



Update 62 (23<sup>rd</sup> of March 2021)

**Information about infection disease  
COVID-19 (novel coronavirus)**



**Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE  
in Munich**

**23rd 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 30<sup>th</sup> January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11<sup>th</sup> of February. The virus itself has been named SARS-CoV-2. On 11<sup>th</sup> of March 2020 WHO characterized the disease as a pandemic.

**HIGHLIGHTS/NEWS**

- **WHO:** The WHO Regional Office for Europe has provided a Single Nucleotide Polymorphisms (SNP) assay training for the detection of SARS-CoV-2 variants of concern in the European Region.
- **EU:** According to a [news agency report \(by Reuters\)](#), the European Commission's chief vaccine negotiator Sandra Gallina said on Tuesday the European Union will use all available means to secure COVID-19 vaccine produced by AstraZeneca. She did not elaborate on which tools would be used, but the head of the EU Commission Ursula von der Leyen has threatened a tightening of export controls on drugmakers that fail to comply with their supply contracts with the EU.
- **Europe:** All around Europe memorial services are being held to commemorate and honor the victims the pandemic took since its spread to Europa about one year ago in March 2020.
- **CHN:** China revoked its earlier announcement regarding the relaxation of restrictions for inbound travelers inoculated with a Chinese vaccine. All in-bound travelers have to quarantine for 14 days after arrival, without exemptions for travelers vaccinated with a Chinese vaccine.
- **DEU:** A recent study by Technical University Berlin found evidence that infections almost exclusively take place indoors when people don't wear masks over a certain period of time.
- **UN:** UN announced that Bolivia has received more than 220,000 doses of COVID-19 vaccines from the COVAX Facility. Another 900,000 doses are expected to arrive by the end of May. In addition Lao People's Democratic Republic received its first shipment of more than 130,000 doses from COVAX on Saturday as well. This is the first batch of a total of 480,000 doses which will arrive in the country this year to vaccinate around 20 per cent of the population. The United Nations Children's Fund (UNICEF) also delivered 84,000 syringes, 840 safety boxes and other supplies to allow authorities to begin vaccinating people.

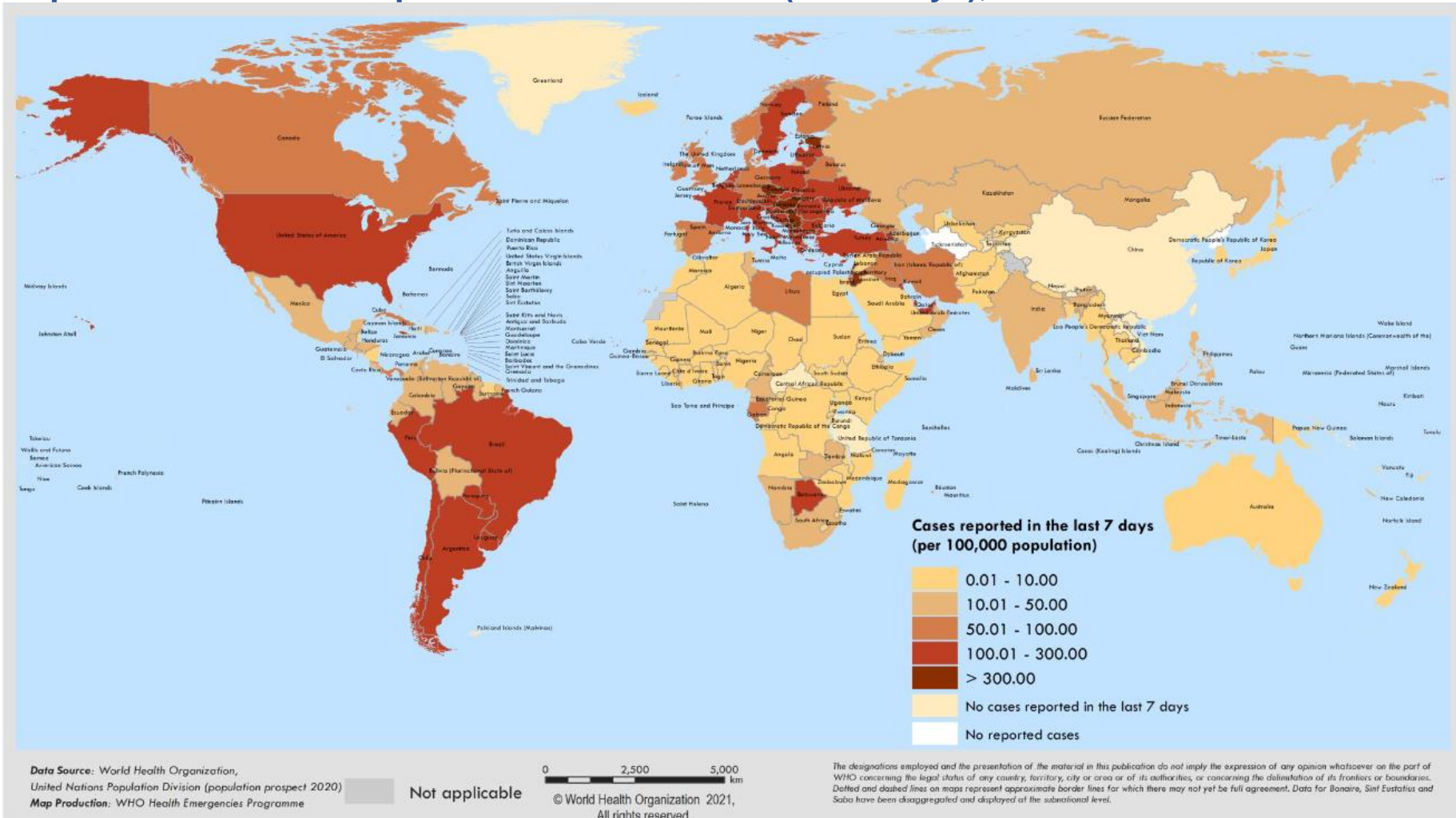
<b>GLOBALLY ↗</b> 123 720 304 confirmed cases 70 166 500 recovered 2 723 859 deaths
<b>EU/EEA and the UK ↗</b> 40 887 705 confirmed cases 22 193 250 recovered 913 108 deaths
<b>USA ↘ (new cases/day 44 470)</b> 29 753 910 confirmed cases 11 977 707 recovered 540 687 deaths
<b>Brazil ↗ (new cases/day 47 774)</b> 12 047 526 confirmed cases 10 611 595 recovered 295 425 deaths
<b>India ↗ (new cases/day 46 951)</b> 11 686 796 confirmed cases 11 181 253 recovered 160 166 deaths
<b>Russia → (new cases/day 9 195)</b> 4 416 226 confirmed cases 4 031 205 recovered 93 812 deaths
<b>UK → (new cases/day 5 342)</b> 4 301 929 confirmed cases -not reported- recovered 126 2 deaths

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# Map of countries with reported COVID-19 cases (last 7 days), as of 08 to 14 March 2021

