Update 65 (13th of April 2021)

Information about infection disease
COVID-19 (novel coronavirus)

Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich
13th of April 2021
email: info.dhsc@coemed.org

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

- A critical point has been reached in the fight against coronavirus. The number of new infections and deaths rose significantly last week for the seventh time in a row, the **WHO** warned. The pandemic curve is currently growing exponentially. Last week, 4.4 million new infections were reported, up from about 500,000 a year ago. The supply and administration of vaccines is progressing, but that is not enough, at least for the time being. The pandemic is far from over.
- **EMA**: The Agency is investigating several cases of blood clots after vaccination with the Johnson&Johnson vaccine. Four serious cases of thrombosis are being investigated. Three cases of thrombosis have been reported in the US and another has been reported as part of a clinical trial at an unspecified location. One of the cases was fatal. In addition, five cases of so-called capillary leak syndrome that could be related to an AstraZeneca vaccination are being reviewed.
- **WHO:** Switching vaccines between the first and second doses is not recommended for the time being, as the data so far are not sufficient to make a definitive statement regarding health damage.
- **EU Commission**: A further 1.8 billion doses of vaccine for Member States are planned. They should be used for booster vaccinations against new variants of coronavirus and vaccinations of children. Vaccines of the novel mRNA technique should be ordered. The first doses should be delivered from this year until 2023. Up to 2.6 billion doses of vaccine have so far been ordered from six manufacturers on behalf of Member States. BioNTech, Moderna, AstraZeneca and Johnson & Johnson are currently approved in the EU. CureVac and Sanofi-GSK are still pending approval.
- **EMA**: Experts from the EMA visited Moscow as part of the EU approval of the Russian vaccine Sputnik V. They visited two clinics where patients were cared for during Phase III clinical trials and spoke to medical staff. Visits to production sites are also planned.
- **COVAX**: So far, only a fraction of the planned doses have been delivered. By the end of March, only 38 million doses had been distributed out of the 100 million targeted. Although almost all countries in the world have received doses, the quantities in many places are far too small to protect medical personnel and risk groups. According to the WHO, the initiative does not receive a sufficient amount of vaccine from pharmaceutical companies.

GLOBALLY ↗ 136 700 632 confirmed cases 123 600 000 recovered 2 946 288 deaths
EU/EEA and the UK ↗ 45 830 007 confirmed cases 41 130 000 recovered 990 285 deaths
USA → **(new cases/day 65 675)** 31 139 847 confirmed cases 29 540 000 recovered 560 192 deaths
Brazil ↗ **(new cases/day 37 017)** **13 517 808** confirmed cases **12 020 000** recovered **354 617** deaths
India ↗ **(new cases/day 168 912)** **13 689 453** confirmed cases **11 790 000** recovered **171 058** deaths
France → **(new cases/day 8 536)** **5 067 216** confirmed cases **4 391 000** recovered **99 135** deaths
Russia → **(new cases/day 8 191)** **4 597 400** confirmed cases **4 359 000** recovered **101 552** deaths

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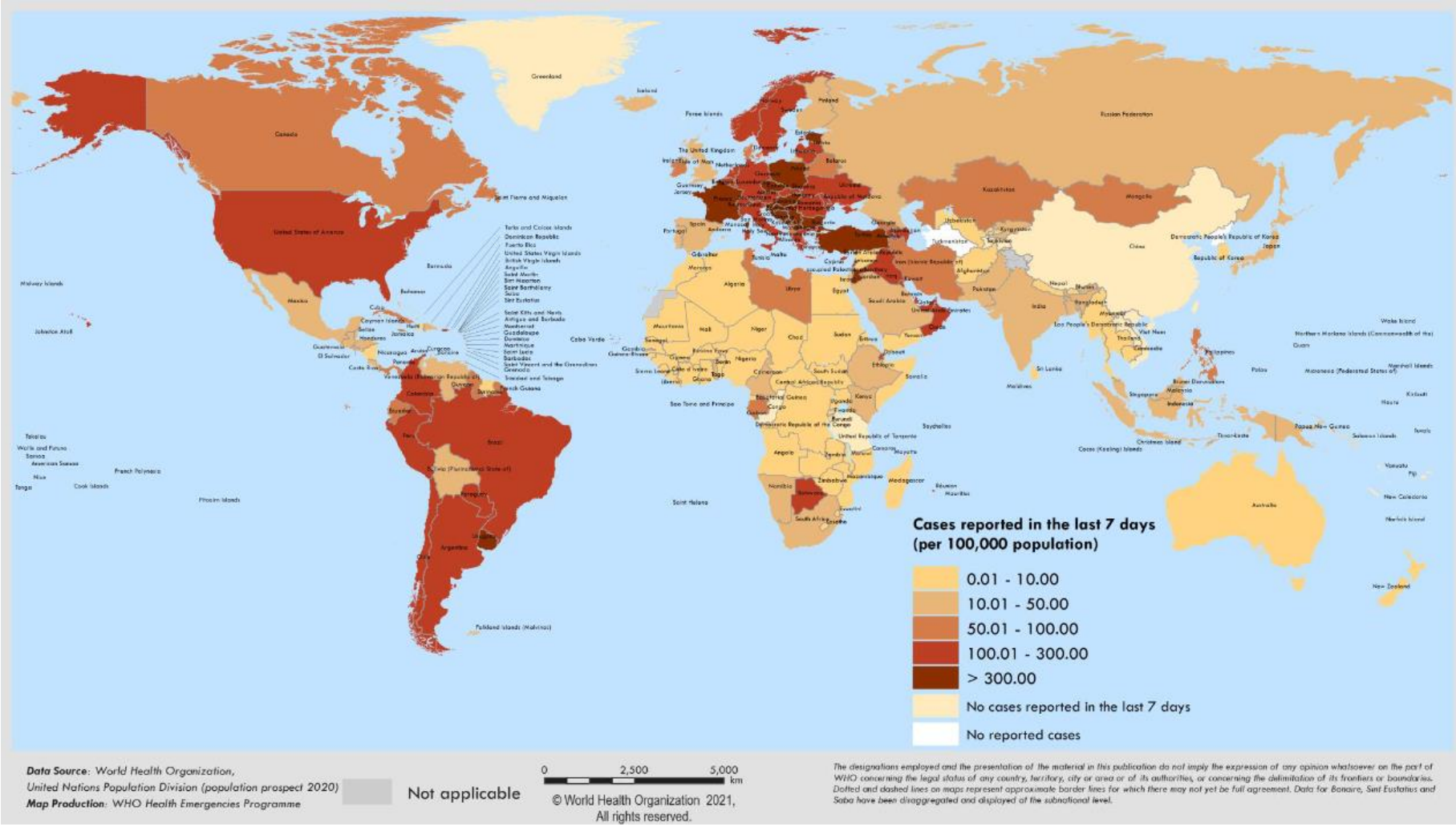
Map of countries with reported COVID-19 cases (last 7 days), as of 29 to 04 April 2021



