Update 13 (30th of March 2020)

Information about Infection disease
COVID-19 (novel coronavirus)

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

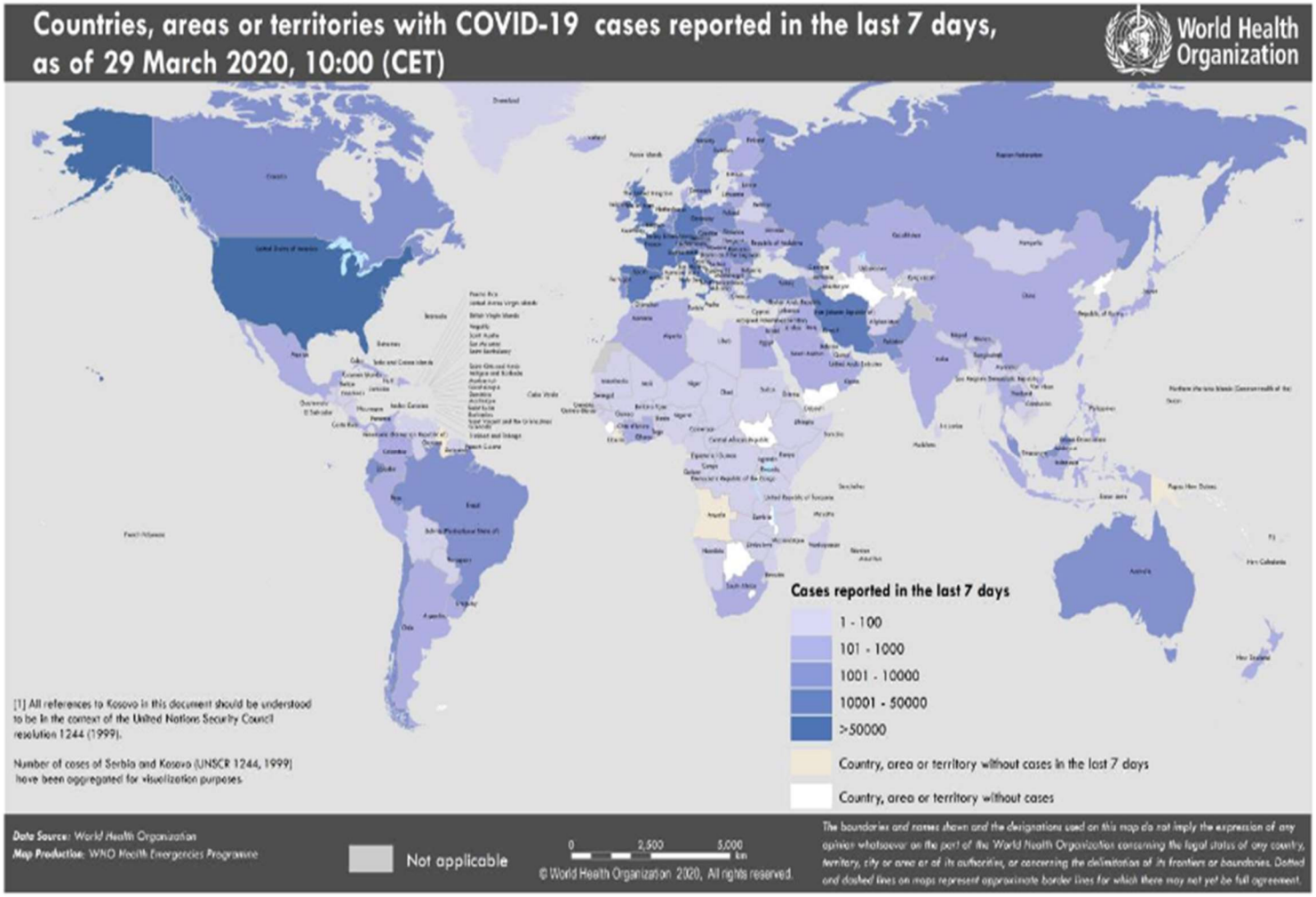
HIGHLIGHTS/NEWS

- Currently more than half a million confirmed cases of COVID-19 and more than 20,000 deaths. More than 100,000 people have recovered.
- One new country/territory/area reported cases of COVID-19 over the weekend: The Commonwealth of the Northern Mariana Islands.
- WHO Director General: “Unite to confront the pandemic together. We are one humanity, with one, common enemy. No country can fight alone; we can only fight together.” Whole speech can be found here.
- The chronic global shortage of personal protective equipment is one of the most urgent threats.
- SMEs account that a vaccine is still at least 12 to 18 months away. In the meantime, there is an urgent need for therapeutics to treat patients and save lives.
- The Solidarity Trial which tests four different drugs or drug combinations against COVID-19 will start with patients in ESP and NOR. More than 45 countries are contributing to the trial. In the meantime, WHO warns of using therapeutics that have not been demonstrated to be effective in the treatment of COVID-19.
- The ECDC recommended webpage with the latest updates on test capability development for COVID-19 you can find here.
- The COVID-19 pandemic will have an impact on people´s mental health. An official article on mental health and psychological resilience, by WHO you can find here. A country example on how to deal with the stress due to COVID-19 can be found within this update.
- All updates technical guidance by WHO on critical preparedness, readiness and response; advice on the use of masks; infection prevention and control; and laboratory testing can be found here.

GLOBALLY
721.817 confirmed cases 33.968 death 177 countries
EU/EEA and the UK
405.024 confirmed cases 25.192 death
ASIA & West Pacific Region
101.292 confirmed cases 3.626 death
America’s Region
162.766 confirmed cases 2.948 death
Eastern Mediterranean Region
49.540 confirmed cases 3.009 death
Africa
3.195 confirmed cases 74 death

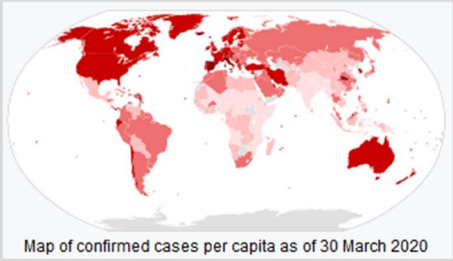
Risk Assesment

EUROPE	* The risk for importing/exporting the virus into/from Europe is currently high. * The risk of severe disease associated with COVID-19 infection is currently considered moderate for the general population and high for older adults and individuals with chronic underlying conditions. In addition, the risk of milder disease, and the consequent impact on social and work-related activity, is considered high. * The risk of the occurrence of subnational community transmission of COVID-19 is currently considered very high. * The risk of occurrence of widespread national community transmission of COVID-19 in the coming weeks is high. * The risk of healthcare system capacity being exceeded in the coming weeks is considered high.
China/Wuhan/	* The risk for people travelling/resident in affected provinces with ongoing community transmission is currently very high.
GLOBALLY	* The high risk of further transmission persist.



