Update 60 (9th of March 2021)

Information about infection disease
COVID-19 (novel coronavirus)

Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich
9th of March 2021
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In December 2019, a novel coronavirus emerged in Wuhan City, China. Since then the virus spread to 65 countries including Europe and America. Since then the virus showed evidence for human-to-human transmission as well as evidence of asymptomatic transmission. At 30th January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11th of February. The virus itself has been named SARS-CoV-2. On 11th of March 2020 WHO characterized the disease as a pandemic.

HIGHLIGHTS/NEWS

- According to a preliminary study conducted at the University of Oxford, the vaccine from **AstraZeneca** protects against the Brazilian virus mutation P1. The **BioNTech** vaccine shows in a studie published in the New England Journal of Medicine, that it also appears to neutralize the novel Brazilian variant of the coronavirus.
- A Phase I study of a Covid drug by the Swiss biotech company **Molecular Partners** and the pharmaceutical company **Novartis** has been successful, according to the company. The antivirus drug **Ensovibep** was therefore well tolerated in healthy volunteers and did not cause significant undesirable side effects. A Phase II/III approval study is scheduled to start in the second quarter.
- **WHO**: Warns that there have been one million new corona cases in Europe in the past week - nine percent more than the previous week. This ended a six-week period of declining infection rates. The increase is driven by the spread of newer variants of the virus and by the opening up of society if it is not carried out in a safe and controlled manner.
- **WHO**: On Saturday, the WHO announced the supply of Corona vaccines to dozens of other developing countries, while warning of a slackening in the fight against the pandemic due to immunization campaigns. Next week, the international Corona vaccination initiative Covax will supply 31 other countries with a total of 14.4 million doses of vaccination. This week, 20 other countries had been supplied with 20 million doses of vaccine, including Nigeria, Moldova and India. But even if the vaccine spreads great hope, the world must not lose concentration.
- **UNICEF**: The Corona pandemic increases the risk of child marriage for millions of girls worldwide, according to Unicef. By the end of the decade, the number of child marriages worldwide could increase by another ten million. Reasons for this include school closures, economic pressure, the collapse of public services and the death of parents because of the pandemic.
- **EMA:** The vaccine from the US pharmaceutical company Johson & Johnson could be approved for the EU in March. On 11 March, according to inside information, the EMA will review the vaccine for use in the EU. "We expect a positive assessment and that the EU Commission will approve it quickly." On the other hand, sufficient data are not yet available for the approval of the Russian vaccine Sputnik V.
- **GBR:** The Human Challenge analysis began yesterday, the UK Department of Health confirmed. According to earlier information from the British government, this is the first study in the world in which people are specifically infected with SARS-CoV-2. The UK project selected young, healthy people who have a comparatively low risk of developing COVID-19. They should first be given the least possible dose of viruses necessary for infection. The researchers hope to gain insights to improve and accelerate the development of vaccines and treatments for COVID-19.
- **AUS/EU**: Following the ban on the supply of Corona vaccine from the European Union, Australia, together with other countries, wants to put pressure on Brussels to obtain agreed doses.
- **ECDC**: published a new technical guidance on "Methods for the detection and identification of SARS-CoV-2 variants".

GLOBALLY ↗ 117 253 787 confirmed cases 75 384 600 recovered 2 604 429 deaths
EU/EEA and the UK → 38 171 654 confirmed cases 20 854 000 recovered 869 287 deaths
USA ↘ **(new cases/day 49 745)** 28 933 576 confirmed cases **11 977 707** recovered 523 682 deaths
India ↗ **(new cases/day 18 599)** **11 244 786** confirmed cases **10 899 394** recovered **157 930** deaths
Brazil ↗ **(new cases/day 80 508)** **11 051 665** confirmed cases **9 826 292** recovered **266 398** deaths
Russia ↗ **(new cases/day 10 145)** **4 293 750** confirmed cases **3 888 071** recovered **88 315** deaths
UK ↘ **(new cases/day 4 712)** **4 223 236** confirmed cases -not reported- recovered **124 566** deaths

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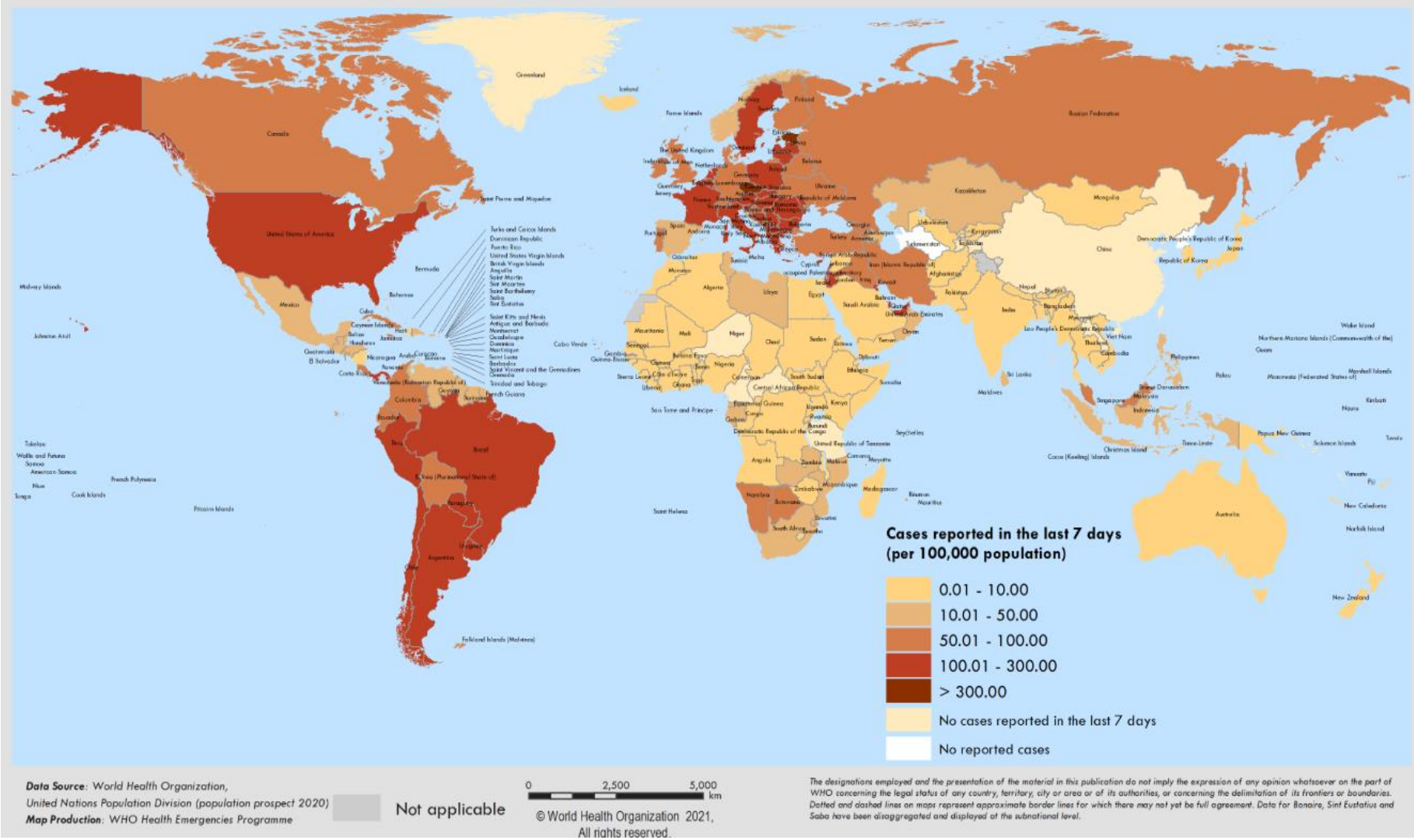
Map of countries with reported COVID-19 cases (last 7 days), as of 15 to 21 February 2021



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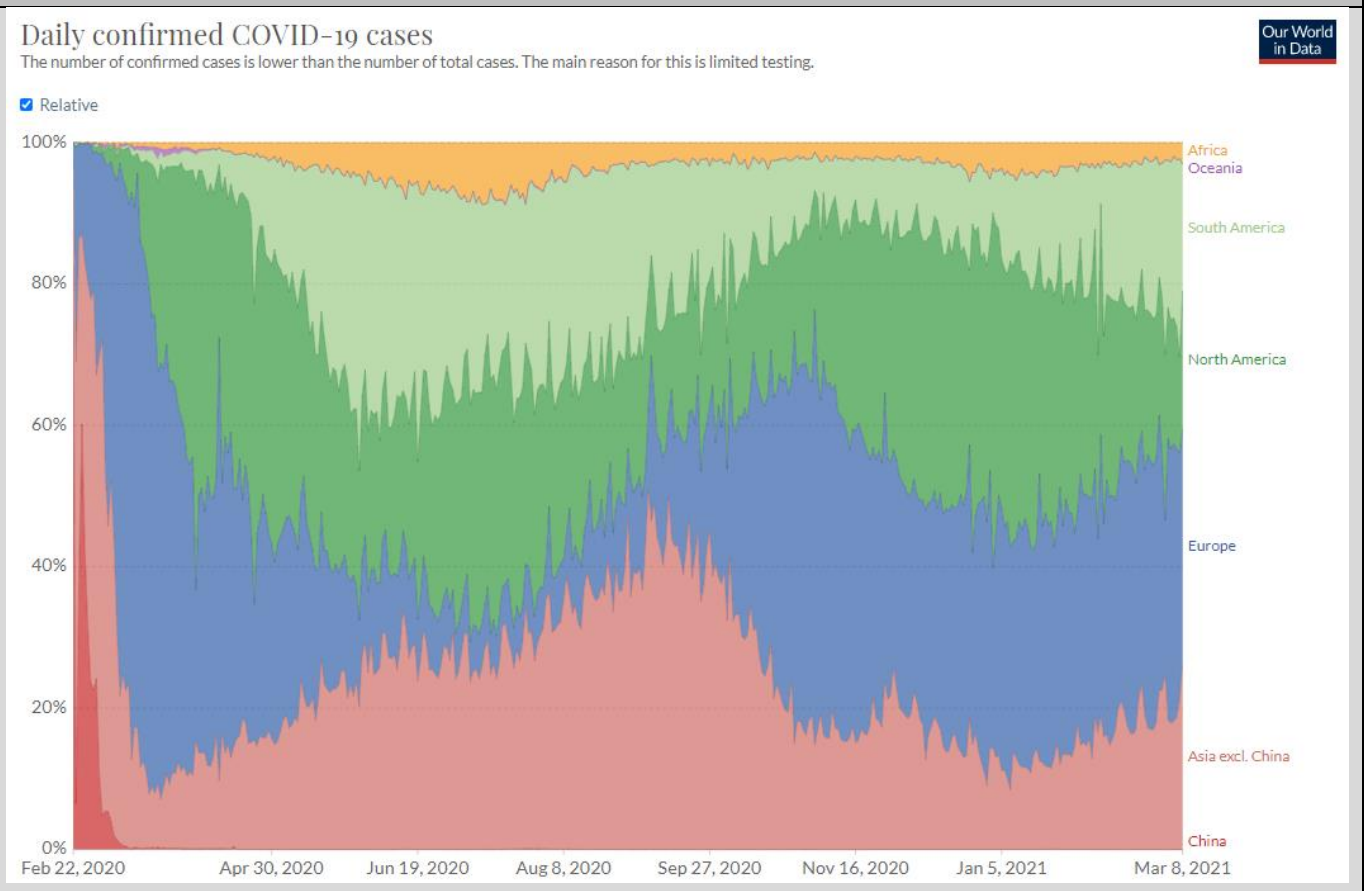
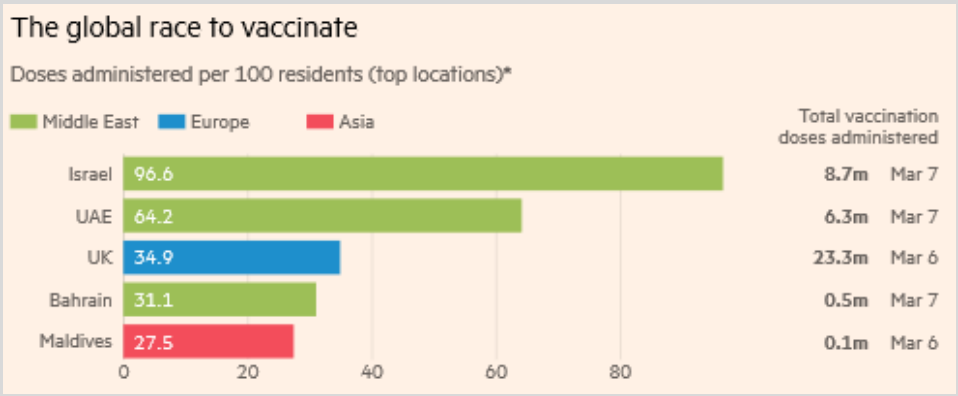
Worldwide Situation

