



# Short Update 57a COVID-19 Coronavirus Disease 19<sup>th</sup> of February 2021



## GLOBAL

110 325 503  
Confirmed cases  
74 040 150 recovered  
2 442 001 deaths

## USA

(new cases/day 105 878)  
27 786 986  
confirmed cases  
11 802 427 recovered  
490 982 deaths

## India

(new cases/day 12 923)  
10 963 394  
confirmed cases  
10 667 741 recovered  
156 111 deaths

## Brazil

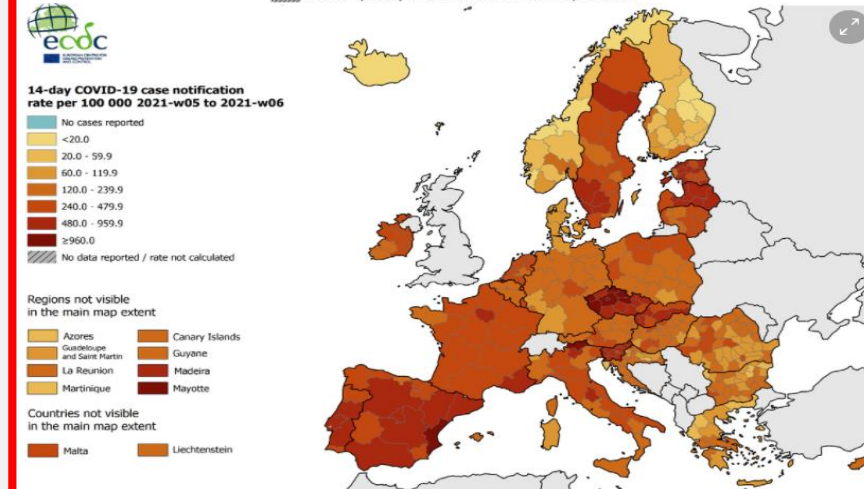
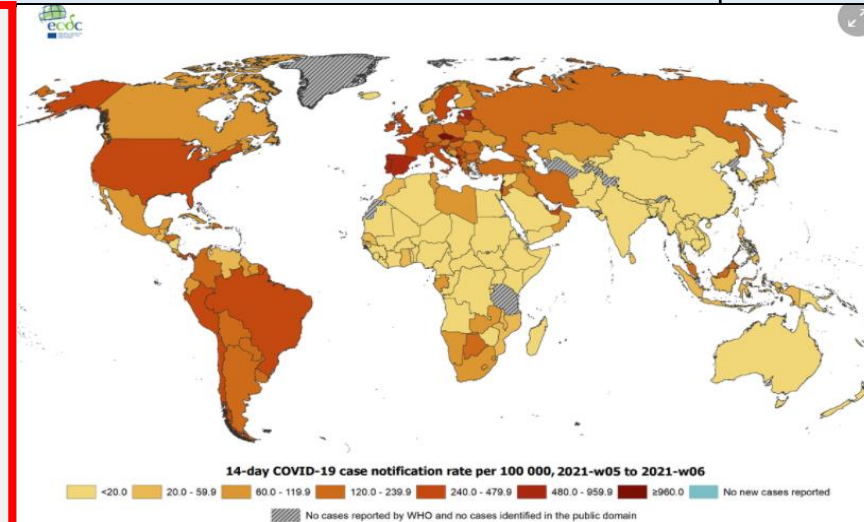
(new cases/day 59 602)  
10 030 626  
confirmed cases  
8 960 755 recovered  
243 457 deaths

### News:

- According to its Brazilian partner Butantan, the vaccine developed by the Chinese company Sinovac Biotech is also effective against the variants first detected in Great Britain and South Africa. He does not disclose an exact degree of efficiency. The vaccine called Coronavac is currently also being tested against the Brazilian variant.
- USA/WHO:** Payments to WHO are to be resumed. By the end of February, the United States intends to pay more than \$ 200 million in estimated and ongoing commitments to WHO.
- UN:** UN Secretary General António Guterres has complained about the "completely unbalanced and unfair" distribution of corona vaccines and has called for global commitment. At the start of a meeting of the UN Security Council, Guterres criticized ten countries so far inoculating 75 percent of all available doses. In contrast, 130 countries have not yet received a single dose. A global vaccination plan is therefore required, which must include those who have an influence on ensuring a fair vaccine distribution - researchers, manufacturers - and those who could finance this initiative.
- WHO&COVAX:** Two versions of the AstraZeneca/Oxford COVID-19 vaccine have been given WHO Emergency Use Listing (EUL). The two versions produced by AstraZeneca-SK Bioscience (AZ-SKBio) and the Serum Institute of India (AZ-SII), are now available for global rollout through the [COVAX Facility](#).
- USA/COVAX:** US President Joe Biden wants to support the global corona vaccination initiative COVAX with up to four billion US dollars. The US will initially provide two billion dollars. The US government plans to release a further two billion dollars over a period of two years if other donors have also fulfilled their commitments.
- 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:** Using face masks in the community: Effectiveness in reducing transmission of COVID/19.
- Most important sports medicine recommendations for physical exertion after an infection with COVID-19.
- FAQ: Can the vaccination with COVID-19 vaccines lead to positive test results after rapid antigen tests or PCR tests?
- 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)  
4 083 242  
confirmed cases  
xx recovered  
119 387 deaths