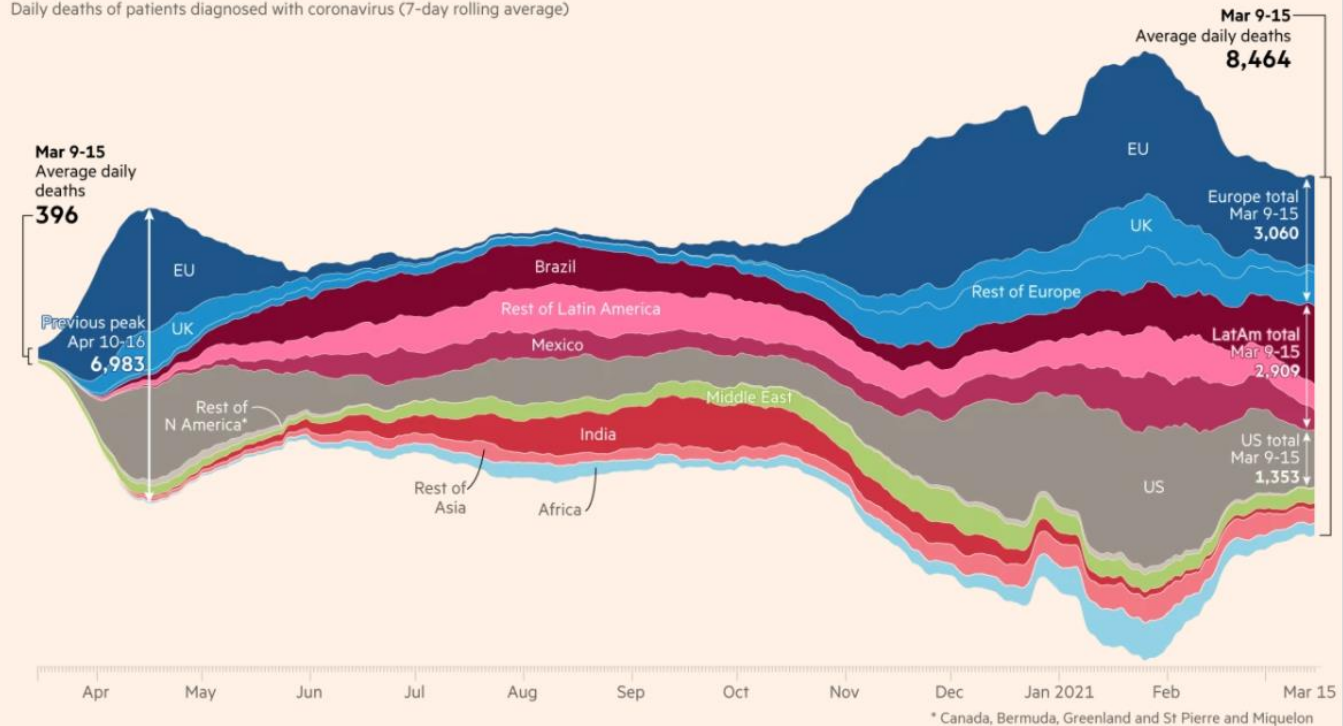


## Worldwide Situation

### Global Situation

#### Lockdowns help ease Covid-19 death toll from January peak

Daily deaths of patients diagnosed with coronavirus (7-day rolling average)



#### Worldwide increasing of death

According to an expert from the World Health Organization, the number of worldwide corona deaths per week is rising again. After about six weeks of declines in new infections worldwide, the epidemiologist and technical director for Covid-19 at the WHO, Maria van Kerkhove, described the rise on Monday as a "worrying sign". The increase was in part due to the spread of a virus variant first discovered in the UK, she said.

The World Health Organization warns of corona strategies that mainly rely on vaccinations. Relaxation steps, coupled with still low vaccination rates and corona fatigue, led to an increase in new infections in Europe and other regions, according to WHO representatives in Geneva. The global increase in Europe is also being fueled by more contagious virus variants.

#### Pandemic has changed the shape of global happiness

March 20th was „World Happiness Day”. A recent study found that the perception of individual’s happiness has changed drastically over the course of COVID-19 (the study compared 2017 values with 2021 values). While the overall average (not population-weighted) remained basically the same, the pattern of happiness changed: The elderly reported to be happier. In many rich countries, the pattern of satisfactions (when plotted on a graph) was U-shaped (the younger generation was fairly happy, people aged around 50 were relatively unhappy and from the age of 50 happiness increased over time to eventually drop again if a very high age has been reached). Values from 2021 now suggest that the current pattern looks more like a slope: the older people are, the happier they report to be (whereas it has to be noted that all recent values are below 2017 values).

The full article can be found following this link

<https://www.economist.com/international/2021/03/20/the-pandemic-has-changed-the-shape-of-global-happiness>

#### Corona crisis has tragic effects on the fight against tuberculosis

According to the World Health Organization (WHO), the corona crisis has tragic effects on the fight against tuberculosis (TB). Due to the worldwide disruption as a result of the crisis, around 1.4 million fewer people with tuberculosis received treatment in 2020 than in 2019. It is to be feared that over



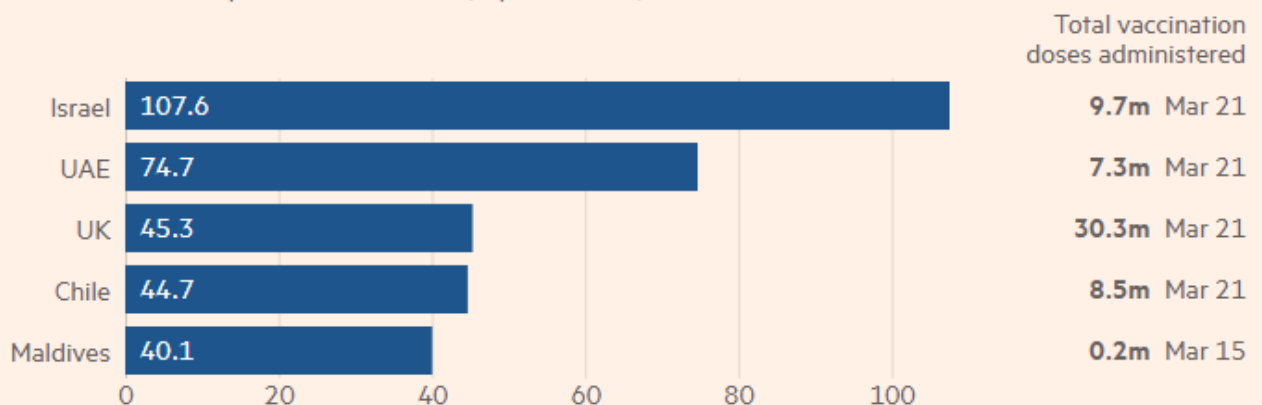
500,000 people remained undiagnosed last year and died of the bacterial infectious disease. WHO Director General Tedros Adhanom Ghebreyesus stressed on the occasion of World Tuberculosis Day on Wednesday that people in poor countries suffered the worst from the upheaval. Some countries like India try to combine their anti-COVID-19 program with the fight against TB: "TB didn't go anywhere when the Covid-19 pandemic hit," said India's minister of health, Harsh Vardhan. "People just got distracted, health workers were redirected and health systems became overwhelmed. Recovery efforts succeed with political leadership and substantial resources, along with an insistence that Covid-19 outreach and prevention efforts include TB work, instead of replacing it."

The USA approved a multi-billion USD aid program to support poor countries in their fight against the COVID-19 pandemic and at the same time their efforts to tackle TB, HIV and malaria.

Global FUND Executive Director Peter Sands stressed that "for the communities we're talking about here, those most at risk of TB, we're right at the darkest point [of the pandemic]".

## The global race to vaccinate

Doses administered per 100 residents (top locations)\*



### Vaccination report

#### Country reports on vaccination

**Astra/Zeneca:** According to Astra/Zeneca, a new study has not found an increased risk of thrombosis after the vaccination. The company announced on Monday that an independent group of experts had raised no safety concerns. The specific search for blood clots in the brain, so-called sinus thrombosis, did not yield any results. Several countries have recently suspended vaccination campaigns with the AstraZeneca vaccine because of a few cases of thromboses, i.e. blood clots, that occurred in cerebral veins after the vaccination.