Global Situation





Vaccination report

First great apes at U.S. zoo receive COVID-19 vaccine made for animals

In February, four orangutans, and five bonobos at the San Diego Zoo have received two doses each of an experimental vaccine for animals developed by a veterinary pharmaceutical company.

The milestone had been triggered by another: In January, a troop of eight gorillas at the San Diego Zoo Safari Park became the first great apes in the world to test positive for the novel coronavirus. The silverback, 49-year-old Winston, fell ill with heart disease and pneumonia, but following experimental antibody treatment, he is recovering, as are the others. It's still unclear if the virus exacerbated an underlying condition or caused his symptoms.

Globally, infections have also been confirmed in tigers, lions, mink, snow leopards, cougars, a ferret, dogs, and domestic cats, but the fact that great apes are susceptible to the SARS-CoV-2 virus has scientists especially concerned. Fewer than 5,000 gorillas remain in the wild, and, because they live in close family groups, researchers worry that if one caught the virus, the infection might spread quickly and imperil already precarious populations.

More than a year into the pandemic, there's still little known about how the virus affects animals. In many cases, the veterinary community must rely on limited data sets, learning what it can from individual cases and sporadic outbreaks in a handful of species.

After the first dog tested positive for the virus, in Hong Kong in February 2020, veterinary pharmaceutical company Zoetis began developing a COVID-19 vaccine for dogs and cats. By October it had confidence it was safe and effective in both species.

The Zoo was already in touch with Zoetis, following the vaccine's development, when the safari park's gorilla troop tested positive in January.

Though the vaccine had only been tested on cats and dogs, they decided it was worth the risk.

The apes had no adverse reactions and are doing well. Blood drawn from apes will soon show whether they developed antibodies, the presence of which would indicate that the vaccine may be working. Three leftover doses will soon go to bonobos and one of the zoo's gorillas who didn't get the virus.

The experimental vaccine works similarly to the Novavax vaccine for humans, which is currently in late-stage trials. Instead of using a live virus, it uses synthetic spike proteins to trigger the same antibodies as the live virus would.

Zoetis' data show that the cats and dogs in the trials all had significant immune responses to the vaccine—though it's still unclear whether it's enough to successfully prevent infection in the first place. Further studies are needed.

Other U.S. zoos have also requested doses of the vaccine for their great apes. Zoetis is also conducting trials of its vaccine in mink, with plans to apply for commercial authorization once trials are complete.

https://www.nationalgeographic.com/animals/article/first-great-apes-at-us-zoo-receive-coronavirus-vaccine-made-for-animals

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Assessment on reports on influenza-like illness in individuals vaccinated with COVID-19 vaccines

The GACVS COVID-19 Subcommittee met virtually on Thursday, 25 February 2021, to review available information and data on reports of influenza-like illness in health-care workers who had received COVID-19 vaccines. These symptoms have been reported in several countries. The Subcommittee reviewed clinical trial data and a summary of reports of influenza-like illness following vaccination with COVID-19 vaccines in the WHO global Individual Case Safety Reports database (VigiBase).

The Subcommittee noted that similar symptoms of influenza-like illness had also been reported in the first few days following vaccination with COVID-19 vaccines in clinical trials. These included headache, fatigue, muscle aches, feverishness and chills. Most symptoms were mild to moderate and resolved within a few days. These expected side effects from vaccination were more common in younger vaccine recipients (under the age of 55 years) compared with older people.

Based on a careful scientific review of the information made available, the Subcommittee came to the following conclusions:

- Symptoms of an influenza-like illness may be expected as immune responses following vaccinations in general.
- The current reports with the COVID-19 vaccines are consistent with the expected side-effect profile of these vaccines, all of which were well tolerated.

In view of this, the committee considers that the benefit-risk balance of the COVID-19 vaccines (for which reports of the influenza-like reactions are available to date) remains favourable and does not suggest any revision, at present, to the recommendations around the safety of these vaccines.

The committee recommends that people who are vaccinated be informed, prior to vaccination, of the potential for influenza-like symptoms to occur after receipt of COVID-19 vaccines. Such symptoms should be managed accordingly, with medical advice sought if required. The occurrence of transient symptoms such as headache, fever and muscle aches after a first dose of these vaccines should not prevent administration of the second dose.

The potential for short-term adverse events following vaccination should be considered when planning the timing of vaccination for healthcare teams or other workers covering a specific service area.

All countries should continue to monitor the safety of vaccines and promote routine after-care following immunization, consistent with good immunization practices for any vaccine. The committee recommends that data on suspected adverse events should be collected and reviewed continuously – nationally, regionally, and globally – as the COVID-19 vaccines are rolled out, world-wide, in order to ensure their continuing positive benefit risk balance.

The WHO COVID-19 vaccine safety surveillance manual provides guidance to countries on the safety monitoring and adverse events data sharing for the new COVID-19 vaccines, and can be accessed here.

https://www.who.int/news/item/08-03-2021-gacvs-covid-19-review-influenza-like-illness
https://apps.who.int/iris/bitstream/handle/10665/338400/9789240018280-eng.pdf?sequence=1&isAllowed=y

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Country reports on vaccination

ITA: The first production facility in Europe for the Russian vaccine Sputnik V is coming to Italy. The Russian fund RDIF, which markets Sputnik V, has signed an agreement with the Swiss-based pharmaceutical company Adienne, the Italian-Russian Chamber of Commerce informs. This paves the way for the construction of the first Sputnik V plant in Europe. Production is scheduled to begin in June. By the end of the year, ten million doses of the vaccine could be produced in Italy. Sputnik V does not yet have an authorisation in the EU, but it is already being used by Hungary, and the Czech Republic is also planning to do so.

FRA: The number of vaccinations at the weekend has increased rapidly. On Saturday, about 220,000 people received vaccinations more than twice as many as a week ago.

GBR: People between the ages of 56 and 59 are now vaccinated against COVID-19. Corresponding offers to book an appointment will be delivered in the next week. The move is possible because 80 percent of people between the ages of 65 and 69 have now been vaccinated. In total, more than 18 million people have now been vaccinated in England - more than a third of the adult population.

MKD: has received its first delivery of the Russian coronavirus vaccine Sputnik V the delivery included 3000 doses. The vaccine is intended for people over 65, according to the Ministry of Health. Vaccinations are due to start in the middle of this week. In total, Northern Macedonia has ordered 200,000 doses of the vaccine. A few weeks ago, the country began to vaccinate with doses of the BioNTech vaccine donated by neighbouring Serbia. The first vaccinations were received by doctors and nurses at a hospital for contagious diseases in Skopje.

TUR: More than 10 million people have been vaccinated against the virus in Turkey in the fight against the pandemic. Around 7.6 million people have received only the first dose so far, and 2.4 million have received the second dose. Vaccinations with the vaccine from the Chinese manufacturer Sinovac began in mid-January.

NZL: Chose BioNTech as the main vaccine. The decision was made after a study showed a 95 percent efficacy. As a result, the order for the vaccine has been increased by a further 8.5 million units. This puts the total order at 10 million doses enough for 5 million people to receive both vaccinations. The country expects the additional units in the second half of the year.

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The first major clinic for coronavirus vaccinations has been opened. First of all, household members of employees at the borders are to be vaccinated. Employees and their relatives are considered at risk because they could get the virus from infected travelers. Initially, about 150 people would receive a vaccination a day at the clinic in southern Auckland.

ETH: The first delivery with 2.2 million doses of AstraZeneca Corona vaccine was received. The vaccine was provided under the Covax initiative, which facilitates access to vaccines for poorer countries. Health workers are expected to be the first to be vaccinated in the coming days, the Department of Health announced. Covax wants to ensure that every country - rich or poor - can vaccinate the most vulnerable 20 percent of the population against COVID-19 this year.

CHL: delivered 40,000 doses of the coronavirus vaccine to Ecuador and Paraguay. The vaccine from the Chinese manufacturer Sinovac is to be administered to medical staff in both countries. He said the donation had "no impact" on the vaccine stock or vaccination plan in the country. Chile has pre-ordered more than 30 million doses of vaccine. So far, the country has received more than eight million doses supplied by Sinovac and BioNTech. More than four million Chileans have received their first dose, and 535,600 have been vaccinated for the second time.

BRA: After an important supply of raw materials arrived, the Fiocruz research facility in Rio de Janeiro has started the large-scale production of AstraZeneca's vaccine. By the middle of the year, 110 million doses of vaccines will be produced on the basis of imported drugs, and in the second half of the year, thanks to technology transfers, a further 110 million doses will be produced entirely independently.

ISR: Further relaxations have come into force: Since Monday, restaurants and cafés are allowed to reopen under conditions, and places of worship with up to 50 percent capacity can also be used. In addition, sports stadiums and event halls are allowed to reopen, but must comply with a ceiling on visitor numbers. The Green Pass for the vaccinated and the recoveries, which has been in place in Israel for two weeks, plays a major role here: holders of this document enjoy more freedom than the others. For example, only holders of the Green Pass may be served in interiors of the restaurant, and all others must take their seats outside.

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More than two months after the start of the vaccination program for its citizens, Israel has begun to vaccinate Palestinians who work in the country. Workers arriving from the West Bank via various border checkpoints received their first syringe with the Moderna vaccine on Monday. People working in Jewish settlements in the West Bank also received their first vaccinations. Vaccinations organized by military authorities in the occupied West Bank had been repeatedly delayed. In total, about 100,000 Palestinians from the West Bank work in Israel and the settlements. Human rights groups and many Palestinians see a responsibility for vaccinating Palestinians to Israel. The country, on the other hand, argues that, according to the preliminary peace treaty with the Palestinians, it is not responsible for health in their autonomous areas. The Palestinian Authority wants to obtain vaccine through the international Covax programme.