## Russia

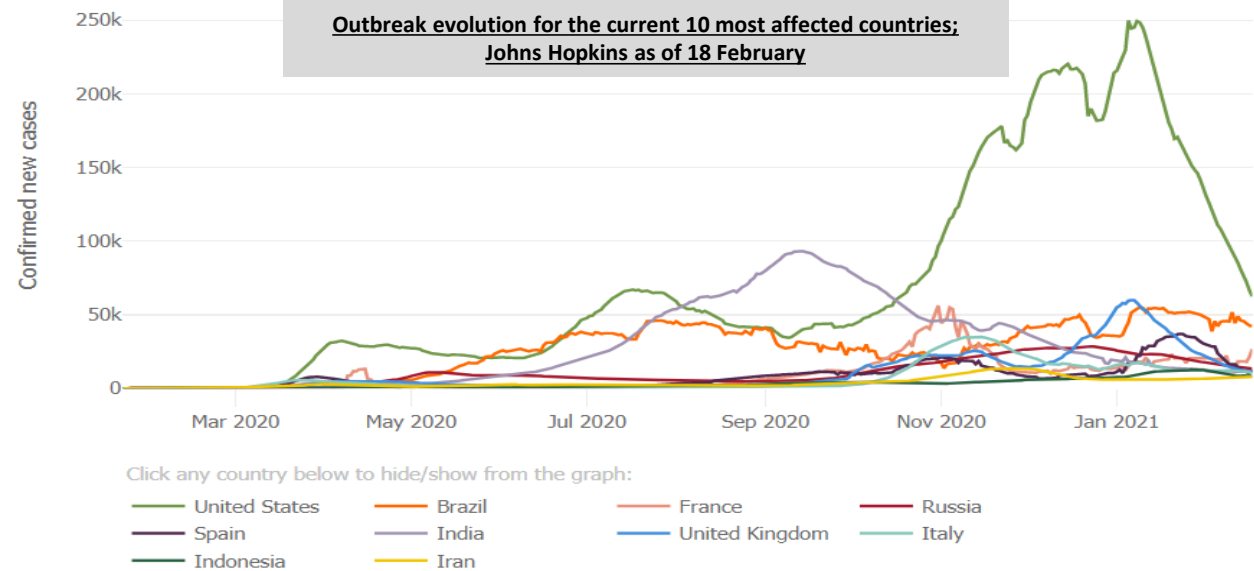
(new cases/day 14 803)  
4 079 407  
confirmed cases  
3 620 551 recovered  
80 587 5deaths

## France

(new cases/day 21 063)  
3 536 648  
confirmed cases  
247 127 recovered  
83 393 deaths

# Global Situation

**Outbreak evolution for the current 10 most affected countries;  
Johns Hopkins as of 18 February**



## Country reports:

**GBR:** [A large-scale study](#) in Great Britain assumes an 80 percent decrease in corona infections due to lockdown measures in London in the past month. Imperial College London tested 85,000 people across the country for the coronavirus between February 4 and 13 for the study. According to the information, it turned out that an average of about one in 200 people was infected - a decrease of two thirds compared to the previous month. The decline was most pronounced in the capital London. According to official data, there was one corona case for every 30 people in January, most recently there was only one corona case per 185 people.

**DEN:** The Danish government has promised extensive corona easing. This is conceivable if people tested for the virus twice a week, the government said and announced the purchase of ten million rapid tests. Other European countries such as Germany are planning the same approach.

The virus mutant that first appeared in England was last found in almost every second corona sample analyzed. As emerged from a listing by the SSI Health Institute, variant B.1.1.7 was identified in 47.5 percent of the sequenced positive samples in the first three days of last week. The rapid increase in the B.1.1.7 share of Danish corona cases continues unabated: When the first cases of the variant appeared in Denmark, it was only found in 0.3 percent of the samples analyzed. At the turn of the year it was around 2 percent, since then things have climbed steeply: in the last week of January it was already 19.6 percent, in the first week of February it was 30.7 percent. In total, the virus variant has so far been detected in 2510 people in Denmark.

**NLD:** In the dispute over the corona-related curfew in the Netherlands, the Second Chamber of Parliament approved an emergency law to legalize the measure in an urgent procedure. A large majority supported a government bill in The Hague. The evening curfew has been in effect since mid-January, but was declared unlawful by an administrative court on Tuesday.

**FRA:** The British coronavirus variant is spreading quickly: 36 percent of all those who tested positive are now infected with it. A good month ago, the proportion was around one percent, but the tests were also analyzed less for mutants. In Germany, the share of the British variant is currently over 22 percent, according to the federal government. Other virus variants make up around five percent in France. In the administrative district of Moselle on the border with Germany, hundreds of infections with the South African variant had previously occurred, against which certain vaccines may not work.

**ITA:** Due to the spread of the British virus variant, the date to commemorate the start of the devastating Corona crisis a year ago was cancelled. A conference on the lessons of the pandemic, which hit Italy particularly hard last year, was supposed to be held in the public hospital in Brescia on Saturday. The doctor who diagnosed the country's first locally transmitted corona case should also be there. In Thursday's cancellation, the hospital referred to a sense of responsibility and the rapidly changing epidemiological situation

**ESP:** In the fight against the spread of coronavirus variants, quarantine is planned for all travelers from Brazil and South Africa. The mandatory quarantine lasts ten days. If the test is negative, it can be shortened to seven days. The quarantine measure is initially valid for a period of 14 days. In early February, Spain already imposed strict restrictions on entries from Brazil and South Africa. Only people from Spain and Andorra or who are resident in one of the two countries are allowed to enter.