The Covid-19 vaccine jointly developed by the University of Oxford and the British-Swedish pharmaceutical company AstraZeneca appears to be more effective than previously determined and does not lead to a higher risk of thrombosis, according to the study. The company presented the study results obtained in the USA, Chile and Peru. AstraZeneca's vaccine has not yet been approved in the USA; AstraZeneca is now planning to start the approval process in the USA. In Germany and other countries, vaccinations had meanwhile been stopped after several reports of blood clots in patients, but they have since been restarted. The European Medicines Agency (EMA) and the World Health Organization (WHO) spoke out in favor of sticking to the vaccine. The study shows that the Covid-19 vaccine is one hundred percent effective against severe courses of the disease (i.e., cases that require hospitalization). The overall effectiveness against the virus is therefore 79 percent. Reports of weaker protection against infection had accompanied the vaccine for a long time. It was only released at the beginning of the month in Germany for people over 65 years of age, as the Standing Vaccination Commission believes that data are now available that "impressively" prove its effectiveness in older age groups. The new study included 30,000 volunteers. Of those, 20,000 received the vaccine. AstraZeneca's vaccine is approved in more than 50 countries. Scientists had hoped the results of the US study would clear up confusion about the exact effectiveness of the vaccine. Astra/Zeneca must submit the results of the study to the US FDA. An FDA committee is due to discuss the evidence before the agency decides on an emergency approval for the vaccine in the United States.

**EU:** The European Commissioner for Internal Market Thierry Breton is convinced that herd immunity against the coronavirus can be achieved in the EU by mid-July. Between March and June, the EU will deliver between 300 and 350 million vaccine doses to member states. The Internal Market Commissioner announced a steadily growing volume of deliveries from 60 million doses in March to 100 million in April and 120 million in May. Corona vaccine is now manufactured in 55 plants in Europe.

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**USA:** In the USA, the number of new corona infections continues to decline. With more than 542,000 dead and 29.8 million infected, the United States is the country most severely affected by the corona pandemic in absolute terms. In the meantime, however, more than 81.4 million people have been vaccinated at least once. The USA has a total of almost 330 million inhabitants.

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**ESP:** The corona vaccine from the pharmaceutical company AstraZeneca can now also be used in Spain for people between 55 and 65 years of age. Until now, Spaniards were not allowed to be older than 55 years when they were inoculated with this vaccine. Several countries initially imposed restrictions on the grounds that there was "insufficient" data on effectiveness in the elderly. In the meantime, however, clinical tests have also confirmed its effectiveness in older people. The European Medicines Agency (EMA) did not make any restrictions for the elderly in its approval recommendation.

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**HUN:** Hungary has announced the emergency approval of two further vaccines: that of the Chinese company CanSino Biologics and Covishield, the brand name of the AstraZeneca agent, as it is manufactured in India by the Serum Institute. It is initially unclear how they should be used. If both are also approved for widespread use by the National Health Center, Hungary would have access to seven different Covid-19 vaccines. For several weeks now, Hungary has been giving its citizens the serums developed by Sinopharm (China) and Sputnik V (Russia). Neither the two Chinese nor the Russian vaccine are approved in the EU. Member states of the Union can deviate from the approval procedures of the European Medicines Agency (EMA) in their own emergency approvals.

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**THA:** In Thailand, human studies have started with the vaccine developed in the country. According to the Ministry of Health, it should give the government more leeway in its vaccination policy. "The vaccine, which is made by Thais for Thais, should be used next year," said Piyasakol Sakolsatayadorn, chairman of the leaderboard of Mahidol University.

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**FRA:** In France, vaccination officer Alain Fischer expressed the expectation that the country will return to a "normal" life by summer or autumn. This will enable the vaccination campaign to be accelerated

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**PSE:** The vaccination campaign in the Palestinian territories started on Sunday. Elderly people and patients with chronic diseases are inoculated in the West Bank. At first President Mahmud Abbas (age 85) was vaccinated. The vaccines are supplied via COVAX. The first delivery consisted of 62,000 doses of AstraZeneca and BioNTech/Pfizer. In the Gaza Strip the vaccination campaign also has started. More than 11,000 people already received their first dose. In total 60,000 doses of the Russian Sputnik V vaccine are available due to a donation by the United Arab Emirates.

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**ZAF:** South Africa announced that it sold all of its AstraZeneca stock to neighboring countries. According to the minister of health, Zweli Mkhize, it has been made sure that all buyers of the vaccine are capable of setting up a vaccination campaign. ZAF refrained from using AstraZeneca's vaccine as studies suggested that there is only little effectiveness against the South Africa variant (B1.351).

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**USA:** In view of the well-progressing corona vaccination campaign in the USA, the state of New York is expanding the circle of those eligible for immunization. From tomorrow onwards, all citizens aged 50 and older can be vaccinated with one of the three available/approved vaccines, said Governor Andrew Cuomo. In addition, people with specific pre-existing illnesses or certain professions, such as teachers, caretakers or restaurant employees, are eligible for vaccination. Overall, more than 25 percent of the population in the state of around 19 million people have already received at least one dose of vaccine, this is in line with the country's average.

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**TWN:** Taiwan has launched its vaccination campaign against the coronavirus with the vaccine from AstraZeneca and Oxford University. Taiwanese Prime Minister Su Tseng-chang was first vaccinated on

Monday in the capital Taipei. Those who are vaccinated should rest for 30 minutes in order to be able to determine possible side effects. Taiwan has received 117,000 doses of AstraZeneca's vaccine. The state wants to give this to 117,000 people (i.e. only administer one dose per vaccinated individual). According to the authorities, the first dose achieves an efficacy rate of 71 percent, and the second dose increases the effectiveness to 81 percent. The vaccinations are initially given to healthcare workers.

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### Country Reports:

**MDG:** Malagasy President Andry Rajoelina announced that there is no hurry for buying vaccines. He has not been vaccinated yet and doesn't plan to get inoculated. He is not entirely against vaccines per se but the country is currently in a "phase of observing the vaccine that has still to many side effects". The government relies on a herbal tea with no scientifically proven effects.

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**PAK:** Pakistani Prime Minister Imran Khan has been tested positive for COVID-19 two days after receiving the first shot of a COVID-19 vaccine. The same applies for two other senior members of Pakistani government.

There has been a recent strong increase in the number of new cases in the capital city and the eastern and northern parts of the countries.

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**ISR:** A court in Tel Aviv decided that employees who refuse to be vaccinated or don't want to be tested regularly can be prohibited from entering their workplace again. Several companies already announced that they are planning to implement sanctions against employees who refuse to be vaccinated.

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**CHN:** China announced that people that can proof being vaccinated against COVID-19 also have to underwent a 14-day quarantine upon entering the country. This announcement follows contradictory statements according to which people that have been vaccinated with a Chinese vaccine can enter the country without quarantine requirements.

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**EGY:** Egypt received another donation of COVID-19 vaccines from China. 300,000 doses of the vaccine from Chinese state-owned Sinopharm were delivered to the capital of Cairo. This is the second donation from China to Egypt. The first donation contained 350,000 Sinopharm vaccines.