Worldwide Situation

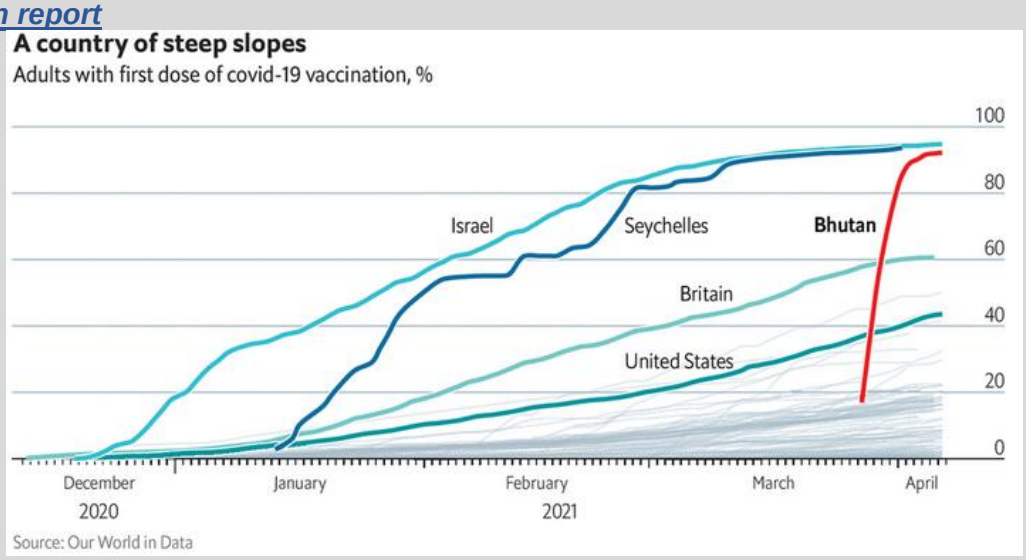
Global Situation

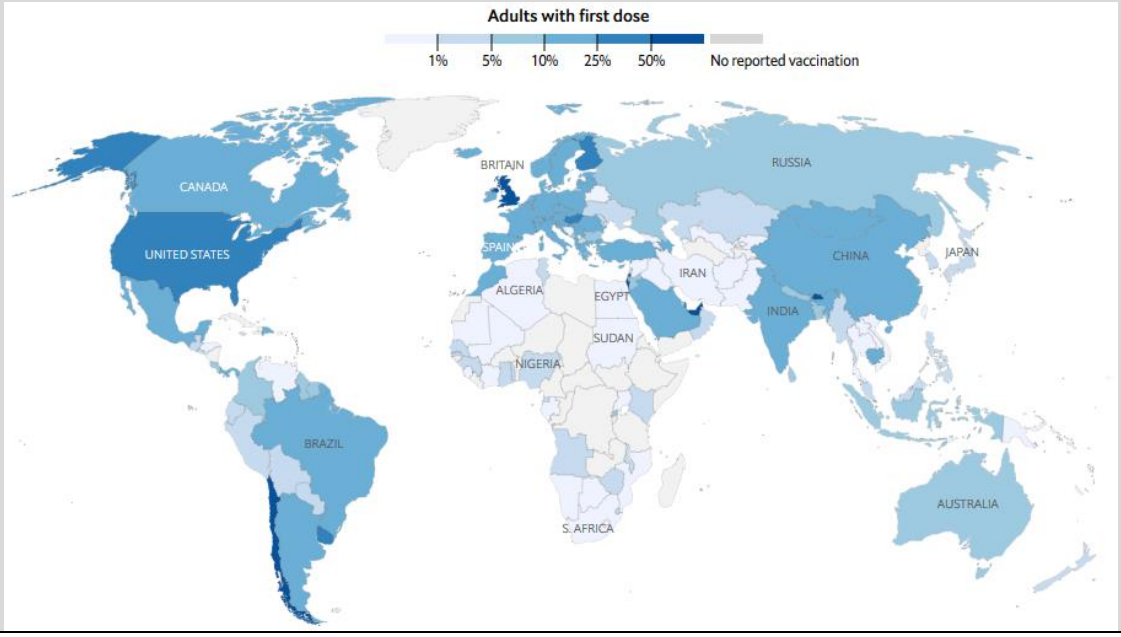
Regeneron seeking FDA approval to expand use of the infusion treatment before patients show symptoms of COVID-19

Antibody therapy from the US pharmaceutical company Regeneron helps prevent symptomatic COVID-19 infection, according to a study. Regeneron now plans to apply for emergency approval in the United States as a preventative treatment after a trial showed it helped reduce the risk of symptomatic infections in households where someone else is ill, the company announced. REGEN-COV, as the combination shot of casirivimab and imdevimab is called, reduced the overall risk of progressing to symptomatic COVID-19 by 31 percent, and by 76 percent after the third day. The trial also demonstrated that it shortened symptom duration and markedly lowered viral levels, Regeneron said in a statement. "These data suggest that REGEN-COV may complement widespread vaccination strategies, especially in people at high risk of infection," said Myron Cohen, director of the Institute of Infectious Diseases at the University of North Carolina Chapel Hill. The drug has emergency U.S. approval for mild to moderate COVID-19 patients, and the companies are hoping the latest trial convinces regulators to expand its deployment. European regulators have voiced some support and are letting countries decide if they want to use it.

Source: https://www.nbcnews.com/health/health-news/regeneron-s-covid-antibody-therapy-can-help-prevent-symptomatic-disease-n1263807

Vaccination report





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Country reports on vaccination

Curevac: A European approval of the Corona vaccine is still considered possible in May or June, given the progress made in the necessary studies. The virus variants would have increased the complexity for the ongoing clinical trial. Curevac plans to continue producing up to 300 million cans of vaccine this year. Bayer will also produce the mRNA vaccine.

AstraZeneca: The company has admitted delays in delivering its Corona vaccine to the EU. One of two deliveries scheduled for last week was delayed. A necessary check of the vaccination doses was given as the reason. Despite the delay, however, the delivery commitment for the entire second quarter is to be met. As the Financial Times reported, AstraZeneca was able to deliver only 1.3 million doses of vaccine to the 27 EU Member States, as well as Iceland and Norway, last week - 2.6 million doses of vaccine were expected.

BioNTech: The company is applying for emergency approval for its vaccine in adolescents in the United States. This would cover the age group from 12 to 15 years. The pharmaceutical company announced in March that their vaccine had been proven effective and safe in a study. In a study of 2,260 volunteers of this age in the U.S., none of the vaccinated participants contracted COVID-19, Pfizer said. Eighteen people in the comparison group received only one placebo. The companies spoke of "very high antibody responses" in the study participants. This is an encouraging sign in the fight against the Corona pandemic.

Novavax: A South Korean biotech company will be able to produce the US pharmaceutical company's vaccine later this year, according to an agreement with Novavax. South Korean Health Minister Kwon Deok Cheol said SK Bioscience would produce 20 million doses of Novavax by September. All should be used domestically. Production could start as early as June.

Johnsons & Johnson: Vaccinations with the active ingredient of Johnson & Johnson can now also start in the European Union. The manufacturer will start delivery to EU countries today, the European Commission confirmed in Brussels. It expects up to 55 million doses of the vaccine by the end of June.

USA: Already 187 million vaccinations have been given, according to the CDC. 119 million Americans have been vaccinated at least once with about 72 million people completed the vaccination. The CDC count includes the two-dose vaccines from Moderna and BioNTech, as well as Johnson & Johnson's one-time vaccine.
So far, the vaccination campaign in the US has been poorly received by black and Latino minorities. About 18 percent of the population is considered Latino or Hispanic - but they make up only 10.7 percent of those vaccinated, according to the CDC. Black and African-Americans make up about 12 percent of the population - but only 8.4 percent of those who have received at least one vaccination so far. Polls suggest that there is much greater scepticism among individuals from black and Latino minority groups about vaccinations.

CHN: China's health authorities admitted in a rare move that the country's corona vaccines are low. Chinese vaccines "do not have a very high protection rate," said the director of the Centers for Disease Control. It is the first time that a senior Chinese official has publicly acknowledged the relatively low effectiveness of the Corona vaccines developed by China. In clinical trials in Brazil, the vaccine from the Chinese manufacturer Sinovac achieved a protective effect of only about 50 percent against infections with the coronavirus. However, according to the company, the vaccine prevents 80 percent of severe disease histories that require medical treatment. Sinopharm's two Corona vaccines have an efficacy of around 79.3 and 72.5 percent, respectively. The vaccine of CanSino protects about 65 percent from corona infection. In order to increase the effectiveness of the vaccines, the state is considering mixing different preparations.

KOR: AstraZeneca's vaccine is re-administered to people under the age of 60. From Monday, people between the ages of 30 and 60 will also be vaccinated. This is based on studies showing that the benefits of vaccines outweigh the risk of possible side effects. Those who are 30 years old or younger will not receive the drug because British authorities have recommended other vaccines for this age

group, the South Korean health authority said. It had detected blood clots in three cases in vaccinated people in South Korea, but these were not of the type identified as a side effect in Europe.
KHM: Cambodians who tested positive for the coronavirus and evade authorities' risk between one and five years in prison in the Southeast Asian country. This was announced by the government after dozens of people whose test results had been positive could no longer be found. Those who develop COVID-19, cannot be treated and spread the virus further, are reported to risk up to ten years in prison. The government also imposed a vaccination requirement on civil servants and members of the armed forces. This was preceded by an increase in the number of infections, after Cambodia had previously been comparatively very gloomy about the crisis.

