

Force Health Protection  
Branch  
NATO MilMed COE  
Munich



## Short Update 15a COVID-19 Coronavirus Disease 15<sup>th</sup> of April 2020



[info.dhsc@coemed.org](mailto:info.dhsc@coemed.org)

Branch Chief  
Phone: +49 89 1249 4003  
Branch Admin  
Phone: +49 89 1249 4001

### GLOBALY

**1 955 601**  
Confirmed cases

486 327 recovered  
126 722 death

### USA

(x2 in 11.5 d ↘)  
**608 137**  
confirmed cases  
49 444 recovered  
25 988 death

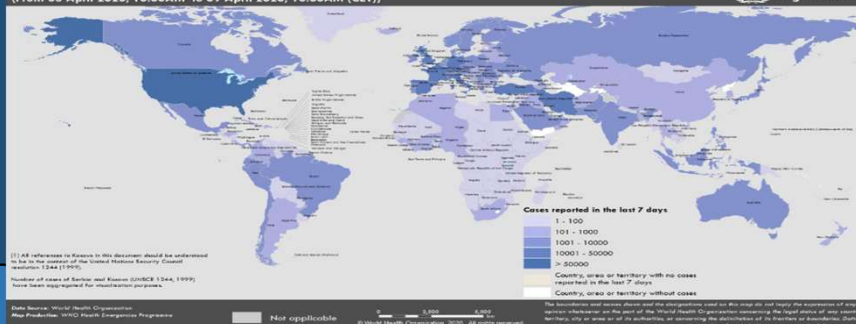
### IRAN

(x2 in 27 d ↘)  
**74 877**  
confirmed cases  
48 129 recovered  
4 683 death

### CANADA

(x2 in 10.5 d ↗)  
**27 050**  
confirmed cases  
8 235 recovered  
903 death

Countries, areas or territories with COVID-19 cases reported in the last 7 days  
(From 03 April 2020, 10:00AM to 09 April 2020, 10:00AM (CET))



### News:

- No new countries/territories/areas reported cases of COVID-19 since the last update.
- USA temporarily halts the funding to the WHO.
- WHO** remarks again: That the number of confirmed cases reported by countries reflects national laboratory testing capacity and strategy, thus the interpretation of the number of cases reported should take this into account.
- WHO** as of 9 April WHO reported the COVID-19 transmission scenario for each country. Transmission scenarios are self-reported by Member States to WHO and still pending in some of them. The transmission scenarios are: no confirmed cases, sporadic cases, clusters of cases, and community transmission. Classifications are reviewed on a weekly basis and may be upgraded or downgraded as new information becomes available.
- Find Articles and other materials about COVID-19 at our website <https://www.coemed.org/resources/COVID19>
- Please use our online observation form to report your lessons learned observations as soon as possible. [https://forms.office.com/Pages/ResponsePage.aspx?id=Ada59cF6jUaZ\\_fZxuxzA\\_AVLXriN\\_74RJnkC57W6UsgRUQVhUVlk4TUUzM1IERONDuZuE1MzSSDVOSi4u](https://forms.office.com/Pages/ResponsePage.aspx?id=Ada59cF6jUaZ_fZxuxzA_AVLXriN_74RJnkC57W6UsgRUQVhUVlk4TUUzM1IERONDuZuE1MzSSDVOSi4u)

### Risk Assessment

#### 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.

#### GLOBAL

- \* The risk for people travelling/resident in affected provinces with ongoing community transmission is currently very high.

### EUROPE

**963 057**  
confirmed cases  
245 970 recovered  
85 125 death

### SPAIN

(x2 in 23.5 d ↘)  
**174 060**  
confirmed cases  
67 504 recovered  
18 255 death