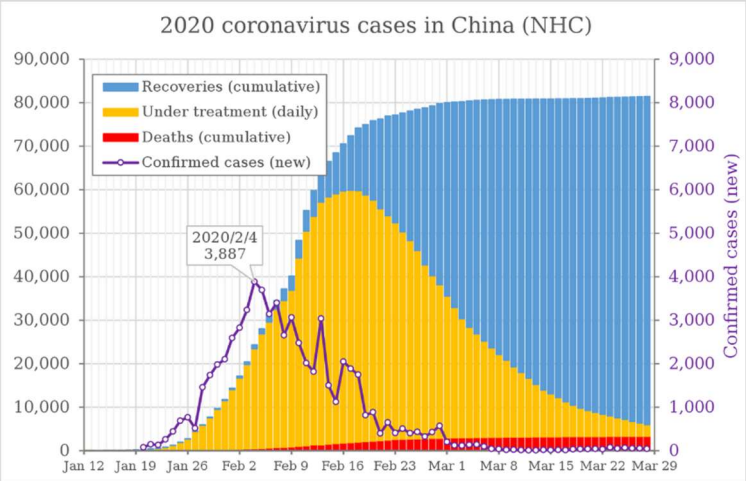
Bullet Points

Global Situation

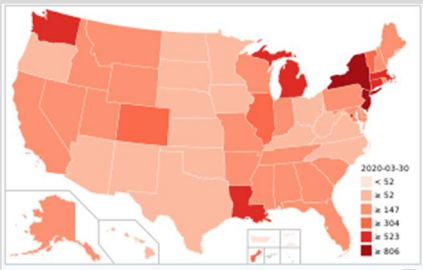


Map of confirmed cases per capita as of 30 March 2020

- All states in Europe and most of the countries globally are already affected.
- Europe is the epicentre of the outbreak with further focus on Iran and increasingly USA.
- **India**: Government put the whole country under a general lockdown. Thousands of migrant workers starting to flee out of the metropole cities because of lack of working opportunities. That could lead on to a massive spread of the virus.
- **China:** On 23 March, mainland China had gone five days with only one case transmitted domestically, in this instance via a traveller. On 24 March 2020, Chinese Premier reported that the spread of domestically transmitted cases has been basically blocked and the outbreak has been controlled in China. The same day travel restrictions were eased in Hubei, apart from Wuhan, two months after the lockdown was imposed. The Chinese Ministry of Foreign Affairs announced on 26 March 2020 that entry for visa or residence permit holders will be suspended from 28 March onwards, with no specific details on when this policy will end. Those wishing to enter China will have to apply for visas in Chinese embassies or consulates



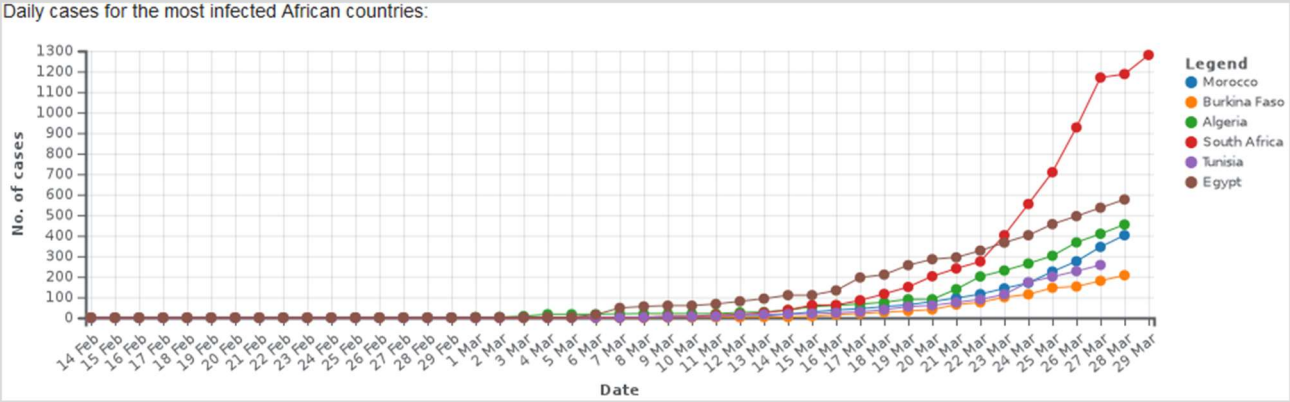
- **Iran** still shows an increase in numbers. A high underreporting could be assumed. Still restrictions haven´t been well implemented. Multiple Iranian government ministers and senior officials have been diagnosed SARS-CoV-2 positive, as well as 23 members of the Iranian Parliament. At least 12 sitting or former Iranian politicians and officials had died from the virus by 17 March 2020. WHO regional emergency director Rick Brennan said the number of cases reported in Iran could represent only about 20% of the real numbers because testing was restricted to severe cases.
- As of 25 March 2020, all North American countries (including Central America and the Caribbean) have reported at least one case of COVID-19.
- **USA**: New York is still the epicentre of the pandemic in USA with New Orleans on the second lead. Temporary hospitals will be built in the most affected federal states. On the evening of 28 March, the president decided not to attempt to enact a tri-state lockdown of New York, New Jersey and Connecticut, after having publicly suggested earlier in the day that he was considering such a move; instead he ordered the CDC to issue a travel advisory suggesting voluntary travel limitations in these states. During the COVID-19 pandemic, the FDA has worked with more than 220 test developers who have said they will be submitting emergency use authorizations (EUA) requests to FDA for tests that detect the virus. To date, 19 EUA have been issued for diagnostic tests.



