



# Short Update 56a COVID-19 Coronavirus Disease 12<sup>th</sup> of February 2021



## GLOBAL

107 819 171  
Confirmed cases  
71 831 350 recovered  
2 369 217 deaths

## USA

(new cases/day 105 878)  
27 283 437  
confirmed cases  
11 394 791 recovered  
473 229 deaths

## India

(new cases/day 12 923)  
10 880 603  
confirmed cases  
10 589 230 recovered  
155 447 deaths

## Brazil

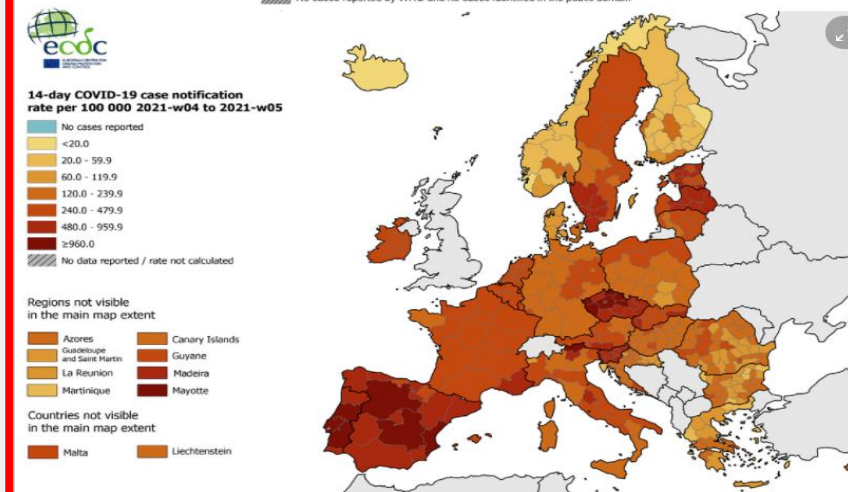
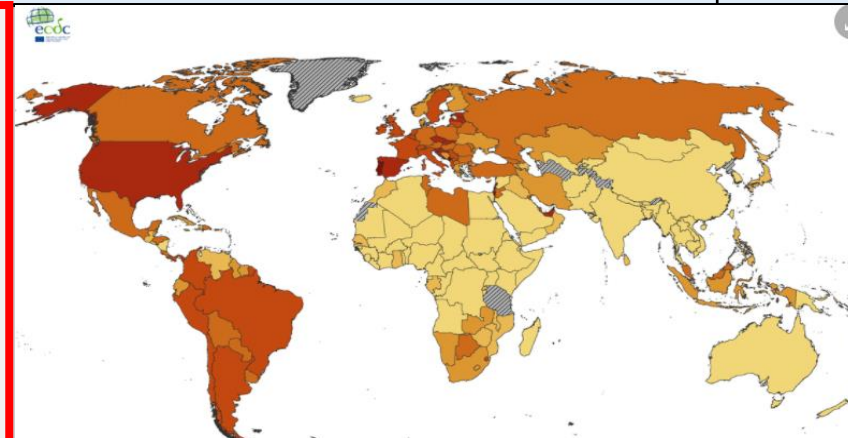
(new cases/day 59 602)  
9 713 909  
confirmed cases  
8 637 050 recovered  
236 201 deaths

### News:

- Africa:** According to the WHO, the number of fatalities from COVID-19 is increasing sharply. In the past 28 days alone, more than 22,300 corona deaths have been registered. In the 28-day period before that, there were 16,000 corona deaths in Africa. In the next few days, the mark of 100,000 corona deaths will be reached on the continent.
- Covax:** Wants to support Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine with vaccinations against the coronavirus.
- EMA:** The Agency has asked vaccine manufacturers to submit data on the protection of their vaccines against corona mutants. The EMA is developing a guide for manufacturers planning changes to the existing COVID-19 vaccines to combat the new virus variants. According to the EMA, it called on all vaccine developers to investigate whether their vaccine could offer protection against new variants.
- Roche:** The drug tocilizumab has been shown to be effective in a large-scale study in seriously ill and hospitalized COVID patients. The active ingredient lowers the risk of death, shortens recovery time and reduces the need for ventilators.
- WHO:** [The Executive Board stresses](#) the importance of integrating mental health into preparedness and response plans for public health emergencies.
- ECDC:** Published the sixth update on "[Infection prevention and control and preparedness for COVID-19 in healthcare settings](#)".
- 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**
- FAQ:** Can the vaccination with COVID-19 vaccines lead to positive test results after rapid antigen tests or PCR tests?
- Comparison of vaccines**
- Timeline COVID-19 infection**
- In the press**



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## EUROPE

34 532 854  
confirmed cases  
18 732 850  
recovered  
784 935 deaths

## GBR

(new cases/day 13 494)  
3 998 655  
confirmed cases  
xx recovered  
115 529 deaths

