



Update 63 (30<sup>th</sup> of March 2021)

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



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

**30th 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:** A [joint study by WHO](#) and China finds the transmission of coronavirus from bats to humans via another animal is the most likely trigger of COVID-19.
- **WHO:** Published a [Medical Product Alert](#) it refers to falsified COVID-19 Vaccine identified as “BNT162b2” detected in Mexico in February 2021 and recently confirmed as falsified to the WHO. The falsified product was supplied and administered to patients outside authorized vaccination programs.
- **ECDC:** published a [technical report](#) which examines the evidence on the extent previous SARS-CoV-2 infection or COVID-19 vaccination prevents onward transmission from infected individuals to susceptible contacts.
- **WHO:** The organization called for more solidarity. More than 70 percent of the corona vaccine available worldwide has gone to only ten countries. In total, there are around 540 million doses of vaccination that should be distributed fairly. Vaccinations are the global response to the pandemic.
- **COVAX:** updates participants on delivery delays for vaccines from Serum Institute of India (SII) and AstraZeneca. Find the statement [here](#).
- **ECDC:** To share the challenges countries are facing with the rollout of the COVID-19 vaccine deployment process and to share lessons learned and good practice that countries have put in place to mitigate the challenges a [new technical report](#) was released.
- **CDC:** A [new study confirms the good efficacy](#) of some corona vaccines even against asymptomatic infections. The results showed that after the second dose of the vaccine, the risk of infection was reduced by 90 percent. It also recorded infections without symptoms, which accounted for a "small proportion" of about ten percent of all positive tests. It is therefore hoped that vaccinated persons will in most cases no longer be able to infect others and that chains of infection can be interrupted.
- **WHO:** Published a [Joint Statement on prioritization of COVID-19 vaccination for seafarers and aircrew](#), together with the International Civil Aviation Organization (ICAO), International Labour Organization (ILO), International Maritime Organization (IMO) and International Organization for Migration (IOM).

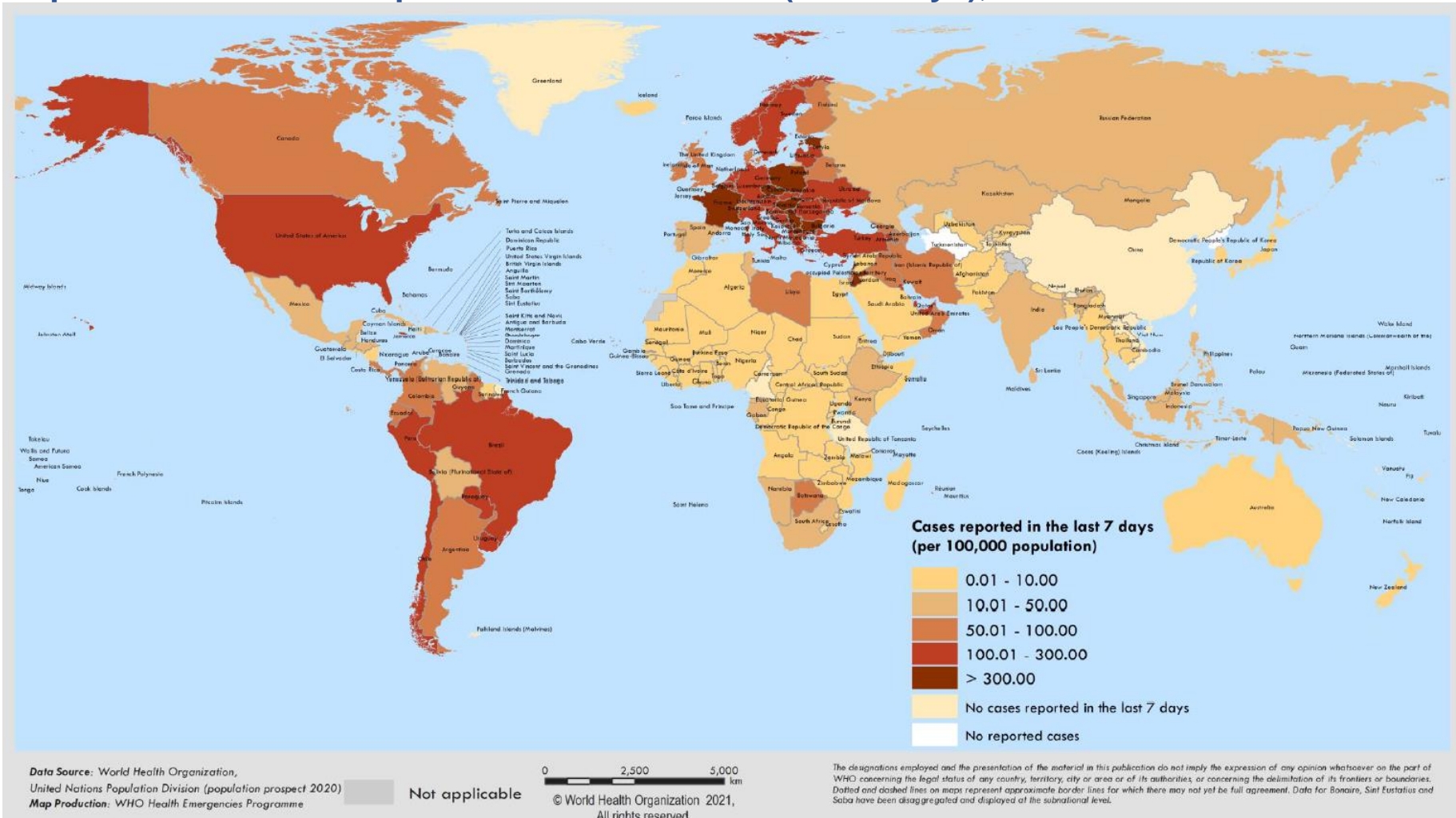
<b>GLOBALLY ↗</b> 127 613 570 confirmed cases 72 385 200 recovered 2 791 641 deaths
<b>EU/EEA and the UK ↗</b> 42 538 275 confirmed cases 23 076 750 recovered 938 002 deaths
<b>USA ↘ (new cases/day 36 774)</b> 30 212 731 confirmed cases xx recovered 547 726 deaths
<b>Brazil → (new cases/day 44 326)</b> 12 573 615 confirmed cases 11 022 192 recovered 313 866 deaths
<b>India ↗ (new cases/day 68 020)</b> 12 039 644 confirmed cases 11 355 993 recovered 161 843 deaths
<b>France ↘ (new cases/day 9 094)</b> 4 554 683 confirmed cases 290 810 recovered 94 956 deaths
<b>Russia → (new cases/day 8 589)</b> 4 477 916 confirmed cases 4 099 263 recovered 96 413 deaths