### ITALY

(x2 in 27 d →)  
**162 488**  
confirmed cases  
37 130 recovered  
21 067 death

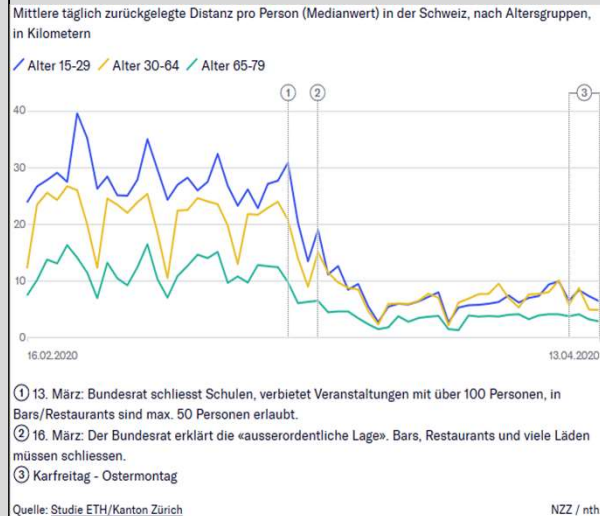
### GERMANY

(x2 in 24.0 d ↘)  
**132 210**  
confirmed cases  
67 056 recovered  
3 495 death

## Situation in Europe

The studie on the right side reported the daily distance covered by 2 500 studied Swiss. Numbers weighted to be representative for the 15 to 79 year old population. In all age groups, the daily distance covered per person has dropped to significantly less than 10 kilometres on average; people under the age of 25 have adjusted their behaviour the most. Despite the wonderful spring weather, the Swiss stayed at home on Easter weekend, as the latest figures show. Despite this good news: with around 305 confirmed infections per 100,000 inhabitants worldwide, Switzerland is the most affected by the corona virus, only Spain has more cases per capita. Figures: 1- first regulation, closing of schools, restaurants and mass gatherings; 2- lock down; 3- Easter weekend

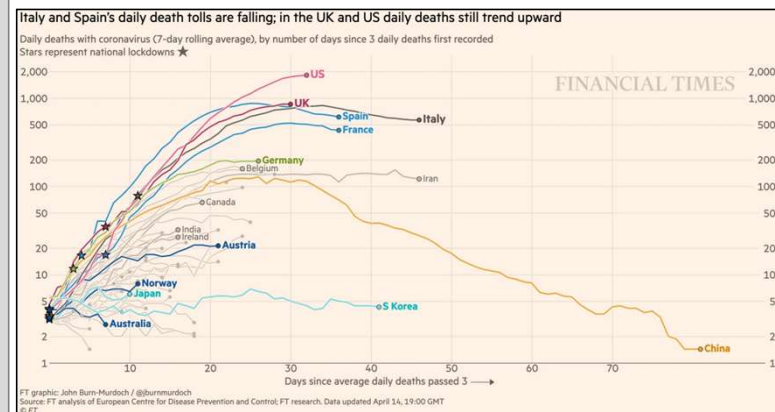
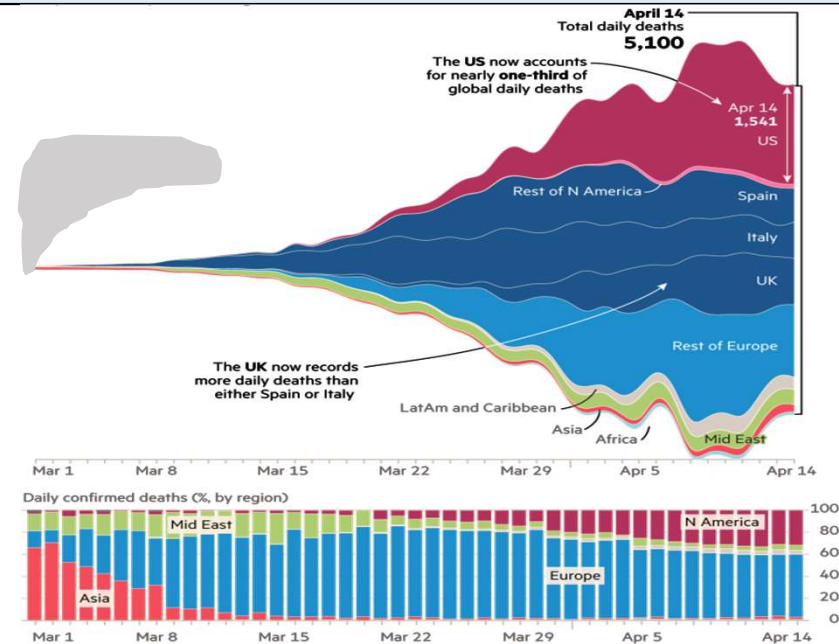
Source: NZZ.ch as of 15 April