## Russia

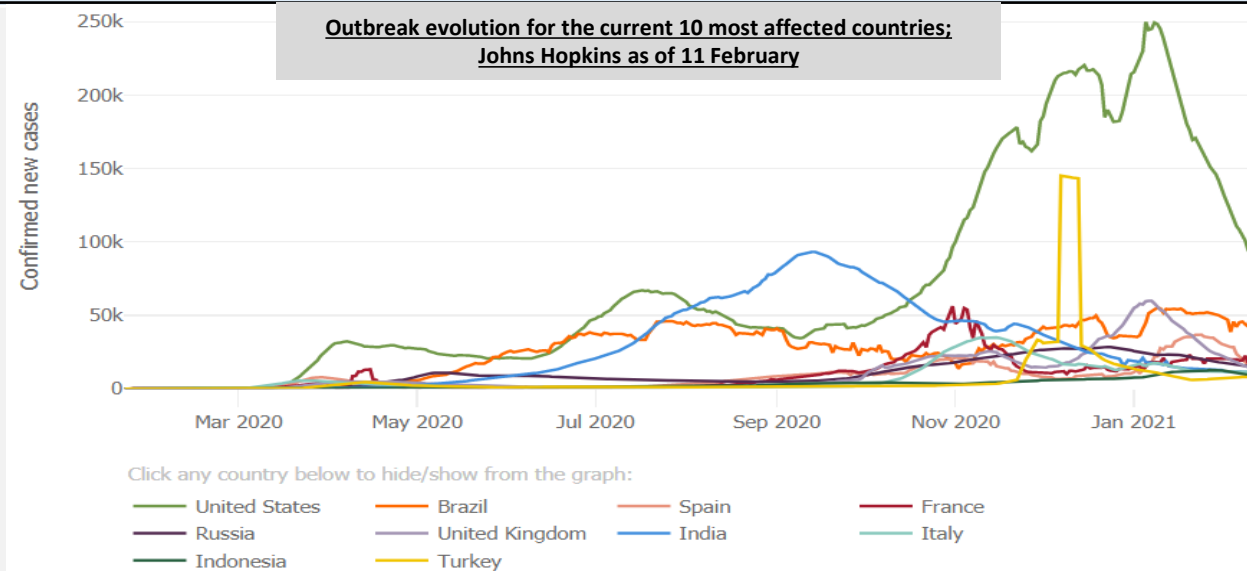
(new cases/day 14 803)  
3 983 031  
confirmed cases  
3 499 230 recovered  
77 415 deaths

## France

(new cases/day 21 063)  
3 406 685  
confirmed cases  
238 753 recovered  
80 803 deaths

# Global Situation

**Outbreak evolution for the current 10 most affected countries;  
Johns Hopkins as of 11 February**



## Country reports:

**DEU:** The proportion of samples examined in which indications of virus mutations were found has doubled in the past week. At the beginning of January, mutations were discovered in five percent of the sequenced corona cases, most of which were due to the "British virus" B.1.1.7. In the first week of February the proportion rose to twelve percent.

**CZE:** According to the Czech health authorities, there are major regional differences where the British variant of the coronavirus has already been detected. In the Trutnov district it is been found in already 60 percent of the samples sequenced. In the district of Nachod it was 45 percent. In Prague, the mutation was detected in less than ten percent of the samples. The authority advocated expanding the sequencing of the samples so that the spread of mutations could be better traced.

Due to the strong spread of the corona virus, the Czech government has decided to lock three districts off for three weeks. The residents are no longer allowed to leave the area and strangers are not allowed to enter. There should be exceptions for commuters.

**SVK:** New tightening of entry restrictions have been imposed. The main reason for this is the South African variant of the virus that has been found in Austria. From Monday onwards, there is a mandatory quarantine of 14 days for travelers. Commuters are excluded. For them it is enough that they show a negative test at the border.

**PRT:** According to a media report, the first two cases of corona by the Brazil VOC had been detected. The British and South African variants of the virus, which are also more contagious, have previously been detected in Portugal. The nationwide lockdown will be extended by two weeks until March 1st.

**AUT:** Around 1200 police officers and soldiers are used for exit controls in order to monitor the exit regulations in Tyrol. To leave the state, a negative corona test, which must not be older than 48 hours, is required for ten days from Friday. According to previous information, children as well as freight traffic and transit without stopping are exempt from this rule. The move is intended to help curb the spread of the South African variant of the corona virus, which has increasingly appeared in Tyrol. According to the latest evaluations, according to the state of Tyrol, there are currently 139 active cases of the mutant, which is considered to be more contagious.

**FRA:** A study carried out in France suggests that the coronavirus was already circulating in the EU country in November 2019. The results indicate an earlier spread of Sars-CoV-2 in Europe than previously reported. The novel virus was officially reported for the first time in China at the end of December 2019. The researchers in France accessed a database of almost 10,000 blood samples, of which their results showed at least 44 coronavirus antibodies - including seven from November and three from December 2019. However, it cannot be ruled out that false-positive samples appeared. Recently, scientists had come across several indications that the virus was already in circulation before China reported to the WHO. The new study does not provide any new, definitive evidence, but confirms these assumptions.

The proportion of new, more contagious virus variants in France is increasing. For the mutations initially detected in South Africa and Brazil, it is now four to five percent. In the coming weeks the government will decide whether further restrictions are necessary.

**GRC:** Since Thursday there has been another hard lockdown for the greater Athens area, and the police enforce compliance with numerous roadblocks. Even drones are used. Apart from supermarkets, pharmacies and petrol stations, trade is closed, hairdressers, beauty and fitness studios, museums and archaeological sites are also closed. Only employees in industrial and service companies are allowed to work.

**ESP:** Despite a significant relaxation of the situation in the Balearic Islands, the restaurants, cafes and pubs on Mallorca, Ibiza and Formentera remain closed. The regional government intends to extend most of the lockdown measures that have been in effect since January 13 for a further two weeks until February 28. From the weekend there will only be easing for large inner-city department stores. They will be allowed to reopen gradually and under strict conditions.