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

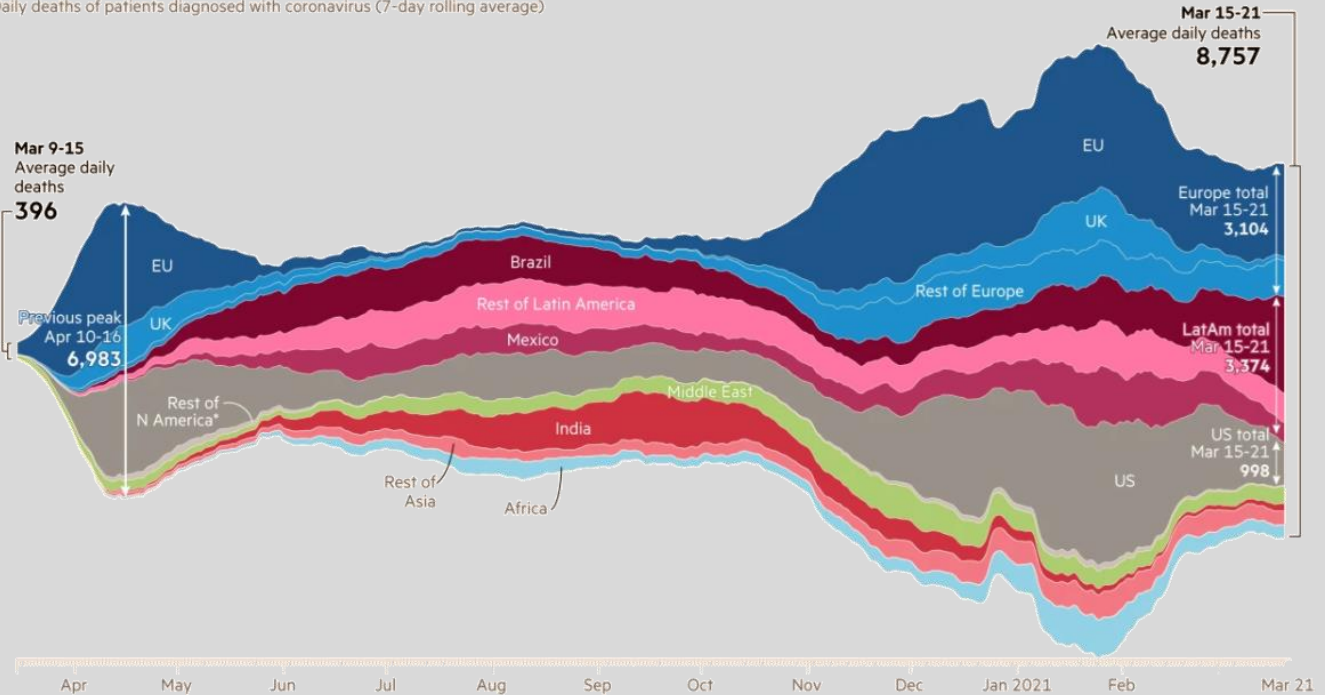


## Worldwide Situation

### Global Situation

Lockdowns help ease Covid-19 death toll from January peak

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



### WHO experts believe second-rate transmission is highly likely

A joint study by WHO and China found the transmission of coronavirus from bats to humans via another animal was the most likely trigger of COVID-19.

The researchers therefore concluded that transmission via a second species was very likely. They considered a direct transfer of bats to humans as probable and they considered transmission via frozen or chilled foods possible, but not probable. They said it was "extremely unlikely" that the virus might have escaped from a laboratory.

Source: <https://www.who.int/health-topics/coronavirus/origins-of-the-virus>

### Death rate in DEU university clinics decreased in 2020

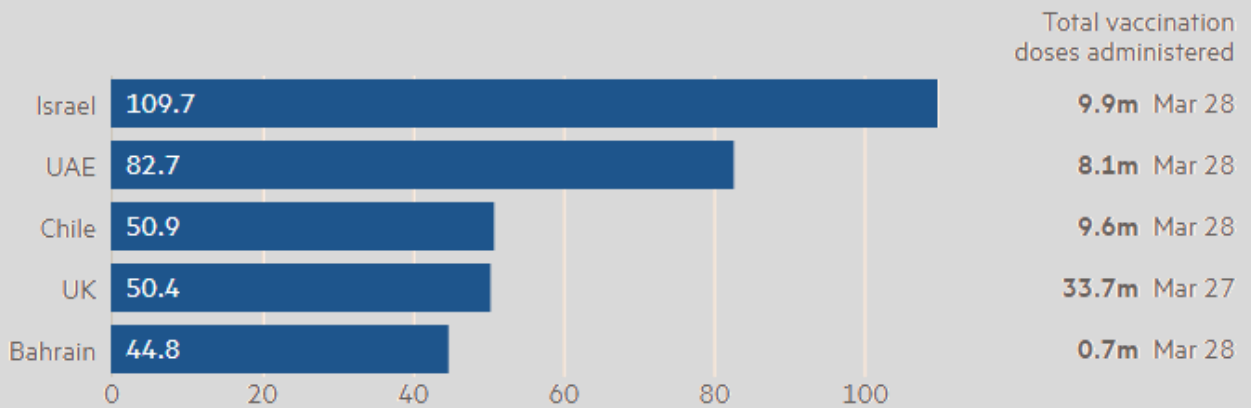
The death rate among COVID-19 patients in German university hospitals has fallen significantly in the course of 2020, according to a study. From the scientists' point of view, this was evidence of improved treatments and increasing experience of the hospital teams in the pandemic, a research group from the University of Erlangen announced. They examined hospitalizations of about 1300 COVID-19 patients in 14 German university hospitals from January to September 2020. The analysis shows a decrease in the hourly death rate from the initial 20.7 percent (January to April) to 12.7 percent (May to September).

In total, almost one-fifth of all COVID patients (18.8 percent) died in the 14 university hospitals between January and September. In the first period from January to April, the death rate was as high as 39.8 percent. In the later period from May to September, it fell slightly to around a third (33.7 percent).

Source: <https://www.ai-online.info/online-first/letalitaet-von-patienten-mit-covid-19-untersuchungen-zu-ursachen-und-dynamik-an-deutschen-universitaetsklinika.html>

## The global race to vaccinate

Doses administered per 100 residents (top locations)\*



### Vaccination report

#### Country reports on vaccination

There are 23 COVID-19 vaccine candidates currently being studied in Phase 3 or Phase 2/3 trials. A vaccine candidate developed by the Reithera/Lazarro Spallanzani National Institute for Infectious Disease in Italy has entered Phase 2/3 trials and a candidate developed by the Center for Genetic Engineering and Biotechnology of Cuba has entered Phase 3 trials since beginning of March.

**EU:** Late last week the EU stepped back from banning vaccine exports following an ongoing row with AstraZeneca. However, the EU President told AZ that they must 'catch up' on deliveries within the EU before exporting doses elsewhere. Despite this the EU is only expected to receive less than one third of the AZ doses than it was hoping for.

**Johnson & Johnson:** African Union countries are to receive hundreds of millions of doses of coronavirus vaccines from the second half of the year. The company said it had reached an agreement with the federation that it would start supplying up to 220 million cans in the third quarter. In addition, a further 180 million doses of vaccine could be ordered, reaching a total of 400 million doses of vaccine by 2022. The availability of the vaccine depends only on the approval of national authorities in the 55 member states of the African Union.

**Sputnik-Light:** The application for approval for the one-dose version of the Corona vaccine Sputnik V has been submitted to the Russian Ministry of Health. Sputnik-Light is the same vaccine, but while it does not achieve the effectiveness of the original dosage, single administration could be a suitable transitional solution for states with high infection rates.

**USA:** In its Corona vaccination program, the US has broken its previous record for doses administered within a day. On Saturday, 3.5 million vaccinations were reported versus a previous record of just under 3.4 million doses administered within a day. According to the White House, more than 3 million vaccinations were again reached on Sunday - the third day in a row. According to the CDC, just over 36 percent of adults in the country have now received at least one dose of vaccination, and 20 percent of adults are fully vaccinated. By April 19, 90 percent of adults are expected to be eligible for vaccination. People should not have to take long distances for vaccination: for 90 percent, there will be an vaccination point within a radius of eight kilometers. This is to be made possible by offering vaccines in almost 40,000 pharmacies in the country and by setting up further mass vaccination centres.