IND: The Indian Medicines Agency has granted emergency approval for the Russian vaccine Sputnik V. It is the third vaccine approved in India - after AstraZeneca and Bharat Biotech's home-made vaccine. According to the report, India wants to produce 850 million doses of Sputnik V vaccine per year. According to the Ministry of Health, nearly 110 million Corona vaccinations have been administered in the country so far.

BTN: In just 16 days, the Kingdom of Bhutan has already provided almost all adults with a first dose of vaccination. The vaccination campaign did not begin until the end of March because of promising dates in the Buddhist calendar.

CHL: Chile continues to consider the use of the Chinese Sinovac vaccine to be useful. Chilean Science Minister Andres Couve defended the vaccine after China's director of the Centers for Disease Control and Prevention told a conference on Saturday that the vaccine does not have very high protection rates. According to Couve, it is important to focus on the available data and the effectiveness of Sinovac. A study by the University of Chile last week found that the vaccine was 54 percent effective. Chile has ordered 60 million Doses of Sinovac to be administered to the country's 18 million inhabitants over a three-year period.

LBY: On Saturday, the vaccination camp started in the country. The country has so far received 200,000 doses of the Russian vaccine Sputnik V and 57,600 doses of the AstraZeneca vaccine through the international COAX program. Libya has a population of around seven million.

GBR: All persons over 50 years of age have received a vaccination offer. It is expected to have made an offer to all adults by the end of July. As of today, according to the NHS in England, the active ingredient of the manufacturer Moderna will also be vaccinated. For the time being, it will be administered in 20 major vaccination centres. In the UK, Wales first used the vaccine last week.

DNK: Denmark is preparing to speed up vaccination against the coronavirus. Yesterday, a test run was held for this: more than 100,000 Danes were to be vaccinated in one day in the more than 60 vaccination centres nationwide. The test was successful: In the end, 104,824 vaccinations were registered within 24 hours. In June, the large vaccination campaign is to begin with around 400,000 vaccinations per day. So far, 15 percent of residents have received an initial vaccination. Nearly eight percent have full vaccination protection.

Country Reports:

BRA: Within 24 hours, 2616 people died because of COVID infection, the Ministry of Health announced. With more than 21,000 Corona deaths, it is the deadliest week since the start of the pandemic. Scientists blame the spread of the much more contagious virus mutation P.1 for the sharp increase in infection rates. The mutation currently accounts for about 90 percent of new infections. The WHO called the situation in Brazil "very worrying" and called on the government to take national action. President Jair Bolsonaro continues to play down the pandemic and opposes a nationwide lockdown. Many governors, however, have issued protections for their states. The bed capacity in hospitals is completely exhausted nationwide. There is also a lack of ventilators, oxygen and medicines for intubation of patients.

IND: The number of new infections reached a new high on Sunday. Within 24 hours, 152,879 new cases had been registered, the health ministry in New Delhi said. In addition, 839 deaths related to the coronavirus were recorded during the same period.

ISR: The Israeli government has decided that from next Sunday, schools will be taught in normal class strength again. Until now, schools were closed, or only small groups of children and young people were taught. The opening of the school follows a series of relaxations, mainly due to the success of the vaccination campaign in Israel

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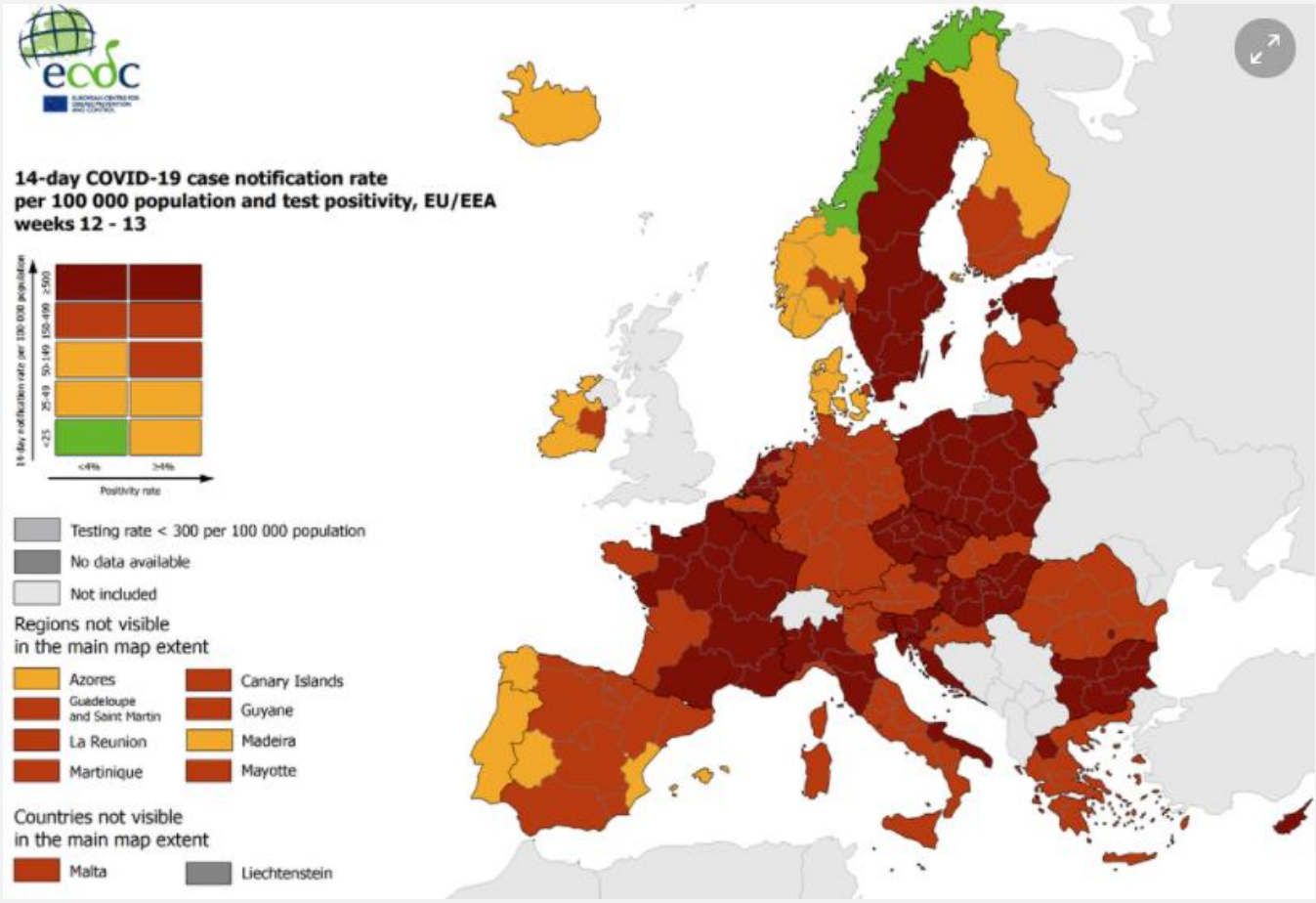
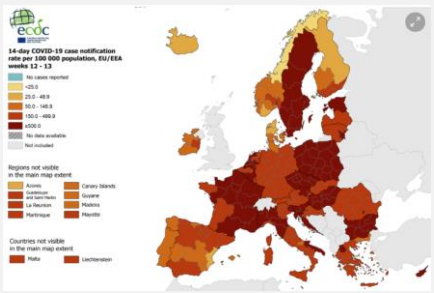
IRN: On Sunday, the highest number of Corona deaths so far this year was recorded in 24 hours. A total of 258 deaths were recorded within 24 hours. The peak is from mid-November. At that time, more than 480 Corona deaths were counted in one day. Officials say 257 cities are on red alert, and daily casualties and infections are expected to rise in the coming days and weeks if the latest lockdown restrictions are not met. There are already bottlenecks in hospitals. There are too many patients for too few beds. In addition, there are overburdened doctors and nurses. A 10-day lockdown was ordered in most of the country on Saturday. 23 of the 31 provinces are affected. Businesses, schools, theatres and sports facilities must close. Meetings are forbidden.