**NOR:** The strict entry restrictions will be extended until February 28th.

**LVA:** For concerns about mutated coronavirus variants, since Thursday only people have been allowed to enter who can show a valid reason and a negative corona test. The regulation initially applies until February 25th. Passenger traffic with Great Britain, Ireland and Portugal will be completely suspended until further notice. On arrival in Latvia there is still an obligation to register and quarantine.

**BRG:** After the start of the gradual opening of primary and secondary schools as well as high schools, parents are now refusing en masse the required corona tests for their school children, despite the continuously increasing number of cases. Just under 15 percent of parents agree that their children should be tested for the corona virus with antigen tests in schools. They complained that their children could be psychologically stressed by antigen tests, which should not be carried out in schools in the presence of their parents.

# Global Situation

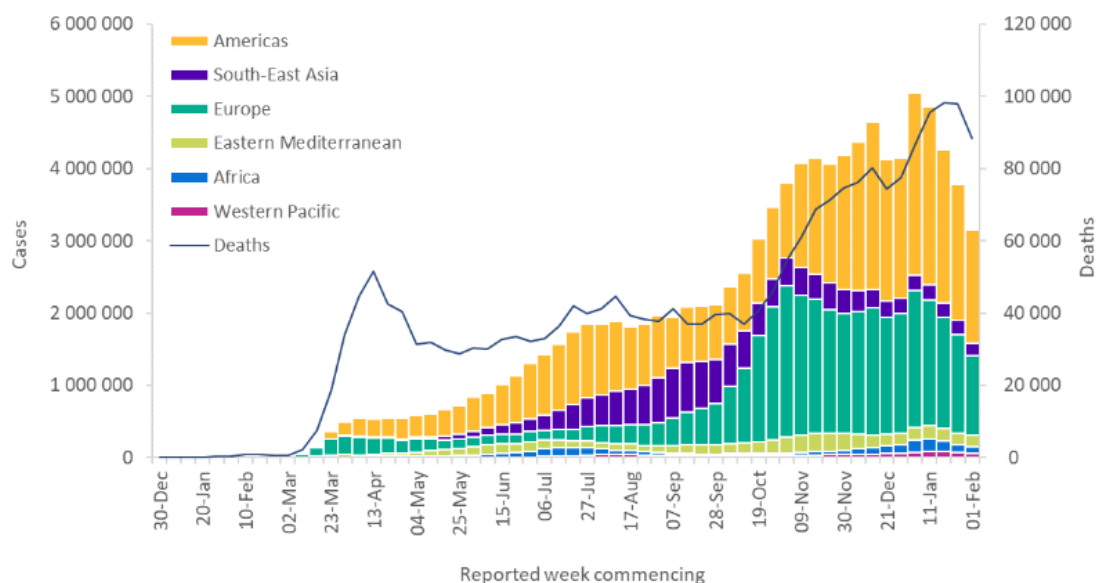
## Global epidemiological situation overview; WHO as of 31 Jan

For the fourth week in a row, the number of global new cases reported fell, with 3.1 million new cases last week, a 17% decline compared to the previous week (Figure 1). This is the lowest figure since the week of 26 October (15 weeks ago). Although there are still many countries with increasing numbers of cases, at the global level, this is encouraging. The number of new deaths reported also fell for a second week in a row, with 88 000 new deaths reported last week, a 10% decline as compared to the previous week. All WHO regions reported a decline in new cases, with five out of six regions reporting more than 10% decreases. Europe and the Region of the Americas saw the greatest drops in absolute numbers, with together nearly 0.5 million fewer new cases reported last week (153 000 and 320 000 fewer new cases reported, respectively). New deaths also declined in all regions except the Western Pacific, where mortality rates remained similar to the previous week.

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

- **United States of America;** reporting 871 365 cases, a 19% decrease,
- **Brazil;** reporting 328 652 cases, a 10% decrease,
- **France;** reporting 136 154 cases, a 4% decrease,
- **Great Britain and Northern Ireland;** reporting 133 747 cases, a 25% decrease and
- **the Russian Federation;** reporting 116 842 cases, a 11% decrease.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 7 February 2021\*\*



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update--9-february-2021>

## Vaccination news:

**WHO/UNICEF:** Released a combined letter to call on leaders to look beyond their borders and employ a vaccine strategy that can actually end the pandemic and limit variants. One of the reasons for this is, that of the 128 million vaccine doses administered so far, more than three quarters of those vaccinations are in just 10 countries that account for 60% of global GDP. As of this week, almost 130 countries, with 2.5 billion people, are yet to administer a single dose. This self-defeating strategy will cost lives and livelihoods, give the virus further opportunity to mutate and evade vaccines and will undermine a global economic recovery.

**EU:** EU Commission President wants to accelerate the approval of corona vaccines in Europe. The EU drug agency EMA should receive the data from clinical vaccine tests faster. A European network will be established for this purpose. On the other hand, the health commissioner is working on a legal framework in order to examine the vaccines as quickly as possible.

**Pfizer/BioNTech:** After renovation work, the Biontech Group has started vaccine production at its plant in Marburg. The goal at this plant is to produce up to 750 million vaccine doses per year. It would be one of the largest production facilities in Europe. For this year BioNTech plans to produce 250 million vaccine doses in the plant.

**AstraZeneca/Oxford:** Plans to accelerate the production of corona vaccines and work closely with IDT Biologika in Dessau, Germany. This enables the company to increase its production of vaccines.