**MEX:** The first shipment of 2.7 million doses of AstraZeneca's Corona vaccine from the United States was delivered. A plane with the first 1.5 million cans on board reached Mexico on Sunday night, the rest is expected to arrive on Thursday. The US had stated on 18 March that it would share its stockpile of AstraZeneca vaccine with both Mexico and Canada at the request of neighbouring countries. The U.S. has about seven million doses of the vaccine, according to government data. It is not yet approved in the USA. The loan will be returned in the form of the AstraZeneca vaccine or any other preparation as soon as it becomes available.



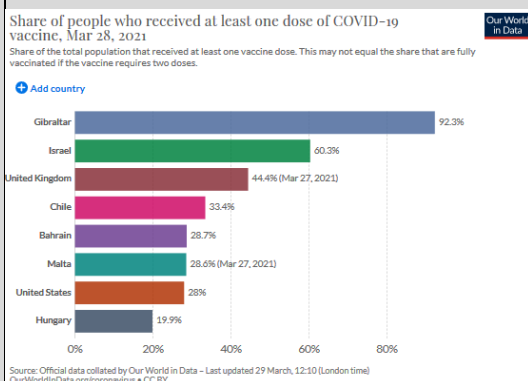
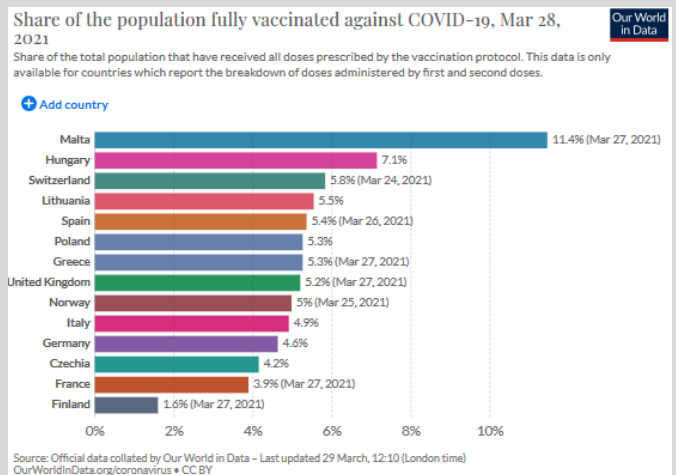
**ITA:** By the end of April or May it should be possible to vaccinate people against the virus in pharmacies. According to the government, an agreement with the pharmacists is on the right track. In Italy, pharmacies have been involved in testing for a long time. Online appointments can be arranged, for example for Corona rapid tests, which are then often carried out in a tent or container in front of the pharmacy.

**GBR:** With the use of another vaccine, the British Government intends to continue its successful course in the fight against coronavirus. The first deliveries of the pharmaceutical group Moderna are expected in April.

**TUR:** On Saturday, the start of Corona vaccinations was announced for people over the age of 60 and those with certain pre-existing conditions. Spouses of persons over 60 years of age may also be vaccinated. Turkey began its vaccination program with the Chinese vaccine Coronavac in January and has so far administered 14.6 million vaccinations. About 1.4 million cans of the vaccine developed by BioNTech also arrived this week. The number of new infections in a day was more than 30,000 on Saturday.

**SRB:** Thousands of residents of neighbouring countries have travelled to Serbia for COVID vaccinations. The state has offered free vaccinations to foreigners when they come on weekends. Long queues of Bosnians, Montenegrins and northern Macedonians formed in front of the vaccination centre in Belgrade, some of them whole families. Neighbouring Serbia lacks vaccines and most have barely started mass vaccinations. More than two million people in Serbia, which has a population of seven million, have already received at least one dose. Serbia has one of the highest vaccination rates in Europe because the state has bought large quantities of the Sinopharm vaccine from China and the Russian drug Sputnik V.

**HUN:** has vaccinated more people than any other country in the EU against the coronavirus. With the help of Chinese and Russian vaccines, 21.6 percent of the nearly ten million inhabitants have been vaccinated so far, the European Centre for Disease Prevention and Control announced. This puts Hungary ahead of the small island nation of Malta and well above the average vaccination rate of 12.3 percent in the EU. However, the country continues to complain about the highest number of Covid-19 deaths in terms of population. Hungary has the highest per capita mortality rate over a two-week period in the world, according to Johns Hopkins University.



**GIB:** As of March 20, Gibraltar became the first country/territory to vaccinate its entire willing adult population of 33,701 people with at least one dose of the two-dose vaccine from Pfizer/BioNTech and AstraZeneca. Two-dose vaccinations are expected to be fully administered by mid-April in the territory.

**RUS:** Russian President Vladimir Putin has called on his compatriots to get vaccinated against coronavirus. In Russia, comparatively few people are vaccinated. According to Putin, only 4.3 million people have received the two necessary doses. That's just under three percent of a population with 146 million people.

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**ISR:** has begun to face vaccine hesitancy among Arab Israelis and Israeli Haredi Jews. Overall vaccination rates in the country have substantially decreased. Compared to a vaccination rate of 130,000 per day in early January, Israel is now administering fewer than 17,000 first doses daily. Data indicate that only 67% of Arab-Israelis and 70% of Israeli Haredi Jews (“ultra-Orthodox” Jews) adults were vaccinated or had recovered from COVID-19 as of March 4, compared to 90% of the rest of the population.

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### Country Reports:

**BRA:** In view of the dramatic corona situation in Brazil, the German Air Force took 80 ventilators to the Amazon metropolis of Manaus. They came from holdings of the Federal Ministry of Health and were brought to Brazil on behalf of the Federal Foreign Office. The donation follows a request for help from the government of the state of Amazonas to the international community. The health system in Manaus collapsed in January and oxygen ran out. Brazil recorded a daily high of 3650 corona deaths on Friday. In addition, the country recently registered more than 100,000 new COVID infections in one day for the first time. The health system has now collapsed or is collapsing in many places. Medications, including for ventilation of COVID-19 patients, are running out.

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**AFG:** The B.1.1.7 (aka ‘British’ or ‘Kent’) variant has been detected for the first time. Seven cases have been registered in the eastern province of Nangarhar, said a spokesman for the health ministry. The infected individual had travelled to neighbouring Pakistan recently. They, and all their contacts, were in quarantine. For the last ten days, local authorities have been able to detect different virus variants through special test kits. There are currently no coronavirus restrictions in Afghanistan. Schools, shops, markets, restaurants, mosques or authorities are open. So far, around 56,000 infections and more than 2450 deaths related to the virus have been detected in Afghanistan. It is assumed that the actual figures are much higher.

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**ISR:** For the first time since the beginning of the Corona pandemic, Israel has reopened its border with Egypt to tourists. Israelis who have been vaccinated against Corona or have survived COVID-19 disease are allowed to travel to the Sinai Peninsula via the Taba crossing. You must submit a negative PCR test. At first, 300 travellers would be allowed through each day. The Sinai Peninsula is considered a popular holiday destination for Israelis during Passover, which runs until April 4.

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**IND:** In the face of a sharp rise in the number of cases, the Indian state of Maharashtra - home to the financial metropolis of Mumbai - is calling a nightly curfew. Meanwhile, the country's health ministry reported 62,714 new infections, the highest number since mid-October. In India, criticism of the export of vaccines abroad is growing. Of the 1.35 billion Indians, less than four percent have received an initial vaccination so far, according to official data. On Tuesday, the number of new infections were falling somewhat after three days, with record levels of more than 60,000 cases. The Ministry of Health recorded 56,211 confirmed cases of infection within 24 hours.