Country Reports:

ISR: Thanks to the mass vaccinations against the novel coronavirus, a concert with hundreds of spectators took place. Around 500 people with masks vaccinated against COVID-19 gathered in Tel Aviv in a stadium that can accommodate up to 30,000 spectators. They were allowed to listen to a concert by the Israeli pop singer Ivri Lider.

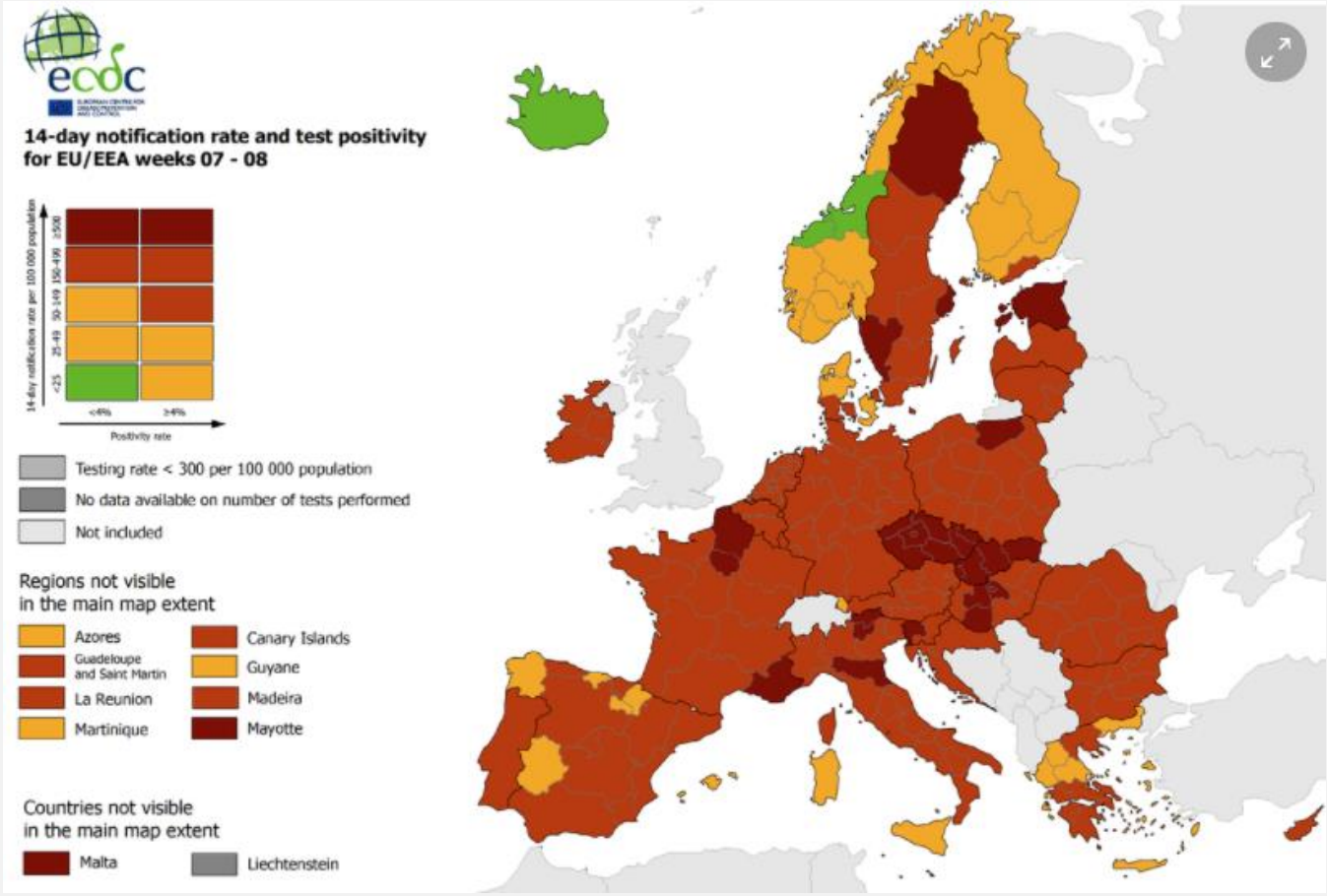
PRY: Violent clashes between demonstrators and security forces have taken place because of the government's handling of the Corona crisis. In the country, new infections have reached a record level. Hospitals are on the brink of collapse. So far, less than 0.1 percent of the population has been vaccinated. On Friday morning, the Health Minister had to resign. The government has promised to get more drugs and vaccines.

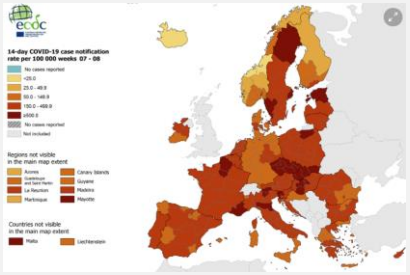
CHN: Plans to introduce health passports on smartphones for international citizens. It will record the results of COVID-19 tests and vaccinations. Because China currently restricts entry, many Chinese are stuck abroad. Other health programs on mobile phones have already been introduced in China. This means that everyone must not only register via a QR code when travelling domestically, visiting shopping centres or restaurants, but also prove their safety. On Monday China has introduced a **digital Corona vaccination card for travelers**. The certificate shows vaccinations and test results of users. The programme should help with the "global economic recovery" and also "facilitate cross-border travel". Using a QR code, other states can also read the data of the users when they enter the country. So far, the document, which is also available in paper form, applies only to Chinese. Moreover, it is not yet mandatory. With the certificate, the Chinese government is the first country in the world to present a vaccination card for travel. The introduction of a single passport for the vaccinated is also being discussed in the EU.

	THA: Weakens quarantine rules for vaccinated travelers from abroad from April. According to the Health Minister, the quarantine period will be halved to seven days. This applies to foreigners who have been vaccinated up to three months before the trip and also present a negative corona test. Travelers who are not vaccinated but only have a negative test must be quarantined for ten days. ---------- **NCL**: Until now, the French overseas territory of New Caledonia in the southern Pacific had been spared from corona infections - now the first cases have been detected there as well. New Caledonia's president announced a two-week lockdown to come into effect tonight. ---------- **NZL**: Auckland reopens after a week-long hard lockdown. The lockdown was imposed after several new infections with the particularly contagious British virus variant were detected in the two million city. As no further locally transmitted contagion had been registered for seven days until Sunday morning, the strict restrictions could be lifted. ---------- **AUS**: Thousands of people gathered at Sydney's grand cricket ground on Sunday for the annual Gay Pride, which went on stage without corona rye. Because of the pandemic, the parade with its 5000 participants was moved from the city center to the stadium. The event attracted 36,000 spectators. Many residents went to party in bars and pubs, as there had not been a single reported infection with the coronavirus in the state of New South Wales for 48 hours. ---------- **USA**: According to new recommendations from the US agency CDC, fully vaccinated people should be allowed to meet in small groups without a mask. However vaccinated people should continue to adhere to many of the usual measures, such as avoiding medium and large crowds of people or wearing a mouth-nose protection outside the home. More than 90 percent of the U.S. population does not yet have vaccination coverage and is therefore still at risk. …….. For the first time in nearly three and a half months, fewer than 1,000 Corona deaths have been recorded in the US in one day. In the past 24 hours, 749 deaths have been recorded.

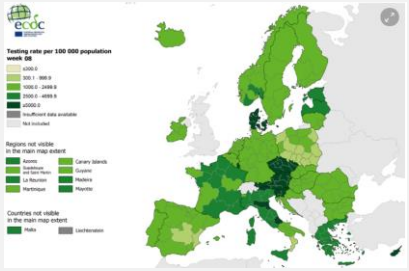
Situation in Europe

[Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU](), as of 25 February 2021

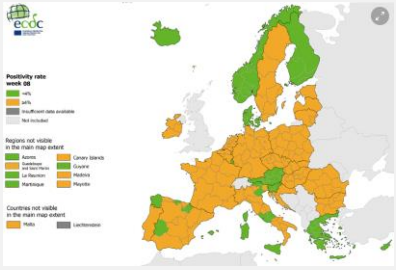




14-day case notification rate per 100 000 inhabitants

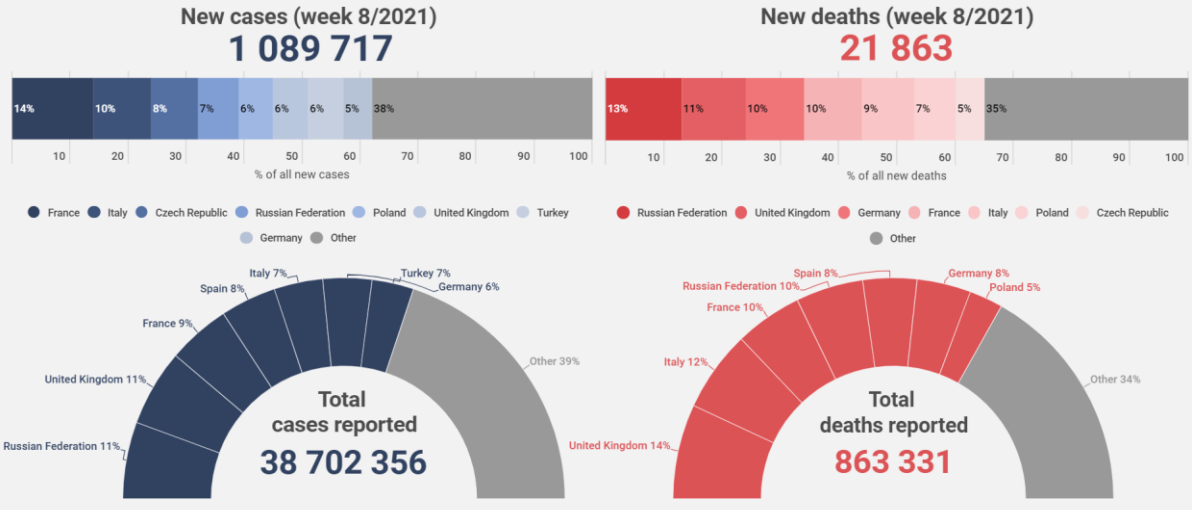


Testing rates per 100 000 inhabitants



Positivity rates

[COVID-19 situation update for the WHO European Region (22 Feb – 28 Feb 2021 Epi week 08)]()



ECDC COVID-19 surveillance report Week 08, as of 04 March 2021

Weekly surveillance summary

Overall situation

By the end of week 8 (week ending Sunday 28 February 2021), 21 countries in the EU/EEA had reported increasing case notification rates and/or test positivity. Case rates in older age groups had increased in 10 countries, nine countries reported increasing hospital or ICU admissions and/or occupancy due to COVID-19 and five countries reported increasing death rates. The absolute values of the indicators remain high, suggesting that transmission is still widespread. It is possible that further increases in admissions to hospital, ICU and mortality will follow in the coming weeks in those countries that are currently observing increasing case notification rates.

New

A map presenting data submitted by EU/EEA countries to the GISAID EpiCoV database shows the distribution of variants among sequenced samples and the average weekly number of samples with a published sequence for the five weeks to week 6 (Section 3.8). A bullet point under 'Variants of concern' summarises the sequencing volumes in the EU/EEA based on these data.