- HUN:** In an old people's home in Budapest, more than 200 people have contracted the corona virus. Ten senior citizens have died so far, as Hungary's chief medical officer Cecilia Müller announced. In other Hungarian old people's homes and nursing homes, staff and residents have been infected to a large extent with the Sars-CoV-2 virus. The facility in Rakoskeresztur, in which more than 500 mostly elderly people in need of care live, is currently the worst source of infection among homes of this type.
- SWE:** Reported over 1.000 fatalities and nearly 11.500 cases until now. This means largest registered number of cases in Scandinavia ahead of Norway (around 6600 infections and 130 deaths) and Denmark (around 6500 infections and 300 deaths). However, the country with its approximately 10.3 million inhabitants has almost twice as many inhabitants as Denmark, Norway or Finland. In contrast to its Scandinavian neighbours, Sweden is pursuing a more liberal strategy in the fight against the spread of the Sars-CoV-2 virus: you can continue to go to restaurants and cafés in the country, schools and kindergartens are also still open. Public gatherings are only prohibited for more than 50 people.
- FRA:** With more than 760 new deaths, the country reported the highest number of COVID-19 deaths in one day. The authorities reported 762 new deaths on Tuesday, bringing the total number of deaths to a total of 15,729.

## Global Situation

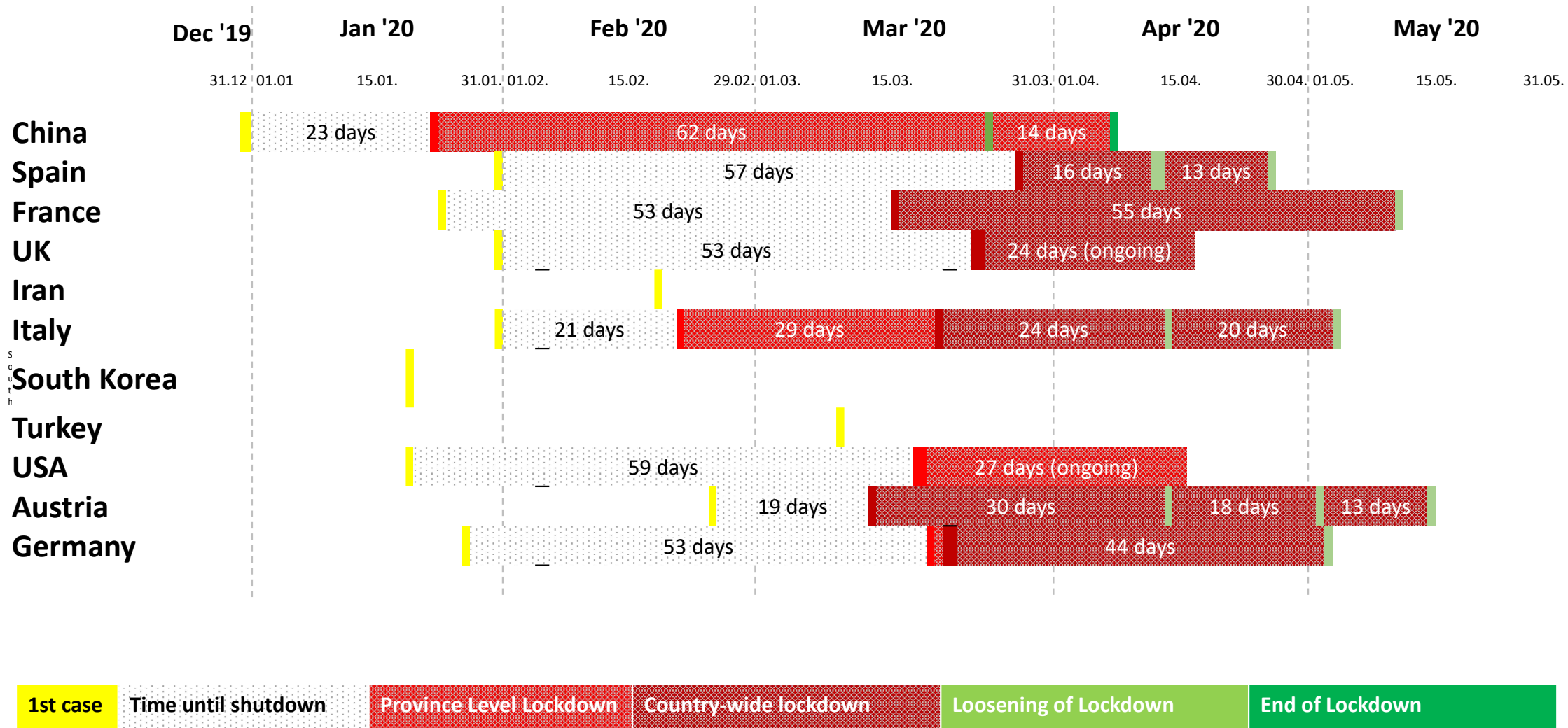
The number of daily deaths shows a trend. At the beginning of March, Asia accounted for more than 60% of coronavirus-related deaths. Within a week, attention shifted to Europe, with Spain and Italy the new global hot spots. Although the region still accounts for more than half of global deaths, the focus has now turned to the US, where the death toll has increased rapidly in recent days.