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**AUS:** A three-day lockdown has been in place in Australia's third-largest city, Brisbane, since Monday due to new coronavirus infections. Health authorities have identified four new cases of locally transmitted infections, the Queensland government has said. The lockdown is necessary to be able to track the contacts and control any spread.

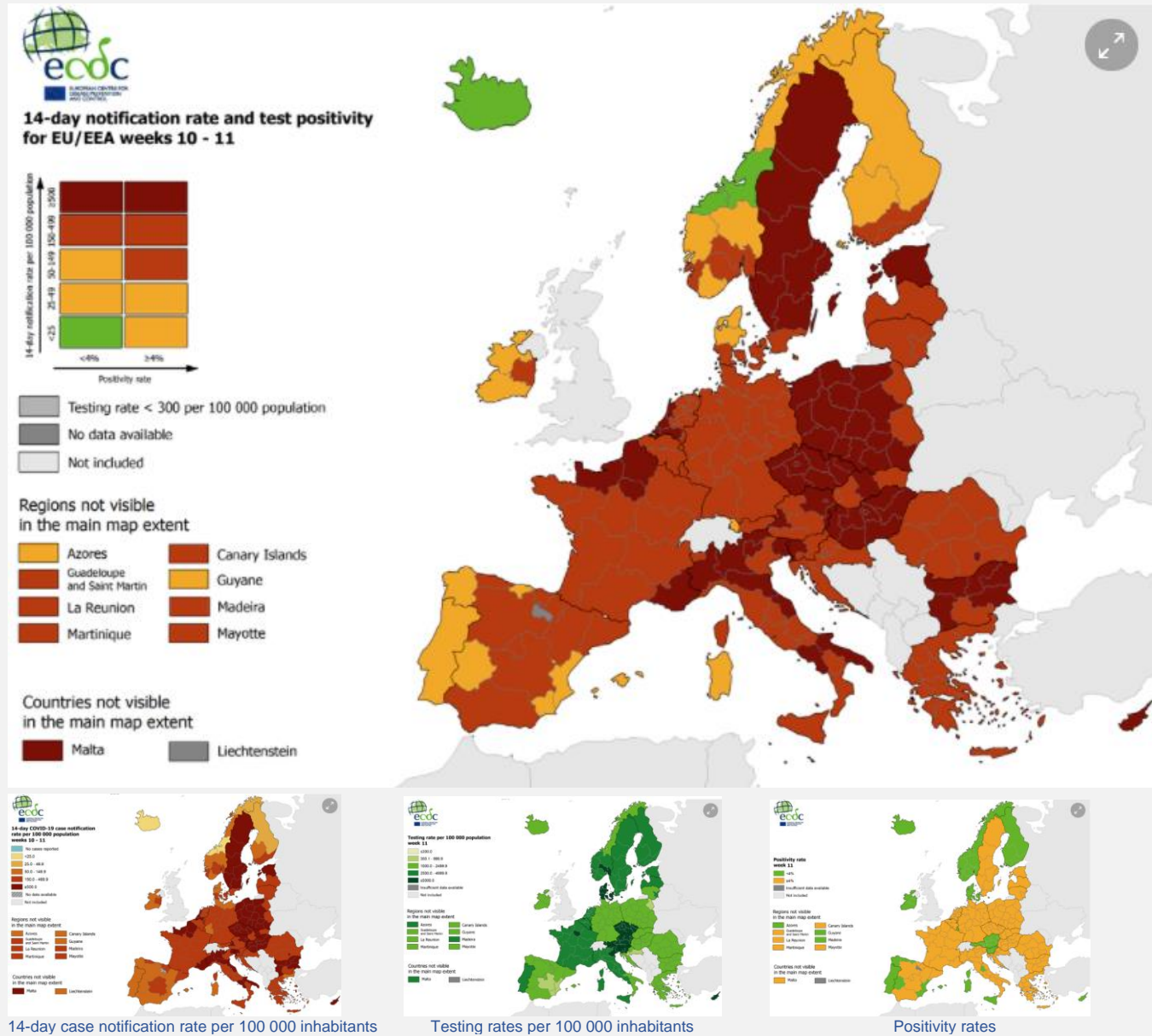
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**JPN:** Japan's government wants to significantly reduce the number of official Olympic guests at the Tokyo Summer Games due to the Corona pandemic, according to media reports. The number of official visitors not directly involved in hosting the competitions is to be halved to around 30,000. An estimated 90,000 people are expected from abroad, including around 30,000 athletes, coaches and team members.

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## Situation in Europe

### Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU, as of 25 March 2021



### COVID-19 Vaccine roll-out overview EU, as of 21 March 2021

#### Key figures on the vaccine rollout in the EU/EEA as of week 11, 2021 (21 March 2021)

##### Doses distributed and administered

Total number of vaccine doses distributed by manufacturers to EU/EEA countries: 71 297 602 (29 countries reporting)

Number of vaccine doses distributed by manufacturers to EU/EEA countries: median of 20.3 per hundred inhabitants (range: 9.9–31.8) (29 countries reporting)

Total number of vaccine doses administered: 59 718 011 (30 countries reporting)

##### Vaccine uptake in adults

Cumulative uptake of first vaccine dose among adults aged 18 years and above: median of 11.3% (range: 5.2–21.5%) (30 countries reporting)

Cumulative uptake of full vaccination among adults aged 18 years and above: median of 4.9% (range: 1.2–9.5%) (30 countries reporting)

##### Vaccine uptake in target groups

Cumulative uptake of the first vaccine dose among persons aged 80 years and above: median of 57.7% (range: 4.3–97.7%) (24 countries reporting)

Cumulative uptake of full vaccination among persons aged 80 years and above: median of 24.6% (range: <math>< 0.1\%</math>–68.8%) (24 countries reporting)

Cumulative uptake of the first vaccine dose among healthcare workers: median of 60.6% (range: 16.7–100%) (10 countries reporting)

Cumulative uptake of full vaccination among healthcare workers: median of 47% (range: 13–99.3%) (10 countries reporting)



## ECDC COVID-19 surveillance report Week 11, as of 25 March 2021

### Weekly surveillance summary

#### Overall situation

By the end of week 11 (week ending Sunday 21 March 2021), 21 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 eight countries, 14 countries reported increasing hospital or ICU admissions and/or occupancy due to COVID-19 and nine 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 (EU/EEA) countries (section 3.6)

Figures and a table showing weekly sequencing volumes and 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 11, the 14-day case notification rate for the EU/EEA, based on data collected by ECDC from official national sources in 30 countries, was 434 (country range: 15-1 521) per 100 000 population. The rate has been increasing for four weeks.
- Among the 29 countries with high case notification rates (at least 60 per 100 000 population), increases were observed in 20 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Luxembourg, the Netherlands, Norway, Poland, Romania, Slovenia and Sweden). Stable or decreasing trends in case rates of 1–7 weeks' duration were observed in nine countries (Czechia, Finland, Ireland, Latvia, Liechtenstein, Malta, Portugal, Slovakia and Spain).
- Based on data reported to The European Surveillance System (TESSy) from 25 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 22 countries (Austria, Belgium, Cyprus, Czechia, Estonia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain and Sweden).
- Notification rates are dependent on several factors, one of which is the testing rate. Weekly testing rates for week 11, available for 29 countries, varied from 1 142 to 36 927 tests per 100 000 population. Cyprus had the highest testing rate for week 11, followed by Denmark, Austria, Luxembourg and Slovenia.
- Among 21 countries in which weekly test positivity was high (at least 3%), seven countries (Bulgaria, Croatia, Germany, Hungary, Poland, Romania and Sweden) had observed an increase in test positivity compared with the previous week. Test positivity remained stable or had decreased in 14 countries (Belgium, Czechia, Estonia, Finland, France, Greece, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Slovakia and Spain).

#### Hospitalisation and ICU

- Pooled data from 23 countries for week 11 show that there were 11.2 patients per 100 000 population in hospital due to COVID-19. According to pooled weekly hospital admissions based on data from 22 countries, new admissions were 12.6 per 100 000 population.
- Pooled data from 18 countries for week 11 show that there were 1.9 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 27 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia, Spain 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 66.8 (country range: 0.0-273.8) per million population. The rate has been stable for three weeks.
- Among 25 countries with high 14-day COVID-19 death rates (at least 10 per million), increases were observed in nine countries (Austria, Bulgaria, Croatia, Cyprus, Greece, Hungary, Italy, Poland and Romania). Stable or decreasing trends in death rates of 1–9 weeks' duration were observed in 16 countries (Belgium, Czechia, Estonia, France, Germany, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Portugal, Slovakia, Slovenia, Spain and Sweden).

#### Variants of concern

- Sequencing capacity varies greatly across the EU/EEA; nine EU/EEA countries (Belgium, Denmark, France, Germany, Hungary, 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 23 March 2021 (data referring to the period 1 March to 14 March 2021). During the same period, 12 countries sequenced and reported between 60 and 499 samples, while nine countries sequenced and reported <60 samples or did not report data.
- Among nine countries with the recommended level of 10% or 500 sequences reported per week in the period 1 March to 14 March 2021, the median (range) of the variant in all samples sequenced in the period was 65.8% (25.1–100.0%) for B.1.1.7, 2.0% (0.0–16.6%) for B.1.351 and 0.1% (0.0–3.2%) 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.

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## Risk for SARS-CoV-2 transmission from newly infected individuals with documented previous infection or vaccination; ECDC technical report

In the Technical ECDC examines the evidence on the extent previous SARS-CoV-2 infection or COVID-19 vaccination prevents onward transmission from infected individuals to susceptible contacts.

Concerning transmission from previously infected individuals, the following key points were concluded:

- No studies directly measured SARS-CoV-2 transmission from reinfected individuals to their contacts. However, there was evidence showing that reinfections are rare. Studies that have followed people for 5 to 7 months after recovery from a SARS-CoV-2 infection have estimated that the protective effect of previous SARS-CoV-2 infection is very high (81% – 100%) during that period. It should be noted however, that many of these studies were carried out before the emergence of SARS-CoV-2 variants of concern and there is weak evidence that immunity induced against previously circulating SARS-CoV-2 strains may not have the same potency against variants of concern, in particular B.1.351 and P.1.

Among vaccinated individuals, ECDC's review showed the following:

- Evidence of the impact of vaccination on the risk of transmission is available from just one study, which suggests that vaccination of a household member reduces the risk of infection in susceptible household members by at least 30%.
- There is evidence that vaccination significantly reduces symptomatic or asymptomatic infection in vaccinated individuals, although the vaccine efficacy varies by vaccine product and target group.
- There is also some evidence of lower viral load and shorter duration of shedding in vaccinated individuals as compared to unvaccinated individuals, which could translate into reduced transmission.
- Many of the studies on vaccine effectiveness were carried out before the emergence of SARS-CoV-2 variants of concern, and there is some evidence that vaccine efficacy could be decreased for some of the variants, in particular for B.1.351 and possibly also P.1.

Follow up of cohorts with previous SARS-CoV-2 infection and vaccination is needed to better assess the magnitude and duration of protection from reinfection and symptomatic disease, as well as the effect of protection against transmission.

Source: <https://www.ecdc.europa.eu/en/news-events/ecdc-report-examines-sars-cov-2-transmission-risk-vaccinated-previously-infected-individuals>

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### Country Reports:

**DEU:** Intensive care doctors are calling for a hard lockdown for two or three weeks in the face of rising Corona numbers. According to the statement, this would save many lives and save many more from long-term consequences of COVID. Since 10 March, the number of COVID-19 intensive care patients has increased from 2727 to 3448. The number will continue to grow exponentially over the next two and a half weeks, no matter what we do now, explained the medical-scientific head of the DIVI Intensive Register. According to the register, there are currently 1644 beds available in intensive care units for Corona patients throughout Germany.

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Due to the slow progress of vaccination camps, the German vets are now also calling on the politicians to involve them in the vaccination campaign. In the USA, vets are now also vaccinating as a matter of course. This pragmatic approach contributes to great success there. According to the recommendation of the highest health authority in France on Friday, veterinarians in France could soon administer vaccinations against the coronavirus.

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At the beginning of the Easter holidays, thousands of holidaymakers flew to Mallorca, despite COVID and all the appeals for a waiver of travel. On Saturday, 60 planes from Germany arrived in the island's capital Palma, with another 70 expected on Sunday, according to the airport. Eurowings alone said it flew 44 times from nine German airports on Saturday and Sunday. That's almost four times as many flights as the weekend before, with just 12. However, the flight offer is still less than 40 percent compared to the pre-Corona period.

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**ESP:** Five thousand music fans took part in a government-approved test concert in Barcelona. This was to determine whether larger live events can be carried out safely even under Corona conditions. Fans had to undergo corona rapid tests at three test centres before the event. Those who tested negative were allowed to attend the concert after health checks at the entrance with a mask. The cost of the tests and masks was included in the entrance fee.



After the arrival of thousands of tourists, the Corona numbers in **Mallorca and the other Balearic Islands** remain relatively low for the time being. Within 24 hours, a total of 43 new infections and not a single death were recorded in the Spanish region. According to the available information, no tourist has tested positive for the Sars-Cov-2 virus. However, the regional government continues to urge caution.

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**FRA:** In view of the worsening situation in the French health system, the government appeared to be considering further measures to protect the population. Until now, the government had refrained from a complete lockdown in the third wave of the Corona.

On Saturday, shops closed in three other départements and the freedom of movement of citizens was restricted. In total, the stricter Corona requirements now affects 19 administrative districts with more than 23 million people. The lockdown has been in place for a week in the Greater Paris area and parts of northern and southern France. Nung is also affected by the Rhone department around the city of Lyon, as well as the districts of Aube, southeast of Paris, and Nièvre, south of the capital.

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The number of intensive care patients with corona infection continues to rise, reaching another high since the beginning of the year on Monday. According to the Ministry of Health, 4872 people are being treated in intensive care units, up from 4791 on Saturday. The figure is lower than in November and below the more than 7,000 intensive care patients in the spring of last year. In an article for the newspaper "Le Journal du Dimanche", 41 hospital doctors from the Paris region say that there is a risk that not all patients will be able to receive emergency treatment.

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**ITA:** A quarantine obligation has been imposed for arrivals from other EU countries. Travellers would have to take a Corona test before entering the country, remain in quarantine for five days after arriving in Italy, and then take another Corona test.

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**GBR:** England eased Corona restrictions on Monday as part of a phased withdrawal from lockdown. Two households or up to six people are now allowed to meet in parks and gardens and organised outdoor sport can re-start. The "Stay at Home" order will be lifted, but the government is asking people to avoid unnecessary travel and comply with the existing prevention measures, particularly with the rising numbers of cases in the EU. There is some variance across the UK because health is devolved to the governments of the four nations that make up the United Kingdom so the rules regarding COVID vary. For example; in Wales, some holidays have been allowed since Saturday, but households are supposed to stay among themselves and are only allowed to use self-catering accommodation such as holiday apartments which is different from England, Scotland and Northern Ireland. The opening of non-essential shops as well as outdoor catering is planned for 12 April.

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**NLD:** The Orthodox Protestant churches in Urk and Krimpen aan den IJssel had opened the doors to hundreds of visitors on Sunday morning, despite the strict Corona rules and public criticism. Services took place without observance of protective measures.

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**POL:** Measures in the country were tightened again on Saturday due to soaring new infections following the closure of schools, museums and shopping centres last week. Now hairdressers, cosmetic studios, daycare centres and DIY stores must also remain closed - initially for two weeks.

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**CZE:** To protect more people in a shorter period of time, the vaccination interval of the BioNTech vaccine is extended. There will be a 42-day gap between the first and second doses, the Ministry of Health in Prague announced.

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**UKR:** In Ukraine, the number of infections has recently risen sharply. In the last 24 hours, 5052 patients with COVID-19 were admitted to hospital, more than ever before. The number surpasses the last high of 4887 patients on March 17. Vaccination has been going on for about a month. So far, almost 200,000 of the 41 million Ukrainians have received the first vaccination.

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**TUR:** With the number of cases rising nationwide, Turkey is tightening the Corona restrictions. During the Muslim fasting month of Ramadan (from mid-April to mid-May) a complete weekend lockdown will apply. Restaurants are only allowed to offer delivery services and take-away offers. The nightly curfew between 9 p.m. and 5 a.m. continued.

## Subject in Focus

### COVID in Africa

The purpose of the deep dive into COVID in the African continent is to better understand how the COVID pandemic is affecting the countries within the region and the potential impact on NATO missions in Mali and Somalia.

#### **Epidemiology**

The African Union (AU) and Africa CDC produce a weekly brief that on 23 Mar 21 estimated that there had been 4.1 million cases across 55 AU member states with 110,000 deaths. The largest number of cases had been reported from South Africa (1.5 million) followed by Morocco and Tunisia. The WHO Africa Regional Office<sup>1</sup> maintains a [dashboard](#) which describes the epidemiology of COVID by country across the region. As of 28 Mar 21 a trend of increasing numbers of cases was noted.

The high proportion of cases reported from South Africa is likely to reflect under reporting from other countries on the continent. This is probably due to weak surveillance systems and ascertainment bias where cases are not reported. For example; Nigeria (population approximately 200 million people) has only reported 160,000 cases. The scale of this problem is illustrated by a cross-sectional survey in Zambia<sup>2</sup> which suggested that approximately 450,000 COVID infections had occurred in six districts under investigation compared to the 4900 positive test results.

The implication of weak surveillance is that caution must be applied to data emerging from countries in Africa as the data might not reflect the risk of COVID in the country. Somalia has reported 11,000 cases and nearly 500 deaths (population 15 million) and Mali has reported 10,000 cases and 400 deaths (population 20 million). It is likely that the majority of cases that have been identified in both countries are located in the major cities and grossly underestimate the true prevalence.

#### Variants

Detection of variants is dependent both on robust surveillance systems and the ability to process and type samples in the laboratory. This capability is extremely limited across the African continent and caution must be applied to any data.

Sixteen member states (Algeria, Angola, DR Congo, Gabon, Gambia, Ghana, Kenya, Libya, Mauritius, Morocco, Nigeria, Rwanda, Senegal, South Africa, Togo and Tunisia) have identified the 501Y.V1 variant (lineage B.1.1.7). Seventeen states (Angola, Botswana, Cameroon, Comoros, DR Congo, Eswatini, Gambia, Ghana, Kenya, Malawi, Mauritius, Mozambique, Namibia, Rwanda, South Africa, Zambia and Zimbabwe) have reported the 501Y.V2 variant (B.1.351).

The increase in numbers of cases being detected might reflect further circulation of VOC however there is limited information available. One of the priorities for the WHO is to improve detection of variants in African countries so more data should emerge to better understand the situation.

#### **Response**

##### Vaccination Status

Africa CDC has produced an indicative summary of the status of vaccination in Africa (see [here](#)). This identifies a range of vaccines; AZ, BioNTech, Sinopharm, J&J and Sputnik V that are available and the quantity supplied. Both AZ and BioNTech are part of the COVAX campaign (see [here](#)) which aims to supply COVID vaccines to low income countries.

It should be noted that, as part of COVAX, Mali has been allocated 1.3 million doses of SII<sup>3</sup> AZ vaccine and received 400,000 doses on 05 Mar 21. Somalia has been allocated 1 million doses of SII AZ vaccine and received the first batch of 300,000 doses on 15 Mar 21.<sup>4</sup> Both countries report starting their vaccine campaigns.



### Non-Pharmaceutical Interventions

A wide range of social interventions to minimise spread of COVID have been implemented across most African countries. These include school closures, banning large gatherings and restrictions on travel. There has been widespread introduction of face coverings which are mandatory in most places. Details of requirements should be sought in advance of travel as they vary between countries.

### Health Systems

The management of COVID in many African countries is compounded by weak healthcare systems with limited resources. Reports from Somalia suggested that the single hospital in Mogadishu that manages COVID cases may have run out of oxygen amidst a rapid increase in numbers of cases. This has been mirrored in many countries in Africa and there is concern about whether health systems can be maintained through the pandemic. This, obviously, has implications for the management of other significant diseases such as malaria, TB and HIV if healthcare systems cannot deliver treatment because they are overwhelmed by COVID cases.

### **Force Health Protection Recommendations for travel to African countries**

1. Regardless of reported data maintain 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. Maintain 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:**

<sup>1</sup> It should be noted that this excludes those African countries that are considered part of the WHO Eastern Mediterranean Region.

<sup>2</sup> [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00053-X/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00053-X/fulltext)

<sup>3</sup> Serum Institute of India

<sup>4</sup> [https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/covax-first-round-allocation-of-az-and-sii-az---overview-tablev2.pdf?sfvrsn=85879c81\\_1&download=true](https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/covax-first-round-allocation-of-az-and-sii-az---overview-tablev2.pdf?sfvrsn=85879c81_1&download=true)

# Conflict and Health

## COVID-19 Crisis in SUDAN



In cooperation with Bundeswehr HQ of Military Medicine

### SUDAN

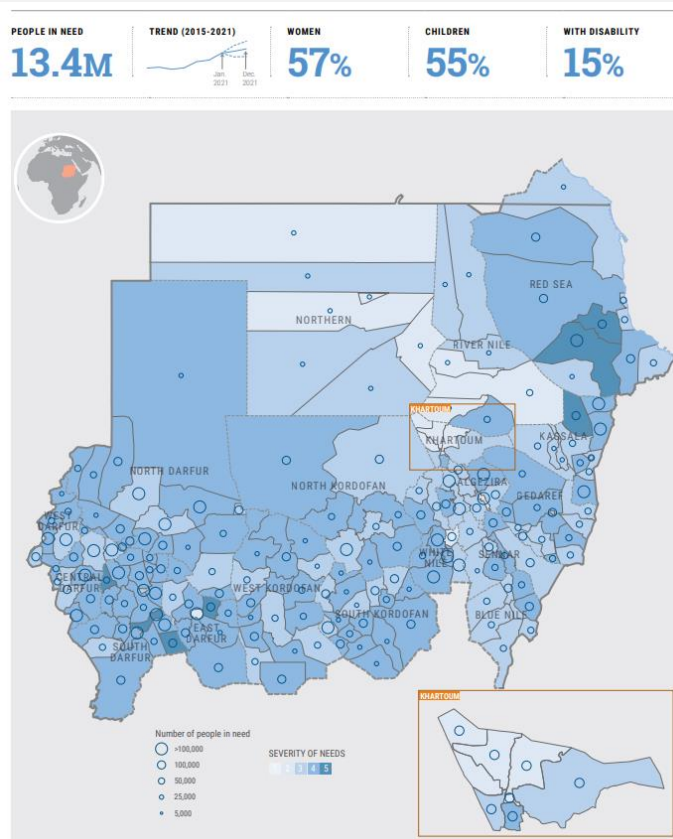
Area:	1,886,068 km <sup>2</sup>
Population:	41,592,539
Capital:	Khartoum
Age structure:	
0-14 years:	42.01%
15-24 years:	20.94%
25-54 years:	29.89%
55-64 years:	4.13%
65 years and over:	3.03%



### CONFLICT:

Sudan, a state in Northeast Africa, is affected by multiple sources of conflict. According to the Fragile State Index, Sudan is one of the most unstable countries in the world; the mix of geostrategic relevance and various political interests form an extremely volatile situation. A wide variety of factors contribute to this, including the population's religious, ethnic and cultural diversity. Basically, there are two opposing factions: the Arab-Islamic elite in the north (National Congress Party) and the ethnic groups in the south that are culturally influenced by Sub-Saharan Africa (Sudanese People's Liberation Movement). The affiliation with one group also influences the social status of the individual. The geographical location also fuels the situation: As a bridge between the Horn of Africa and the Red Sea, the sub-Saharan states and the Arab dominated northern part of Africa, Sudan acts as a central hub for trade and transport. Natural resources also play an important role; each of the conflicting parties tries to bring the territories where large amounts of natural resources (e.g., crude oil, iron, gold, uranium and marble) can be found under their control. Earnings from these resources are largely used to finance the military conflicts, the public or the population does in no way benefit from this exploitation of the country.

The history of Sudan is marked by civil war and military coups. In 2011, South Sudan gained independence after decades of civil war. The remaining internal Sudanese conflict around the Darfur region can by no means be regarded as resolved, despite a peace agreement concluded in the capital Khartoum at the beginning of October 2020. A certain hope is growing that the armed clashes that have arisen since 2003 between the various ethnic groups in Darfur and the Sudanese government in Khartoum can be pacified in the long term. However, some key



actors in the Darfur conflict have not actively participated during the latest negotiations, examples for these groups are the still fighting militia "SLM / A Abdelwahid" or the militia "SPLM-Nord" under the leadership of Abdelaziz AL-Hilu. Another problem that overlaps with the conflict also remains still unresolved: The disputes between livestock-farming nomads and sedentary farmers, which have arisen as a result of long periods of drought and increasing desertification in the last few years have tightened massively over decades. Not only do the effects of global climate change seem to be evident here, this conflict is also emblematic for the political exclusion of large groups of the population. At the end of 2020, the military UN mission UNAMID was replaced by the civilian UN mission UNITAMS, which will hardly be able to guarantee the safety of civilians in the future. There are also over two million internally displaced persons, due to the proximity of the border with Ethiopia and the lasting conflict over the Tigray region, recently another ten thousand refugees were added. In April 2019, the President of Sudan, who had been in power since 1993, Omar al-Bashir, was ousted in a military coup. During his reign various serious crimes had been reported, including crimes against humanity, slave trade, recruitment of child soldiers, mass rape as a means of warfare. The transitional government has only limited political leeway, as security issues, among other things, remain under the control of the military. The political situation as well as the economic situation, can still be described as fragile. The socio-economic impact of the coronavirus pandemic is also contributing to this.

#### **Health:**

According to Unicef, a good 29% of Sudan's 42million inhabitants is currently in need of humanitarian aid, thereof more than 6 million children. Internally displaced persons in particular often live in precarious conditions. As violent conflicts recently broke out again in the Darfur region the number of internally displaced persons reached a six-years high, most of these internally displayed persons (around 60%) are under the age of 18. According to an assessment by the DEU Federal Foreign Office, medical care in the country (particularly in the rural regions) is problematic in terms of available equipment, technical infrastructure and hygiene. In Khartoum the health system is a bit better compared to other parts of the country, but in no way comparable to Europe. Due to the long civil war, especially in the south of the country, large parts of the medical infrastructure have been destroyed. In general there is a lack of English- or French-speaking doctors with an European education. There are still huge gaps in the funding of aid programs. Desirable initiatives such as the recent construction of a hospital for COVID-19 patients with at least 49 ICU beds near the Darfur region (Sheikh Mohammed Bin Zayed Field Hospital), financed by the United Arab Emirates, can only cushion the fragile situation of the health system to a very limited extent. Nevertheless, there is a persistent lack of sufficiently trained medical personnel to operate the (not extensively existent) medical infrastructure. The COVID-19 situation in Sudan remains difficult to assess. Due to a lack of testing capacity and other relevant resources needed to implement a comprehensive testing strategy effectively, a high number of unreported cases has to be expected. It may seem like a glimmer of hope that Sudan was one of the first developing countries to receive COVID-19 vaccine deliveries from the COVAX initiative at the beginning of March 2021. Initially 800,000 doses of the AstraZeneca vaccine and the necessary material to administer the vaccine were delivered. These will be primarily given to health care workers. It has to be kept in mind that SARS-CoV-2 is just one of many problematic pathogens regularly found in Sudan. Other endemic infectious diseases, including malaria, cholera or dengue frequently lead to outbreaks.

#### **Conclusion:**

It has to be expected that the already heavily overloaded health system will be affected by the current coronavirus pandemic and the already extremely fragile socio-economic and political situation continues to come under pressure.