Trends in reported cases and testing

- By the end of week 8, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 311 (country range: 6-1 395) per 100 000 population. The rate has been increasing for one week.
- Among the 29 countries with high case notification rates (at least 60 per 100 000), increases were observed in 21 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Estonia, Finland, France, Greece, Hungary, Italy, Liechtenstein, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia and Sweden). Stable or decreasing trends in case rates of 1–10 weeks' duration were observed in eight countries (Denmark, Germany, Ireland, Latvia, Lithuania, Portugal, Slovenia and Spain).
- Based on data reported to The European Surveillance System (TESSy) from 23 countries for people over 65 years of age, high levels (at least 60 per 100 000) or increases in the 14-day COVID-19 case notification rates compared with last week were observed in 21 countries (Austria, Belgium, Cyprus, Czechia, Estonia, Finland, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain and Sweden).
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 8, available for 29 countries, varied from 902 to 28 929 tests per 100 000 population. Cyprus had the highest testing rate for week 8, followed by Austria, Denmark, Luxembourg and Slovenia.
- Among 22 countries in which weekly test positivity was high (at least 3%), eight countries (Bulgaria, Croatia, Estonia, Hungary, Malta, Poland, Romania and Sweden) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 14 countries (Belgium, Czechia, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, the Netherlands, Portugal, Slovakia, Slovenia and Spain).

Hospitalisation and ICU

- Pooled data from 22 countries for week 8 show that there were 10 patients per 100 000 population in hospital due to COVID-19. According to pooled weekly hospital admissions based on data from 19 countries, new admissions were 10.5 per 100 000.
- Pooled data from 17 countries for week 8 show that there were 1.8 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 12 countries were three new admissions per 100 000.
- Hospital and/or ICU occupancy and/or new admissions due to COVID-19 were high (at least 25% of the peak level during the pandemic) or had increased compared with the previous week in 25 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia and Sweden). No other increases have been observed, although data availability varies.

Mortality

- The 14-day COVID-19 death rate for the EU/EEA, based on data collected by ECDC from official national sources for 30 countries, was 69.5 (country range: 0.0-241.5) per million population. The rate has been decreasing for two weeks.
- Among 27 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in four countries (Czechia, Estonia, Greece and Hungary). Stable or decreasing trends in death rates of 1–9 weeks' duration were observed in 23 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, France, Germany, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).

Variants of concern

- Sequencing capacity varies greatly across the EU/EEA; the rate of SARS-CoV-2-positive cases sequenced and reported to the GISAID EpiCoV database and TESSy by 1 March 2021 for the period from 11 January 2021 to 14 February 2021 was lower than the recommended level of 10% or 500 sequences in all but 11 EU/EEA countries (Belgium, Denmark, Finland, France, Iceland, Ireland, Italy, Netherlands, Portugal, Spain and Sweden). During the same period, 11 countries sequenced and reported between 60 and 499 samples to GISAID EpiCoV, while six countries sequenced and reported <60 samples or did not report data.

Notes

- ECDC produces two weekly COVID-19 surveillance outputs (COVID-19 country overview and COVID-19 surveillance report) using data from a range of sources. The data behind most of the figures in the COVID-19 country overview are available to download in open data formats on ECDC's website.
- Additional weekly surveillance bulletins relevant to the COVID-19 pandemic in Europe include EuroMOMO (estimates of all-cause mortality) and Flu News Europe (including primary care sentinel and hospital-based surveillance for respiratory disease), which are published every Thursday and Friday, respectively.

COVID-19 Vaccine roll-out overview EU, as of 04 March 2021

Vaccine rollout summary

Key figures as of week 8, 2021 (28 February 2021)

Total number of vaccine doses distributed by manufacturers to EU/EEA countries: **46 064 495** (28 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden

Number of vaccine doses distributed by manufacturers to EU/EEA countries per hundred inhabitants: **median of 12.5 per hundred inhabitants (range: 5.5-21 per hundred inhabitants)** (28 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden

Total number of vaccine doses administered in EU/EEA countries: **34 142 590** (29 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden

Uptake of first vaccine dose among adults aged 18 years and above in EU/EEA countries: **median of 6.5% (range: 2.9%-12.6%)** (29 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden

Uptake of first vaccine dose among persons aged 80 years and above: **median of 33.8% (range: 2.1%-84.1%)** (22 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Sweden

Full vaccination uptake among adults aged 18 years and above in EU/EEA countries: **median of 3.1% (range: 0.6%-5.7%)** (29 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden

Full vaccination uptake among persons aged 80 years and above in EU/EEA countries: **median of 14% (range: <0.1%-43%)** (22 countries reporting)

Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Sweden

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Country Reports:

DEU/SVK: DEU accepts seriously ill COVID patients from Slovakia. Currently, the state government has offered the Slovak side a total of ten hospital places. The first two patients have since been admitted by the Dortmund Hospital, the hospital confirmed on request. The patients concerned were seriously ill and were being ventilated. The Dortmund Clinic had already treated two Corona patients from the Netherlands in the past.

AUT: After restrictions in smaller towns, residents of a larger city now have to adjust to exit restrictions because of many new Corona infections. In Wiener Neustadt, about 50 kilometers south of Vienna, the seven-day incidence is about 560. From an incidence of 400, a regulation of the Ministry of Health provides for exit restrictions. Those who want to leave the city will need a negative Corona test from Wednesday. Sanctions for departures without a negative test result should not apply until Saturday. At the same time, the number of test roads in the city of 45,000 inhabitants will be increased from 16 to 40 for the many thousands of commuters. 300 soldiers were also requested for the checks.

NDL: The Corona lockdown and the highly controversial curfew will be extended for another two weeks until the end of March. However, small facilitations have been announced. For example, from 16 March, shops will be allowed to enter up to 50 customers under certain circumstances. However, experts say greater relief would be irresponsible at the moment because of the continued pressure on hospitals. In addition, inhabitants are asked to refrain from travelling abroad until at least 15 April. However, at Easter, the terraces of cafés and restaurants may be open.

FRA: On Sunday, exit restrictions came into effect in other French Corona hotspots. Some 1.5 million citizens in the Pas-de-Calais département in northern France, with the port city of Calais, are now also affected. They are only allowed to leave their homes on weekends for good reasons, such as shopping or jogging. Even very large shops have to close. In the Region on the English Channel, the British Coronavirus variant is spreading rapidly. In neighbouring Dunkirk and parts of the French Riviera, curfews already apply on weekends. There is also a nightly curfew from 6 p.m. nationwide.

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Due to a sharp increase in the Number of Coronains in the Paris metropolitan area, hospitals again have to postpone not urgent operations. The regional health authority instructed clinics to postpone 40 percent of their medical and surgical procedures to free up beds for COVID-19 patients. Currently, 973 of about 1050 intensive care beds for Corona patients are occupied, which corresponds to a utilization rate of around 93 percent. The weekly incidence in the greater Paris area has risen to more than 330 per 100,000 inhabitants, according to the latest published figures. A month ago, the figure was 240. Around 75 per cent of those tested positive were also recently infected with the contagious British virus variant.

GBR: the number of new corona infections is falling to its lowest level since 28 September. In the past 24 hours, 4712 positive tests were reported, up from 5,177 the previous day, government data showed. Sixty-five people died on Monday from or with the virus. That's the lowest level since October 12. In the UK, more than 22.37 million people have received an initial dose of vaccination.

ITA: The 100,000 Corona deaths were exceeded on Monday. With a further 318 deaths within 24 hours, the number of deaths rose to 100,103, according to the Ministry of Health. With almost 30,000 deaths, the economically strong Lombardy in the north of the country is the hardest hit by the pandemic. In Emilia Romagna, nearly 11,000 people died of or with the coronavirus, followed by Piedmont and Veneto, each with nearly 10,000 Corona deaths.

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Restrictions have been tightened in several regions due to rising Corona numbers. Many schools will be closed again from Monday, and restaurants in affected areas will no longer be allowed to open to guests. The southern Italian holiday region of Campania, which includes Naples and the Amalfi Coast, is now the third region to enter a red zone with the sharpest Corona barriers. So far, the Basilicata in the south and the small Adriatic region of Molise are such red zones.

ESP: For the first time since the beginning of the Corona pandemic, there will be a big pop concert in Barcelona with 5000 spectators. Tickets for the performance of Spanish indie pop band Love of Lesbian on March 27 sold out within hours. There is no need to observe a minimum distance in the hall, but strict protective measures apply. If they prove to be effective, further large-scale concerts will be allowed.

GRE: It is planed to free the tourism industry in May from the Corona restrictions. The decision depends on the epidemiological data. Initially, it is planned to lift restrictions on retail and reopen schools later this month. With the expected progress in vaccinations outdoor catering should be allowed again in April, before tourism is to be ramped up again.

CZE: Faces a critical week. The government expects the number of COVID-19 intensive care patients to continue to rise. It is expected that up to 300 doctors and 1000 nurses from the outpatient sector will have to be required to work in hospitals. Most recently, almost 7900 people were in inpatient treatment. Of these, more than 1,700 were in a serious condition or had to be ventilated. The Czech Republic is struggling with a dramatic wave of corona. Within seven days, about 800 people per 100,000 people were newly infected with the coronavirus.

ROM: Five weeks after its reopening, restaurants, cinemas and theaters in Romania's capital Bucharest have to close again. The incidence of new infections with the coronavirus has exceeded the critical mark of three per 1000 inhabitants in the last 14 days. That is why the Bucharest authorities decreed that from tomorrow only open-air dining will be allowed. In schools, the obligation to be present was reduced to primary and final classes.

HUN: reported a new high of 7269 Corona infections despite lockdown on Sunday. There were 14 percent more cases than on Friday, authorities said. The country of around ten million people has one of the highest rates of infection and death in the world. Most recently, despite a partial lockdown, the numbers rose rapidly. The health authorities pointed to the spread of British and South African mutants, which are considered more contagious.

BGR: After an increase in the number of new infections within seven days to more than 300 per 100,000 people in eight of 28 regions - including the capital Sofia - the government plans to tighten the protection measures. The government is considering a mask requirement outdoors, a return to distance learning, shorter opening hours for restaurants, and restrictions on shopping malls and gyms. Within this week, it should be decided whether these measures will be introduced locally or nationwide.

BIH: Sarajevo Canton will be put on lockdown this weekend from Friday 2000 to 0700 Monday. Everything will be closed except pharmacies and grocery stores. All hospitality business including shopping centers will be closed.

TUR: has reported the highest increase in corona infections since January 6. The country's health ministry announced 13,215 new positive tests on Monday.

FIN: Further measures have been introduced to stop the spread of the Corona virus. In many regions of the country, high school students must be taught at home for the next three weeks. Training and leisure activities for children over the age of 12 have been discontinued. It is also recommended that no more than six people meet in one place. The Finnish Parliament also adopted numerous restrictions on gastronomy: in 15 of Finland's 19 regions, restaurants, pubs and nightclubs have to close. Only the sale of takeaway dishes is permitted.

Subject in Focus

How the COVID-19 pandemic has changed professional communication and work efficiency

The COVID-19 pandemic has changed communication within companies and teams and has often been moved to virtual space overnight thanks to appropriate technologies. Nevertheless, there were differences in implementation between firms. The technological equipment of companies before the pandemic is of great importance.