About 20 percent of all new corona infections registered in Spain in the past few days are due to the more contagious British variant of the SARS-CoV-2 pathogen. There are large regional differences in the distribution of the British variant. In Andalusia, for example, 41 percent of all new corona infections are the mutated variant of the virus. In the region of Andalusia in front of the British Gibraltar it is even 51 percent. In a week to ten days, the mutated virus will be the dominant variant in Andalusia.

**BRA:** After the USA and India, Brazil became the third country to have passed the ten million corona infected mark. This emerges from the data from the Ministry of Health in Brasília. Accordingly, 51,879 new infections have been registered since Wednesday, bringing the total to 10,030,626 cases. The number of deaths rose by 1,367 to 243,457 within 24 hours.

**USA:** The US state of New York plans to reopen its amusement parks in April. The prerequisites for this are; Masks, spacing, compliance with hygiene rules and reduction of the permitted number of visitors to around a third. Indoor amusement facilities such as trampoline centers or amusement arcades are likely to reopen by the end of March. Previously, among other things, stadiums were reopened to a limited extent for major events and the interiors of the restaurants, cafés and bars of the metropolis of New York were reopened with limited capacity.

**ISR:** The border closings will be extended for another two weeks. The ban on international flights will remain in force until March 6th. Israel suspended international flights on January 24th. After that, the border crossings to Jordan and Egypt were also closed.

**Africa:** More than 100,000 corona deaths have been registered in Africa since the beginning of the pandemic. A total of more than 3.3 million infections have been reported in the 54 African countries. This means that Africa has been affected by the pandemic to a much lesser extent than Europe, Latin America or North America. In Africa, South Africa is currently hardest hit. With more than 48,400 deaths, almost half of all deaths on the continent were reported there. A mutated version of the coronavirus is spreading in South Africa, which is considered to be significantly more contagious than previous variants.

# Global Situation

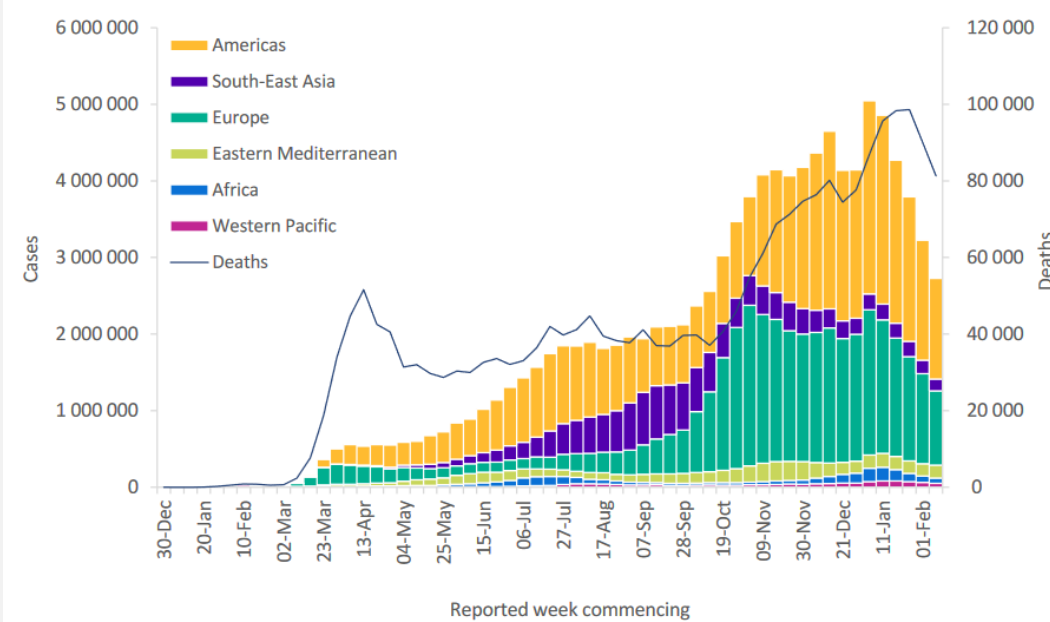
## Global epidemiological situation overview; WHO as of 14 Feb

The number of global new cases reported has continued to fall, with 2.7 million new cases last week, a 16% decline over 500 000 fewer new cases compared to the previous week (Figure 1). The number of new deaths reported also fell, with 81 000 new deaths reported last week, a 10% decline as compared to the previous week. A total of five out of six WHO regions reported a double-digit percentage decline in new cases (Table 1), with only the Eastern Mediterranean Region showing a 7% rise. Europe and the Americas continue to see the greatest drops in absolute numbers of cases. Meanwhile, the number of new deaths declined in all regions.

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

- **United States of America;** reporting 673 630 cases, a 23% decrease,
- **Brazil;** reporting 318 290 cases, a 3% decrease,
- **France;** reporting 127 565 cases, a 6% decrease,
- **the Russian Federation;** reporting 104 602 cases, a 11% decrease and
- **Great Britain and Northern Ireland;** reporting 97 271 cases, a 27% decrease

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 14 February 2021\*\*



Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update---16-february-2021>

## Vaccination news:

**BioNTech / Pfizer:** start a large study on the use of their corona vaccine in pregnant women. This should clarify the safety, tolerability and effectiveness of the vaccine for expectant mothers. The vaccine is now to be tested in a phase 2/3 clinical trial in around 4,000 healthy pregnant women aged 18 and over. The vaccinations should take place between the 24th and 34th week of pregnancy.