# Sudan

26.2 Index Score 163/195



PREVENT



DETECT



RESPOND



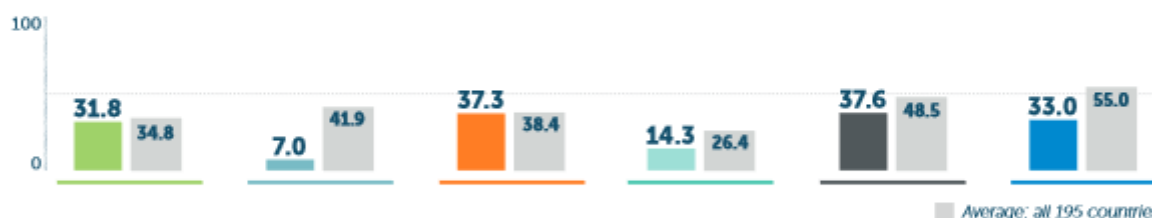
HEALTH



NORMS



RISK



■ Average: all 195 countries

	COUNTRY SCORE	AVERAGE SCORE*
<b>PREVENTION</b>	<b>31.8</b>	<b>34.8</b>
Antimicrobial resistance (AMR)	83.3	42.4
Zoonotic disease	2.3	27.1
Biosecurity	0	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	92.1	85.0
<b>DETECTION AND REPORTING</b>	<b>7.0</b>	<b>41.9</b>
Laboratory systems	16.7	54.4
Real-time surveillance and reporting	10	39.1
Epidemiology workforce	0	42.3
Data integration between human/ animal/environmental health sectors	0	29.7
<b>RAPID RESPONSE</b>	<b>37.3</b>	<b>38.4</b>
Emergency preparedness and response planning	0	16.9
Exercising response plans	0	16.2
Emergency response operation	33.3	23.6
Linking public health and security authorities	0	22.6
Risk communication	75	39.4
Access to communications infrastructure	58.9	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
<b>HEALTH SYSTEM</b>	<b>14.3</b>	<b>26.4</b>
Health capacity in clinics, hospitals and community care centers	2.7	24.4
Medical countermeasures and personnel deployment	33.3	21.2
Healthcare access	27.7	38.4
Communications with healthcare workers during a public health emergency	0	15.1
Infection control practices and availability of equipment	0	20.8
Capacity to test and approve new medical countermeasures	25	42.2
<b>COMPLIANCE WITH INTERNATIONAL NORMS</b>	<b>37.6</b>	<b>48.5</b>
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	25	53.4
JEE and PVS	25	17.7
Financing	50	36.4
Commitment to sharing of genetic & biological data & specimens	66.7	68.1
<b>RISK ENVIRONMENT</b>	<b>33.0</b>	<b>55.0</b>
Political and security risks	25	60.4
Socio-economic resilience	44.8	66.1
Infrastructure adequacy	25	49.0
Environmental risks	52.3	52.9
Public health vulnerabilities	22.4	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/54699/sudan-darfur>  
<https://reliefweb.int/report/sudan/unicef-sudan-humanitarian-situation-report-end-year-2020>  
<https://reliefweb.int/report/sudan/uae-aids-battle-against-covid-19-sudan-construction-sheikh-mohammed-bin-zayed-field>  
<https://reliefweb.int/report/sudan/sudan-situation-report-11-mar-2021>  
<https://reliefweb.int/report/sudan/burst-violence-darfur-triggers-sudans-highest-number-conflict-displacements-six-years>  
<https://reliefweb.int/report/sudan/sudan-humanitarian-needs-overview-2021-december-2020>  
<https://www.unicef.org/press-releases/sudan-receives-first-delivery-covid-19-vaccines-over-800000-doses>  
<https://www.worldometers.info/coronavirus/country/sudan/>  
[https://www.auswaertiges-amt.de/de/aussenpolitik/laender/sudan-node/sudansicherheit/203266#content\\_5](https://www.auswaertiges-amt.de/de/aussenpolitik/laender/sudan-node/sudansicherheit/203266#content_5)



## 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 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
- Vaccinated Personnel – National Regulations for Deployments

#### Vaccinated Personnel – National Regulations for Deployments

We chose this topic after our Branch was asked by nations to help them understand the regulations that flight operating nations implemented for personnel sent on deployment and especially if there are already exemptions for vaccinated personnel, like shortening or cancelling of quarantine or a change in the test-regimen.

As an introduction, the Medical Advisor from the European External Action Service gave a short update on the challenges presented by different national regulations on a multinational environment. He stated that today’s topic was a very complex and challenging because beside scientific evidence it is also a lot about management of individual and national expectations. We must reflect on operational demand and national expectations and we see heterogenous national approaches linked to significantly different levels of risk assessment and risk acceptance by troop contributing nations. In their missions deployed soldiers currently must undergo post arrival quarantine and additional testing based on an individual risk assessment by the J-Meds which is, in turn, based on the quality on the national pre-deployment measures.

After this very interesting introduction we had comprehensive national briefings from the USA, the Netherlands, Canada and the Czech Republic updating us on the current status of vaccination

### Vaccinated Personnel – National Regulations for Deployments

policies in their countries, the strategies of their governments and how they deal with vaccinated personnel vs. non-vaccinated personnel.

The main outcomes of these national briefings can be summarized as:

- At this point there is a lack of scientific evidence on whether vaccinated personnel will cause transmission into a non-vaccinated population in the mission, therefore at the moment the standards measures that have been taken will remain.
- All military's will generally reopen/relax public health measures no faster than the general civilian population.
- Most countries already recommend the COVID-19 vaccination for deployed personnel. Some have made it mandatory for soldiers going to a theatre, but it is not yet part of the immunization standard protocol.
- There are big differences in the number of vaccinated personnel in the European military's compared to the US/CAN and GBR military. In most nations military personnel are not a priority group for vaccination but need to stick to the rules and requirements of the civilian population.

In summary it can be stated that different rules and regulations, different vaccination policies and status can lead to a many planning complications. The synchronisation of pre-deployment regulations like duration of quarantine, pre- or post-testing, the way of testing via PCR, Antigen or Antibody tests, the vaccination status and so on is very hard to achieve in a multinational operation. All briefings led to a very good discussion between the briefer and the audience. As previously the audience was very interested in the different country's strategies for getting their soldiers vaccinated and how the countries manage vaccinations for soldiers abroad.

The next VTC will be held on 31 March, with the topic "**Logistic Challenges of the COVID-19 Vaccine Distribution**"

## Recommendations

### Recommendations 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*)

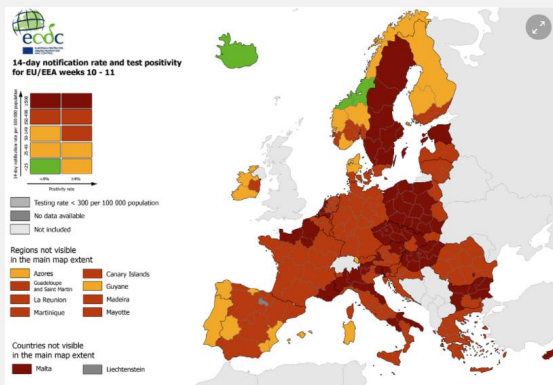
**2. A common map**

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](#)".

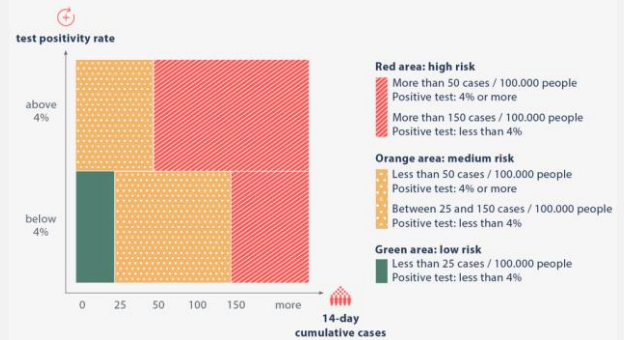
Areas are marked in the following colours:

- **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.





### Common colour codes: mapping of risk areas



### 3. A common approach for travellers

## Common framework for COVID-19 travel measures

**Green areas**

 No restriction of free movement of persons should be applied

**Orange and red areas**

 Measures should be proportionate and respect differences in the epidemiological situation of orange and red areas

 In principle, entry should not be refused to travellers from orange/red areas but requirements could be applied

 Possible requirements for travellers coming from orange/red areas: quarantine/ self-isolation, COVID-19 testing prior to/ after arrival

 Measures should take into account the epidemiological situation in their own territory

 Inform other affected EU countries 48 hours before applying measures

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 Travellers could be asked to submit passenger locator forms

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 **Exceptions:** no quarantine requirement for travellers with essential function or need while performing that function

### 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://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

<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. Unnecessary travel should currently be avoided.</li> <li>• Individual risk is dependent on exposure.</li> <li>• National regulations regarding travel restrictions, flight operations and screening for specific countries are <a href="#">here</a> and <a href="#">here</a>.</li> <li>• IATA has updated their travel documents with new travel restrictions. You will find the documents <a href="#">here</a>.</li> <li>• 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.</li> <li>• 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.</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 published on 15<sup>th</sup> 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. 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>

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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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