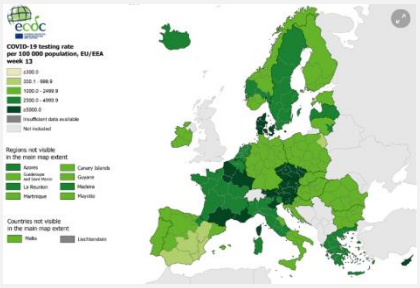
Situation in Europe

[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 08 April 2021

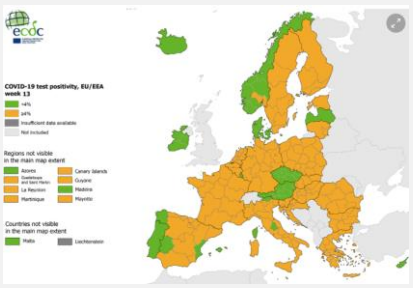




14-day case notification rate per 100 000 inhabitants



Testing rates per 100 000 inhabitants



Positivity rates

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ECDC COVID-19 surveillance report Week 13, as of 08 April 2021

Weekly surveillance summary

Overall situation

By the end of week 13 (week ending Sunday 4 April 2021), 16 countries in the European Union/European Economic Area (EU/EEA) had reported increasing case notification rates and/or test positivity. Case rates in older age groups had increased in five countries, 11 countries reported increasing hospital or ICU admissions and/or occupancy due to COVID-19 and 12 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.

Trends in reported cases and testing

- By the end of week 13, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 506 (country range: 29-1 118) per 100 000 population. The rate has been increasing for six weeks.
- Among the 28 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in 14 countries (Austria, Croatia, Cyprus, France, Germany, Greece, Liechtenstein, Lithuania, Luxembourg, the Netherlands, Poland, Slovenia, Spain and Sweden). Stable or decreasing trends in case rates of 1–4 weeks' duration were observed in 14 countries (Belgium, Bulgaria, Czechia, Denmark, Estonia, Finland, Hungary, Ireland, Italy, Latvia, Malta, Norway, Romania and Slovakia).
- Based on data reported to The European Surveillance System (TESSy) from 22 countries for people over 65 years of age, high levels (at least 60 per 100 000 population) or increases in the 14-day COVID-19 case notification rates compared with last week were observed in 17 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Poland, Romania, Slovenia, Spain and Sweden).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 13, available for 28 countries, varied from 1 004 to 40 958 tests per 100 000 population. Cyprus had the highest testing rate for week 13, followed by Denmark, Austria, Luxembourg and Czechia.
- Among 20 countries in which weekly test positivity was high (at least 3%), six countries (Croatia, Finland, Germany, Norway, Slovenia and Spain) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 14 countries (Belgium, Bulgaria, Czechia, Estonia, France, Greece, Hungary, Ireland, Latvia, Lithuania, Poland, Romania, Slovakia and Sweden).

Hospitalisation and ICU

- Pooled data from 23 countries for week 13 show that there were 14.5 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 per 100 000 population.
- Pooled data from 18 countries for week 13 show that there were 2.3 patients per 100 000 population in ICU due to COVID-19. Pooled weekly ICU admissions based on data from 13 countries show that there were four new admissions per 100 000 population.
- 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, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Poland, 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 75.4 (country range: 0.0-355.9) per million population. The rate has been stable for five weeks.
- Among 23 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in nine countries (Belgium, Bulgaria, Croatia, Cyprus, Greece, Hungary, Poland, Romania and Slovenia). Stable or decreasing trends in death rates of 1–2 weeks' duration were observed in 14 countries (Austria, Czechia, Estonia, France, Germany, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Slovakia and Spain).

Variants of concern

- Sequencing capacity varies greatly across the EU/EEA; 12 EU/EEA countries (Belgium, Denmark, Estonia, France, Germany, Hungary, Iceland, Italy, Lithuania, Luxembourg, Norway and Poland) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the GISAID EpiCoV database by 6 April 2021 or to TESSy by 4 April 2021 (data referring to the period 15 March to 28 March 2021). During the same period, seven countries sequenced and reported between 60 and 499 samples, while 11 countries sequenced and reported <60 samples or did not report data.
- Among the 12 countries with the recommended level of 10% or 500 sequences reported per week in the period 15 March to 28 March 2021, 10 had a valid denominator. The median (range) of the variant in all samples sequenced in the period in these 10 countries was 74.6% (12.8–85.4%) for B.1.1.7, 0.6% (0.0–20.7%) for B.1.351 and 0.0% (0.0–10.4%) for P.1.

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 for download in open data formats on ECDC's website.
- The joint ECDC-WHO Europe COVID-19 surveillance bulletin is published every Friday, comprising an overview report of data reported to TESSy by countries in the WHO European region and an interactive web application presenting country-level data.
- 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 April 2021

Key figures on the vaccine rollout in the EU/EEA as of week 13, 2021 (4 April 2021)

Total doses distributed and administered

Total number of vaccine doses distributed by manufacturers to EU/EEA countries: 103 875 017 (29 countries reporting)

Median number of vaccine doses distributed by manufacturers to EU/EEA countries: 27.7 per hundred inhabitants (range: 14.8–52.9) (29 countries reporting)

Total number of vaccine doses administered: 82 432 098 (30 countries reporting)

Cumulative vaccine uptake in adults

Cumulative uptake of first vaccine dose among adults aged 18 years and above: median of 16% (range: 7–30.6%) (29 countries reporting)

Cumulative uptake of full vaccination among adults aged 18 years and above: median of 6.7% (range: 1.6–12.7%) (29 countries reporting)

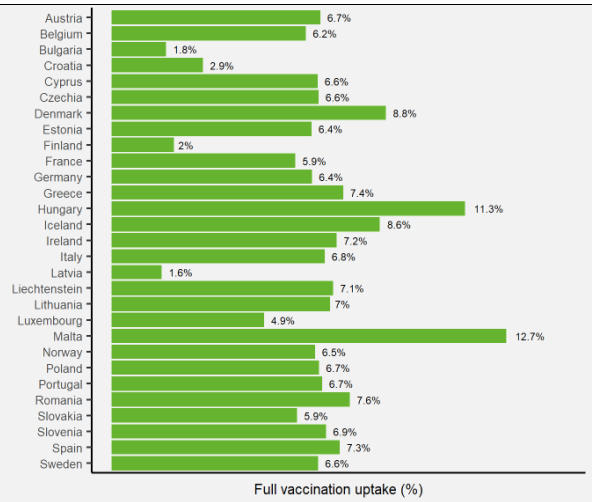
Cumulative vaccine uptake in target groups

Cumulative uptake of the first vaccine dose among persons aged 80 years and above: median of 64.4% (range: 6–98.1%) (24 countries reporting)

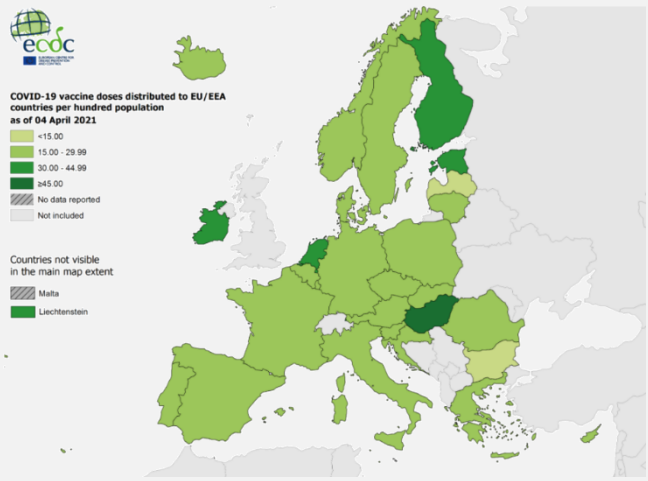
Cumulative uptake of full vaccination among persons aged 80 years and above: median of 38.8% (range: 0.8–95.7%) (24 countries reporting)

Cumulative uptake of the first vaccine dose among healthcare workers: median of 64.4% (range: 18.6–100%) (14 countries reporting)

Cumulative uptake of full vaccination among healthcare workers: median of 50.1% (range: 13.8–99.9%) (14 countries reporting)



Full vaccination uptake among adults in



Vaccine doses distributed per hundred inhabitants

Other sources: https://vaccinetracker.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab

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Country Reports:

FRA: A gathering of more than 100 people at an illegal restaurant in Paris has been disbanded by police on Saturday night. The organizers and owners of the restaurant were arrested. The guests of the meeting in the north-east of Paris were therefore issued with fee-based warnings. On Friday, police had already ended a meeting of about 60 people at a restaurant in Saint-Ouen-sur-Seine, north of Paris. Here, too, there were fines and arrests. Due to the tense Corona situation, restaurants and bars in France are closed.