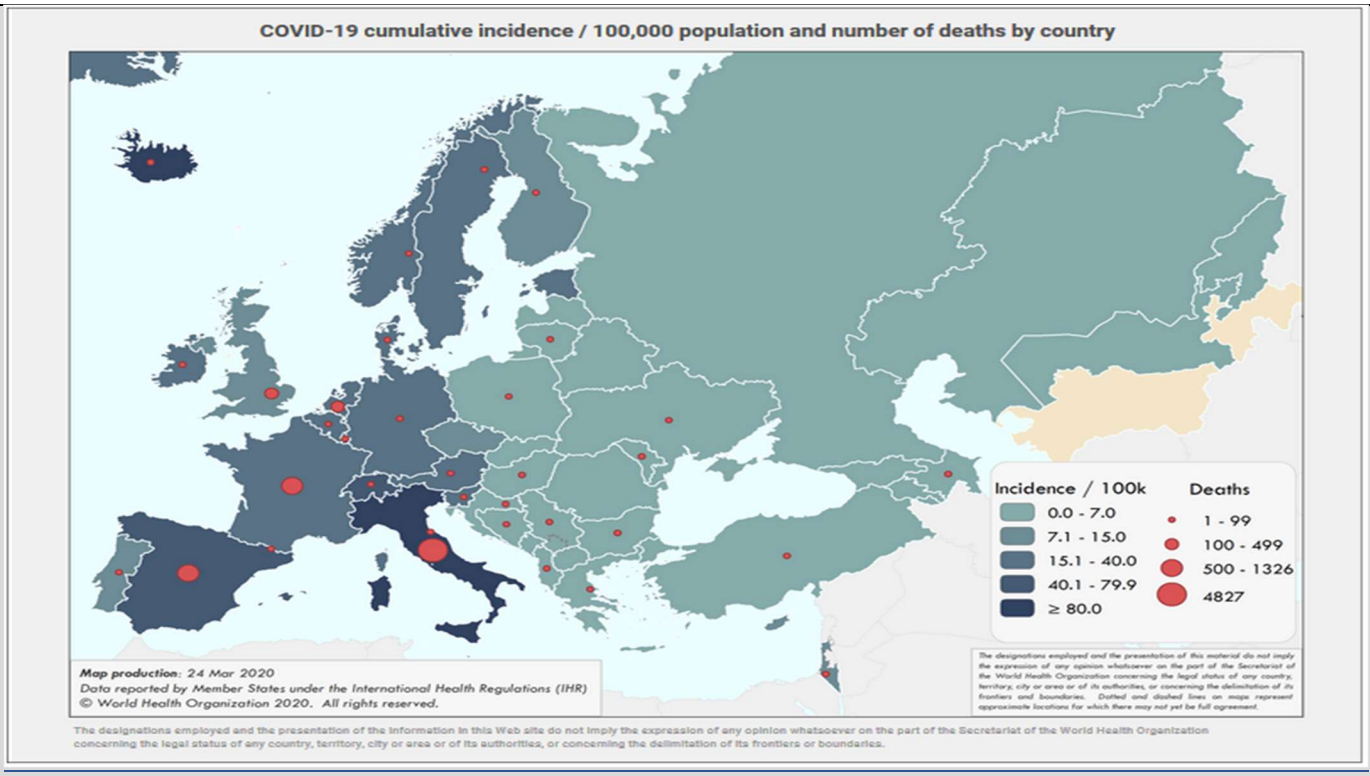
Confirmed cases of COVID-19 per million inhabitants by state

- **South Korea** still shows an alternating rise and fall in case numbers. From 1 April all new overseas arrivals will be quarantined for two weeks.

- **Africa**: The first confirmed case on the continent was in Egypt, and the first confirmed case in sub-Saharan Africa was in Nigeria. Most of the identified cases have arrived from Europe and the United States. Fighting COVID-19 could became a challenge, because many of the healthcare systems on the continent are inadequate, having problems such as lack of equipment, lack of funding, insufficient training of healthcare workers, and inefficient data transmission. There is a concern, that the pandemic could be difficult to keep under control in Africa and could cause huge economic problems if it spread widely. Many preventive measures have been implemented in different countries in Africa, including travel restrictions, flight cancellations, event cancellations, school closures, and border closures. But WHO said that hand washing and physical distancing could be challenging in some places in Africa. Lockdowns may not be possible, and challenges may be exacerbated by the prevalence of diseases such as malaria, HIV, tuberculosis, and cholera.



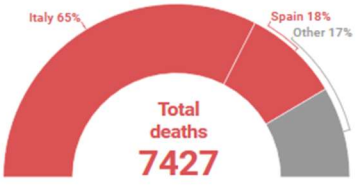
Situation in Europe



COVID-19 situation update for the WHO European Region (16-22 March 2020 Epi week 12)

Key points

- The number of cases reported in the Region doubled compared to last week
- 61% of the cases and 90% of the deaths have been reported from Italy, Spain and France
- 96% of deaths were in persons aged 60 years and older
- 87% of infected persons with outcome data available recovered
- One out of 10 reported infections with information available was a health care worker
- Many Member States implemented or plan to implement changes in testing strategies to focus on severe cases and sentinel surveillance

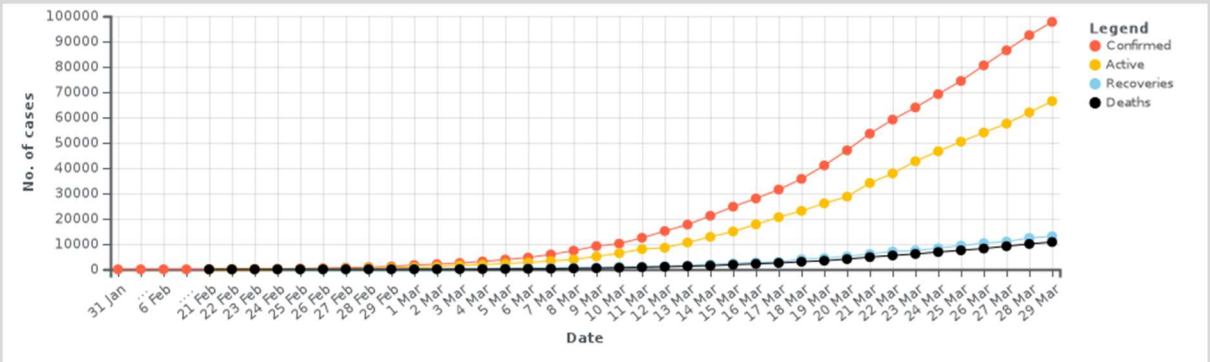


Countries & territories with reported cases	Total confirmed cases	Total deaths
59 (5)	151,754 (96,956)	7427 (5111)