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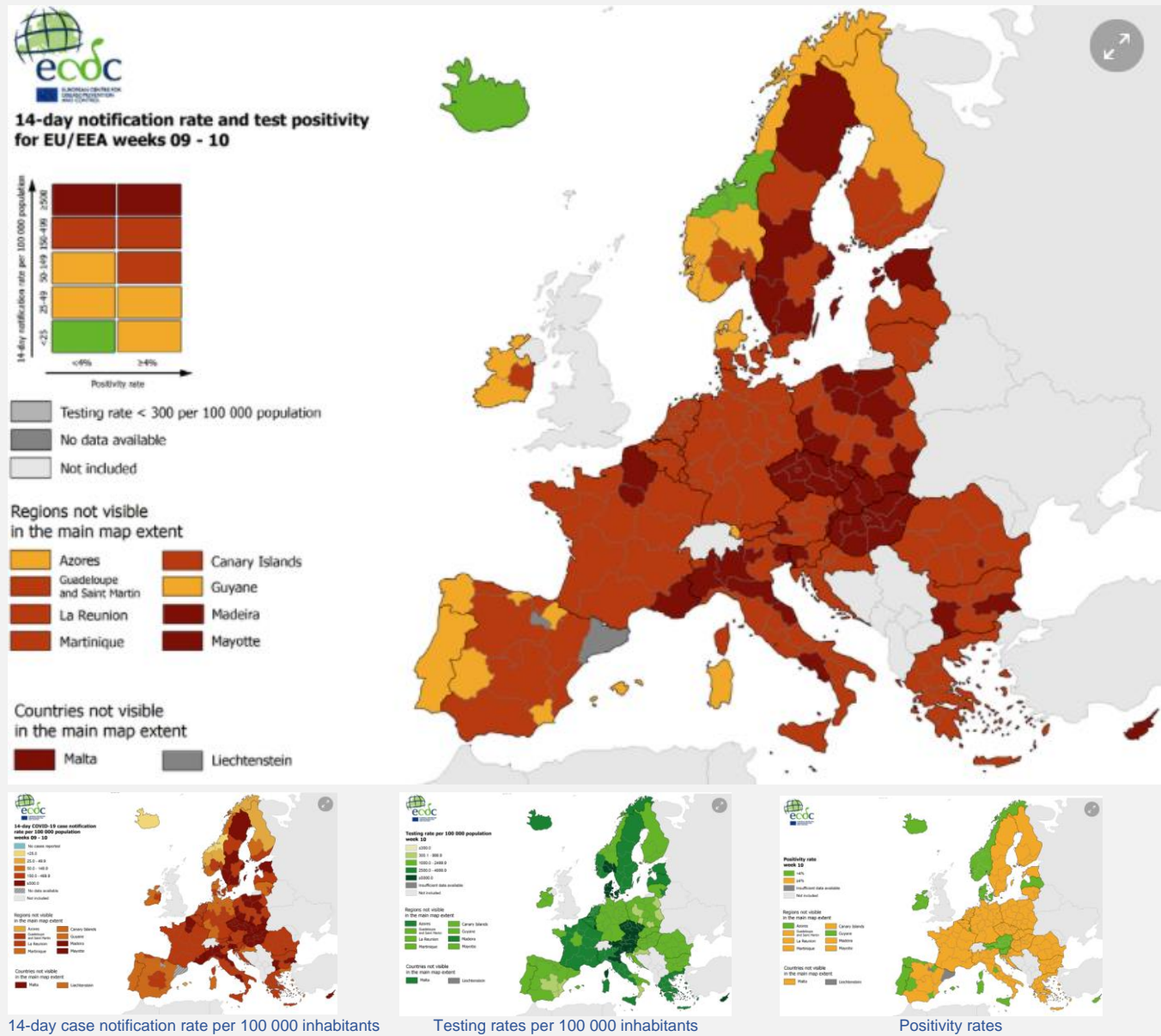
**COG:** One of the opposition's candidates for the presidential election in the Republic of Congo (not to be confused with the neighbouring Democratic Republic of the Congo), Guy-Brice Parfait Kolelas, died from a COVID-19 infection on Sunday during his flight to France to seek treatment. Guy-Brice Parfait Kolelas made his COVID-19 infection public on Friday.

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**USA:** Due to the constantly high inflow of celebrating visitors ("spring break") in the middle of the corona pandemic, the authorities of the US city of Miami Beach have extended the state of emergency as a precautionary measure. If necessary, it is now in place until the end of the semester break on April 13th. Miami Beach in the US state of Florida attracts numerous students from all over the country every year during the semester break, the so-called "spring break". Despite the corona pandemic, many young people came again to celebrate wild parties in the beach metropolis.

## 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 11 March 2021



### COVID-19 Vaccine roll-out overview EU, as of 18 March 2021

#### Vaccine rollout summary

Key figures as of week 10, 2021 (14 March 2021)

Total number of vaccine doses distributed by manufacturers to EU/EEA countries: 64 147 371 (29 countries reporting)

Number of vaccine doses distributed by manufacturers to EU/EEA countries per hundred inhabitants: median of 18.6 per hundred inhabitants (range: 8.1–27.2 per hundred inhabitants) (29 countries reporting)

Total number of vaccine doses administered in EU/EEA countries: 51 657 789 (30 countries reporting)

Uptake of first vaccine dose among adults aged 18 years and above in EU/EEA countries: median of 9.8% (range: 4.9–18.3%) (30 countries reporting)

Full vaccination uptake among adults aged 18 years and above in EU/EEA countries: median of 4.3% (range: 1–8.1%) (30 countries reporting)

Uptake of first vaccine dose among persons aged 80 years and above in EU/EEA countries: median of 51.5% (range: 4.1–97%) (24 countries reporting)

Full vaccination uptake among persons aged 80 years and above in EU/EEA countries: median of 20.9% (range: <0.1–65.3%) (24 countries reporting)

Uptake of first vaccine dose among healthcare workers in EU/EEA countries: median of 60% (range: 15.6–100%) (10 countries reporting)

Full vaccination uptake among healthcare workers in EU/EEA countries: median of 44% (range: 12.5–96.9%) (10 countries reporting)



## ECDC COVID-19 surveillance report Week 10, as of 18 March 2021

### Weekly surveillance summary

#### Overall situation

By the end of week 10 (week ending Sunday 14 March 2021), 20 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 six countries, 15 countries reported increasing hospital or ICU admissions and/or occupancy due to COVID-19 and eight 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

Figures showing national level weekly long-term care facility (LTCF) surveillance data for LTCFs with confirmed COVID-19 cases and clusters, COVID-19 cases and death notification rates amongst LTCF resident COVID-19 cases.

Maps showing trends in 14-day notification rates at the subnational level for all countries (section 3.6)

Figures showing weekly sequencing volumes and trends in estimated variant proportions by country, based on data reported to TESSy and the [GISAID EpiCoV database](#) (section 3.7).

#### Trends in reported cases and testing

- By the end of week 10, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 381 (country range: 8-1 518) per 100 000 population. The rate has been increasing for three weeks.
- Among the 29 countries with high case notification rates (at least 60 per 100 000), increases were observed in 19 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, the Netherlands, Norway, Poland, Romania, Spain and Sweden). Stable or decreasing trends in case rates of 1–8 weeks' duration were observed in 10 countries (Czechia, Ireland, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Portugal, Slovakia and Slovenia).
- 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) or increases in the 14-day COVID-19 case notification rates compared with last week were observed in 20 countries (Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, the Netherlands, Norway, Poland, 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 10, available for 29 countries, varied from 1 105 to 35 947 tests per 100 000 population. Cyprus had the highest testing rate for week 10, followed by Denmark, Austria, Luxembourg and Slovenia.
- Among 21 countries in which weekly test positivity was high (at least 3%), eight countries (Bulgaria, Croatia, Finland, Germany, Greece, Hungary, Poland and Romania) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 13 countries (Belgium, Czechia, Estonia, France, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Slovakia, Spain and Sweden).