AUT: In eastern Austria, the Corona lockdown will be extended for a further two weeks. This is justified by a critical situation in hospitals and especially in intensive care units. The restrictions in Lower Austria and the capital Vienna are now to apply until 2 May. The state of Burgenland plans to decide on Wednesday whether to continue the lockdown beyond 18 April. The three Länder in the east are the only regions in Austria that reacted to the Corona situation, mainly because of the British virus variant, with the closure of trade and service providers. In the other six Länder, the situation is sometimes much more relaxed.

DEU: The number of Corona intensive care patients in hospitals continues to rise. The Divi Register reported 4566 patients on Sunday. The number has been rising continuously since March 12 but has not yet reached the peak during the second Corona wave of 5745. Intensive care physicians warn, however, that a further increase is likely, as severe disease progression scant only one to two weeks after infection.
The lockdown in Germany could last until the end of May or mid-June, according to a report. The Federal Government expects an aggravated infection situation, which will continue for another six to eight weeks.
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People took to the streets in several cities in Germany and Austria on Saturday for tougher Corona measures. Actions were planned in 30 cities. Among other things, the participants demanded three weeks of paid rest and objected to the "infection hotspot workplace". The profit interests of companies must lag behind people's health, the call for the rallies said.
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Companies will have to offer corona tests to their employees in the future. the Federal Cabinet approved the corresponding plans of the Federal Ministry of Labour. However, employees are not obliged to be tested. Every employee should be offered the opportunity to test himself or to have a test carried out by the company doctor or trained staff at least once a week. Employees who have a lot of contact with customers or colleagues in their job should be offered a test twice a week.

GRC: Holidaymakers from other EU countries will be able to travel to Greece and take a holiday from 14 May without a quarantine requirement if they are either vaccinated or can present a PCR Corona test. Athens had already abolished the quarantine requirement for visitors from Israel at the end of March on a bilateral level. Israeli holidaymakers must provide official confirmation in English that they are vaccinated. In addition, 14 days must have passed after the second vaccination. Visitors from Israel must also present a negative PCR Corona test, which must not be more than 72 hours old.

GBR: From Monday, shops, hairdressers and outdoor restaurants can reopen. Fitness studios, swimming pools and amusement parks are also allowed to welcome visitors again. It is the second of several opening steps that are expected to bring the country back to complete normality by 21 June.

BGR: Since Monday, restaurants have been allowed to reopen seating inside, which was closed three weeks ago to combat a third wave of corona. However, for safety reasons, only half of the seats may be filled. In addition, large supermarkets are now reopened. Shopping malls are scheduled to reopen on Thursday. Due to the third corona wave, a partial lockdown was imposed in Bulgaria on 22 March. Several restrictions are to be gradually lifted this week.

ROU: On Saturday, the millionth confirmed corona infection was reported in the 19 million-strong country. The intensive care units are already overloaded. Patients who are dependent on intensive care beds would have to be placed in normal wards. At the same time, around 1,000 people demonstrated in the capital Bucharest against the government's Corona measures. The anger of the demonstrators is directed above all against the recent lockdown in force since the end of March, which provides, among other things, for nightly exit restrictions and shop closures.

SVN: As of Monday, existing provisions to contain the pandemic were loosened. This restricts citizens from leaving their respective regions only with an exception. The nightly curfew from 10 p.m. to 5 a.m. will be lifted. Kindergartens and primary schools reopen. Certain shops and services, such as hairdressers and car repair shops, are once again available. Museums, galleries and museums can also welcome visitors again.

SRB: As of Monday, the shopping centers reopened. However, restaurants are still only allowed to serve their customers outdoors. In the Balkan country of just under seven million inhabitants, the number of infections has recently fallen slightly. At the same time, hospitals are still noting a large influx of COVID-19 patients.

TUR: The Turkish Medical Association has warned of an overburdening of the health system in the face of rapidly increasing new infections. Hospitals are already overcrowded with COVID-19 patients. Even the additional stations were not sufficient to meet the needs. New infections in Turkey rose last week, with more than 50,000 cases per day, to the highest level since the start of the pandemic. According to Health Minister, about 40 percent of the infections are in the metropolis of Istanbul. Nearly 600 cases per 100,000 inhabitants were last reported there in a week.

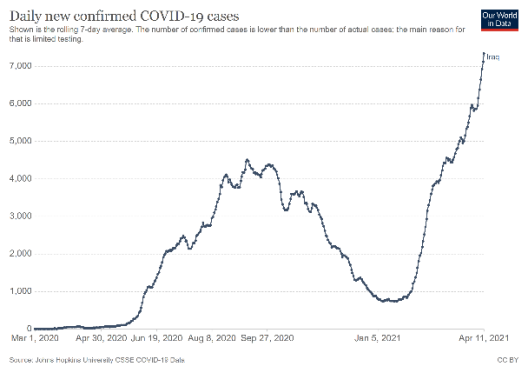
RUS: Air traffic with Turkey is to be severely restricted for a month and a half. The new rules are due to apply from Thursday. Officially, the move is justified by the increased number of Corona cases in Turkey. Russia's top official, Anna Popova, said 80 percent of the Corona cases brought into the country came from people who had previously been to Turkey. The country is also a popular holiday destination for Russians.

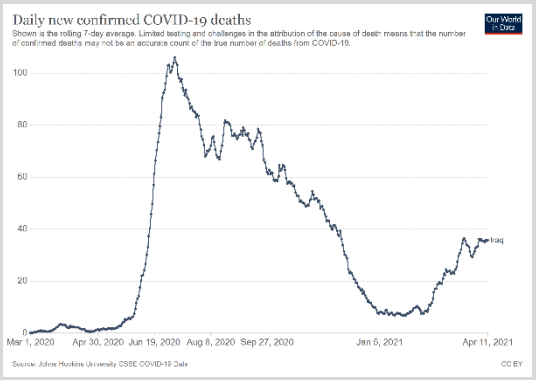
Subject in Focus

COVID in Iraq

Epidemiology

Iraq is experiencing a second wave of COVID-19 with increasing numbers of cases being detected. As of Apr 08, Iraq's Health Ministry reported over 900,000 cases with hospitalisations increasing to nearly 90,000. Unsurprisingly this is leading to an increase, to nearly 15,000, in reported deaths from COVID-19 (see below). It should be noted that this is likely to be under-reported due to limited surveillance systems.





The WHO has classified Iraq as having 'community transmission' which is consistent with its neighbouring countries. This is reflected by the US CDC which continues to categorise Iraq as Level 4 (very high level of COVID-19) as does the UK whilst Germany classifies it as a 'risk' area.

Testing and Variants

The weekly WHO update on COVID-19 in Iraq reported that, as of 04 Apr, nearly 8.2 million individuals had been tested since Feb 2020 with a positivity rate of 15% in the previous week. The high positivity rate suggests that widespread testing is not being conducted. Reports suggest that the presence of the B.1.1.7 variant is driving the rapid increase in cases particularly in children but there is limited information available on variants of concern.

Response

The Government of Iraq has implemented a curfew (more restrictive on Fridays/Saturdays) and is enforcing mask wearing with fines. School and Universities are closed and businesses are also expected to remain closed. Fines are being imposed for breaches of regulations. There are slightly different restrictions being imposed by the Iraqi Kurdistan Region.

Reports from non-State actors suggest, however, that implementation of non-pharmaceutical interventions has been varied with economic imperatives meaning that business and other enterprises have continued to open and mask wearing is limited.

All travellers arriving in Iraq are expected to have a negative PCR test result within 72 hours of entry.