The vaccine from BioNTech shows 85 percent effectiveness against the coronavirus after administration of the first dose, according to the [medical journal "The Lancet"](#), citing a study from Israel. The investigation was therefore carried out on more than 7,000 workers in the Israeli health care system.

**DEU:** The Bundeswehr has received a vaccine contingent of 10,000 doses of the AstraZeneca vaccine for the vaccination of its soldiers. The vaccines are to be used for participants in missions abroad as well as for soldiers who help out in nursing homes or health departments. The Federal Police and Customs also have access to the contingent administered by the Bundeswehr.

**ESP:** According to a survey, the number of those willing to vaccinate in Spain doubled within two months and is now almost 83 percent, as the research institute CIS announced. In December it was only around 40 percent.

**SVK:** Contrary to the will of your head of government, the Russian corona vaccine Sputnik V will not be ordered for the time being. The smallest of the four coalition parties vetoed it at a government meeting. This means that Sputnik V may only be used in Slovakia if the European Medicines Agency EMA has granted approval that the Russian manufacturer has not yet applied for.

**SRB:** More than a million vaccinations have been given. The number includes first and second vaccinations.

**VEN:** The vaccinations against the coronavirus with the Russian vaccine Sputnik V had started. First of all, nursing staff and civil servants will be vaccinated. This included parliamentarians, police officers, soldiers and government officials. The rest of the population will be vaccinated from April. 100,000 doses of the Russian vaccine were delivered to Caracas on Saturday. Venezuelans had also participated in the clinical tests for the Russian serum.

**USA:** wants to organize the vaccinations against the coronavirus in an uncomplicated and unbureaucratic way. Therefore, the US state of **West Virginia** relies on vaccinations in pharmacies. They could vaccinate quickly and easily and act more flexibly than some vaccination centers.

The US state of **New York** has sued the online retail giant Amazon over allegations of insufficient protection for warehouse workers from the coronavirus. In the pandemic, Amazon put its profit above the welfare of its employees. Employees who complained about inadequate security precautions have been fired.

**NZL:** has started vaccinations against the virus. Initially, around two dozen vaccinators received the drug from BioNTech. From the weekend, around 12,000 employees at national borders, for example at airports and ports, as well as in quarantine facilities, should receive the first dose. Only then will the rest of the population gradually be vaccinated. It will take about a year to vaccinate all of New Zealand's five million or so residents. The product from BioNTech is so far the only one that is approved in the country.



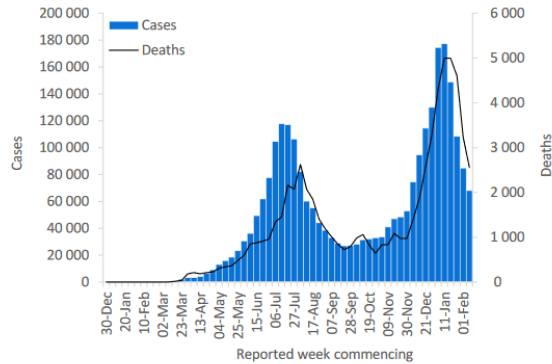
# Situation by WHO Region, as of 14<sup>th</sup> February

## WHO regional overviews

### African Region

In the past week, the African Region reported over 68 000 cases and 2500 deaths, a 20% and 21% decrease respectively compared to the previous week. This is the fourth consecutive week the Region reported decreases in both new cases and deaths. The highest numbers of new cases were reported in South Africa (16 363 new cases; 27.6 new cases per 100 000 population; a 33% decrease), Zambia (7027 new cases; 38.2 new cases per 100 000; a 13% decrease) and Nigeria (6422 new cases; 3.1 new cases per 100 000; a 26% decrease).

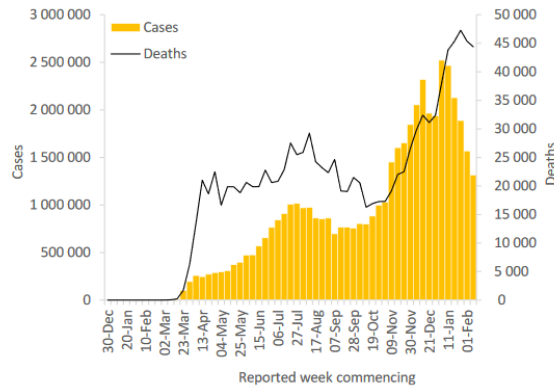
The countries reporting the highest number of new deaths in the past week were South Africa (1641 new deaths; 2.8 new deaths per 100 000; a 26% decrease), Zambia (101 new deaths; 0.5 new deaths per 100 000; a 7% increase), Nigeria (100 new deaths; <0.1 new deaths per 100 000; a 45% increase) and Malawi (100 new deaths; 0.5 new deaths per 100 000; a 33% decrease).



### Region of the Americas

Over 1.3 million new cases and over 44 000 new deaths were reported in the Region of the Americas this week, a 16% and 2% decrease respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (673 630 new cases; 203.5 new cases per 100 000 population; a 23% decrease), Brazil (318 290 new cases; 149.7 new cases per 100 000; a 3% decrease) and Mexico (66 083 new cases; 51.3 new cases per 100 000; a 7% decrease).