Due to the COVID-19 pandemic, the work organisation and communication in the companies had to be more or less subordinated to infection protection. Most countries benefited from the fact that technological solutions already existed before the pandemic, which made it possible to work from home for many activities in principle. As recently as 20 years ago, video conferencing and cloud solutions, secure VPN tunnels to corporate networks, and virtual desktop software were largely unknown. A shift in operational work and communication processes would therefore have been impossible to achieve this scale and speed. The balance between economic activity and infection protection would have been much more difficult then than it is today.

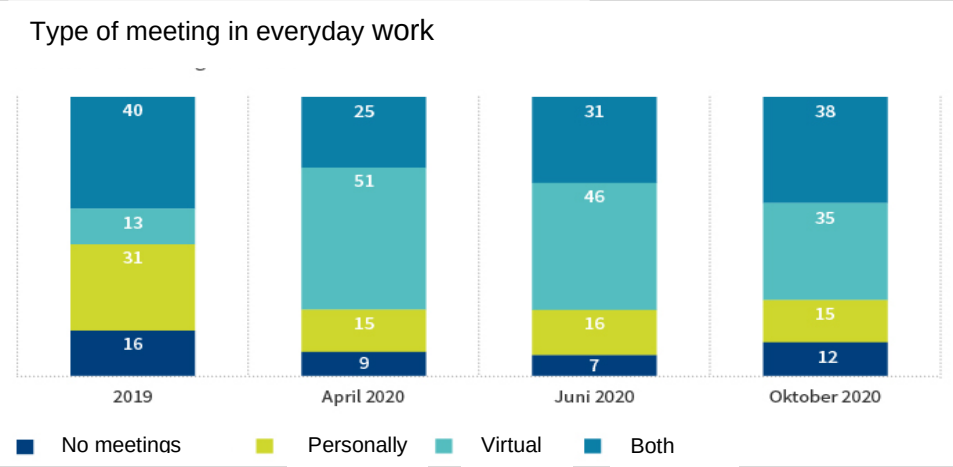
But even in 2020, this forced upheaval has not always been smooth. The organisational requirements for this were very different from one company to another and from one industry to another, especially at the beginning of the pandemic. They can be attributed to a large extent to different areas of activity of the workforce. For example, office activities and the communication that accrues there can naturally be moved to the home office much more easily than the production of products or the sale of goods in retail.

However, regardless of the different activity profiles, the type of communication has not changed equally in all companies. This is true even within the same industry. Rather, there are a number of other factors that have facilitated or complicated the relocation of activities and communication processes to the home office. An important factor is the different technological equipment before the outbreak of the pandemic.

A team of researchers in Germany has therefore investigated, among other things, the extent to which equipping the workforce with mobile, internet-enabled devices such as notebooks or smartphones in 2019 has facilitated or not facilitated the conversion of operational communication processes the following year. It also examined whether the different supply of mobile devices to employees had an impact on whether they felt they had worked more efficiently or less efficiently in the pandemic than before. Results are named below.

The proportion of employees who communicate virtually in whole or in part in Germany rose from 53 to well over 70 percent

As a result of the COVID-19 pandemic, the digitization of communication processes in German companies has increased significantly: In 2019, around 53 percent of employees (only private companies with at least 50 employees were covered) communicated in full or in part virtually or digitally on a typical working day, i.e. by means of telephone conferences, Internet telephony or video conferencing tools. While 31 percent communicated exclusively in person, 16 percent did not have any meetings in their daily work. Communication via e-mail and messenger services is not taken into account, as it was already used by almost all employees before the pandemic.



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In April 2020, i.e. in the first lockdown, the proportion of those who communicated virtually, at least temporarily, rose to around 76 percent. In turn, the proportion of employees whose communication was limited to on-site meetings halved from 16 to just over 8 percent. This initially indicates a high degree of flexibility and adaptability of firms and employees, regardless of the previous technological equipment.
During the second and third waves of surveys in June and October 2020, around three-quarters of employees also communicated in full or in part virtually: 76 percent in June and 73 percent in October. However, the proportion of those who communicated exclusively virtually fell from 51 percent to just under 35 percent between April and October 2020. This may have been mainly due to the easing during this period. Nevertheless, internal communication continued in October, just before the re-lockdown, much more frequently in a virtual way than before the pandemic.

Companies that had equipped their workforce with mobile devices before the pandemic made it easier to switch

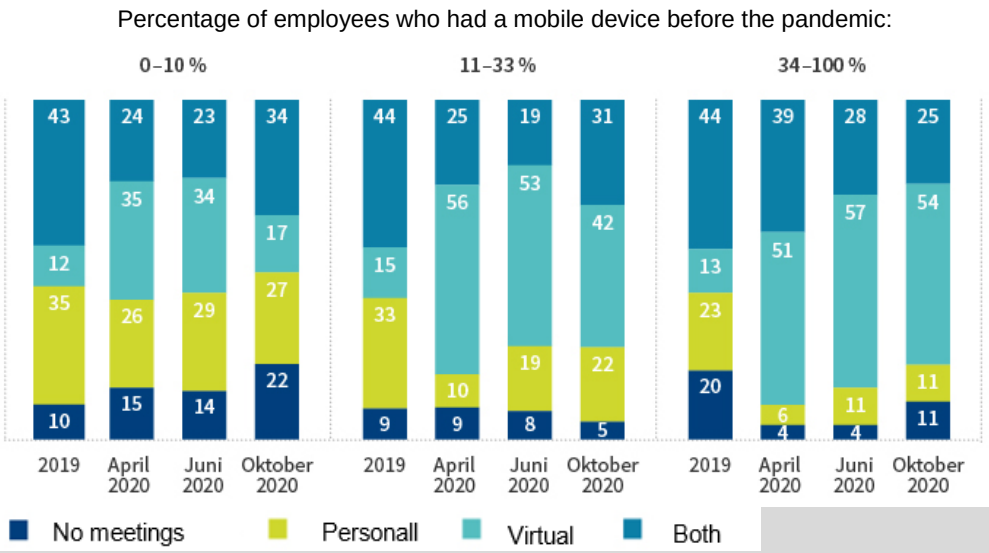
As a result of the COVID-19 pandemic, the communication channels used in companies have thus changed significantly. In addition to the classic telephone, internet-enabled terminals are usually required to switch internal communication from personal to virtual meetings. To this end, many companies already equipped at least part of their workforce with mobile devices such as smartphones, tablets or notebooks before the crisis. This proved to be an important investment during the crisis, as it enabled the share of virtual meetings to increase significantly in a short period of time.

First start by looking at the situation before the pandemic begins: in 2019, the proportion of employees who communicated virtually or partially was on average just under 60 percent. It did not make a significant difference in the proportion of employees that the employer had equipped with mobile devices. Even in companies where more than one in three employees had such a device in 2018, on average only 57 percent of the workforce communicated in full (13%) or partial (44%) virtual. This was only two percentage points more than in establishments which had not equipped their staff with such equipment, or only in exceptional cases.

This changed fundamentally after the outbreak of the pandemic: in companies with low equipment, the proportion of employees who communicated fully or partially virtually increased from 55 to 59 percent in April 2020. In medium-sized establishments, on the other hand, the proportion soared from 59 to 81 percent, while in those with high equipment, the proportion rose from 57 to 90 percent.

By October 2020, these shares had fallen somewhat. However, the differences remained large. For example, the proportion of employees fully or partially communicating virtually in low-end companies recently fell to 51 percent, with medium-sized equipment to 73 percent, and with high equipment with internet-enabled devices to 79 percent (always based on the period before the pandemic). However, he remained at a very high level in the latter two groups.
Internet-enabled devices purchased before the pandemic, which had no decisive influence on communication behaviour in 2019, thus made a significant contribution during the pandemic to shifting communication within companies and teams to the virtual space and thus maintaining it. In doing so, they made an important contribution to infection protection.

Type of meetings in everyday work according to technical equipment before the pandemic



Virtually communicating workers in companies with good technological equipment worked much more efficiently in October 2020 than before the pandemic

What influence does the different equipment with internet-enabled terminals before the pandemic have on the work efficiency of employees during the pandemic? In April 2020, average work efficiency initially decreased compared to the pre-COVID-19 pandemic. In any case, this suggests a relevant survey of employees.

This seems to be even more true for companies which had provided their employees with mobile equipment relatively generously than for those which had not adequately equipped any of their employees. In the latter group, 31 percent reported a loss of efficiency and 6 percent reported an improvement in their efficiency. In the best-equipped group, the corresponding shares were 58 and 20 percent respectively. The proportion of those who complained of efficiency losses was therefore significantly higher there in April 2020. At the same time, it recorded a share of around 20 percent efficiency gains. This shows a greater polarisation of work efficiency in this group as a whole.

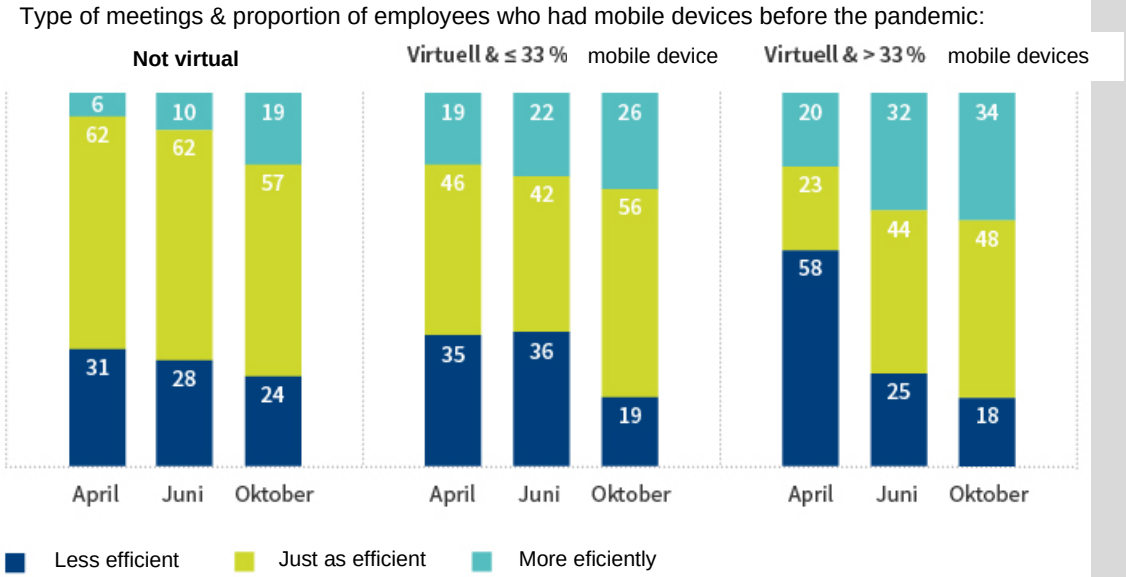
However, the initial efficiency losses in these technologically well-equipped companies could be more than compensated by October 2020: In October, 34 percent of employees there were working more efficiently than before the pandemic, while only 18 percent complained of lower efficiency.

It is true that even in companies that had not supplied their employees with mobile devices before the crisis, the number of those who reportedly worked more efficiently than before the crisis rose to well over 19 percent by October 2020. However, the proportion of the workforce that reported a loss of efficiency was still higher there, at 24 percent.