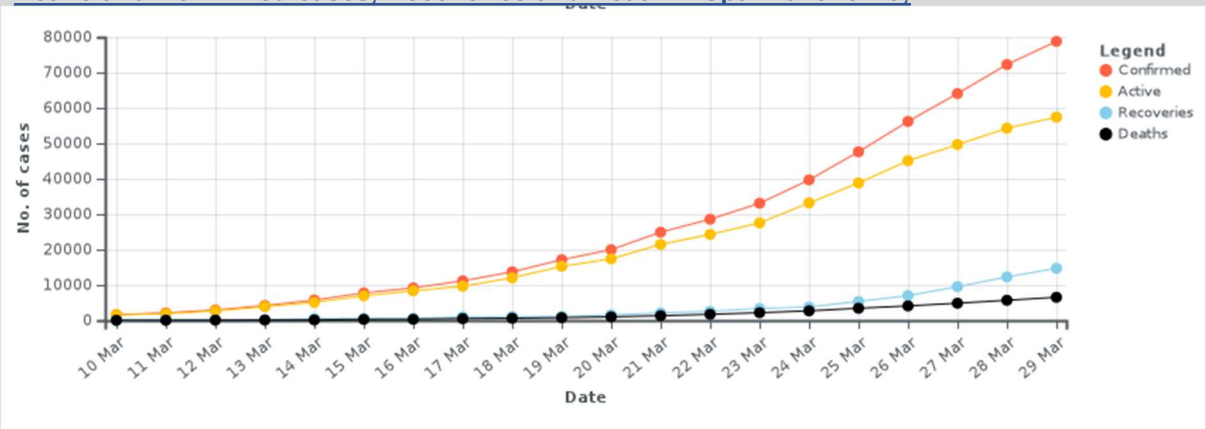
(numbers in brackets are new for the week of 16-22 March 2020)

- **Italy**: On 22 March Italy reported nearly 2000 fatalities in just 72 hours, with the majority in Milano and Lombardi. The number of new infections has been counted for 6557 in just one day (21 March). Italy is the world's centre of active coronavirus cases with more than double the number of active cases of any other country. On 19 March, it became the country with the highest number of confirmed deaths in the world. Many countries like Russia, Germany, USA, Cuba and Somalia send personnel or equipment to help the government to fight the outbreak.

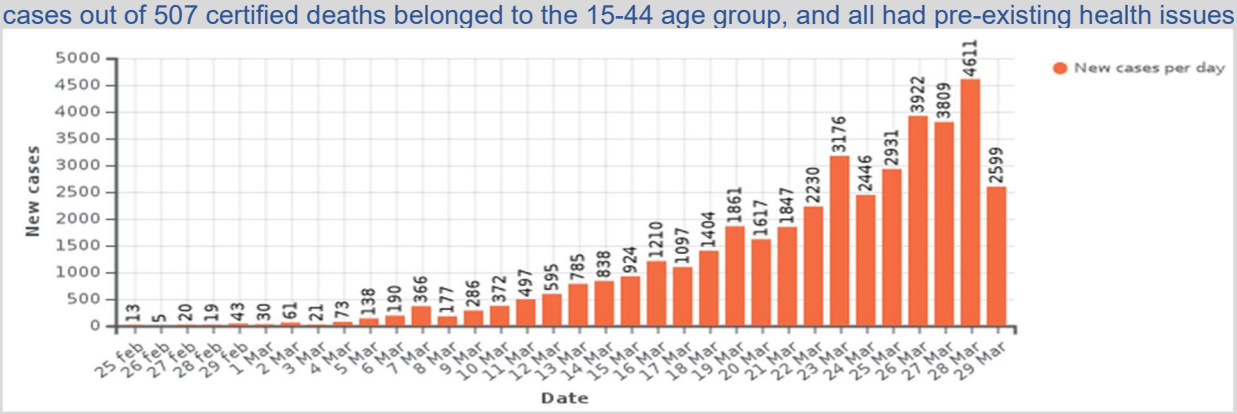
Active and Confirmed cases, Recoveries and Death in Italy over time;



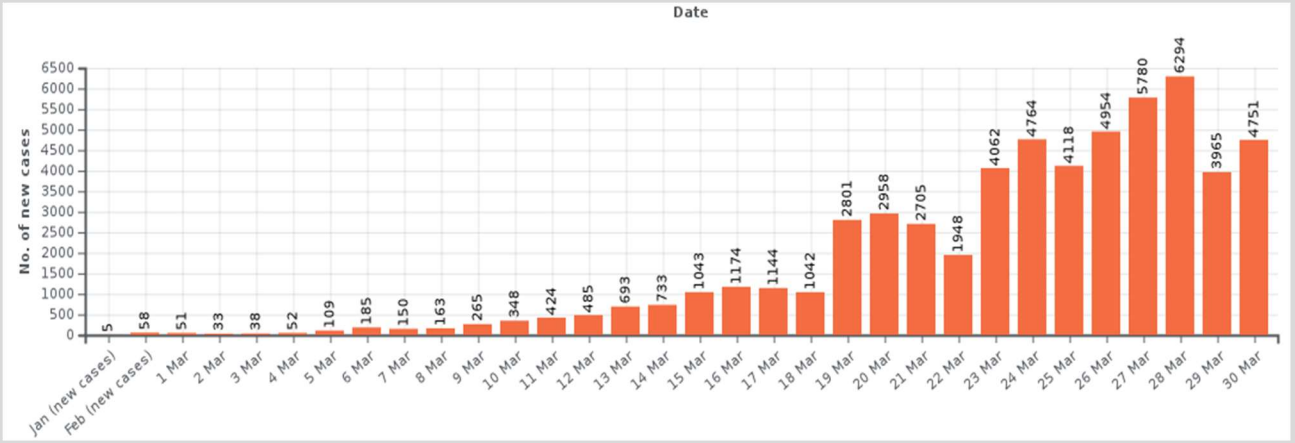
- **Spain**: Since 13 March 2020, there have been registered cases in all 50 provinces of the country. Only on the island of La Graciosa (Canary Islands) has there been no registered positive cases. As of late March, the Madrid region has recorded the most cases and deaths in the country. Medical professionals and those who live in retirement homes have experienced especially high infection rates. On 25 March 2020, the death toll in Spain surpassed that of mainland China; only Italy has a higher death toll globally.
  Active and Confirmed cases, Recoveries and Death in Spain over time;