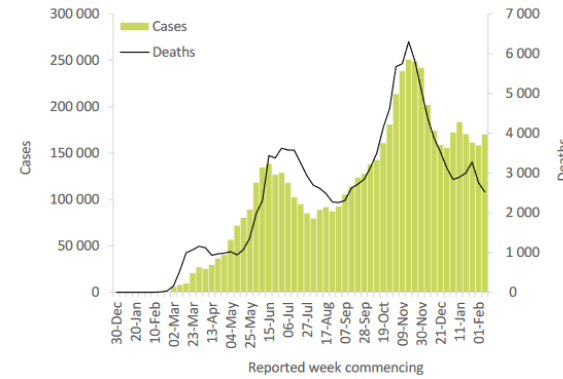
The highest numbers of deaths were reported from the same countries, the United States of America (21 412 new deaths; 6.5 new deaths per 100 000; a 5% decrease), Mexico (8267 new deaths; 6.4 new deaths per 100 000; a 7% increase) and Brazil (7455 new deaths; 3.5 new deaths per 100 000; a 1% increase).



## Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 170 000 new cases, a 7% increase compared to last week. The region reported just over 2500 new deaths, a 9% decrease. The three countries reporting the highest numbers of new cases continue to be the Islamic Republic of Iran (51 503 new cases; 61.3 new cases per 100 000 population; an 8% increase), United Arab Emirates (22 203 new cases; 224.5 new cases per 100 000; a 2% decrease) and Lebanon (19 156 new cases; 280.7 new cases per 100 000; a 1% increase).

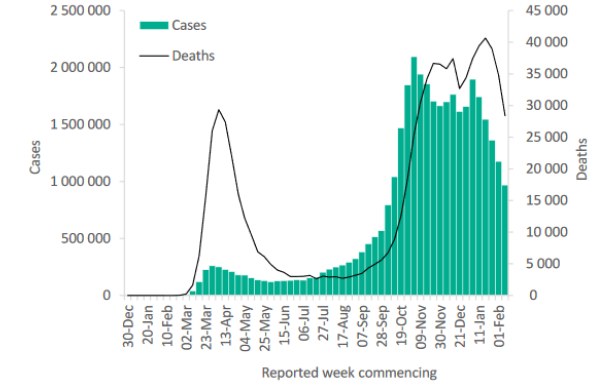
The highest numbers of new deaths continue to be reported in the Islamic Republic of Iran (471 new deaths; 0.6 new death per 100 000 population; a 10% decrease), Lebanon (399 new deaths; 5.8 new death per 100 000; a 25% decrease) and Pakistan (362 new deaths; 0.2 new death per 100 000; a 24% increase).



## European Region

The European Region reported over 960 000 new cases and over 28 000 new deaths, a decrease of 18% and 19% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were France (127 565 new cases; 195.4 new cases per 100 000; a 6% decrease), the Russian Federation (104 602 new cases; 71.7 new cases per 100 000; a 11% decrease), and the United Kingdom (97 271 new cases; 143.3 new cases per 100 000; a 27% decrease).

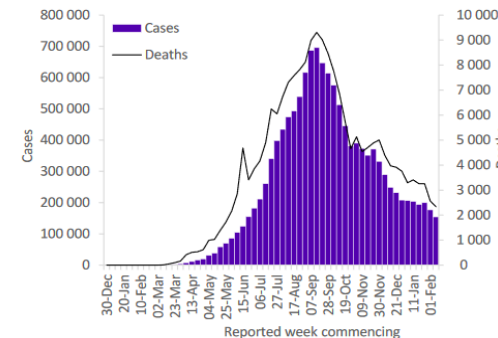
The highest numbers of deaths were reported from the United Kingdom (4816 new deaths; 7.1 new deaths per 100 000; a 26% decrease), the Russian Federation (3465 new deaths; 2.4 new deaths per 100 000, similar to previous week) and Germany (3443 new deaths; 4.1 new deaths per 100 000; a 25% decrease).



## South-East Asia Region

In the past week, the South-East Asia Region reported over 150 000 new cases, a decrease of 13% compared to last week. The region reported over 2300 new deaths, a 9% decrease. The three countries reporting the highest numbers of new cases were India (78 577 new cases; 5.7 new cases per 100 000; a 2% decrease), Indonesia (63 693 new cases; 23.3 new cases per 100 000; a 21% decrease), and Sri Lanka (6276 new cases; 29.3 new cases per 100 000; a 19% increase).

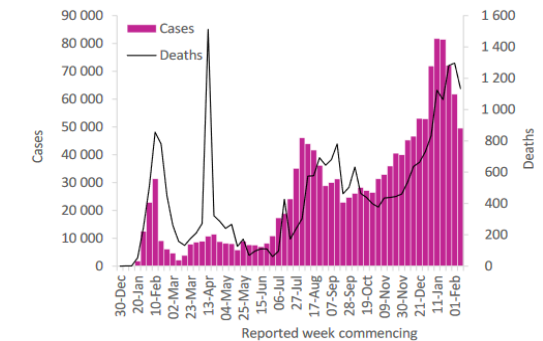
The three countries reporting the highest numbers of new deaths this week were Indonesia (1543 new deaths; 0.6 new deaths per 100 000; a 7% decrease), India (646 new deaths; <0.1 new deaths per 100 000; a 11% decrease) and Bangladesh (76 new deaths; <0.1 new deaths per 100 000; a 4% decrease).



## Western Pacific Region

The Western Pacific Region reported over 49 000 new cases the past week, a 20% decrease compared to the previous week. The region reported 1100 new deaths, a 13% decrease. The three countries reporting the highest numbers of new cases in the region this week were Malaysia (23 084 new cases; 71.3 new cases per 100 000; a 21% decrease), the Philippines (11 734 new cases; 10.7 new cases per 100 000; a 2% decrease), and Japan (11 037 new cases; 8.7 new cases per 100 000; a 34% decrease).