#### Hospitalisation and ICU

- Pooled data from 23 countries for week 10 show that there were 11.4 patients per 100 000 population in hospital due to COVID-19. According to pooled weekly hospital admissions based on data from 17 countries, new admissions were 14 per 100 000.
- Pooled data from 17 countries for week 10 show that there were 2.2 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 26 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, 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 65.7 (country range: 0.0-272.1) per million population. The rate has been stable for two weeks.
- Among 25 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in seven countries (Bulgaria, Cyprus, Czechia, Greece, Hungary, Luxembourg and Malta). Stable or decreasing trends in death rates of 1–8 weeks' duration were observed in 18 countries (Austria, Belgium, Croatia, Estonia, France, Germany, Ireland, Italy, Latvia, Lithuania, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden).

#### Variants of concern

- Sequencing capacity varies greatly across the EU/EEA; eight EU/EEA countries (Belgium, Denmark, France, Germany, Iceland, Italy, Luxembourg and Norway) met the recommended level of 10% or 500 sequences of SARS-CoV-2-positive cases sequenced and reported to the [GISAID EpiCoV database](#) and TESSy by 16 March 2021, for the period from 22 February to 7 March 2021. During the same period, 12 countries sequenced and reported between 60 and 499 samples, while 10 countries sequenced and reported <60 samples or did not report data.
- Among eight countries with the recommended level of 10% or 500 sequences reported per week in the same period, the median (range) of the variant in all samples sequenced in the period was 58.3% (35.2–80.4%) for B.1.1.7, 3.2% (0.1–17.3%) for B.1.351 and 0.0% (0.0–1.1%) 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 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.

### Country Reports:

**DEU:** After the first cautious easing of the pandemic, the number of corona patients in Germany's intensive care units has risen again. With more than 3,000 occupied beds, the load is currently as high as it was at the peak times in the first wave in spring 2020. After night-long discussions the government decided to prolong the existing lockdown and introduce several new restrictions.

**ESP (Mallorca):** Because of the increasing number of corona cases, the regional government of Mallorca wants to close the recently reopened inside rooms of cafes, restaurants and pubs. The measure should be implemented this week.

**FRA:** Around 6,500 people took part in an unauthorized carnival parade in the southern French port city of Marseille. Many of them did not wear protective masks. The police described the event as completely irresponsible. Officials therefore intervened in the evening near the Old Port in the center of the city to break up the event. The city of Marseille initially did not react to the incidents. In France, larger events are generally possible outdoors during the day if the Corona safety rules are observed. Several thousand people demonstrated against racism and police violence in Paris and other places on Saturday.

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**AUT:** Austria continues to prohibit outdoor dining. In view of the rapid increase in corona infections, the outdoor dining areas will not open on Saturday as initially planned. Instead, opening steps should take place after Easter, as soon as the situation in the intensive care units allows. In addition, in the coming days in regions with high incidence rates - such as in the capital Vienna and in the east of the country - separate measures are to be developed.

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**BGR:** In Bulgaria, a partial lockdown has been in effect again today due to the worryingly increasing number of corona cases. Restaurants and cafes, fitness studios and sports centers as well as daycare centers, schools and universities will close by the end of March - for the third time since the beginning of the corona pandemic. Theaters, cinemas and museums as well as larger non-grocery stores also had to close. In the EU country, most of the corona restrictions were only lifted at the beginning of March.

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**NLD:** During the weekend the police dissolved unauthorized protests against the Corona-restrictions. More than 1,000 people gathered, mostly without masks.

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**BEL:** Belgium sticks to its travel restrictions. Non-essential travel remains forbidden until 18<sup>th</sup> April, according to a decree from the Ministry of the Interior. It now is allowed to travel into other EU countries but the government advises strongly against it. Other relaxations of measures were postponed.

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**SRB:** Because of the steep increase of the number of new COVID-19 cases, Serbia closed all restaurants and malls, since Monday. Only hotel guests are still allowed to dine in the restaurants attached to their respective hotels. 7-days incidence was at 512,1 cases/100,000 inhabitants.

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**ROU:** Romania reported the highest number of hospitalized patients in intensive care since the beginning of the pandemic: 1,334 patients were treated in ICU recently. Numbers rose to new three-months highs with 6,000 new cases at some days. Irrespective of these concerning developments, the Prime Minister Florin Ciu is strictly against the implementation of new/tighter restrictions.

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**GRC:** The Greece Ministry of Health decided to force self-employed physicians to work in state owned hospitals. This step follows a public call a few days ago, asking those physicians to volunteer for working in said hospitals. Out of 200 open positions, only 61 could be filled with volunteers. The legal basis for this approach has been set in a law issued at the beginning of the pandemic.

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The government announced that every citizen with a social security number is entitled to collect up to four free self-tests at pharmacies per month. Positive test results have to be reported to the authorities.

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On 23<sup>rd</sup> March, the government revealed its plans to allow EU citizens as well as Israeli nationals to enter the country without restrictions like mandatory quarantine or testing, if they can provide proof for being vaccinated against COVID-19.

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**CZE:** A year after the start of the coronavirus pandemic, the Czech Republic thought of the victims. At noon, church bells rang across the country. The churches and a citizens' initiative had called for this. According to official information, more than 24,800 people who had previously tested positive for the Sars-CoV-2 virus have died so far. The EU member state has around 10.7 million inhabitants.

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## Subject in Focus

### Travel restrictions, testing, quarantine and vaccination passports

At the moment, the number of new COVID-19 cases is increasing rapidly. At the same time several variants of concern (VOC) have emerged in different countries. While some countries tighten their anti-COVID-19 restrictions, others allow traveling again. In this context pre- and post- arrival testing, mandatory or voluntary quarantining of travelers, and the introduction of vaccination passports or certificates of immunity (e.g., because of a recent infection with SARS-CoV-2) are widely discussed.

Today's Subject in Focus aims at summarizing the current considerations and recommendations regarding those measures. In the first section the rationale behind introducing such regulations for national and international travelers are explained. The second section details on quarantine and testing recommendations, while the third sections section focuses on vaccination passports and similar documents. If not stated otherwise, the following statements are taken (directly or paraphrased/shortened) from ECDC's Technical report "Guidance for COVID-19 quarantine and testing of travellers" ([link](#)) and WHO's Coronavirus Update 53 "International Travel in the context of COVID-19" ([link](#)).

#### Rationale behind travel restrictions

In the context of SARS-CoV-2, one approach to delaying the introduction of the virus into new settings during the first stages of the pandemic was to recommend avoiding international, European, national and regional travel. However, once the virus has become established and widespread in a community such approaches (i.e. restricting travel) are considered to have limited impact.

As a general measure, travel should not be undertaken by people who are ill or who have had recent contact with COVID-19 cases. Furthermore, currently, ECDC recommends that non-essential travel should be avoided as one of several non-pharmaceutical interventions (NPIs) designed to prevent crowding and delay the introduction and/or spread of VOCs. In time, vaccination programmes will enable the easing of NPIs.

The overarching objective of all travel measures is to reduce the spread of the virus and to prevent the (re-)introduction of VOC to countries where the VOC is not yet established or has been contained previously.