Vaccination

The WHO reports that vaccination in Iraq started on the 02 Mar 21 and, as of 07 Apr 21, nearly 110,000 people had received at least one vaccination. Different vaccines have been supplied to Iraq; Astra-Zeneca through the COVAX initiative, Pfizer-BioNTech and Sinopharm. A recent press release by MoH Iraq addressed concerns of vaccine hesitancy, particularly amongst women, to the media reports of adverse effects from the AstraZeneca vaccine.

Health Systems

The WHO weekly situation report from 04 Apr detailed issues with the health system – specifically in certain governorates where there are insufficient hospital beds and inadequate intensive care

facilities. This is mirrored by recent NGO reports describing late presentation, high death rates and inadequate facilities.

Force Health Protection Recommendations for travel to Iraq

1. Regardless of reported data maintain a high level of caution.
    a. Maintain social distancing (1.5m minimum) at all times.
    b. Avoid gatherings of people wherever possible.
    c. Wear a face mask at all times
    d. Practice scrupulous hand hygiene through either hand washing (preferred) or hand sanitiser.

2. Comply with National and International requirements. These may include:
    a. Negative COVID test pre-arrival
    b. Quarantine on arrival

References:

https://wwwnc.cdc.gov/travel/notices/covid-4/coronavirus-iraq
https://travelhealthpro.org.uk/country/108/iraq#COVID-19
https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Transport/Archiv_Risikogebiete/Risikogebiete_aktuell_en.pdf?__blob=publicationFile
https://reliefweb.int/sites/reliefweb.int/files/resources/WHO%20Iraq%20COVID-19%20Situation%20Report%20Week%2013%2C%2004%20April%202021.pdf
https://reliefweb.int/report/iraq/covid-19-iraq-hundreds-infants-and-children-infected-every-day-new-variant-spreads
https://iq.usembassy.gov/covid-19-information/
https://phr.org/our-work/resources/challenges-faced-by-the-iraqi-health-sector-in-responding-to-covid-19/
https://covid19.who.int/region/emro/country/iq
https://twitter.com/IraqiGovt/status/1381276102191157248
https://gds.gov.iq/national-coronavirus-vaccination-campaign-is-launched/
https://www.msf.org/iraq-only-vaccination-will-end-fast-spread-covid-19
https://www.msf.org/worrying-situation-severe-covid-19-patients-baghdad-iraq

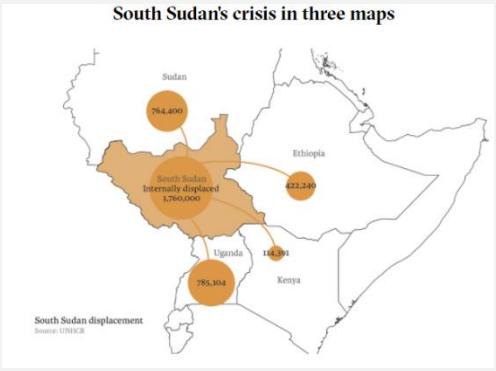
COVID-19 Crisis in SOUTH SUDAN

In cooperation with Bundeswehr HQ of Military Medicine

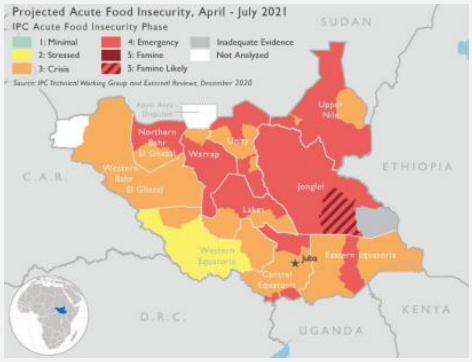
SOUTH SUDAN

Area:	644 329 km^2
Population:	10,561,244
Capital:	Juba
Age structure:	
0-14 years:	41.58%
15-24 years:	21.28%
25-54 years:	30.67%
55-64 years:	3.93%
65 years and over:	2.53%

CONFLICT:



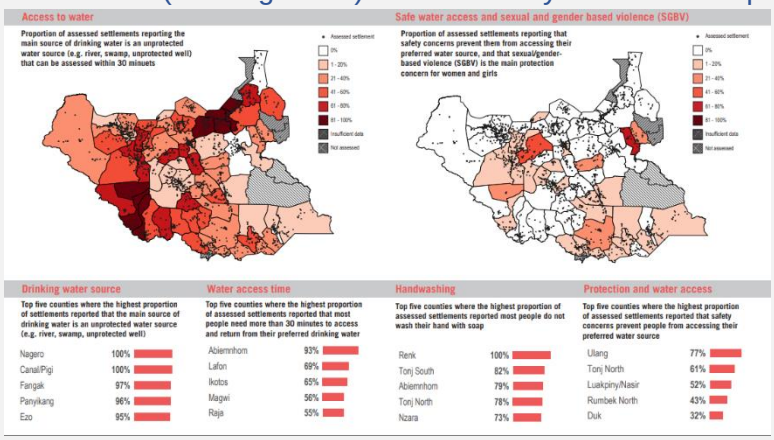
South Sudan is one of the youngest countries in the world and only gained independence from Sudan in 2011. The aspirations for independence went back many decades. Between 1955 and 1972 there was a first civil war between Sudan and South Sudanese rebels. The background was the structural oppression and marginalization of the non-Muslim population. The majority of the population in Sudan is of Christian faith. After a brief period of calm, during which South Sudan was granted greater autonomy, a second civil war broke out from 1983 onwards, which only began in 2005 with a peace agreement between the ruling party of Sudan, the NCP (National Congress Party), and the South Sudanese Liberation movement SPLM / A ended. After a 6 - year transition period stipulated in the agreement, a referendum on independence was held in that year, in which 98.8% of the South Sudanese were in favor of independence. After the separation from Sudan was achieved, the conflict increasingly shifted to the interior of South Sudan. You have to know that South Sudan is a multi-ethnic state, there are at least 64 ethnic groups, with the Dinka ethnic group dominating so far (at the expense of the other ethnic groups). The main causes of conflict are the historically unfair distribution based on geographical and ethnic aspects seen from positions of power and resources (including oil production) in South Sudan. The ethnopolitical power struggles also affected the liberation army SPLA. The majority of the Political-Military High Command (PMHC) belonged to the Dinka. Ethnic minority groups, on the other hand, were generally excluded from leadership positions. Since 2013 there has been a civil war as a result of ethnic tensions. President Salva Kiir accused his then vice-president and leader of the opposition party SPLM-IO (Sudan People's Liberation Movement in Opposition), Riek Machar, of planning a coup. Serious human rights violations and war crimes occurred in the course of the conflict, which gradually spread across the whole of South Sudan. In addition to hundreds of thousands of deaths, there were also an estimated 4 million displaced persons, around half of whom were internally displaced and



refugees who fled to neighboring countries. Various peace agreements failed, only in September 2018 an agreement was reached that ended the civil war. Salva Kiir remained President of South Sudan. The negotiations that followed were tough, the peace continues to count as extremely fragile, especially since tens of thousands of rival fighters and their units are to be united into a single army. There are also outbreaks of violence and human rights violations. The country is one of the most fragile states in the world. In the Global Helath Security Index, South Sudan ranks 180th out of 195. The structural challenges are enormous, the infrastructure can be described as desolate, the level of education is low, basic services and state institutions are completely inadequate, especially in the areas of water, sanitary facilities and Health.