The three countries reporting the highest numbers of new deaths this week were Japan (574 new deaths; 0.5 new deaths per 100 000; a 16% decrease), the Philippines (397 new deaths; 0.4 new deaths per 100 000; a 10% decrease) and Malaysia (101 new deaths; 0.3 new deaths per 100 000; a 9% decrease).



Source:

<https://www.who.int/publications/m/item/weekly-epidemiological-update---16-february-2021>

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

Source: <https://www.who.int/publications/m/item/weekly-epidemiological-update---16-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)

<https://www.ecdc.europa.eu/sites/default/files/documents/RRA-covid-19-14th-update-15-feb-2021.pdf>

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 15 February 2021:

## 1. Variant VOC 202012/01, lineage B.1.1.1.7

Since the last update on 09 February, an additional 8 countries have reported cases of variants VOC202012/01. As of 16 February a total of 94 countries across all six WHO regions have reported either imported cases or community transmission of this variant. Local transmission of VOC202012/01 has been reported in at least 47 countries across all six WHO regions.



## Immunity, reinfection, vaccination

There is evidence of both memory B cell and T cell immune responses in individuals infected with previous predominant circulating SARS-CoV-2 strains, however a clear correlate for protection has yet to be. Infection with previous predominant circulating SARS-CoV-2 strains appears to provide immunity against systemic disease for at least five and eight months. The presence of neutralising antibodies against SARS-CoV-2 provides the best current indication for protection against reinfection. A reduction in the neutralising capacity of serum polyclonal antibodies -derived from infection with previous predominant circulating SARS-CoV-2 strains-against variant viruses may indicate a reduced capacity to protect against reinfection. Studies on the B.1.1.7 variant indicate that it is modestly more resistant to convalescent plasma, with estimates for the reduction ranging between 3-10-fold. Despite this reduction, up to 60% of convalescent serum samples are thought to retain functional activity above neutralising threshold. In the UK, Graham et al. evaluated longitudinal symptom and test reports from 36 920 users of the COVID Symptom Study app testing positive for COVID-19 between 28 September and 27 December 2020. The authors estimated the number of possible reinfections (defined as two positive PCR tests >90 days apart with at least seven symptom-free days between tests) and the proportion of B.1.1.7 cases overtime, estimating an infection rate of 0.7% (95% CI 0.6-0.8), with no evidence that this was higher than for the older strains.

The effect of spike mutations from the B.1.1.7 lineage on vaccine-elicited sera is that the mRNA vaccines Comirnaty by BioNTech/Pfizer and COVID-19 Vaccine Moderna have no significant impact on neutralisation against pseudo-viruses containing mutations found in B.1.1.7, suggesting that these vaccines can be expected to be effective against B.1.1.7. These studies are not yet peer-reviewed or published.

The clinical efficacy of the adenoviral vector COVID-19 Vaccine AstraZeneca against B.1.1.7 is similar to the efficacy of the vaccine against other circulating lineages in the UK, according to a non-peer reviewed manuscript. The ongoing clinical phase 3 trials of the protein-based vaccine Novavax reported 90% vaccine efficacy against the previous strains of SARS-CoV-2 and more than 85% efficacy against B.1.1.7. These study results are not yet available for peer-review but have been made available in a press release from the manufacturer.

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

Since the last update on 09 February, 501Y.V2 has been reported from 2 additional countries – now totaling 46 countries across all six WHO regions. Local transmission has been reported in at least 12 countries across four WHO regions.



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

Since our last update, variant P.1 has been reported in 6 additional countries. To date, this variant is reported in 21 countries across four of the six WHO regions.



## 4. Condensed overview of emerging information on key variants of concern as of 15 Feb 2021

Nextstrain clade	20I/501Y.V1	20H/501Y.V2 <sup>†</sup>	20J/501Y.V3
<b>Pango lineage</b>	B.1.1.7	B.1.351	B.1.1.28.1
<b>GISAID clade</b>	GR	GH	GR
<b>Alternate names</b>	VOC202012/01 <sup>†</sup>	VOC202012/02	P.1 <sup>†</sup>
<b>First detected by</b>	United Kingdom	South Africa	Brazil / Japan
<b>First appearance</b>	20 September 2020	Early August 2020	December 2020
<b>Key spike mutations</b>	<ul style="list-style-type: none"> <li>H69/V70 deletion</li> <li>Y144 deletion</li> <li>N501Y</li> <li>A570D</li> <li>D614G</li> <li>P681H</li> </ul>	<ul style="list-style-type: none"> <li>L242/A243/L244 deletion</li> <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>
<b>Key mutation common to all 3 variants</b>	S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)		
<b>Countries reporting cases (newly reported in last week)**</b>	94 (8)	46 (2)	21 (6)

# Subject in Focus

## Using face masks in the community: Effectiveness in reducing transmission of COVID-19 (ECDC)

The role of face masks in the control and prevention of COVID-19 remains an issue of debate. Prior to COVID-19, most studies assessing the effectiveness of face masks as a protective measure in the community came from studies on influenza, which provided little evidence to support their use.

### Recommendations

Although the evidence for the use of medical face masks in the community to prevent COVID-19 is limited, face masks should be considered as a non-pharmaceutical intervention in combination with other measures as part of efforts to control the COVID-19 pandemic.