#### Quarantine measures and testing (pre-/post arrival)

At this stage of the pandemic, quarantine and testing can be considered for travellers coming from areas with a high level of viral community transmission with the presence of one or more VOCs, in order to delay the importation and spread of these VOCs in an area where they are not widely circulating. Quarantine and testing can also be considered for travellers coming from areas with a high level of SARS-CoV-2 community circulation, but where the extent of VOC circulation is unknown.

#### Quarantine

At this stage of the pandemic, reducing and/or delaying the importation of virus variants is of the utmost importance in order to allow public health authorities to vaccinate the highest possible number of individuals at risk and healthcare workers. New VOCs will continue to emerge in the future and the identification and understanding of the extent to which a VOC is established in an area is linked to the area's capacity to identify VOCs. In the absence of testing, the current evidence from modelling studies supports a quarantine period for travellers of 14 days upon arrival. This quarantine duration ensures that almost anyone infected upon arrival will not further transmit the virus at the place of arrival, assuming full compliance.

Compliance with the quarantine period will be of the utmost importance for the success of the measure. Although reducing the duration of quarantine could facilitate compliance, a balance between compliance and the residual risk of missing potential cases needs to be considered. Data on compliance with quarantine rules for travellers in EU/EEA countries are not readily available. Data on compliance with quarantine rules for contacts of cases shows low compliance in asymptomatic persons.

### Testing

In the context of the COVID-19 pandemic, the testing of travellers before and/or after travel aims to identify individuals testing positive, in order to:

- prevent viral transmission during travel by reducing the number of potentially infectious cases in transit;
- delay the (re)-introduction and further spread at the place of arrival, by isolating positive travellers and initiating the tracing of contacts;
- monitor the introduction and further spread of VOCs at the place of arrival.

If testing for SARS-CoV-2 is implemented, the limited available evidence currently supports a combination of the following:

1. A pre-departure test, at the earliest 48 hours before departure or at the point of departure (could be replaced/combined with a test performed immediately upon arrival at the destination)
2. Testing five to seven days after arrival (combined with mandatory quarantine upon arrival).

The best effect, as suggested in a recent pre-print modelling study, would be achieved by applying a combination of all the testing approaches i.e., requiring a pre-departure test as well as a test directly upon arrival and followed by a test five to seven days after arrival in combination with quarantine (see below).

The rationale for this combined strategy is the following:

- Testing travellers at the earliest 48 hours before travel or at the point of departure allows for the identification of SARS-CoV-2-positive individuals, preventing their travel and thus preventing the risk of travel-related transmission.
- Testing directly upon arrival will identify individuals that might have been infectious in transit, allowing for rapid contact tracing which would also help to prevent further community transmission at the place of arrival.
- Testing five to seven days after arrival would allow the quarantine period to be shortened (this would require a combination of testing and mandatory quarantine requirements).

However, the resources required for such an approach would be extensive, as would the social and economic disruption, and therefore any such approach would need to be carefully considered and balanced against the expected public health gain. In addition to previous modelling studies, the recent pre-print modelling study mentioned above showed how combining pre-travel and post-travel testing could reduce the risk of importation of SARS-CoV-2 by 40-66%, with the timing of testing playing an important role. The effectiveness of entry screening methods, such as temperature screening and health questionnaires, is not supported by evidence.

To secure the expected quality of the test and for safety reasons, testing should always be conducted in accordance with the manufacturer's instructions. When testing is performed, trained health care staff, laboratory staff, and/or trained operators are needed to carry out sampling, testing, test analysis and to report test results. Professional sampling by trained personnel is particularly important in the context of testing with rapid antigen detection tests (RADTs), as these tests lack a control to indicate that sampling has been successful.

### Combination of Quarantine and Testing

Quarantine and testing of travellers are effective public health measures if implemented comprehensively and very early in the evolution of the epidemic. They can also be effective if



Source: David L. Ryan / The Boston Globe/Getty Images



implemented very soon after the emergence of VOCs, or when a country has consistently reduced the transmission in the community. When implementing a combined approach to quarantine and the testing of travellers, based on the evidence available through modelling studies, the best result with a reasonable balance of resource use and effectiveness, may be obtained by testing prior to departure or directly upon arrival, combined with quarantine and a further test five to seven days after arrival to enable release from quarantine if the test is negative.

Quarantine and testing of travellers can, however, only complement, and not replace, the necessary individual and community measures (such as NPIs, testing according to ECDC recommendations, contact tracing, isolation of cases and quarantining of their contacts).

### **Certificate of Immunity and Vaccination passports**

There is an increasing number of discussions, whether people who have recovered from an infection with SARS-CoV-2 or who have received a COVID-19 vaccine should be treated differently compared to people without immunization.

#### **Individuals who have recovered from a COVID-19 infection**

For individuals who have recently recovered from a COVID-19 infection, a certificate confirming their recovery within the last 180 days (issued no sooner than eleven days after a person has received their first RT-PCR, LAMP or RADTs SARS-CoV-2 positive test result) could be accepted as the equivalent of the SARS-CoV-2 negative test that is required for travellers.

Requiring a RADT at the earliest 48 hours in advance of travel may also be considered for this group of travellers as a means of confirming that they are not infectious with SARS-CoV-2 at the time of travel since these tests will rule out individuals with a high viral load (i.e. the most infectious cases). This approach may be

considered to account for the possibility of being re-infected with VOCs. In light of the available evidence, it is reasonable to consider easing the requirements for quarantine and testing in individuals that have recovered from a laboratory-confirmed SARS-CoV-2 infection within the previous 180 days. However, evidence on the protection of prior immunity against the various VOCs is currently lacking and this advice may change when such evidence becomes available. Therefore, it is important that individuals who can provide reliable proof of having recovered from a COVID-19

infection in the previous 180 days continue to adhere to all other preventive measures. Such measures would be the wearing of a face mask, respecting physical distancing rules during travel, and not travelling if experiencing COVID-19 compatible symptoms, or if having recently been in contact with a positive case. At present, it would also be prudent to continue to require such travellers to follow NPIs following arrival and to monitor for symptoms and seek testing if they develop. ECDC recommends that Member States continue to monitor VOCs and their characteristics (ability to evade immunity, transmissibility, etc.), including the emergence of new VOCs, and subsequently revise recommendations for travellers that have recovered from COVID-19 within the 180 days prior to travel when required.

#### **Vaccinated travellers**

Following advice of the International Health Regulation (IHR) Emergency Committee at its 6th meeting on 14<sup>th</sup> January 2021, WHO issued a temporary recommendation to Member States: "At the present time, do not introduce requirements of proof of vaccination or immunity for international travel as a condition of entry as there are still critical unknowns regarding the efficacy of vaccination in reducing transmission and limited availability of vaccines. Proof of vaccination should not exempt international travellers from complying with other travel risk-reduction measures."



Potential solution for vaccine authentication could be both hardcopy or digital format.