Thus, the more widespread internet-enabled terminals were even before the pandemic, the greater the efficiency gains in October from the point of view of the workers concerned. However, the initial diffusion of technologies is also linked to factors such as the sectoral affiliation of the companies.

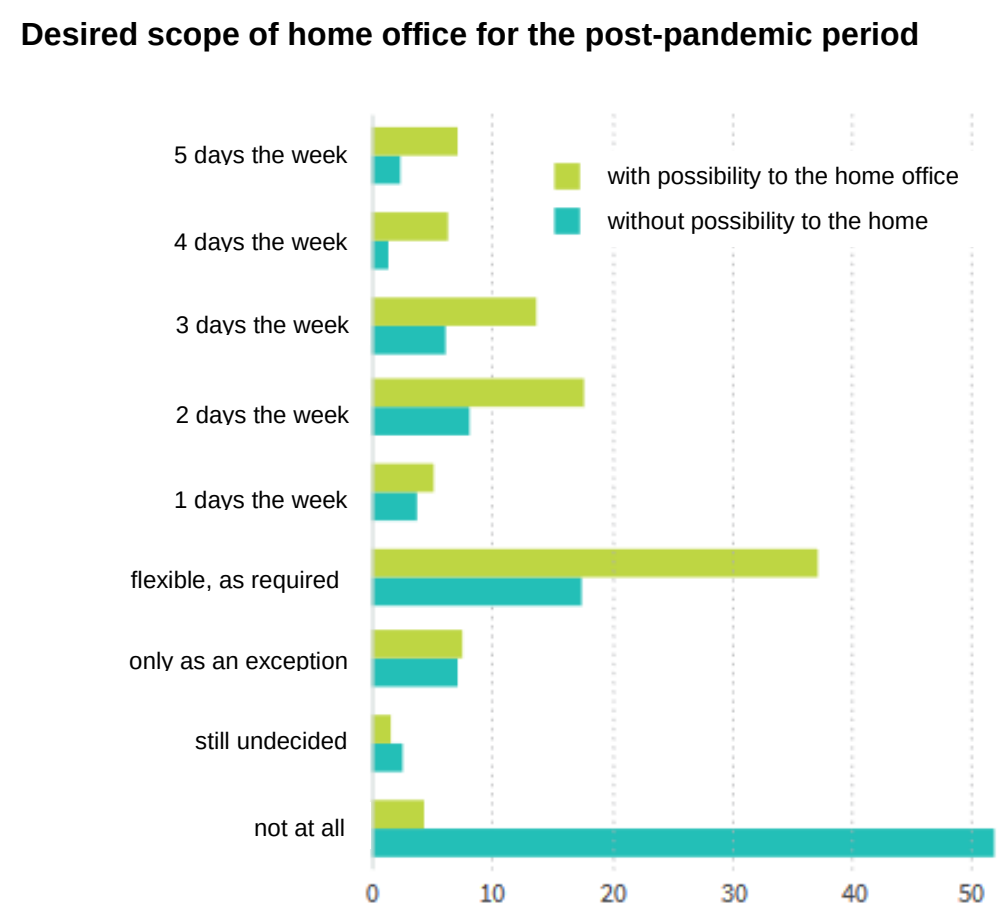
In all three groups, learning effects can also be observed over time: the ratio of efficiency gains to efficiency losses has improved continuously and significantly over the course of the pandemic.

Changes in work efficiency in 2020 compared to the pre-pandemic situation



Use, obstacles and wishes for the future, main outcomes

- At the beginning of the COVID-19 pandemic, 81 percent of the employees subject to social security insurance worked, who according to their own estimation had the opportunity to do so, in whole or in part from home. Women were significantly more likely to move to the home office for the first time.
- The vast majority of home-office users are satisfied with its current scope. Around 60 percent perceive home office as helpful and less- or un-burdensome. People who worked from home before the pandemic rate it is more likely to rate it as helpful. In addition, most home office workers find their work more efficient than before the pandemic.
- While technical hurdles were limited in the short term, other home office obstacles declined rapidly and sharply. This applies in particular to the culture of attendance, a lack of separation between work and private life and the difficult cooperation with colleagues.
- About two-thirds of home office benefit people have a permanent job at home. However, around a third spend most of their time working on a dining or kitchen table.
- Flexibility in the place of work will also play a major role after the pandemic, at least when it comes to employees. Only a few want a complete return to presence operation.



Conclusion

The COVID-19 pandemic has changed the working life of many people overnight. Triggered by the relocation of suitable activities to the home office, the need for virtual communication within teams and workgroups arose or increased. Although personal communication on the ground had increased slightly by October 2020, videoconferencing continued to play a much larger role than in the previous year.

At the same time, the technological equipment that a company already had before the pandemic seems to be of great importance. In 2019, it made little difference to the number of employees equipped with mobile, internet-enabled devices for the communication processes in the companies. In the course of the pandemic, however, this seems to have facilitated the conversion or expansion of virtual communication.

The survey results presented here also indicate that the majority of virtually communicating employees from companies that already equipped their workforces relatively generously with mobile devices before the crisis were able to significantly increase their work efficiency compared to the period before the pandemic. Moreover, these findings also apply under otherwise equal conditions – i.e. when one checks for potentially significant factors such as industry, size of the holding or personal characteristics.

In other words, even among employees of the same sex and age, with comparable training and in the same functional area, as well as from companies of the same size and industry, the technological equipment that a company had before the pandemic makes a difference.

References:

- https://www.iab-forum.de/die-technik-macht-den-unterschied-wie-die-covid-19-pandemie-die-berufliche-kommunikation-und-arbeitseffizienz-veraendert-hat/
- https://www.iab.de/en/publikationen/kurzbericht/publikationendetails-kurzbericht.aspx/Publikation/K210301H2X
- http://doku.iab.de/kurzber/2021/kb2021-05.pdf

COVID-19 Crisis in Mali

In cooperation with Bundeswehr HQ of Military Medicine

MALI

Area:	1,240,192 km^2
Population:	20,250,833
Capital:	Bamako
Age structure:	
0-14 years:	47,69%
15-24 years:	19,00%
25-54 years:	26,61%
55-64 years:	3,68%
65 years and over:	3,02%

CONFLICT:

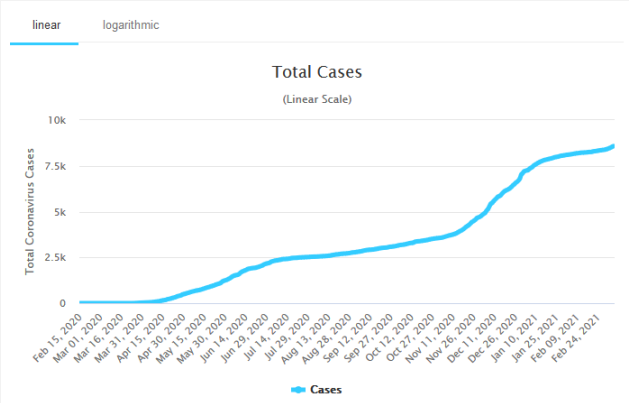
Mali counts as a multiethnic state that is characterized by great cultural and linguistic diversity. In particular, there are cultural differences between the light-skinned ethnic groups of the Tuareg (and the Moors), who mainly live in the north, and the dark-skinned population groups that dominate in the center and south of the country. The latter make up the majority of the population by far, but are also very heterogeneous. Ethnic tensions, which are repeatedly violently discharged, exist, for example, between the more sedentary ethnic group of the Dogon and the more nomadic Fulani. Overall, Mali counts as a weak central state, outside of the capital or other larger cities the state has little presence. In addition, socio-economic problems favor the spread of armed groups or even smuggling activities. Mali is still an important transit country for migration and a safe haven for terrorist groups. Mali also has a heavy colonial legacy with it, the demarcation of borders in particular is symbolic here, as it only takes limited account of the historically grown settlement areas of the various ethnic groups. After Gaddafi was overthrown in the neighboring state of Libya in 2011, thousands of Tuareg fighters who had previously served in Libya withdrew to northern Mali. Within the Tuareg (again) efforts for independence emerged which ventured violently and whose armed arm, the MLNA (National Movement for the Liberation of Azawad), had been advancing towards the southern parts of the country since the beginning of 2012. After a military coup in March 2012 and the threatened capture of Bamako by the Tuareg, a French intervention took place in 2013 (at the request of the then Malian interim government), which promptly pushed back the Tuareg rebels. To support the stabilization of the country and the later peace agreement (from 2015), the UN mission MINUSMA was launched (in 2013), which is still active today. To this day, Mali counts as an unstable country, Islamist terror and ethnic conflicts still have a major impact on people's everyday lives. The government under Prime Minister Ibrahim Boubacar Keita, which had been in office since 2013, ultimately failed to regain the people's trust. The problem areas that continue to exist are rising food prices, persistently high unemployment and stagnating socio-economic development. In 2020 there was a widespread protest movement against the re-elected President Keita. In the course of the large demonstrations, violent clashes and deaths occurred again and again. On August 18, 2020, there was ultimately a military coup and President Keita was ousted. The transitional government under the former Defense Minister Bah N'Daw has promised new elections within eighteen months and the consistent implementation of the 2015 peace treaty. In addition, the internal conflict in Mali cannot be viewed in isolation from the political situation in the neighboring countries. Above all, Niger and Burkina

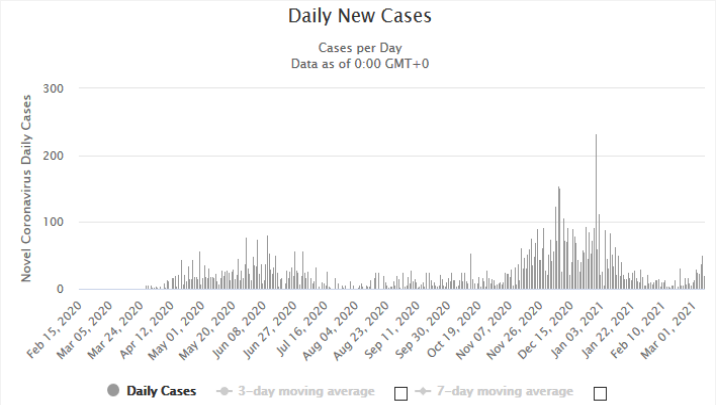
Faso should be mentioned here, two countries that, like Mali, are strongly threatened by Islamist terrorist movements.