Taking into account the available evidence, the transmission characteristics of SARS-CoV-2, the feasibility and potential harms associated with the use of various types of face masks, the following options are proposed:

- In areas with **community transmission** of COVID-19, wearing a medical or non-medical face mask is recommended in **confined public spaces** and can be considered in **crowded outdoor settings**.
- For people **vulnerable to severe** COVID-19, such as the elderly or those with underlying medical conditions, the use of medical face masks is recommended as a means of personal protection in the above-mentioned settings.
- In **households**, the use of medical face masks is recommended for people with **symptoms of COVID-19** or **confirmed** COVID-19 and for the people who share their household.
- Based on the assessment of the available scientific evidence, **no recommendation** can be made on the preferred use of medical or non-medical face masks in the community.
- When non-medical face masks are used, it is advisable that masks that comply with available guidelines for filtration efficacy and breathability are preferred.

The very limited scientific evidence regarding the use of respirators in the community does **not support** their **mandatory use** in place of other types of face masks in the community. Although respirators would not be expected to be inferior to non-medical or medical face masks, the **difficulties** to ensure their **appropriate fitting** and use in community settings as well as **potential adverse effects** related to lower breathability should be taken into account.

The use of face masks in the community should complement and not replace other preventive measures such as physical distancing, staying home when ill, teleworking if possible, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth.

The appropriate use of face masks and promoting compliance with their use when recommended as public health measures are key to the effectiveness of the measure and can be improved through **education campaigns**.

### Assessment of the evidence

The evidence regarding the effectiveness of medical face masks for the prevention of COVID-19 in the community is compatible with a **small to moderate protective effect**, but there are still significant uncertainties about the size of this effect. Evidence for the effectiveness of non-medical face masks, face shields/visors and respirators in the community is scarce and of **very low certainty**.

Additional high-quality studies are needed to assess the relevance of the use of medical face masks in the COVID-19 pandemic.

	Effect estimate	Certainty of evidence
<b>Effectiveness of medical face masks for the prevention of COVID-19 in the community</b>	Small to moderate	Low to moderate
<b>Effectiveness of non-medical face masks for the prevention of COVID-19 in the community</b>	Small to moderate	Very low
<b>Effectiveness of face shields/visors and transparent face masks for the prevention of COVID-19 in the community</b>	Cannot be assessed	Very low
<b>Effectiveness of respirators for the prevention of COVID-19 in the community</b>	Small to moderate	Low



# THE MOST IMPORTANT SPORTS MEDICINE RECOMMENDATIONS FOR PHYSICAL EXERTION AFTER AN INFECTION WITH COVID-19

## Sports after COVID-19

In order to keep the cardiac and respiratory risks after a COVID-19 infection low, we recommend resuming physical activity in accordance with these guidelines systematically and under medical supervision.

From a medical point of view, it should be noted that in addition to the lungs, the cardiovascular system, the central and peripheral nervous system, as well as the liver and kidneys can be acutely affected.

For this reason, we recommend a monitored and systematic return to physical activity.



### **Absolute recovery**

Even asymptotically infected patients should do without physical exertion for at least 10 days.



### **Slow increase**

The activity level should be increased slowly. First the frequency, then the duration and finally the intensity of the training units.



### **Free of symptoms**

To restart training, the patient should have been completely symptom-free for at least 7 days.



**If the course is severe, an extended diagnosis should be carried out by the troop doctor!**



## FAQs

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

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

### **Antigen test:**

The vaccination is extremely unlikely to affect antigen tests.

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

### **PCR test:**

An influence is excluded.

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

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

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

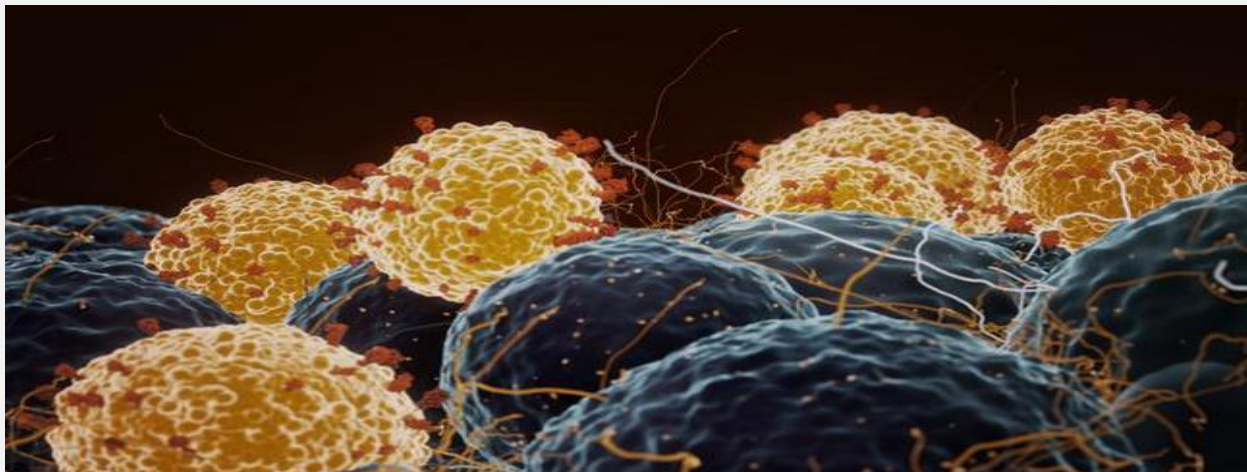
**A full vaccination has already taken place, do I still have to be in quarantine if I am a contact person or if I am entering from a risk area:**