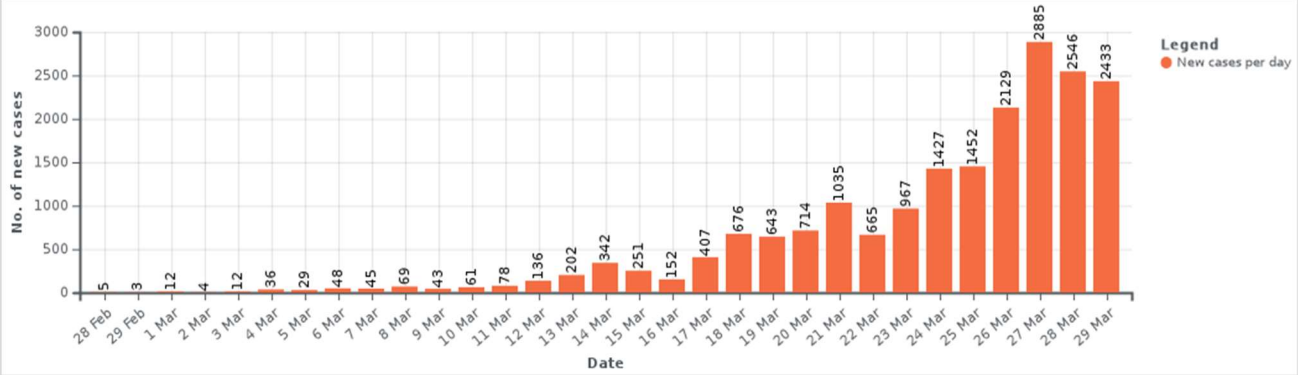
- **France**: The lockdown has been extended until 15th April. A 16-year old girl residing in the Paris region who had no known co-morbidity became the youngest French victim of the disease. She had developed a mild cough but was subsequently admitted to hospital upon feeling short of breath. Her condition deteriorated and she died a week later, on 26 March. Still the15 to 44 year age group represented only 8% of serious COVID-19 cases admitted to hospital in FRA, and half of the cases exhibited pre-existing health conditions. Up to 24 March, only 5 cases out of 507 certified deaths belonged to the 15-44 age group, and all had pre-existing health issues.



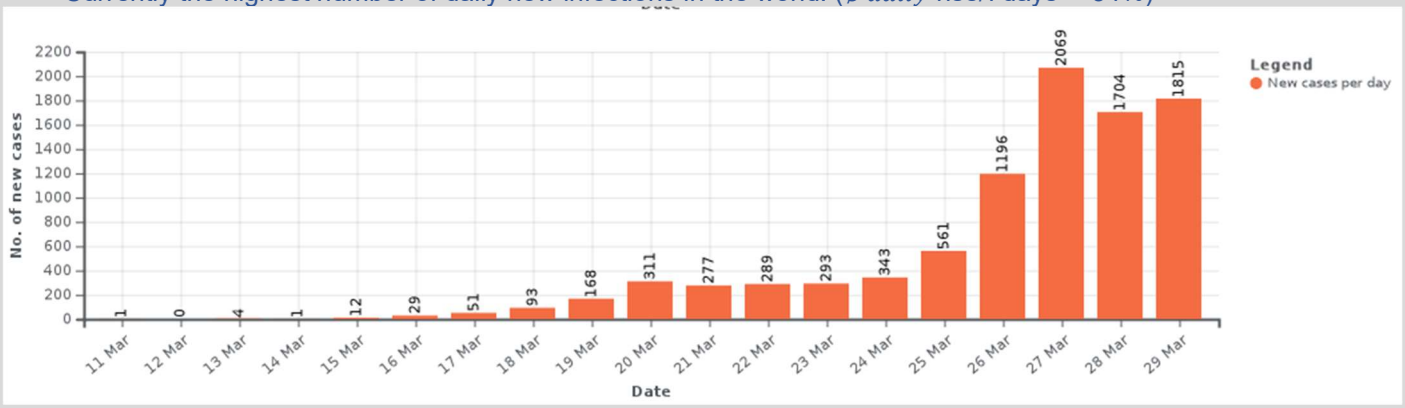
- **Germany**: As of 30 March 2020, 63,035 cases have been reported with 556 deaths and 10,534 recoveries. The relatively low death rate in comparison to other European countries, such as Italy or Spain, led to a discussion on the numbers of recorded and unrecorded cases, including their age distributions, and international differences in the number of intensive care beds with respiratory support. virologists warned that the country was simply at an earlier stage of the outbreak and fatalities would soon increase. The lockdown has been extended until 20th of April.



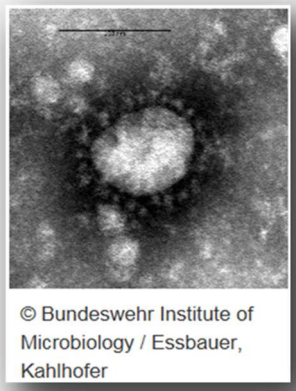
- **UK:** On 27 March, Prime Minister Boris Johnson and Health Secretary Matt Hancock tested positive for COVID-19. On 29 March, the number of confirmed deaths passed 1,000 individuals, and the Prime Minister indicated that stricter lockdown measures could be put in place. Temporary emergency hospitals set up in major conference centres to help to deal with the large number of cases expected. The first of these hospitals, is due to be opened in early April.