**GBR:** In the UK, more than 13 million people have now received an initial vaccination against the coronavirus. The government is on course to achieve its self-imposed target of 15 million first vaccinations by the middle of the month.

**HUN:** Plans to introduce a corona immune passport. It is to be issued to people who have been vaccinated against COVID-19 or who can be shown to have survived infection with the coronavirus. The benefits that holders of such a pass will have has not yet been determined.

According to government figures, around 300,000 people have been vaccinated against COVID-19, 117,000 of them for the second time. The vaccines are currently being administered by Biontech and Moderna. In the coming weeks, the country will be the only EU country to date to use the Russian vaccine Sputnik V and the Chinese Sinopharm after an emergency approval.

**MEX:** Two coronavirus vaccines from China have been approved in Mexico. The preparations of the companies CanSino and Sinovac had been granted emergency approvals. This means that five corona vaccines have now been approved in the North American country.

**USA:** On average over the past seven days, 1.5 million people in the United States were vaccinated every day. According to the latest figures from the CDC, around 33.7 million Americans have received at least one dose of vaccine - and 9.8 million have already received both necessary doses. That is around 10 percent of the population

The program for corona vaccinations in pharmacies has started. Vaccination doses were sent to 6,500 pharmacies across the country. Some large pharmacy and drugstore chains have announced that they will start vaccinations today. In the medium term, corona vaccinations are to be offered in 40,000 pharmacies. This is intended to accelerate the pace of the vaccination campaign. The campaign started slowly in December, but then picked up speed.



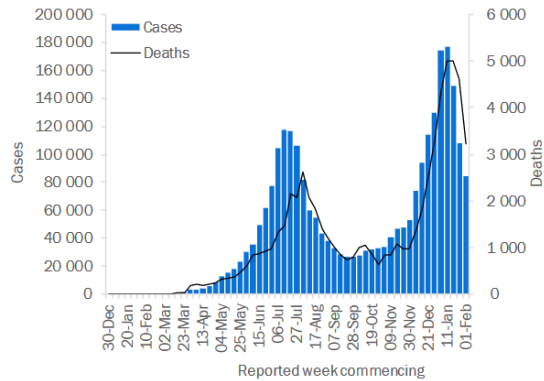
# Situation by WHO Region, as of 9<sup>th</sup> February

## Situation by WHO Region

### African Region

In the past week, the African Region reported over 84 800 cases and just over 3200 deaths, a 22% decrease in cases and a 30% decrease in deaths respectively compared to the previous week. This is the third consecutive week the region reported decreases in both new cases and deaths. The highest numbers of new cases were reported in South Africa (24 464 new cases; 41.2 new cases per 100 000 population; a 45% decrease), Nigeria (8685 new cases; 4.2 new cases per 100 000; a 13% decrease) and Zambia (8075 new cases; 43.9 new cases per 100 000; an 8% decrease).

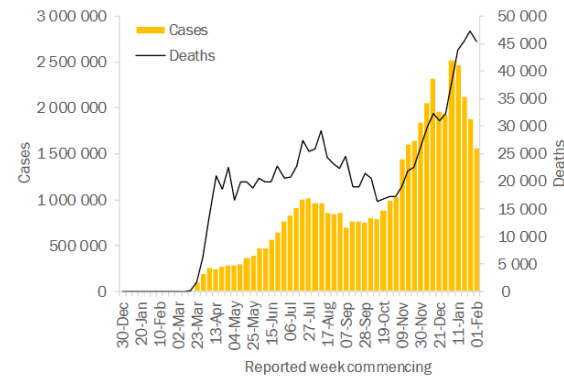
The countries reporting the highest number of new deaths in the past week were South Africa (2229 new deaths; 3.8 new deaths per 100 000; a 34% decrease), Malawi (150 new deaths; 0.8 new deaths per 100 000; a 31% decrease) and Zimbabwe (123 new deaths; 0.8 new deaths per 100 000; a 44% decrease).



### Region of the Americas

Over 1.5 million new cases and over 45 000 new deaths were reported in the Region of the Americas this week, a decrease of 17% in cases and a decrease of 4% in deaths compared to the previous week. The highest numbers of new cases were reported from the United States of America (871 365 new cases; 263.3 new cases per 100 000 population; a 19% decrease), Brazil (328 652 new cases; 154.6 new cases per 100 000; a 10% decrease) and Mexico (70 978 new cases; 55.1 new cases per 100 000; a 35% decrease).

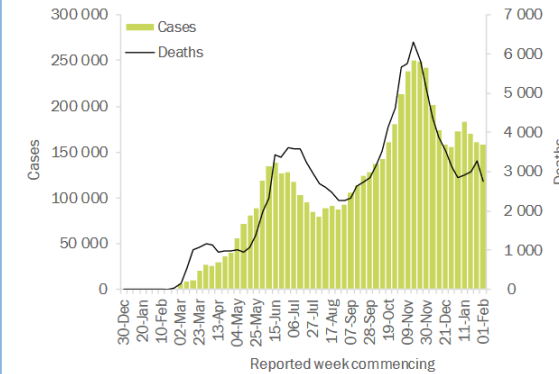
The highest numbers of deaths were reported from the same countries, the United States of America (22 562 new deaths; 6.8 new deaths per 100 000; a 0.2% increase), Mexico (7711 new deaths; 6.0 new deaths per 100 000; a 14% decrease) and Brazil (7368 new deaths; 3.5 new deaths per 100 000; a 1% decrease).



### Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 158 600 new cases, a decrease of 2% compared to last week. The region reported 2761 new deaths, a 16% decrease. The three countries reporting the highest numbers of new cases continue to be the Islamic Republic of Iran (47 639 new cases, 56.7 new cases per 100 000 population, a 7% increase), United Arab Emirates (22 741 new cases, 229.9 new cases per 100 000, 13% decrease) and Lebanon (18 923 new cases, 277.2 new cases per 100 000, a 15% decrease).

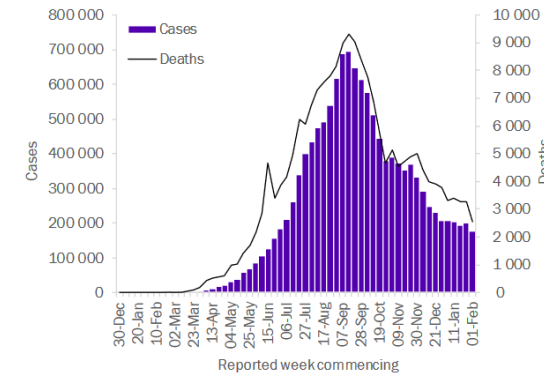
The highest numbers of new deaths continue to be reported in Lebanon (531 new deaths, 7.8 new death per 100 000, an 29% decrease), Islamic Republic of Iran (523 new deaths, 0.6 new death per 100 000 population, a 12% decrease), and Tunisia (482 new deaths, 4.1 new death per 100 000, a 8% decrease).



### South-East Asia Region

In the past week, the South-East Asia region reported over 177 000 new cases, a decrease of 12% compared to last week. The region reported 2560 new deaths, a 21% decrease. The three countries reporting the highest numbers of new cases and new deaths were Indonesia (80 697 new cases; 29.5 new cases per 100 000; a 9% decrease), India (80 180 new cases; 5.8 new cases per 100 000, a 12% decrease), and Sri Lanka (5283 new cases; 24.7 new cases per 100 000; a 7% decrease).

The three countries reporting the highest numbers of new deaths this week remain Indonesia (1665 new deaths; 0.6 new deaths per 100 000, a 19% decrease), India (722 new deaths; 0.1 new deaths per 100 000, a 23% decrease)

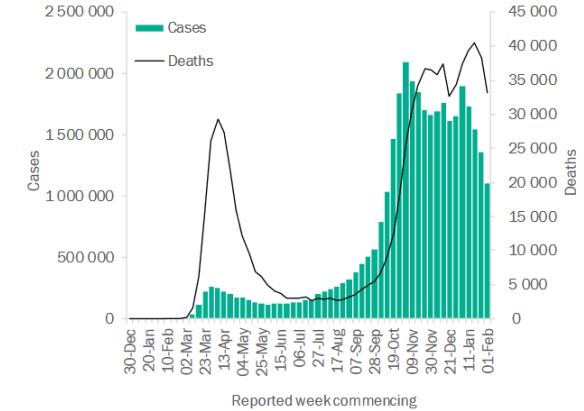


and Bangladesh (79 new deaths; <0.1 new deaths per 100 000; a 27% decrease).

### European Region

The European Region reported over 1.1 million new cases and over 33 000 new deaths, a decrease of 19% and 13% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were France (136 154 new cases; 208.6 new cases per 100 000, a 3% decrease), the United Kingdom (133 747 new cases, 197 new cases per 100 000, a 25% decrease), and the Russian Federation (116 842 new cases, 80.1 new cases per 100 000, an 11% decrease).

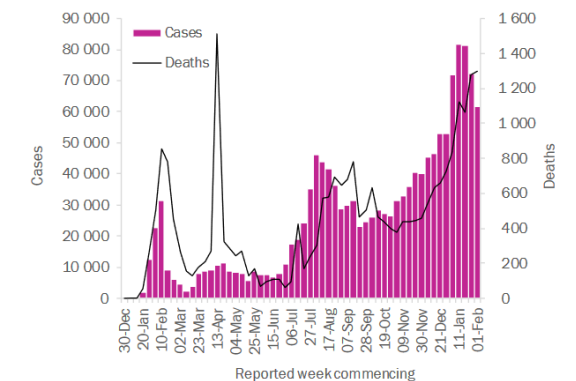
The highest numbers of deaths were reported from the United Kingdom (6521 new deaths; 9.6 new deaths per 100 000, a 21% decrease), Germany (4572 new deaths; 5.5 new deaths per 100 000, a 10% decrease) and the Russian Federation (3479 new deaths; 2.4 new deaths per 100 000, a 6% decrease).



### Western Pacific Region

The Western Pacific Region reported over 61 700 new cases the past week, a 14% decrease compared to the previous week. The region reported 1297 new deaths, a 1% increase. The three countries reporting the highest numbers of new cases in the region this week were Malaysia (29 060 new cases; 89.8 new cases per 100 000, a 0.5% decrease), Japan (16 693 new cases; 13.2 new cases per 100 000, a 36% decrease), and the Philippines (12 005 new cases; 11 new cases per 100 000, a 1.4% increase).

The three countries reporting the highest numbers of new deaths this week were Japan (684 new deaths; 0.5 new deaths per 100 000, an 8% increase), the Philippines (441 new deaths; 0.4 new deaths per 100 000, an 8% decrease) and Malaysia (111 new deaths; 0.3 new deaths per 100 000, a 40%



increase).