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

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

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

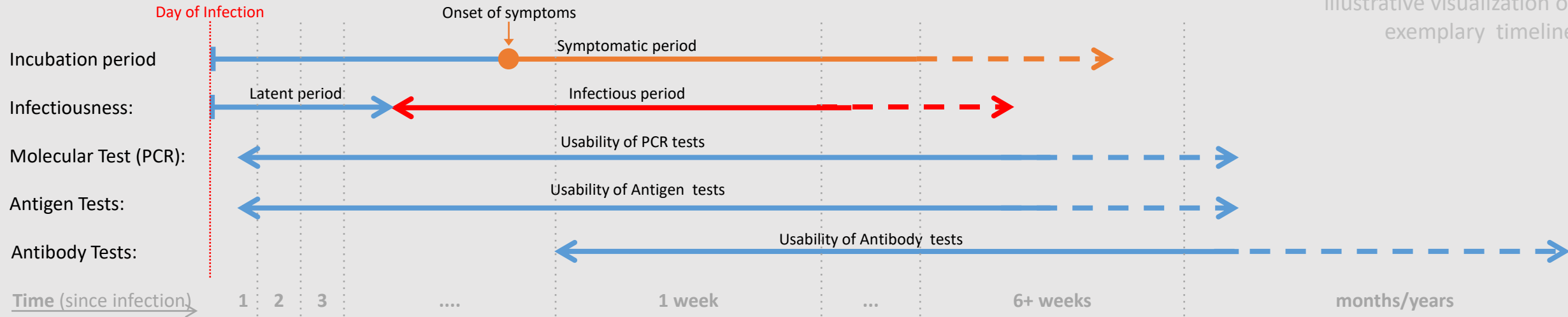
<https://www.rki.de/SharedDocs/FAQ/COVID-Impfen/gesamt.html;jsessionid=E363B36B89E8728615A8909FBF7ADF92.internet092>





# Timeline COVID-19 infection

illustrative visualization of exemplary timeline



	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!

18<sup>th</sup> February 2021

**Aljazeera**

### **COVID: US life expectancy drops, Black and Latinos hardest hit**

<https://www.aljazeera.com/news/2021/2/18/covid-us-life-expectancy-drops-black-and-latinos-hardest-hit>

13<sup>th</sup> February 2021

**DW**

### **Balkans: Are geopolitics getting in the way of COVID-19 vaccines?**

<https://www.dw.com/en/balkans-are-geopolitics-getting-in-the-way-of-covid-19-vaccines/a-56542620>

16<sup>th</sup> February 2021

**DW**

### **South Korea accuses North of trying to hack vaccine tech**

<https://www.dw.com/en/south-korea-accuses-north-of-trying-to-hack-vaccine-tech/a-56590308>

18<sup>th</sup> February 2021

**BBC**

### **Covid-19: Record number of students apply for nursing**

<https://www.bbc.com/news/uk-56111379>

17<sup>th</sup> February 2021

**Aljazeera**

### **‘Wildly unfair’: UN boss says 10 nations used 75% of all vaccines**

<https://www.aljazeera.com/news/2021/2/17/un-chief-urges-global-plan-to-reverse-unfair-vaccine-access>

18<sup>th</sup> February 2021

**The Guardian**

### **Mink farms a continuing Covid risk to humans and wildlife, warn EU experts**

<https://www.theguardian.com/environment/2021/feb/18/mink-farms-a-continuing-covid-risk-to-humans-and-wildlife-warn-eu-experts>

18<sup>th</sup> February 2021

**South China Morning Post**

### **Coronavirus: China and US face UN cooperation test over Britain's push for vaccine ceasefires**

<https://www.scmp.com/news/world/united-states-canada/article/3122108/coronavirus-china-and-us-face-un-cooperation-test>

15<sup>th</sup> February 2021

**The Guardian**

### **New Covid variant with potentially worrying mutations found in UK**

<https://www.theguardian.com/world/2021/feb/15/32-cases-of-latest-covid-variant-of-concern-found-in-uk>

17<sup>th</sup> February 2021

**The Guardian**

### **From Nelly to Doug: nicknames emerge for growing list of Covid variants**

<https://www.theguardian.com/world/2021/feb/17/nicknames-emerge-for-growing-list-of-covid-variants>

# 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**

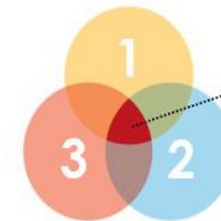
with many people nearby

**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.

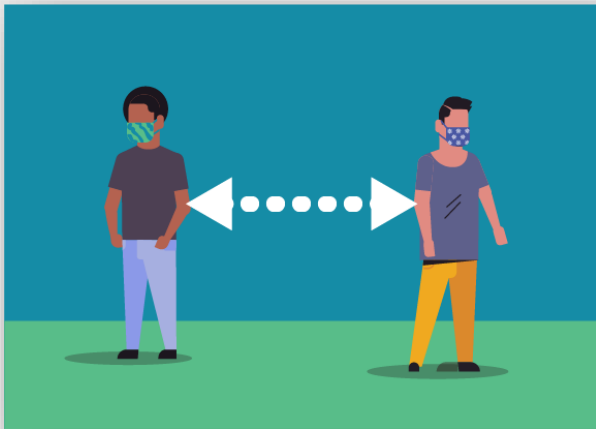
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

**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:

