened up interest in whether these drugs can be used in variants of concern.

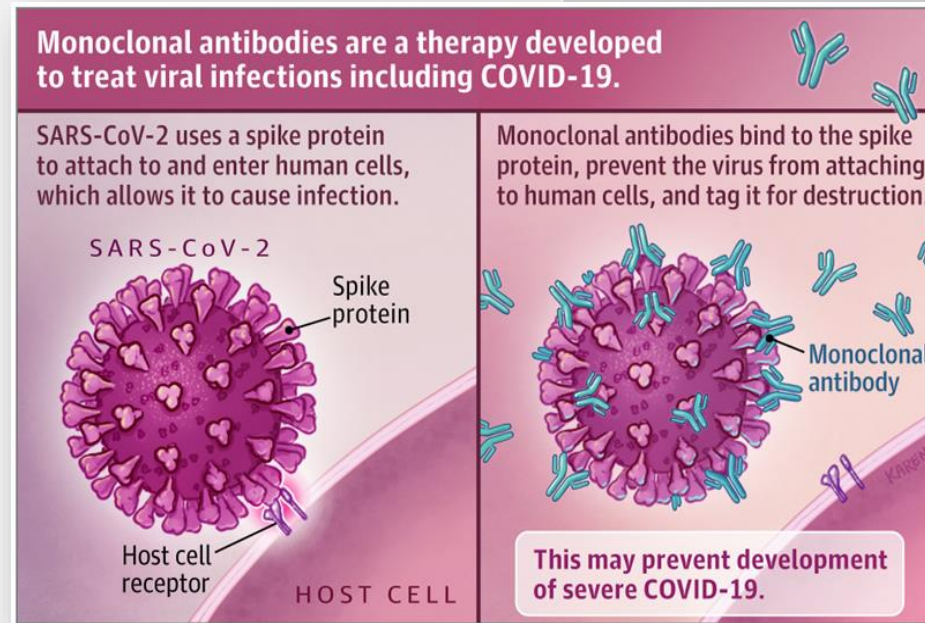
The article goes on to state that, despite promising clinical trials data, there is limited uptake of antibody therapy in the US. There were several reasons postulated for this:

Whilst the US Food and Drug Administration has received the results, there is limited clinical data published in peer-reviewed journals demonstrating effectiveness.

The drugs are expensive and require administration by infusion in hospital.

Early studies suggested that antibody therapy was ineffective leading to perception that, despite new emerging evidence of their effectiveness, they are not useful.

Studies are small and do not allow definitive conclusions to be drawn.



National Responses

The National Institute of Health in the US published treatment guidelines on the use of anti-SARS-CoV-2 monoclonal antibodies on 08 Apr. This recommends their use in outpatients with mild to moderate disease who are at high risk of disease progression. They do not support the use of bamlanivimab alone due to increased resistance from variants however it is approved for use in combination with etesevimab.

On 11 Mar, The Paul-Ehrlich Institute (DEU) reported that two combinations of monoclonal antibodies against COVID-19, the REGN-COV2, and Eli Lilly's Bamlanivimab/Etesevimab combination are in the rolling review process of the Committee for Medicinal Products for Human Use (CHMP) at the European Medicines Agency (EMA). The outcome of the review is awaited but both Casirivimab/Imdevimab and Bamlanivimab are already being used in Germany.

Use in Prevention

Drug companies are looking to expand the use of antibodies in the COVID-19 pandemic. In news reports, Regeneron Pharmaceuticals has asked the FDA to allow its COVID antibody (REGN-COV2, casirivimab with imdevimab) to be used as a preventative treatment. The drug has already been approved by the FDA

for use in mild-to-moderate COVID-19 in those who at high risk of severe disease and is supported by the NIH. It is unclear whether this will be approved however is an interesting new approach to their use.

Summary

There is emerging evidence of effectiveness on the use of monoclonal antibodies in preventing severe COVID-19 disease however the drugs are not in widespread use for a variety of reasons. However, it is argued that, with increasing focus on vaccination, these drugs still have a place in dealing with infection, particularly in those who are vulnerable or are unable to mount a response to vaccination.

Source:

<https://wellcome.org/reports/expanding-access-monoclonal-antibodies>

<https://jamanetwork.com/journals/jama/fullarticle/2776307>

<https://www.gavi.org/vaccineswork/what-are-monoclonal-antibodies-and-can-they-treat-covid-19>

<https://www.theguardian.com/world/2021/feb/02/monoclonal-antibodies-great-hope-in-covid-treatments-fails-against-variants>

<https://www.biorxiv.org/content/10.1101/2021.03.09.434607v1>

<https://www.pei.de/EN/newsroom/hp-news/2021/210311-monoclonal-antibodies-cocktails-against-covid-19-rolling-review.html>

<https://www.inquirer.com/health/coronavirus/regeneron-monoclonal-antibodies-reduce-risk-covid-19-infection-household-contacts-20210412.html>

<https://www.cnn.com/2021/04/12/covid-regeneron-to-request-fda-clearance-for-antibody-drug-as-preventative-treatment.html>

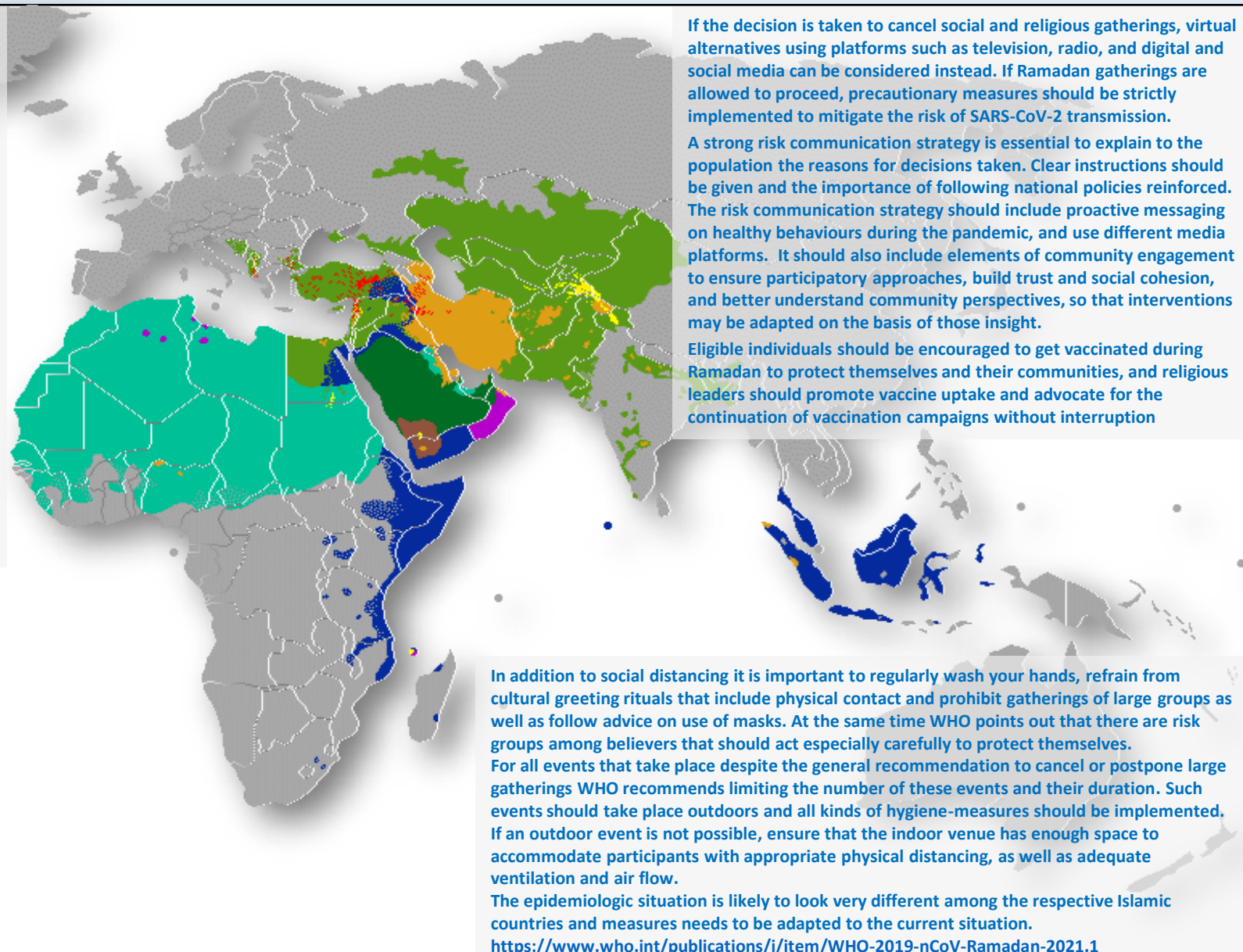
Ramadan and COVID-19

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). This year Ramadan falls between mid-April and mid-May 2021 as the COVID-19 pandemic continues into its second year. 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 measures will have direct implications for the social and religious gatherings central to Ramadan.

Given the surge in COVID-19 cases associated with Ramadan-related activities observed in 2020, and the additional uncertainties brought by SARS-CoV-2 variants and other factors contributing to increased transmission, it is imperative to observe the holiday with caution and care. In particular, the continued implementation of, and adherence to, individual-level precautionary measures, and the strict monitoring and enforcement of PHSMs adopted by the relevant authorities are important to avoid increased transmission.

The most effective measures are the postponement or cancellation of social and religious gatherings. Cancelling or significantly modifying religious and social gatherings should be seriously considered. WHO recommends that any decision to restrict, modify, postpone, cancel or proceed with holding a mass gathering should be based on a rigorous risk assessment exercise based on three steps: risk evaluation, risk mitigation and risk communication.



If the decision is taken to cancel social and religious gatherings, virtual alternatives using platforms such as television, radio, and digital and social media can be considered instead. If Ramadan gatherings are allowed to proceed, precautionary measures should be strictly implemented to mitigate the risk of SARS-CoV-2 transmission.

A strong risk communication strategy is essential to explain to the population the reasons for decisions taken. Clear instructions should be given and the importance of following national policies reinforced. The risk communication strategy should include proactive messaging on healthy behaviours during the pandemic, and use different media platforms. It should also include elements of community engagement to ensure participatory approaches, build trust and social cohesion, and better understand community perspectives, so that interventions may be adapted on the basis of those insight.











Eligible individuals should be encouraged to get vaccinated during Ramadan to protect themselves and their communities, and religious leaders should promote vaccine uptake and advocate for the continuation of vaccination campaigns without interruption

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 as well as follow advice on use of masks. 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. If an outdoor event is not possible, ensure that the indoor venue has enough space to accommodate participants with appropriate physical distancing, as well as adequate ventilation and air flow.

The epidemiologic situation is likely to look very different among the respective Islamic countries and measures needs to be adapted to the current situation.

<https://www.who.int/publications/i/item/WHO-2019-nCoV-Ramadan-2021.1>

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

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!

13th April 2021

Aljazeera

Muslims start Ramadan under the shadow of the coronavirus

<https://www.aljazeera.com/gallery/2021/4/13/in-pictures-muslims-start-ramadan-under-the-shadow-of-pandemic>

14th April 2021

DW

COVID: Which countries still have no vaccines?

<https://www.dw.com/en/covid-which-countries-still-have-no-vaccines/a-57128428>

13th April 2021

DW

COVID-19: Why is China's vaccination rate so low?

<https://www.dw.com/en/covid-19-why-is-chinas-vaccination-rate-so-low/a-57183859>

15th April 2021

BBC

Why are so many babies dying of Covid-19 in Brazil?

<https://www.bbc.com/news/world-latin-america-56696907>

15th April 2021

Aljazeera

Japan: Olympics could still be cancelled over COVID fears

<https://www.aljazeera.com/news/2021/4/15/virus-could-force-olympics-cancellation-says-japanese-politician>

13th April 2021

The Guardian

No rise in suicides in early months of Covid pandemic, study suggests

<https://www.theguardian.com/society/2021/apr/13/pandemic-did-not-raise-risk-of-suicide-in-rich-countries-study-suggests>

15th April 2021

South China Morning Post

HKG-Singapore travel bubble: 'mid-May' target for long-awaited deal amid coronavirus pandemic

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

14th April 2021

The Guardian

A gold nose pin, boxes of eggs, or a tax rebate: Covid vaccine incentives around the world

<https://www.scmp.com/news/hong-kong/hong-kong-economy/article/3129701/hong-kong-singapore-travel-bubble-mid-may-target>

15th April 2021

The Guardian

Medics' anger as Delhi orders most beds in private hospitals be reserved for Covid cases

<https://www.theguardian.com/global-development/2021/apr/15/medics-anger-as-delhi-orders-private-hospitals-be-reserved-for-covid-cases>

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.



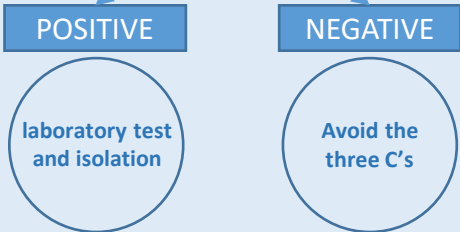
Situation: no suspicion, no symptoms.
Implementation: planned visits to family celebrations, friends, school or day-care
 ⇒ Preventive testing, third-party protection



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.



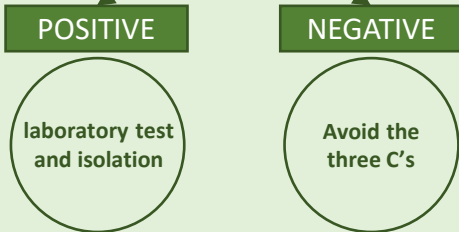
Situation: no suspicion, no symptoms or after contact with COVID-19 infected people
Implementation: planned visits to family celebrations, friends, school or day-care
 ⇒ Preventive testing, third-party protection



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.



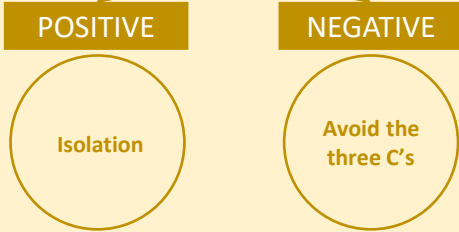
Situation: symptomatic persons, suspected cases, and/or after a positive quick test or self-test result.
 ⇒ Diagnostic



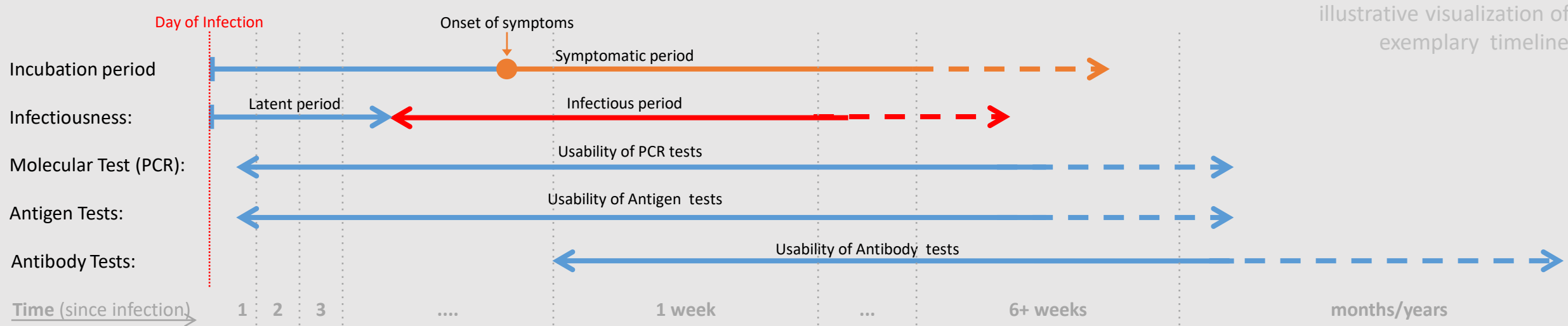
Implementation in medical practices or test centres by trained staff.

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:>