HEALTH:

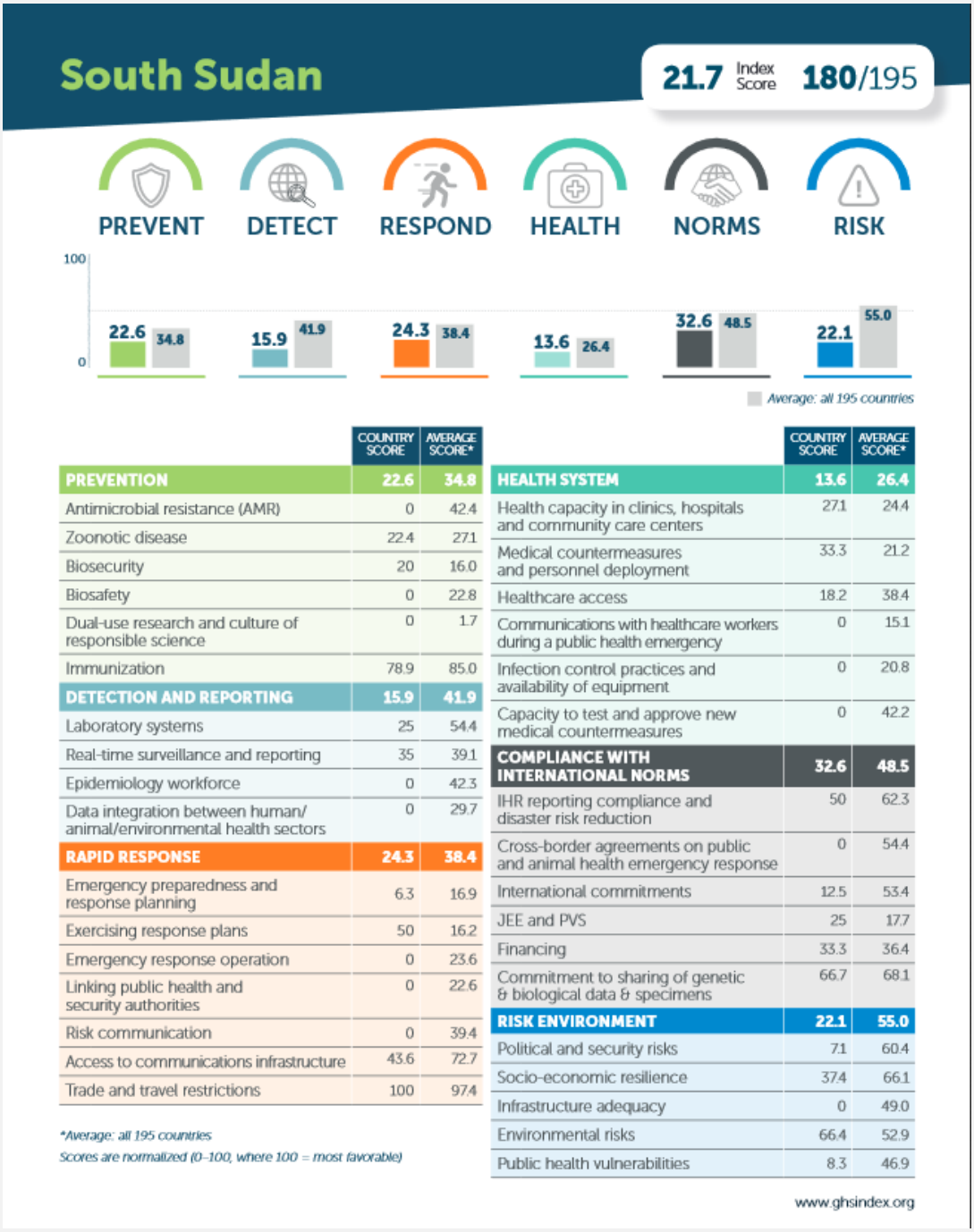
The health system is facing enormous challenges, as it is already one of the weakest health systems in the world. Maternal mortality (estimated at around 1150/100000 live births; last place worldwide) and child mortality (estimated 64-65 / 1000 live births) are still enormous. Infectious diseases such as malaria, schistosomiasis or worm diseases continue to be a major public health problem. The hunger crisis is currently considered to be one of the greatest threats to public health, with an estimated 7.7 million people, or almost 70% of the population, dependent on food aid. Regional instability and geoclimatic conditions (e.g. also natural disasters such as floods) make it difficult to distribute urgently needed resources. In some areas, malnutrition is blamed for the majority of deaths. There is hardly any own agriculture, almost all food has to be imported. In large parts of the country there is neither access to clean water (drinking water) nor to sanitary facilities. The poverty of many people is overwhelming, and access to health services is barely available for the majority of the population. Up to 40% of the population do not even have access to primary health services (e.g. local health centers). There are neither enough doctors nor nursing staff. Aid organizations provide a large part of the only marginally developed medical infrastructure. Programs to improve health care, for example, aim to train so-called community health workers. Despite the commitment of private, church or state aid organizations, there is a large gap between the funding provided and the actual need. In particular, the situation of the refugees, whether they have fled within the country or to neighboring countries, can be described as extremely precarious. In addition to the already existing massive supply problems, there was the coronavirus pandemic. There is no need to quote official statistics, since in the absence of even remotely adequate surveillance, a very high number of unreported cases must be assumed. South Sudan closed its borders very early and imposed measures on the population to reduce contact. In view of the inadequate health infrastructure, however, it cannot be assumed that the capacities for treating people with COVID-19 are even remotely sufficient. After all, the first 132,000 doses of the COVID-19 vaccine were made available by AstraZeneca via the COVAX initiative on March 25, 2021, initially to vaccinate health care workers.



CONCLUSION:

After years of civil war, South Sudan is facing enormous challenges. The state structure continues to be extremely fragile and (violent) ethnic conflicts are omnipresent. The economy and the health system are extremely weak and were in no way prepared for the current coronavirus pandemic. But in view of such serious problems as the hunger crisis or the care of (internally) refugees, the pandemic is almost moving out of focus. Whether it is securing peace, creating a fair balance between the ethnic groups, repatriating

(internally) refugees, building a functioning or sustainable state, economic and health system - there is certainly no lack of urgent tasks for the future.



	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	**22.6**	**34.8**
Antimicrobial resistance (AMR)	0	42.4
Zoonotic disease	22.4	27.1
Biosecurity	20	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	78.9	85.0
DETECTION AND REPORTING	**15.9**	**41.9**
Laboratory systems	25	54.4
Real-time surveillance and reporting	35	39.1
Epidemiology workforce	0	42.3
Data integration between human/ animal/environmental health sectors	0	29.7
RAPID RESPONSE	**24.3**	**38.4**
Emergency preparedness and response planning	6.3	16.9
Exercising response plans	50	16.2
Emergency response operation	0	23.6
Linking public health and security authorities	0	22.6
Risk communication	0	39.4
Access to communications infrastructure	43.6	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
HEALTH SYSTEM	**13.6**	**26.4**
Health capacity in clinics, hospitals and community care centers	27.1	24.4
Medical countermeasures and personnel deployment	33.3	21.2
Healthcare access	18.2	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	0	42.2
COMPLIANCE WITH INTERNATIONAL NORMS	**32.6**	**48.5**
IHR reporting compliance and disaster risk reduction	50	62.3
Cross-border agreements on public and animal health emergency response	0	54.4
International commitments	12.5	53.4
JEE and PVS	25	17.7
Financing	33.3	36.4
Commitment to sharing of genetic & biological data & specimens	66.7	68.1
RISK ENVIRONMENT	**22.1**	**55.0**
Political and security risks	7.1	60.4
Socio-economic resilience	37.4	66.1
Infrastructure adequacy	0	49.0
Environmental risks	66.4	52.9
Public health vulnerabilities	8.3	46.9

*Average: all 195 countries
Scores are normalized (0–100, where 100 = most favorable)

www.ghsindex.org

Source:
https://www.bpb.de/internationales/weltweit/innerstaatliche-konflikte/228561/suedsudan
https://www.auswaertiges-amt.de/de/aussenpolitik/laender/suedsudan-node/suedsudansicherheit/244250
https://www.deutschlandfunk.de/suedsudan-der-schwierige-weg-zum-frieden.724.de.html?dram:article_id=485157
https://news.un.org/en/story/2021/03/1087492
https://reliefweb.int/report/south-sudan/south-sudan-displacement-crisis-food-security-and-livelihoods-fsl-assessment-25
https://reliefweb.int/report/south-sudan/south-sudan-displacement-crisis-water-sanitation-and-hygiene-wash-assessment-24
https://reliefweb.int/report/south-sudan/south-sudan-crisis-fact-sheet-3-fiscal-year-fy-2021 www.ghsindex.org
https://www.thenewhumanitarian.org/2021/4/7/corruption-claims-amid-rising-covid-19-cases-in-south-sudan
https://reliefweb.int/report/south-sudan/covid-19-vaccination-kicks-south-sudan
https://data2.unhcr.org/en/situations/southsudan
https://www.cia.gov/the-world-factbook/countries/south-sudan/
https://www.thenewhumanitarian.org/in-depth/south-sudan-humanitarian-toll-half-decade-war

MilMed CoE VTC COVID-19 response

Topics former VTCs

The NATO Centre of Excellence for Military Medicine is providing expertise and resources to support the response to the pandemic. This includes a regular VTC focusing on different COVID-related topics. The purpose of the VTC is to act as a forum for exchanging experiences, sharing learning and understanding the different responses to the pandemic from partner nations. We are always looking for topics that would be of interest and experts that are able to speak to each topic. Each VTC provides an opportunity for short briefings following by facilitated questions and discussion.