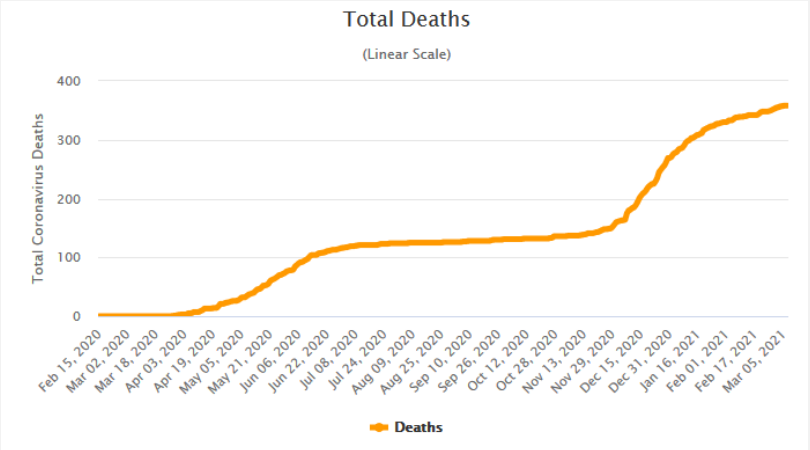
HEALTH:

The extremely difficult socio-economic situation, favored by domestic fragility, ethnic conflicts, as well as problems such as corruption and mismanagement, is reflected in many areas of life. Examples are the fragile educational situation and high unemployment. There is still a high level of inequality between the sexes, women are clearly disadvantaged, among other things in terms of educational opportunities and participation in social life. Future challenges could also lie in problem areas caused by climate change, such as extreme weather conditions, as well as rising temperatures with corresponding effects, for example on (agriculturally) economically usable areas. The health system in Mali is extremely weak, in particular the widespread poverty severely restricts access to health services. Malnutrition, unclean drinking water and a lack of sanitary facilities contribute to the difficult health situation. Medical care by doctors and hospitals is well below average compared to the world population. There are only 0.1 hospital beds per 1000 inhabitants in the country (for comparison: global mean value 2.7 beds) and around 0.14 doctors (for comparison: global mean value 1.50 doctors per 1000 inhabitants). Classic tropical infectious diseases such as malaria, schistosomiasis or intestinal worm diseases are still highly endemic. Diseases such as diabetes and other NCDs are also increasing in urban areas. There is a high need for external financing, for example in the context of development aid programs, in order to guarantee at least a minimal supply.

The current COVID-19 pandemic is exacerbating the already fragile situation of the health system in every respect, but also the socio-economic situation as a whole. School closings affect the educational opportunities of the younger generation. The Malian statistics on COVID-19 cases should be viewed with great caution - as is usual in developing countries - due to the weak surveillance system. A very high number of unreported cases can be assumed.







Mali

29.0 Index Score **147**/195

	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	**23.4**	**34.8**
Antimicrobial resistance (AMR)	8.3	42.4
Zoonotic disease	34.4	27.1
Biosecurity	4	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	78.1	85.0
DETECTION AND REPORTING	**25.5**	**41.9**
Laboratory systems	25	54.4
Real-time surveillance and reporting	23.3	39.1
Epidemiology workforce	50	42.3
Data integration between human/ animal/environmental health sectors	0	29.7
RAPID RESPONSE	**29.5**	**38.4**
Emergency preparedness and response planning	12.5	16.9
Exercising response plans	0	16.2
Emergency response operation	33.3	23.6
Linking public health and security authorities	0	22.6
Risk communication	25	39.4
Access to communications infrastructure	51.7	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
HEALTH SYSTEM	**13.0**	**26.4**
Health capacity in clinics, hospitals and community care centers	0.5	24.4
Medical countermeasures and personnel deployment	33.3	21.2
Healthcare access	22.8	38.4
Communications with healthcare workers during a public health emergency	0	15.1
Infection control practices and availability of equipment	0	20.8
Capacity to test and approve new medical countermeasures	25	42.2
COMPLIANCE WITH INTERNATIONAL NORMS	**53.2**	**48.5**
IHR reporting compliance and disaster risk reduction	100	62.3
Cross-border agreements on public and animal health emergency response	0	54.4
International commitments	15.6	53.4
JEE and PVS	75	17.7
Financing	50	36.4
Commitment to sharing of genetic & biological data & specimens	66.7	68.1
RISK ENVIRONMENT	**32.1**	**55.0**
Political and security risks	25	60.4
Socio-economic resilience	38.8	66.1
Infrastructure adequacy	16.7	49.0
Environmental risks	65	52.9
Public health vulnerabilities	20.5	46.9

*Average: all 195 countries

Scores are normalized (0–100, where 100 = most favorable)

www.ghsindex.org

Source:

www.ghsindex.org/country/mali/
https://www.laenderdaten.info/Afrika/Mali/gesundheit.php
https://www.bpb.de/internationales/weltweit/innerstaatliche-konflikte/175842/mali
https://reliefweb.int/report/mali/unicef-mali-humanitarian-situation-report-no-12-1-january-2020-31-december-2020
https://reliefweb.int/report/mali/wfp-mali-country-brief-december-2020
https://reliefweb.int/report/mali/mali-crisis-response-plan-2021
https://reliefweb.int/report/mali/mali-s-invisible-front-line-climate-change-conflict-zone
https://fragilestatesindex.org/country-data/
https://www.liportal.de/mali/gesellschaft/

MilMed CoE VTC COVID-19 response

Topics former VTCs	The NATO Centre of Excellence for Military Medicine is putting its expertise and manpower to aid in any way possible during the pandemic. The VTC is for interested participants (experts) to exchange experiences, management regulations and restrictions due to COVID-19. We would like to propose just one of the most important topics in the next iteration. We will have some experts giving a short briefing and then afterward we will have time for questions and experiences as well as a fruitful discussion. **Topics former VTCs:** • Regulations on the public, military and missions abroad. Medical Treatment Facilities: how equipped they are, is there pooling / isolation of COVID-19 patients in separate facilities. • Testing strategies • Aeromedical evacuation • De-escalation strategy and measures • Collateral damage of COVID-19 emphasing Mental Health Aspects and other non COVID related diseases • Immunity map, national strategies to measure and evaluate the immunity level" • Mental Health • Treatment of mild symptomatic cases of COVID-19 • Transition home office back to the office • COVID-19 Second Wave prediction and preparedness based on facts/experiences, modelling and simulation • Perspectives of the current COVID-19 vaccine development • National overview on current COVID-19 situation • Long term effects of COVID-19 and the impact on force capability • Overview on current COVID-19 situation in Missions • Civil – military cooperation in view of COVID-19 • Immunity development versus reinfections of COVID-19 • The current status of SARS-CoV-2 vaccine development • Resilience strategies from the private sector • Vaccination: News and Facts • Vaccination and Variants in Concern: News and Facts ----------
Vaccination and Variants of Concern: New´s and Facts	**Vaccination and Variants in Concern: New´s and Facts** We had very comprehensive national briefings of Poland, the Netherlands and France letting us know about the current status of vaccination in their countries, the strategies of their government and also how military is involved in the national campaigns as well in what priorisation the soldiers will be vaccinated. These very useful briefing where followed by briefings by GBR and Italy taking about the way of sequencing and the quantity and distribution of the different variants of SARS-CoV-2 and the Variants of concern. All these very scientific and informative presentations were topped off with a short briefing about the perceptive of a Privat Health Security Intelligence Unit on Variants of Concern of COVID-19. This presentation gave a far beyond outlook at the current pandemic situation and also approaches health topics with a potential impact on the global community beside of COVID. All briefings lead to a very good discussion between the briefer and the audience. Like last time the audience was very interested in the strategy of the countries for getting their soldiers vaccinated and how the countries handle vaccination for soldiers abroad. The EU was keen on knowing how countries will get their embassy personal vaccinated. During the discussions we found out, that most countries will rely on Host Nation support to vaccinate their soldiers stationed in a foreign country only one nation will repatriate their soldiers to get vaccinated in their own country.

	All nations will vaccinate their soldiers only with EMA or FDA approved vaccines. In all countries briefing and as well in those leading the discussions, soldiers going to a mission are in first line for receiving a vaccination and for all soldiers it will be mandatory if they would like to be stationed aboard. Unlike last week when only one country already started to vaccinate their soldiers this week several other countries also reported on the start of the vaccination campaigns for soldiers. Most of the countries are relying on the vaccination the government are distributing and do not have their own stock of vaccine designated for soldiers. Talking about sequencing and the variants of concern it was clearly seen that in most country the new British variant was the most recognized and sequenced variant followed by the south African one. There were different other variants in a very small amount mentioned. GBR clearly showed their very early implementation of a very innovative way to start sequencing in a very early state of the pandemic so that it was very understandable why the British variant was first recognized in GBR and not in another state. GBR is one of the only countries worldwide which already achieved to sequence 10% of the positive cases in England. Most of the other countries just started their sequencing programs and are far away from the 5-10% range the WHO and EU would like countries to achieve. It was made clear in the last briefing that this lack of adequate genomic sequencing to support the surveillance lead to a loss of a lot of COVID-19 clarity around the planet. So, there is a lot of information we just do not know. Of course we seem to do a lot of testing and reporting and that is very important but these efforts only touch the edge of the iceberg and with this very new disease there is a lot of information lost as we are just not able to find it until now. But as expert assume the next big wave around May 2021, we will find out by the hight of that wave if all our surveillance and regulation and of course vaccination strategies had been well implemented and should be followed. With this disease it is still a long way to go and a lot to learn. The next VTC will be held on 24 March, with the topic “**Logistic Challenges in the COVID-19 Vaccine Distribution**”.

Recommendations

Recommendation for international business travellers As of 19th October 2020 Updated 2nd December 2020 by ECDC and 12th January by CDC	Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have re-open travel some already closed public-travel again. This document outlines key considerations for national health authorities when considering or implementing the gradual return to international travel operations. The decision-making process should be multisectoral and ensure coordination of the measures implemented by national and international transport authorities and other relevant sectors and be aligned with the overall national strategies for adjusting public health and social measures. WHO Public health considerations while resuming international travel. **Travel has been shown to facilitate the spread of COVID-19 from affected to unaffected areas. Travel and trade restrictions during a public health event of international concern (PHEIC) are regulated under the International Health Regulations (IHR), part III.** The majority of measures taken by WHO Member States relate to the denial of entry of passengers from countries experiencing outbreaks, followed by flight suspensions, visa restrictions, border closures, and quarantine measures. Currently there are exceptions foreseen for travellers with an essential function or need. **In the case of non-deferrable trips, please note the following** • Many airlines have suspended inbound and outbound flights to affected countries. Contact the relevant airline for up-to-date information on flight schedules. • Check your national foreign office advices for regulations of the countries you´re traveling or regulations concerning your country. • Information's about the latest travel regulations and De-escalation strategy measures you can find at IATA. For Europe you will find more information here. For the US here. **Most countries implemented strikt rules of contact reduction:** • Everyone is urged to reduce contacts with other people outside the members of their own household to an absolutely necessary minimum. • In public, a minimum distance of 1.5 m must be maintained wherever possible. • Staying in the public space is only permitted alone, with another person not living in the household or in the company of members of the own household (for most countries, please check bevor traveling). • Follow the instructions of the local authorities. **Risk of infection when travelling by plane:** The risk of being infected on an airplane cannot be excluded, but is currently considered to be low for an individual traveller. The risk of being infected in an airport is similar to that of any other place where many people gather. If it is established that a COVID-19 case has been on an airplane, other passengers who were at risk (as defined by how near they were seated to the infected passenger) will be contacted by public health authorities. Should you have questions about a flight you have taken, please contact your local health authority for advice. **General recommendations for personal hygiene**, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers. These include: • Perform hand hygiene frequently. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled; • Cover your nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene; • Refrain from touching mouth and nose; See also: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public • If masks are to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal.

- WHO information for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find here.

Travellers who develop any symptoms during or after travel should self-isolate; those developing acute respiratory symptoms within 14 days upon return should be advised to seek immediate medical advice, ideally by phone first to their national healthcare provider.
Source: WHO and ECDC

Information on COVID-19 testing and quarantine of air travellers in the EU and the US you can find following the link:
https://www.ecdc.europa.eu/en/publications-data/guidelines-covid-19-testing-and-quarantine-air-travellers
https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-air-travel.html

More information about traveling you can find here.
- National regulation regarding travel restrictions, flight operation and screening for single countries you will find here (US) and here (EU).
- Official IATA travel restrictions. You will find here.

European Commission:

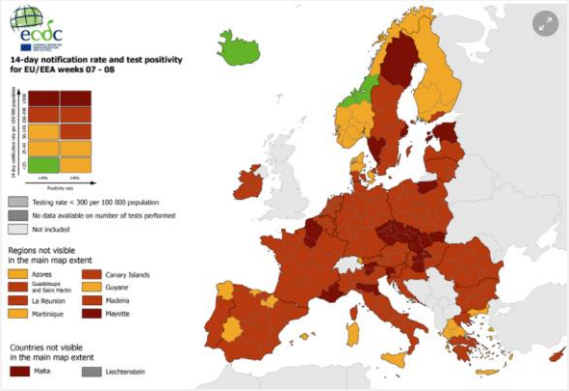
On 13 May, the European Commission presented guidelines and recommendations to help Member States gradually lift travel restrictions, with all the necessary safety and precautionary means in place.

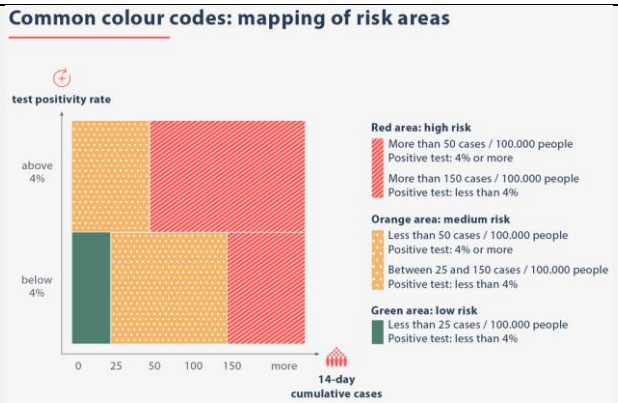
On 13 October, EU Member States adopted a Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic.

1. Common criteria
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14* days at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate** (the number of tests for COVID-19 infection per 100 000 population carried out during the *last week*)

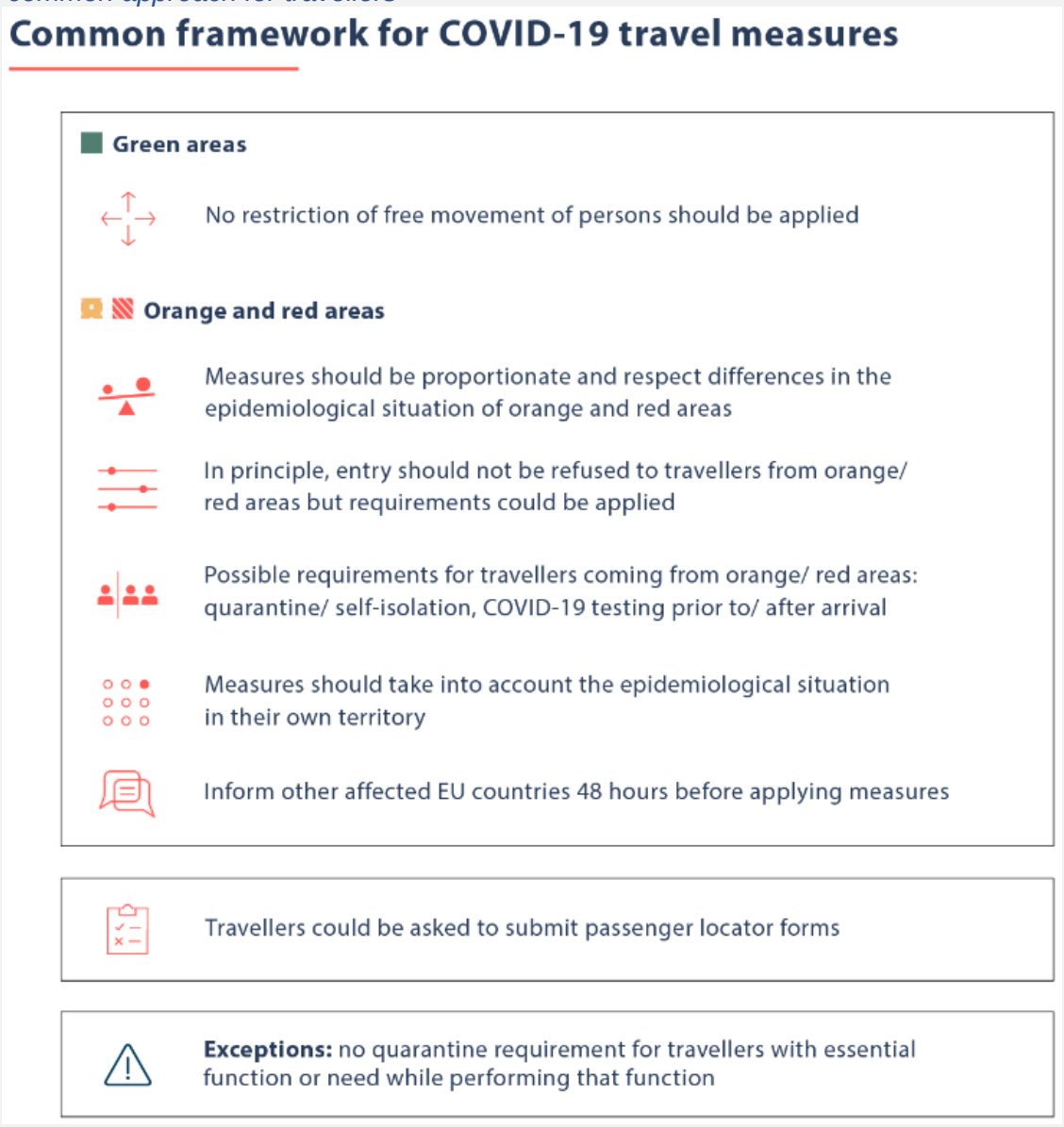
2. A common map
The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. See also "Situation in Europe".

Areas are marked in the following colours:
- **green** if the 14-day notification rate is lower than 25 cases per 100 000 and the test positivity rate below 4%;
- **orange** if the 14-day notification rate is lower than 50 cases per 100 000 but the test positivity rate is 4% or higher or, if the 14-day notification rate is between 25 and 150 cases per 100 000 and the test positivity rate is below 4%;
- **red** if the 14-day notification rate is 50 cases per 100 000 or higher and the test positivity rate is 4% or higher or if the 14-day notification rate is higher than 150 cases per 100 000;
- **grey** if there is insufficient information or if the testing rate is lower than 300 cases per 100 000.





3. A common approach for travellers



4. Clear and timely information to the public about any restriction

As a general rule, information on new measures will be published 24 hours before they come into effect.

All information should also be made available on Re-open EU, which should contain a cross-reference to the map published regularly by the European Centre for Disease Prevention and Control.

	More information about traveling in the EU by the European Commission you will find here: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en https://www.consilium.europa.eu/en/policies/coronavirus/covid-19-travel-and-transport/

Risk Assessment	
Global	• Because of global spread and the human-to-human transmission the **high** risk of further transmission persists. • Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks. • Individual risk is dependent on exposure. • National regulation regarding travel restrictions, flight operation and screening for single countries you will find here and here. • Official IATA changed their travel documents with new travel restrictions. You will find the documents here. • Public health and healthcare systems are in high vulnerability as they already become overloaded in some areas with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed. • Asymptomatic persons as well as infected but not sickened persons could be a source of spreading the virus. Therefore, no certain disease-free area could be named globally.
Europe As of 23rd of October 2020	ECDC assessment for EU/EEA, UK as of 23 October 2020: Under the current classification system, based on epidemiological indicators, the epidemiological situation in countries is classified as *stable*, *of concern* or of *serious concern*. The majority of countries in the European region are currently classified as experiencing an epidemiological situation of **serious concern** due to the increasing case notification rates and/or test positivity≥3% as well as the high notification rates in the older age groups and/or high mortality rates. Countries have implemented various non-pharmaceutical interventions, but these have not been sufficiently effective in controlling transmission due to several factors: • adherence to the measures was sub-optimal; • the measures were not implemented quickly enough; • or the measures were insufficient to reduce exposure. As a result, the epidemiological situation is now rapidly deteriorating in most countries. **There are currently only six countries in the region that are classified as experiencing a *stable epidemiological situation*.** • In countries where the epidemiological situation is stable: • the **probability of infection** for the population is **generally low** but **the impact of infection** still **varies** depending on the individuals affected; • the risk for the **general population** in these countries is **low;** • for **vulnerable individuals**, including the elderly and people with underlying medical conditions, the risk is **moderate**. Nevertheless, in these six countries, there is still ongoing transmission and the situation must be closely monitored. **Based on the latest available data to ECDC, there are currently no countries categorised as having an epidemiological situation '*of concern*'.** **In countries where the epidemiological situation is of serious concern:** • there is a **high risk** to the **general population**, • and for **vulnerable individuals** the COVID-19 epidemiological situation represents a **very high risk**. In these countries the continuously increasing trend in notification rates calls for strong public health action in order to prevent the imminent risk that health care systems will be overwhelmed, rendering them unable to provide safe, adequate care.
As of 15th of February 2021	**ECDC** assessed the risk of the **two new variants** of SARS-CoV-2, as well as the risk of spreading in the EU and the increased impact on health systems in the risk assessment 15th of February 2021

	Risks associated with new variants of current concern: **The risk associated with further spread of the SARS-CoV-2 VOCs** in the EU is currently assessed as **high** to **very high** for the *overall population* and **very high** for *vulnerable individuals*. This assessment is based on several findings and concerns: 1. the increased transmissibility, 2. recently found evidence of increased severity and 3. the potential for the existing licensed COVID-19 vaccines to be partially or significantly less effective against a VOC, 4. combined with the high probability that the proportion of SARS-CoV-2 cases due to B.1.1.7 (and possibly also B.1.351 and P.1) will increase. Therefore, States are recommended to continue to advise their citizens of the need for non-pharmaceutical interventions in accordance with their local epidemiological situation and national policies and, in particular, to consider guidance on the avoidance of non-essential travel and social activities. Source: https://www.ecdc.europa.eu/sites/default/files/documents/RRA-covid-19-14th-update-15-feb-2021.pdf •
Risk Assessment	
Global	• Because of global spread and the human-to-human transmission the **high** risk of further transmission persists. • Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks. • Individual risk is dependent on exposure. • National regulation regarding travel restrictions, flight operation and screening for single countries you will find here and here. • Official IATA changed their travel documents with new travel restrictions. You will find the documents here. • Public health and healthcare systems are in high vulnerability as they already become overloaded in some areas with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed. • Asymptomatic persons as well as infected but not sickened persons could be a source of spreading the virus. Therefore, no certain disease-free area could be named globally.

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References:

- European Centre for Disease Prevention and Control www.ecdc.europe.eu
- World Health Organization WHO; www.who.int
- Centres for Disease Control and Prevention CDC; www.cdc.gov
- European Commission; https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
- Our World in Data; https://ourworldindata.org/coronavirus
- Morgenpost; https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-weltweit/

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