Source:

<https://www.who.int/publications/m/item/weekly-epidemiological-update---9-february-2021>

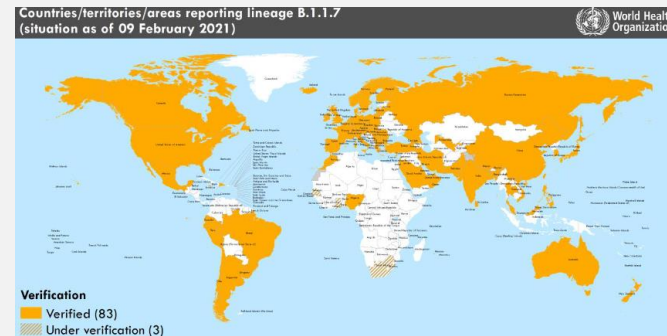
# Update on SARS-CoV-2 Variants Of Concern (VOC)

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update---9-february-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)

WHO 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 08 February 2021:

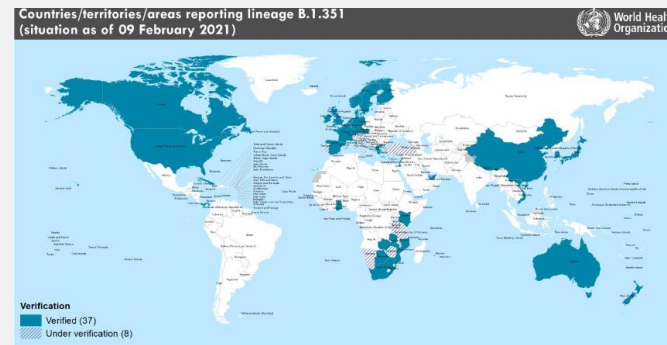
## 1. Variant VOC 202012/01, lineage B.1.1.7

Since our last update on 02 February, an additional 6 countries have reported cases of variants VOC202012/01. Local transmission of VOC202012/01 has been reported in a growing number of countries in the European Region and in some areas of North America.



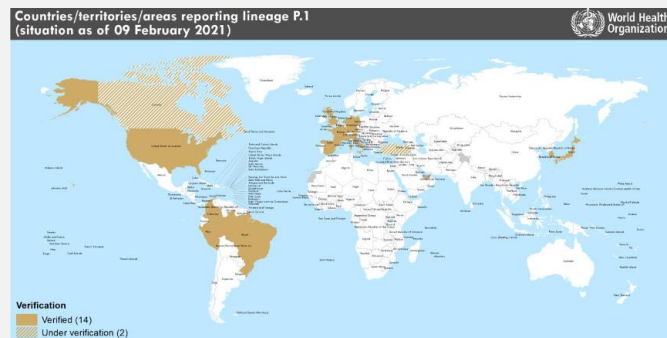
## 2. Variant 501Y.V2, lineage B.1.351:

Since the last update on 02 February, 501Y.V2 has been reported from 3 additional countries. There is evidence to suggest that 501Y.V2 transmission is occurring in several countries in the African Region, with clusters of cases or ongoing local transmission suggested in countries in other regions.



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

Since our last update, variant P.1 has been reported in 5 additional countries. To date, this variant is reported in 15 countries across four of the six WHO regions.



## 4. Summary of emerging information on key variants of concern, as of 8 February 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
GISAID clade	GR	GH	GR
Alternate names	VOC202012/01*	VOC202012/02	P.1*
First detected by	United Kingdom	South Africa	Brazil / Japan
First appearance	20 September 2020	Early August 2020	December 2020
Key mutations	<ul style="list-style-type: none"> <li>N501Y</li> <li>D614G</li> <li>69/70 deletion</li> <li>144Y deletion</li> <li>A570D</li> <li>E484K (detected only in 11 sequences)<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>N501Y</li> <li>D614G</li> <li>E484K</li> <li>K417N</li> </ul>	<ul style="list-style-type: none"> <li>N501Y</li> <li>D614G</li> <li>E484K</li> <li>K417N</li> </ul>
Transmissibility*	Increased <sup>(1)</sup> (36%-75%) <sup>(2)</sup> , increased secondary attack rate <sup>(3)</sup> (10% to 13%)	Increased [1.50 (95% CI: 1.20-2.13) times more transmissible than previously circulating variants] <sup>(4,6)</sup>	Suggested to be increased
Severity*	Mixed evidence, potential increased mortality based on epidemiological observations <sup>(1,5)</sup>	No impact reported to date <sup>(4,6)</sup> , no significant change in-hospital mortality <sup>(17)</sup>	Under investigation, no impact reported to date
Neutralization capacity*	Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection <sup>(7)</sup>	Decreased, suggesting potential increased risk of reinfection <sup>(4,8)</sup>	Potential decrease, small number of reinfections reported <sup>(18,19)</sup>
Potential impacts on vaccines*	No significant impact on Moderna, Pfizer-BioNTech, and Oxford-AstraZeneca vaccines <sup>(9-12)</sup>	Moderna and Pfizer-BioNTech: Reduction in the neutralizing activity, but impact on protection against disease not known. <sup>(9-12)</sup> Novavax and Johnson & Johnson: Lower vaccine efficacy in South Africa compared to settings without the variant (press release data only). Moderate-severe disease were assessed. Serologic neutralization results pending. <sup>(13,14)</sup> Oxford/AstraZeneca: Minimal vaccine efficacy against mild-moderate COVID-19 disease, with wide confidence intervals (press release data only), impact on severe disease undetermined. Serologic neutralization substantially reduced compared with original strains, based on small number of samples analyzed. <sup>(15,16)</sup>	Potential reduction, under investigation
Potential impacts on diagnostics*	S gene target failure. <sup>(15)</sup> No impact on Ag RDTs observed <sup>(20)</sup>	None reported to date.	None reported to date.
Countries reporting cases (newly reported in last week)**	86 (6)	44 (3)	15 (5)

## 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.

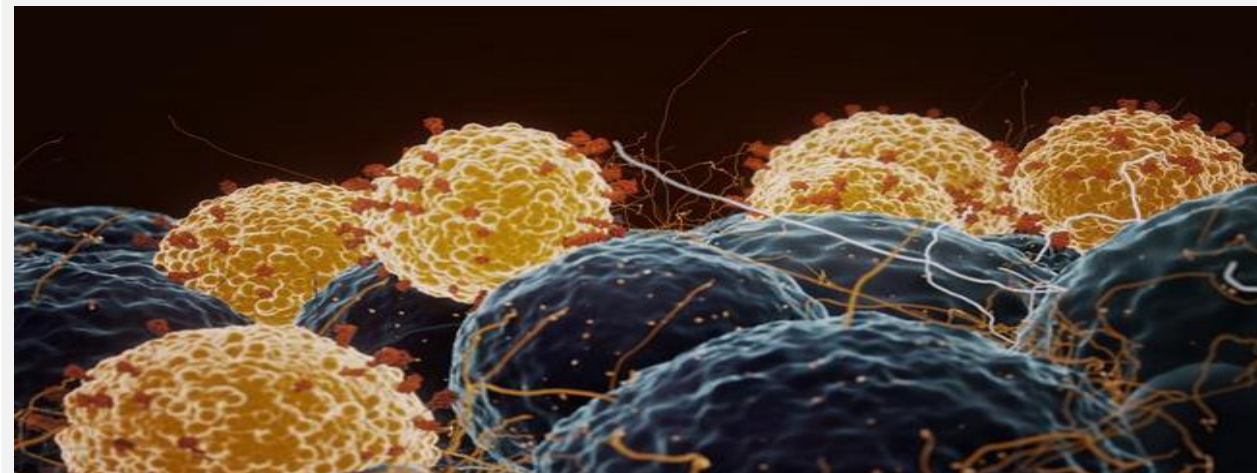
**A full vaccination has already taken place, do I still have to be in quarantine if I am a contact person or if I am entering from a risk area:**

-> **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>





# Comparison of vaccines

Three vaccines against COVID-19 have now been approved. The preparations from BioNTech/Pfizer, Moderna and AstraZeneca sometimes differ significantly.

## Covid-19- Vaccine



**BIONTECH**  
**Pfizer**

<b>Name:</b>	BNT162b2
<b>Type:</b>	mRNA-vaccine
<b>Durability:</b>	6 month (-70°C) 5 days (+2 °C to +8°C)
<b>Dose:</b>	2 dose 3 weeks apart
<b>Effectiveness:</b>	95%
<b>Costs:</b>	12 € (per dose)

## Covid-19- Vaccine



**moderna**

<b>Name:</b>	mRNA-1273
<b>Type:</b>	mRNA-vaccine
<b>Durability:</b>	6 month (-20°C) 30 days (+2 °C to +8°C)
<b>Dose:</b>	2 dose 4 weeks apart
<b>Effectiveness:</b>	94%
<b>Costs:</b>	15 € (per dose)

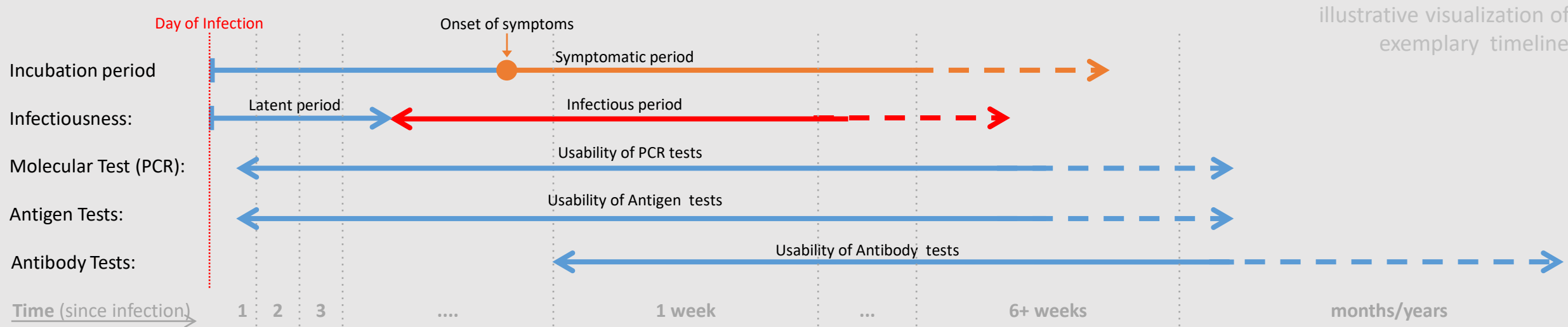
## Covid-19- Vaccine



**AstraZeneca**

<b>Name:</b>	AZD1222
<b>Type:</b>	Viral Vector Vaccine
<b>Durability:</b>	6 month (+2 °C to +8°C)
<b>Dose:</b>	2 dose 4 weeks apart
<b>Effectiveness:</b>	62% to 90% (depends on the study)
<b>Costs:</b>	1,78 € (per dose)