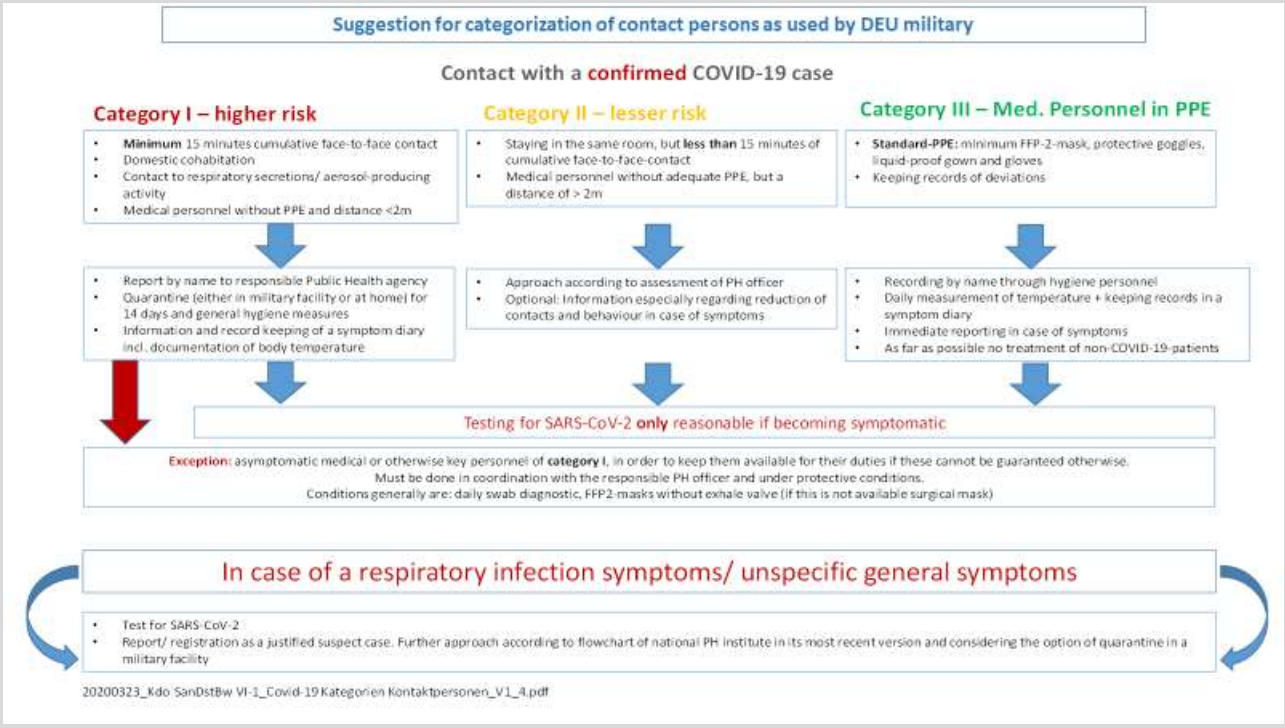


- **Turkey:** For a long time only, few cases have been reported. Now up to 2000 new cases reported each day. Currently the highest number of daily new infections in the world. ($\emptyset\ daily$ rise/7days = 34%)

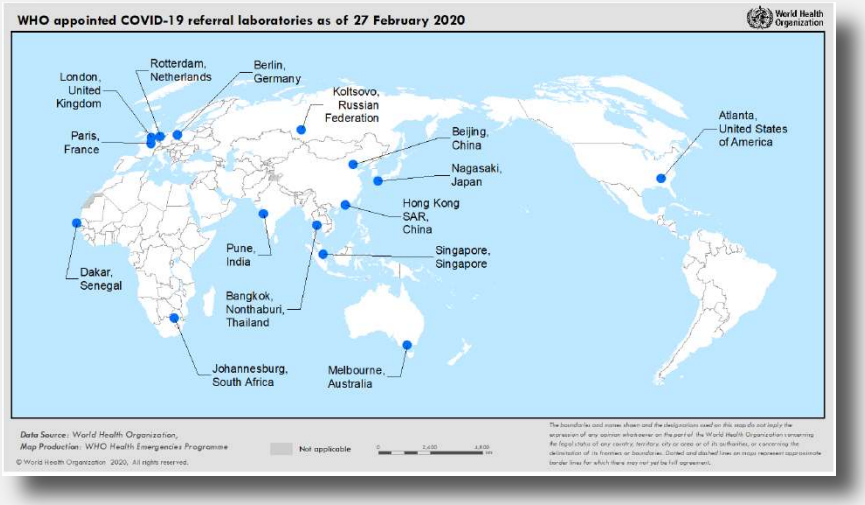


Source all Graphics: Wikipedia

Infection	• Coronavirus affects the respiratory tract of animals and humans mostly results in a dry cough, fever and cold-like symptoms. Rarely a sever pneumonia and respiratory distress with need of intensive care and consequent death is possible. Estimated 10 -15% of common colds are through to be due to Coronavirus infections, globally. • It`s almost certain that the transmissibility of the Virus occurs also in patients with mild or beginning symptoms. These patients assume themselves as not sick enough to go on sick call and can become a threat for other humans. • Incubation time of the virus lies between 2-14 (WHO) and 2-12 (ECDC) days. A transmission can also take place during this time. • COVID-19 infection causes mild disease (i.e. non-pneumonia or mild pneumonia) in about 80% of cases and most cases recover, 14 % have more severe disease and 6% experience critical illness. • Recovery time for people with mild disease is about two weeks, for people with severe or critical disease three to six weeks. • Information and technical guidance for Laboratory testing for COVID-19 in humans you could find under: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance • The virus shows a wide Public Health dimension as especially patients with mild infections can spread the virus unnoticed to contact persons. • The virus infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people (that is people over 60 years old); and those with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer). The risk of severe disease gradually increases with age starting from around 40 years. It's important that adults in this age range protect themselves and in turn protect others that may be more vulnerable.  © Bundeswehr Institute of Microbiology / Essbauer, Kahlhofer **EM picture of SARS-CoV-2**
Duration of the outbreak	Many missinformation about the duration of the outbreak had been leaked over time. As from today no definitve statement can be made, as scientist are still learning during the outbreake. We tried to summerized some of SME assumptions: "The WHO asserts that this pandemic can be controlled. The peak and ultimate duration of the outbreak is uncertain and may differ by location. Maciej Boni of Penn State University stated, "Left unchecked, infectious outbreaks typically plateau and then start to decline when the disease runs out of available hosts. But it's almost impossible to make any sensible projection right now about when that will be". However, the Chinese government's senior medical adviser Zhong Nanshan argued that "It could be over by June" If all countries can be mobilized to follow the WHO's advice on measures to stop the spread of the virus. Adam Kucharski of the London School of Hygiene & Tropical Medicine stated that SARS-CoV-2 "is going to be circulating, potentially for a year or two" According to the Imperial College study led by Neil Ferguson, physical distancing and other measures will be required "until a vaccine becomes available (potentially 18 months or more)". William Schaffner of Vanderbilt University stated, "I think it's unlikely that this coronavirus—because it's so readily transmissible—will disappear completely" and it "might turn into a seasonal disease, making a comeback every year". The virulence of the comeback would depend on herd immunity and the extent of mutation."
Case definition by WHO	• **Laboratory testing** for COVID-19 should be performed for suspected cases according updated WHO case definition: **Suspect case** A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the14 days prior to symptom onset. OR B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset; OR C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation. **Probable case** A. A suspect case for whom testing for the COVID-19 virus is inconclusive. a. Inconclusive being the result of the test reported by the laboratory. OR B. A suspect case for whom testing could not be performed for any reason.

	Confirmed case A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms. •Technical guidance for laboratory testing can be found here. **Definition of contact** A contact is a person who experienced any one of the following exposures during the 2 days before an after the onset of symptoms of a probable or confirmed case: 1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 min. 2. Direct physical contact with a probable or confirmed case; 3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protectiveequipment1; OR 4. Other situations as indicated by local risk assessments. Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation. The European case definition by ECDC you will find here.
Categorization of contact persons	