The US now has the highest number of new cases globally. Total infections in the past week topped 100 000. However new confirmed cases counts in some European countries have begun to plateau, and in Italy they are starting to fall.

Source: Financial Times as of 14 April

# Time between 1st case, implementation of a lockdown and loosening of lockdown





# When to use a mask

To wear or not to wear? That has become the key question during the pandemic as the face mask has become a symbol of our changed lives under coronavirus.

Key to remember, say WHO officials, is that coronavirus is spread by droplets and not airborne transmission. "The most likely person to become a case is someone who has been in significant contact of another case".

WHO still don't recommend mask wearing by the general public. "We don't generally recommend the wearing of masks in public by otherwise well individuals because it has not up to now been associated with any particular benefit,".

The ECDC published a paper as of 6 April about [„Using face masks in the community. Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks”](#).

The scope of the document is to provide the ECDC opinion on the suitability of face masks and other face covers in the community by individuals who are not ill in order to reduce potential pre-symptomatic or asymptomatic transmission of COVID-19 from the mask wearer to others.

There are three important caveats related to the use of face masks in the community:

- It should be ensured that medical face masks (and respirators) are conserved and **prioritised for use by healthcare providers**, especially given the current shortages of respiratory personal protective equipment reported across EU/EEA countries.
- The use of face masks may provide a **false sense of security** leading to suboptimal physical distancing, poor respiratory etiquette and hand hygiene – and even not staying at home when ill.
- There is a risk that **improper removal** of the face mask, handling of a contaminated face mask or an increased tendency to touch the face while wearing a face mask by healthy persons **might actually increase the risk of transmission**.

The use of face masks in public may reduce the spread of infection in the community by minimising the release of respiratory droplets from infected people.



A medical face mask (also known as surgical or procedure mask) creates a barrier between hospital staff and patients by covering the mouth, nose and chin. It is used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and nose of the wearer. It also reduces and/or controls the spread of large respiratory droplets from the person wearing it.



Non-medical face masks (or "community" masks) include various forms of self-made or commercial masks and face covers made of cloth, other textiles or other materials (e.g. paper). They are not standardised and not intended for use in healthcare settings or by healthcare professionals.



A respirator or a filtering face piece is designed to protect the wearer from exposure to airborne contaminants and is classified as personal protective equipment. Filtering face pieces are mainly used by healthcare workers, especially during aerosol generating procedures. Valved respirators are not appropriate for use as a means of infection control, as they do not prevent the release of respiratory particles from the wearer into the environment.

The use of **medical** face masks by healthcare workers must be given priority over their use in the community.



The use of **face masks** in the community may be considered when visiting busy, closed spaces such as grocery stores, shopping centres, or when using public transport etc.

Face masks should only be considered as a **complementary** measure and not a replacement for established preventive practices, such as physical distancing, cough and sneeze etiquette, hand hygiene and avoiding face touching.



Remember! Proper use of face masks is key for their effectiveness and safety.



Make sure the face mask completely covers your face from the bridge of your nose down to your chin.



Clean your hands with soap and water or an alcohol-based hand sanitizer before putting on face mask and after taking it off.



When taking your face mask off, remove it from behind – do not touch the front of it.



If your face mask is disposable, dispose of it in a safe way.



If your mask is reusable, wash it as soon as possible after each use with warm detergent at 60°C.



Campaigns showing the appropriate use of face masks by the public may improve their effectiveness and take-up.