# 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. <b>presence of SARS-CoV-2</b> )	Active coronavirus infection (i.e. <b>presence of protein fragments of SARS-CoV-2</b> )	If you've been <b>infected by coronavirus in the past</b>
What it can't do:	Show if you ever had COVID-19 or were infected with the coronavirus in the past. Show if you are currently infectious.	Definitively rule out active coronavirus infection. Antigen tests are more likely to miss an active coronavirus infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose active coronavirus infection at the time of the test or show that you do not have COVID-19

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



## In the press

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

10<sup>th</sup> February 2021

**Aljazeera**

### **COVID maths: All the virus in the world would fit in a coke can**

<https://www.aljazeera.com/news/2021/2/10/covid-maths-all-the-virus-in-the-world-would-fit-in-a-coke-can>

06<sup>th</sup> February 2021

**DW**

### **Coronavirus: Wuhan whistleblower recalled a year after death**

<https://www.dw.com/en/coronavirus-wuhan-whistleblower-recalled-a-year-after-death/a-56480094>

08<sup>th</sup> February 2021

**DW**

### **BioNTech-Pfizer COVID vaccine effective against 2 variants**

<https://www.dw.com/en/biontech-pfizer-covid-vaccine-effective-against-2-variants/a-56501008>

11<sup>th</sup> February 2021

**BBC**

### **Bristol Covid-19 variant: Experts monitor new mutation**

<https://www.bbc.com/news/uk-england-bristol-56024103>

11<sup>th</sup> February 2021

**Aljazeera**

### **Many countries used COVID to justify free speech curbs: HRW**

<https://www.aljazeera.com/news/2021/2/11/covid-used-as-a-pretext-to-abuse-free-speech-in-83-countries-hrw>

10<sup>th</sup> February 2021

**The Guardian**

### **CDC study recommends double masking to reduce Covid-19 exposure**

<https://www.theguardian.com/world/2021/feb/10/mask-guidance-cdc-two-masks-close-fitting>

10<sup>rd</sup> February 2021

**South China Morning Post**

### **Coronavirus: China's Covid-19 origin theory includes pig heads and frozen fish**

<https://www.scmp.com/news/china/science/article/3121347/coronavirus-chinas-covid-19-origin-theory-includes-pig-heads-and>

11<sup>th</sup> February 2021

**The Guardian**

### **Arthritis drug that helps Covid ICU patients has wider benefits, trial finds**

<https://www.theguardian.com/world/2021/feb/11/arthritis-drug-tocilizumab-found-to-help-covid-icu-patients-has-wider-benefits-trial-finds>

11<sup>th</sup> February 2021

**The Guardian**

### **AstraZeneca says vaccine against new Covid variants may take six months**

<https://www.theguardian.com/business/2021/feb/11/astrazeneca-says-vaccine-against-new-covid-variant-may-take-six-months>

# The new normal!

## THE NEW NORMAL



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

Don't just say it,  
**Do it!**



#StaySafe

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

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

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

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

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

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

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



## Avoid the Three C's



Be aware of different levels of risk in different settings.

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



**Crowded places**

with many people nearby



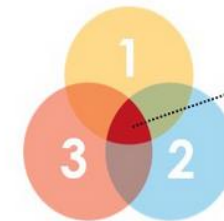
**Close-contact settings**

Especially where people have close-range conversations



**Confined and enclosed spaces**

with poor ventilation



The risk is higher in places where these factors overlap.

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

## WHAT SHOULD YOU DO?



Avoid crowded places and limit time in enclosed spaces



Maintain at least 1m distance from others



When possible, open windows and doors for ventilation



Keep hands clean and cover coughs and sneezes



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

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



# The perfect wave – why masks are still important



## NEW STUDY ON MOUTH NOSE PROTECTION AND SOCIAL DISTANCING

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

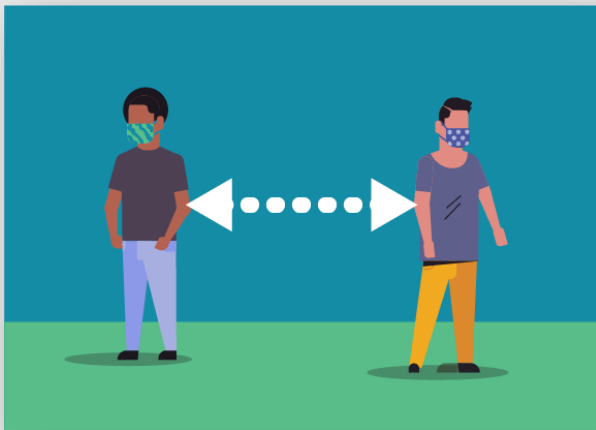
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

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

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

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

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



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

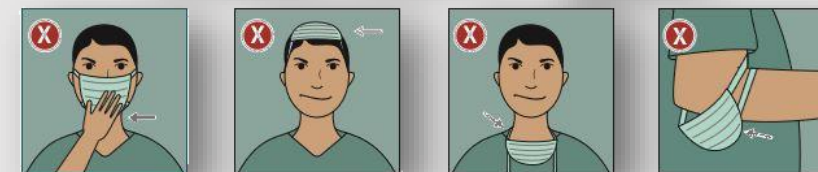
FFP2 / 3 masks are still considered deficient equipment and should be kept available for healthcare workers and emergency services.

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



DON'T wear your facemask under your nose or mouth!

DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.

DON'T wear your facemask on your head.

DON'T wear your facemask around your neck.

DON'T wear your facemask around your arm.