Laboratory Network and Detection	• WHO named 16 COVID-19 reference laboratories. These international laboratories can support national labs to confirm the COVID-19 virus. • WHO procured a commercial assay (ISO:13485) and shipped it to over to laboratories globally as interim measure to strengthen global diagnostic capacity for detection of the virus. • WHO published guidance (interim laboratory guidance for detection and interim guidance on biosafty) including advice on sample collection, diagnostic testing, and pathogen characterization for COVID-19, which are continually updated as more data becomes available. • **Laboratory testing** for COVID-19 should be performed for suspected cases according to the updated WHO case definition. • **Source: WHO „Situation Report – 38 as of 27 February 2020**
Strategic	Strategic objectives for response by WHO are: • Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread *; • Identify, isolate and care for patients early, including providing optimized care for infected patients; • Identify and reduce transmission from the animal source; • Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines; • Communicate critical risk and event information to all communities and counter misinformation; • Minimize social and economic impact through multisectoral partnerships. *This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in health care settings, implementation of health measures for travellers, awareness-raising in the population and risk communication..
Mental health aspects (as an example of the DEU BW)	During a pandemic considerable physical and psychic stress can occur to concerned persons, relatives and personnel. It is necessary to assign a psychosocial clinical emergency care timely, by incorporating all SMEs in this field. An example of the DEU army Mental health center how to cope with the outbreak stress you can find down here. **General information on prevention:** A pandemic usually puts an increased burden – psychologically and physically – on affected people, their relatives and staff tasked with fighting the disease. Especially with regards to maintaining endurance the scientific community and professional societies (e.g. DIVI and DGPPN) recommend adapting the already established and standardized preclinical processes in the field of psychosocial trauma care to a clinical setting, at least in those hospitals treating patients affected with the pandemic disease. Large hospitals should order staff with relevant training (e.g. psychiatrists, psycho-therapists etc.) as well as staff with related experience (e.g. priests), ideally with experience in palliative care to develop and maintain an easy-to-access, transparent clinical psychosocial emergency concept for the infected, their relatives and medical staff. **Home quarantine and self-isolation** can have serious psychosocial consequences. There are three critical factors: - The feeling of (losing) independency



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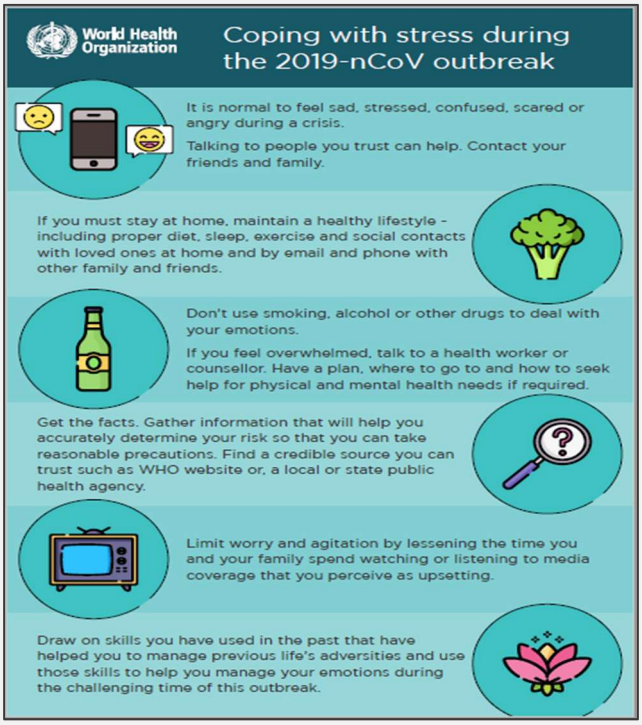
- The feeling of connectedness (with others)
- The feeling of self-competence (the feeling of something meaningful/effective)

In order to prevent such situation or to alleviate their impact on the individual there is some advice to be followed.



Information of the psychologic service on handling COVID-19

In order to mitigate the spread of COVID-19 (SARS-CoV-2) several measures aiming at implementing social-distancing or even quarantine/self-isolation have been implemented by the governments of most countries. This results in an increasing number of people ordered to stay at home, especially people that are (potentially) infected must stay at home.

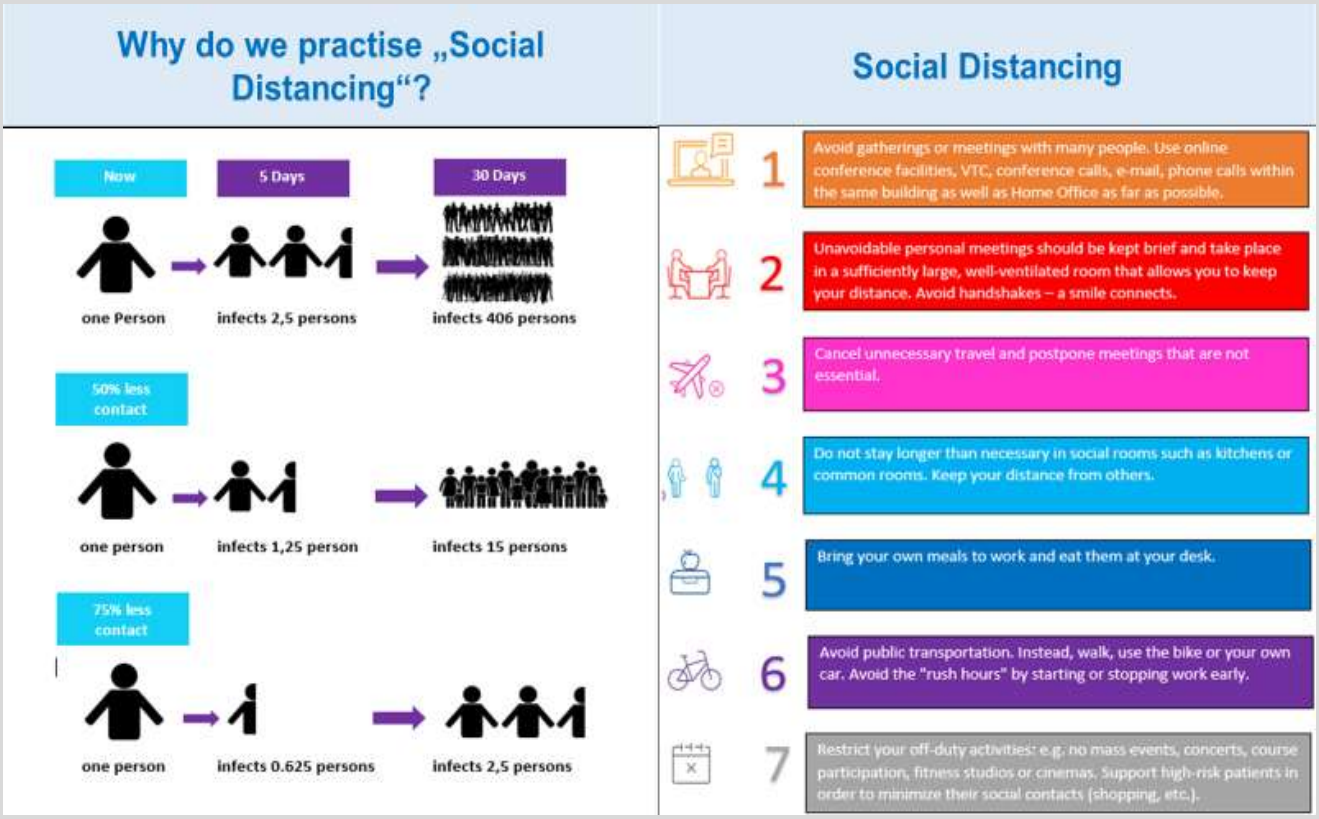
Recommendations:

These measures don't leave anybody unaffected. Reducing our social contacts can be burdensome for us. Being as suspect case, the fear of being infected or the disease itself can also negatively impact our psyche. In order to handle this burden, the following is recommended:

- **Access trustworthy information - gain safety:** Frequent information from reliable sources (e.g. public broadcasting, websites of the federal ministries) helps to avoid getting lost in thoughts. Thereby safety in a situation where fear and anxiety are "perfectly normal and understandable" is maintained/regained.
- **Accept your feelings:** Quick and frequent changes of your feelings and emotions are a normal thing during a crisis: Feelings like helplessness, fear, anger and inner emptiness can come and go very quickly. In such emotional times no important/life changing decisions should be made.
- **Set goals:** This allows you to regain the feeling of being in control of the situation. The goals need to be achievable and should fit into your overall situation, e.g. keeping a diary, developing new skills, cleaning the flat, completing tasks you tend to postpone.
- **Talk about it**: Talk to your friends, relatives, colleagues and comrades. Sharing your fears and hopes with them helps during a crisis.
- **Stay in touch**: It is very important to maintain social contacts regularly via telephone, messenger apps, video calls and the like. COVID-19 shouldn't be the only topic in those conversations. Take care of your interlocutors, change the topic if you feel the topic is annoying or stressing them.
- **Seek distraction**: Actively distract yourself from the dominating COVID-19 pandemic: Try to have conversations about other topics, read a good book, watch a movie or try to spend time on things you like to do (e.g. a hobby , if possible given the current situation).
- **Allow humor**: "Humor is allowed!" – humor is "battle-proven" against hopelessness. Smiling and laughing often bring relief during stressful situations
- **Stay active**: Complete tasks you usually don't have time for and focus on positive activities, e.g. needlework, cooking or watching a good movie.
- **Do physical exercises**: It is important to stay physically active. Exercising helps to reduce stress levels and increase your wellbeing. WHO recommend 30min per day for adults and 1 hour for children.
- **Maintain your everyday rhythm**: Try to keep your everyday rhythm during this exceptional situation. Get up at a regular time, fulfill your chores and enjoy your free time afterwards. Eat at the same time you would usually eat and try to go to bed at the same time you would usually go to sleep (this is especially important for children).
- **Activate your resources**: Look for things that keep up your mood and think about calming and encouraging sentences you can tell yourself and your family, such as "We'll manage this situation together!" **Don't lose track of your own strengths**: During a crisis focus automatically will be on fears and things that don't work. In order to compensate this and to maintain a positive mentality it is of utmost importance to refocus actively on the things that are working, your strengths and what you have already achieved. **What can parents do to take fears away from their children?**

A WHO guideline on this topic can be found here.

Social distancing



Understanding the Difference

	 Surgical Mask	 N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (**FDA**)	Evaluated, tested, and approved by **NIOSH** as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (**only non-oil aerosols**).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

CDC NIOSH
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Recommendations

Recommendation for international business travellers	**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 you can find at IATA and International SOS. **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. 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 • A medical mask is not required if exhibiting no symptoms, as there is no evidence that wearing a mask – of any type – protects non-sick persons. 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. **People returning from affected areas** (= countries, provinces, territories or cities experiencing ongoing transmission of COVID-19, in contrast to areas reporting only imported cases) **should self-monitor for symptoms for 14 days and follow national protocols of receiving countries. Some countries may require returning travellers to enter quarantine. If symptoms occur, such as fever, or cough or difficulty breathing, persons are advised to contact local health care providers, preferably by phone, and inform them of their symptoms and their travel history.** Source: WHO
Recommendation for NATO personnel	Preventive measures are the same as for other viruses circulating at this time of the year such as Influenza. Following recommendations can all contribute to interrupting transmission of COVID-19 and a wide range of other infectious diseases: • Avoiding close contact with people suffering from acute respiratory infections. • Frequent hand-washing, especially after direct contact with ill people or their environment. • Avoid mass gathering events and places with high amount of people. • Avoiding unprotected contact with farm or wild animals. • People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands). • If returning from a trip to an affected area please adhere to the aforenamed recommendation (in red). **NATO personnel from risk areas coming to the theatre (e.g. after home vacation) should be report to JMed and screened closely for the disease as they can act as a spreader of the virus. Please be aware of the current regulation for incoming personal in your AOO.**
EU recommendations	The European Commission released a guideline with “EU recommendations for testing strategies” and “EU recommendations for community measures”. The first document talks about whom to test in the EU and the Do and Don´t. The latter give a guiding when to initiate and when to end community measures as well talks about social distancing and infection and control measures and when to introduce lockdown measures.
US recommendations	United States Department of Defence released a guideline with COVID-19 practice Management for Clinical management of COVID-19 find here.

Risk Assessment	
Global	• Because of global spread and the human-to-human transmission the **high** risk of further transmission persists. • Travellers are in high risk for infection worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks. • Individual risk is dependent on exposure. • National regulation regarding travel restrictions, flight operation and screening for single countries you will find here. • Official IATA changed their travel documents with new travel restrictions. You will find the documents here. • Public health and healthcare systems are in high vulnerability as they already become overloaded in some areas with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed. • Appropriate to the global trend of transmission of SARS-CoV-2 an extensive circulation of the virus is expectable. At this moment of time, asymptomatic persons as well as infected but not sickened persons could be a source of spreading the virus. Therefore, no certain disease free area could be named globally.
Europe	ECDC assessment for EU/EEA, UK: • **Risk for sever disease associated with COVID-19 infection:** currently considered **moderate** for the general population and **very high** for older adults and individuals with chronic underlying conditions. • **Risk of occurrence of widespread national community transmission**: is **moderate** if effective mitigation measures are in place, and **very high** if insufficient mitigation measures are in place.. • **Risk of healthcare system capacity being exceeded**: considered **high** in the coming weeks.

References:

- European Centre for Disease Prevention and Control www.ecdc.europe.eu
- World Health Organization WHO; www.who.int
- Centres for Disease Control and Prevention CDC; www.cdc.gov