There have been reports of decreased vaccine efficacy against some of the VOCs, and this seems to differ by vaccine product. In addition, there is currently no evidence on the duration of protection following immunisation. Therefore, it remains uncertain whether vaccinated individuals are capable of transmitting the infection to others and it will take some time before this evidence is available for all authorised vaccine products. As more data becomes available, it will be possible to estimate the degree of protection offered by the different vaccine products against infection and, subsequently assess the potential for fully-vaccinated individuals to further transmit the virus, including VOCs. In the context of travel, the European Commission is working on a proposal for a common framework for the issuance, verification and acceptance of interoperable certificates on COVID-19 vaccination to ensure the security and cross-border verifiability of the certificates issued. In addition to the epidemiologic and technical aspects, there are also ethical aspects to be considered:

- Vaccines are not yet universally available and access to COVID-19 vaccines is currently limited, particularly in low-income countries
- Proof of COVID-19 vaccination for international travel as a condition for departure or entry could result in travellers from high income countries enjoy privileges that citizens from low income countries would not be able to enjoy
- Preferential vaccination of travellers could also result in inadequate supplies of vaccines for populations considered at high risk of severe COVID-19
- Countries may consider the recommendations issued by WHO SAGE on immunization to maximize public health impact when vaccine supplies are limited

In the future there are different possible ways to document the immunization status of an individual traveller (paper-based or digital). Irrespective of the exact design of this documentation, all eligible vaccines must be approved by WHO and be universally available and the proof of vaccination for international travellers should be recorded in the International Certificate for Vaccines and Prophylaxis.

#### References:

- <https://www.ecdc.europa.eu/en/publications-data/coherent-european-framework-tuning-covid-19-response-measures>
- <https://www.ecdc.europa.eu/sites/default/files/documents/Framework-for-tuning-COVID-19-response-measures.pdf>
- <https://www.who.int/news-room/events/detail/2021/03/18/default-calendar/update-on-international-travel-in-the-context-of-covid-19>
- [https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update53\\_vaccination-and-travel.pdf?sfvrsn=25119127\\_4](https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update53_vaccination-and-travel.pdf?sfvrsn=25119127_4)

# Conflict and Health

## COVID-19 Crisis in Syria



In cooperation with Bundeswehr HQ of Military Medicine

### SYRIA

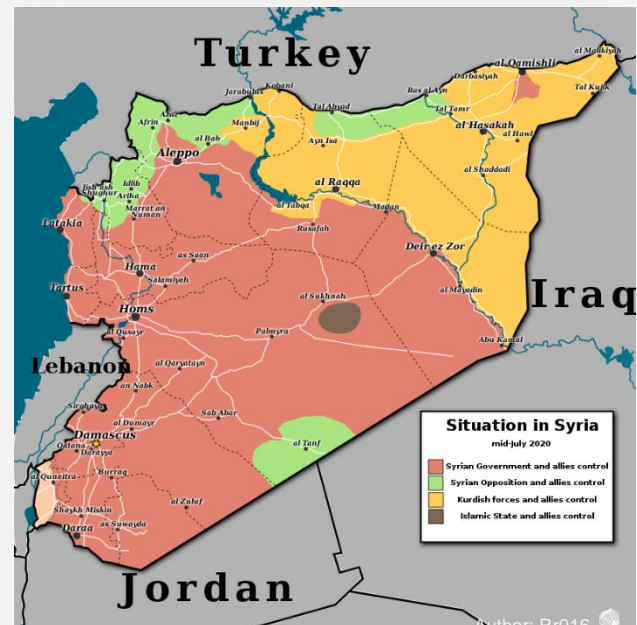
Area:	185,180 km <sup>2</sup>
Population:	17,500,657
Capital:	Damascus
Age structure:	
0-14 years:	33.47%
15-24 years:	19.34%
25-54 years:	37.31%
55-64 years:	5.41%
65 years and over:	4.46%



Author: L'Américain

### CONFLICT:

Since more than nine years, Syria faces a civil war that has evolved into a conflict with five foreign armies and militia: Russia, Iran, Lebanese Hezbollah, Turkey, and the USA. During the conflict more than 600,000 people died., 13 million were displaced. Large parts of the country are destroyed, many people are unemployed and homeless, hundreds of thousands of children are unable to attend schools. There are only a few physicians and little supply with medicaments, therefore the population's medical care is not adequate. The ceasefire that has been agreed on in the meantime is unstable and an overall improvement is not to be expected in the near future. The downturn of Syria started with the inception of Baschar al Assad's rule in the year 2000 and a timid reformation of the socialist planned economy, excluding additional political freedoms for the population. Assad's Kleptocracy and the huge inflow of refugees during the war in Iraq in the year 2003 increased existing social inequalities. During the turn of the year 2010/2011 the Arab Spring jumped over to Syria: people demanded respecting human rights, freedom, and the rule of law, as well as social and economic perspectives. The regime discredited the protests as "the work of conspirators and terrorists" and brutally fought against its own population. When Assad wasn't able to control the popular uprising anymore and lost most parts of his territory to the rebels in 2003, Iran forced Lebanese Hezbollah to help. Russia helped the dictator in autumn 2015, especially by providing air support, military police units and military advisors. Both parties, Russia and Hezbollah competed for the largest influence on Syria's politics, economy and its geopolitical situation. Turkey supported the popular uprising against Assad at the beginning. In the meantime, the arrangement with Russia and Iran and Turkey's war against the PKK-friendly Kurds in northern Syria are the pillars of Turkey's engagement in the region. After initially



supporting the rebels, the US also changed their standpoint, withdrew their troops from the border area and are now focusing on containing the influence of Al-Qaida and the IS, rather than the fight against Assad. Today, Syria is partially occupied and economically devastated. Since November 2019 the fourth Special Envoy of the Secretary-General for Syria tries to convene at least a Syrian-Syrian Constitutional Commission, bringing together the government, moderate members of the opposition and representatives of the civil society under the patronage of the United Nations to discuss a new constitution. The peace building process in Geneva got stuck, as there is not the necessary international dynamic to achieve peace.

#### **Health:**

Ten years after the outbreak of the conflict, one of the biggest crises worldwide is happening in Syria. Almost half of the families that lost a relative during the last year, lost this relative in connection with a military incident. The disastrous humanitarian situation is aggravated by a severe economic crisis. More than twelve million individuals don't have regular access to sufficient amounts of food and more than 90 percent of the population slipped into poverty. Life expectancy decreased by 13 years during the last decade. The Syrian health system is ruined and patients with chronic diseases face frequent interruptions of their much-needed urgent treatment. Syria's health care infrastructure has been destroyed mainly by airstrikes conducted by Syria's own government or Russia, the few hospitals that remained operational are understaffed and ill-equipped. Prevention of diseases by vaccination is problematic as well: more than 60 percent of all children under the age of five do not have sufficient immunization.

In addition, since spring 2020 Syria also has to face the challenges arising from the COVID-19 pandemic. Refugees living in over-crowded camps under disastrous hygiene conditions are unprotected against the pandemic. Syria has reported more than 15,000 COVID-19 cases and 1,000 fatalities since the beginning of the pandemic approx. one year ago. The actual numbers are expected to be far higher due to a lack of PCR-testing capacities. Especially health-care workers are disproportionately challenged by the pandemic. This puts a severe additional burden to the already fragmented health infrastructure of the country. Syria initiated a vaccination campaign in the beginning of March 2021 but no details of the schedule were published. The health minister Hassan al-Ghabbasch only stated that the country received the vaccines from a "friendly nation", according to a report by the state-owned news agency Sana in Damascus. According to the close-to-government newspaper "Al-Watan", Syria received 5,000 doses of a Chinese vaccine. Those doses will be used to vaccinate 2,500 health workers. According to a recent statement by the Syrian embassy in Russia, Syria approved the Russian Sputnik V vaccine. The country is also a member of the international COVAX initiative, aiming for a fairer global distribution of COVID-19 vaccines. Without doubt the COVID-19 pandemic has far-reaching consequence on mental health in Syria as well. Population groups with extraordinary high risks like refugees and migrants were hit especially hard by the consequences of the corona crisis, as measures implemented to protect public health (e.g., social distancing, and isolation) can trigger traumata from the past as well as insecure food and drug supply can do. The need for help remains constantly high among the 13.1 million Syrians. The support for the Syrian population and access of humanitarian and aid organizations are still insufficient.