Topics of 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
- Vaccinated Personnel – National Regulations for Deployments

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Logistic Challenges of the COVID-19 Vaccine Distribution"

Vaccinated Personnel – Logistic Challenges of the COVID-19 Vaccine Distribution

We had very comprehensive national briefings from the USA, GBR and Italy letting us know about the logistic challenges they are facing in their countries, the strategies of their government and also how military is involved in the national logistic chains for vaccine distribution and how military vaccination campaigns are being handled.

Militaries use different ways to move vaccines and to deliver doses to soldiers overseas.

All the informative national presentations were topped off with a short briefing from Zipline a private US company founded in 2014 and building up the world's largest autonomous logistics network. Enabled by the fastest and most experienced drone medical delivery service, Zipline delivers critical and lifesaving products precisely where and when they are needed, safely and reliably.

To summarize this week's VTC on Logistic challenges of the COVID-19 Distribution: There are significant challenges posed by the different vaccines and maintaining a cold chain to ensure that they reach the end user intact. Each of the countries described methods to achieve this goal using innovation and close communication with the medical community. The innovation theme was continued with the Zipline presentation on autonomous drone technology to deliver medication and vaccines in resource poor environments.

The next VTC will be held on 21 April, with the topic "**How has COVID-19 driven medical innovation?"**

Recommendations

Recommendations 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

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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:

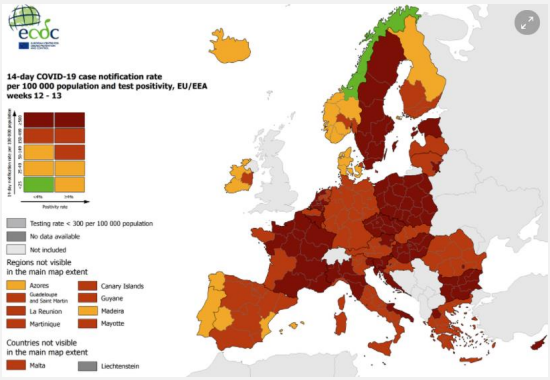
On 13 May, the European Commission presented guidelines and recommendations to help Member States gradually lift travel restrictions, with all the necessary safety and precautionary means in place.

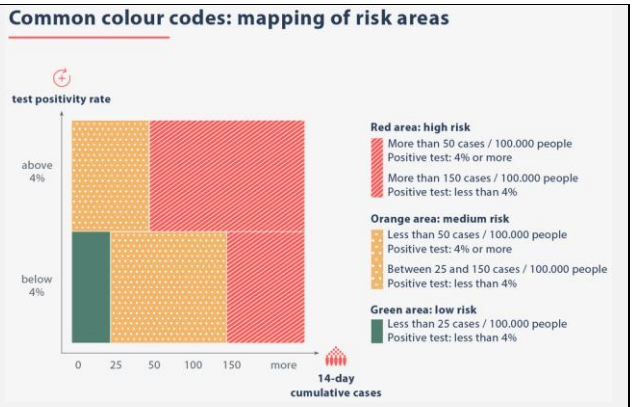
On 13 October, EU Member States adopted a Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic.

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*)

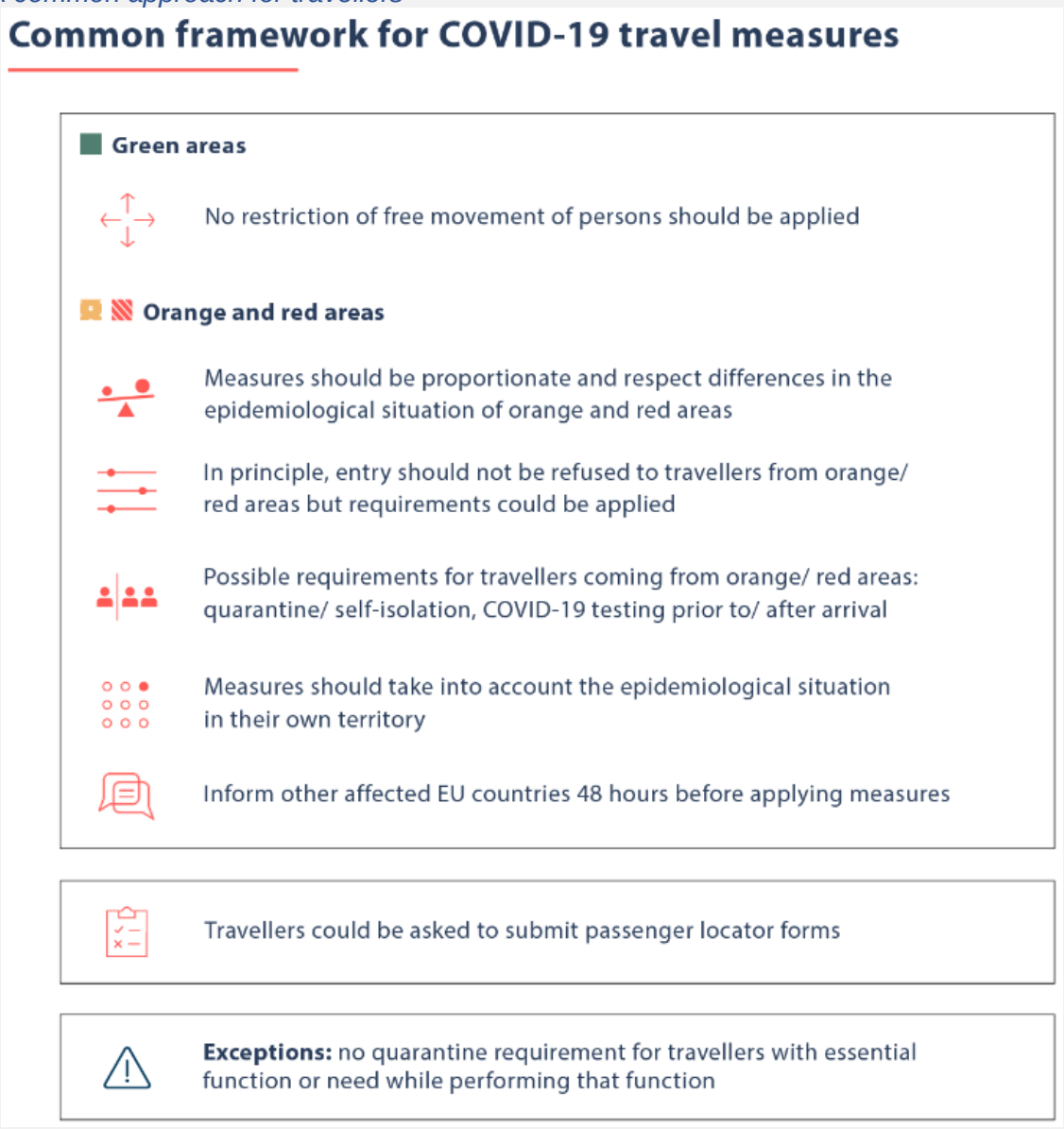
2. A common map
The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. See also "Situation in Europe".

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. Unnecessary travel should currently be avoided. • Individual risk is dependent on exposure. • National regulations regarding travel restrictions, flight operations and screening for specific countries are here and here. • IATA has updated their travel documents with new travel restrictions. You will find the documents here. • Public health and healthcare systems are highly vulnerability as they already overloaded in some places 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 those who are infected but not unwell are a source of the virus. Therefore, no disease-free areas exist 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 published on 15th 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. recent 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 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

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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