#### **Conclusion:**

Ten years after into the civil war, military encounters between the governmental troops, rebels and Islamist militia are mainly confined to the north-western part of Syria. The government regained control over approx. two thirds of the country's territory, these are ruled by President al-Assad with iron fist. The population suffers from the omni-present secret service apparatus, random imprisonments, torture and destruction as well as displacement. The perspectives for returnees remain uncertain, especially in the light of persistent persecution of dissidents and the severe economic situation. In addition, sanctions isolate the country. The resentment – even in the parts of the population that remain loyal to Assad - is increasing. After many years of suffering people want to see some progress and criticize corruption, missing perspectives and the collapse of the state, that became the prey of rival groups and militia. All efforts to find a political solution failed so far. The consequences are serious, not only for the health system. The infrastructure has been destroyed and medical experts are missing, the coronavirus makes the situation hopeless. Help for the suffering Syrian population is missing and access to hot-spots is not granted for humanitarian organizations. There is no improvement in sight.



# Syria

19.9 Index Score 188/195



	COUNTRY SCORE	AVERAGE SCORE*		COUNTRY SCORE	AVERAGE SCORE*
<b>PREVENTION</b>	<b>18.4</b>	<b>34.8</b>	<b>HEALTH SYSTEM</b>	<b>24.4</b>	<b>26.4</b>
Antimicrobial resistance (AMR)	0	42.4	Health capacity in clinics, hospitals and community care centers	7.8	24.4
Zoonotic disease	8	27.1	Medical countermeasures and personnel deployment	33.3	21.2
Biosecurity	0	16.0	Healthcare access	32.6	38.4
Biosafety	0	22.8	Communications with healthcare workers during a public health emergency	50	15.1
Dual-use research and culture of responsible science	0	17	Infection control practices and availability of equipment	0	20.8
Immunization	86.8	85.0	Capacity to test and approve new medical countermeasures	25	42.2
<b>DETECTION AND REPORTING</b>	<b>2.7</b>	<b>41.9</b>	<b>COMPLIANCE WITH INTERNATIONAL NORMS</b>	<b>26.1</b>	<b>48.5</b>
Laboratory systems	0	54.4	IHR reporting compliance and disaster risk reduction	50	62.3
Real-time surveillance and reporting	10	39.1	Cross-border agreements on public and animal health emergency response	0	54.4
Epidemiology workforce	0	42.3	International commitments	18.8	53.4
Data integration between human/animal/environmental health sectors	0	29.7	JEE and PVS	0	17.7
<b>RAPID RESPONSE</b>	<b>23.0</b>	<b>38.4</b>	Financing	16.7	36.4
Emergency preparedness and response planning	0	16.9	Commitment to sharing of genetic & biological data & specimens	66.7	68.1
Exercising response plans	0	16.2	<b>RISK ENVIRONMENT</b>	<b>29.6</b>	<b>55.0</b>
Emergency response operation	0	23.6	Political and security risks	0	60.4
Linking public health and security authorities	0	22.6	Socio-economic resilience	34.9	66.1
Risk communication	50	39.4	Infrastructure adequacy	8.3	49.0
Access to communications infrastructure	23.9	72.7	Environmental risks	61.9	52.9
Trade and travel restrictions	100	97.4	Public health vulnerabilities	49.7	46.9

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

www.ghsindex.org

Source:

- <https://www.cia.gov/the-world-factbook/countries/syria/#people-and-society>
- <https://www.ghsindex.org/wp-content/uploads/2019/08/Syria.pdf>
- <https://en.wikipedia.org/wiki/Syria>
- <https://www.bpb.de>
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- <https://www.fr.de>
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- <https://www.vaticannews.va>
- <https://www.dw.com>
- <https://www.euro.who.int>
- <https://www.dw.com/de/syriens-pr%C3%A4sident-baschar-al-assad-positiv-auf-corona-getestet/a-56805926>

## 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 emphasizing 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

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### 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 prioritisation 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.

Vaccination and Variants of Concern: News and Facts

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 height 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 **“Vaccinated Personnel – National Regulations for Deployments”**

## Recommendations

### Recommendation for international business travellers

As of 19<sup>th</sup> October 2020

Updated 2<sup>nd</sup> December 2020 by ECDC and 12<sup>th</sup> 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](#).

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### 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.



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

<p>Global</p>	<ul style="list-style-type: none"> <li>• Because of global spread and the human-to-human transmission the <b>high</b> risk of further transmission persists.</li> <li>• Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks.</li> <li>• Individual risk is dependent on exposure.</li> <li>• National regulation regarding travel restrictions, flight operation and screening for single countries you will find <a href="#">here</a> and <a href="#">here</a>.</li> <li>• Official IATA changed their travel documents with new travel restrictions. You will find the documents <a href="#">here</a>.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<p>Europe</p> <p>As of 23<sup>rd</sup> of October 2020</p>	<p><a href="#">ECDC assessment</a> 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 <i>stable</i>, <i>of concern</i> or of <i>serious concern</i>. The majority of countries in the European region are currently classified as experiencing an epidemiological situation of <b>serious concern</b> due to the increasing case notification rates and/or test positivity <math>\geq 3\%</math> as well as the high notification rates in the older age groups and/or high mortality rates.</p> <p>Countries have implemented various non-pharmaceutical interventions, but these have not been sufficiently effective in controlling transmission due to several factors:</p> <ul style="list-style-type: none"> <li>• adherence to the measures was sub-optimal;</li> <li>• the measures were not implemented quickly enough;</li> <li>• or the measures were insufficient to reduce exposure.</li> </ul> <p>As a result, the epidemiological situation is now rapidly deteriorating in most countries.</p> <p><b>There are currently only six countries in the region that are classified as experiencing a <i>stable epidemiological situation</i>.</b></p> <ul style="list-style-type: none"> <li>• In countries where the epidemiological situation is stable:</li> <li>• the <b>probability of infection</b> for the population is <b>generally low</b> but <b>the impact of infection</b> still <b>varies</b> depending on the individuals affected;</li> <li>• the risk for the <b>general population</b> in these countries is <b>low</b>;</li> <li>• for <b>vulnerable individuals</b>, including the elderly and people with underlying medical conditions, the risk is <b>moderate</b>.</li> </ul> <p>Nevertheless, in these six countries, there is still ongoing transmission and the situation must be closely monitored.</p> <p><b>Based on the latest available data to ECDC, there are currently no countries categorised as having an epidemiological situation ‘<i>of concern</i>’.</b></p> <p><b>In countries where the epidemiological situation is of serious concern:</b></p> <ul style="list-style-type: none"> <li>• there is a <b>high risk</b> to the <b>general population</b>,</li> <li>• and for <b>vulnerable individuals</b> the COVID-19 epidemiological situation represents a <b>very high risk</b>.</li> </ul> <p>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.</p>
<p>As of 15<sup>th</sup> of February 2021</p>	<p><b>ECDC</b> assessed the risk of the <b>two new variants</b> 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 15<sup>th</sup> of February 2021</p>



### 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>

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## References:

- European Centre for Disease Prevention and Control [www.ecdc.europa.eu](http://www.ecdc.europa.eu)
- World Health Organization WHO; [www.who.int](http://www.who.int)
- Centres for Disease Control and Prevention CDC; [www.cdc.gov](http://www.cdc.gov)
- European Commission; [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic\\_en](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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