



Update 16 (20th of April 2020)

Information about Infection disease COVID-19 (novel coronavirus)



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

20th of April 2020

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

HIGHLIGHTS/NEWS

- No new country/territory/area reported cases of COVID-19 over the weekend.
- Globally, the number of reported confirmed cases exceeded 2 million.
- Concerning current reporting of alleged "renewed infections" with the SARS-CoV2 virus is a "flare-up" of the disease, not a new infection. According to all currently known studies, COVID-19 leaves a sufficient immune response with effective amounts of antibodies, which protect against a new infection and thus also against a severe course of the disease. With other corona virus infections, this protection lasts for at least about two years.
- WHO** Regional Director for Europe Dr Hans Henri P. Kluge, has released a statement on the transition to a 'new normal' during the COVID-19 pandemic, stressing that it must be guided by public health principles. His statement is available [here](#) and it complements new guidance on adjusting public health and social measures, available [here](#).
- WHO** has published new guidance, available [here](#), for refugees and migrants to be included in the public health response to the COVID-19 pandemic. Refugees and migrants face the same health risks from COVID-19 as their host populations.
- FHP Branch** started to organize a weekly VTC on "COVID-19 response" next VTC will take place on Wednesday, 22th of April focusing on **Testing strategies for COVID-19**
Results of the VTC will be reported in the small Update on Friday

Find articles and other materials at the MilMed CoE homepage

<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_fZxuxzAAVLXriN_74RJnkC57W6UsgRUQVhUVlk4TUUzM1IER0NDUzE1MzZSSDVOSi4u

GLOBALLY

2 363 961
confirmed cases
624 725 recovered
165 234 deaths

EU/EEA and the UK

1 135 765
confirmed cases
321 035 recovered
103 850 deaths

USA

(x2 in 15.5 d →)

758 119
confirmed cases
70 951 recovered
40 610 deaths

Spain

(x2 in 29.0 d ↗)

198 674
confirmed cases
77 357 recovered
20 453 deaths

Italy

(x2 in 36.0 d ↘)

178 972
confirmed cases
47 055 recovered
23 660 deaths

Germany

(x2 in 37.5 d ↘)

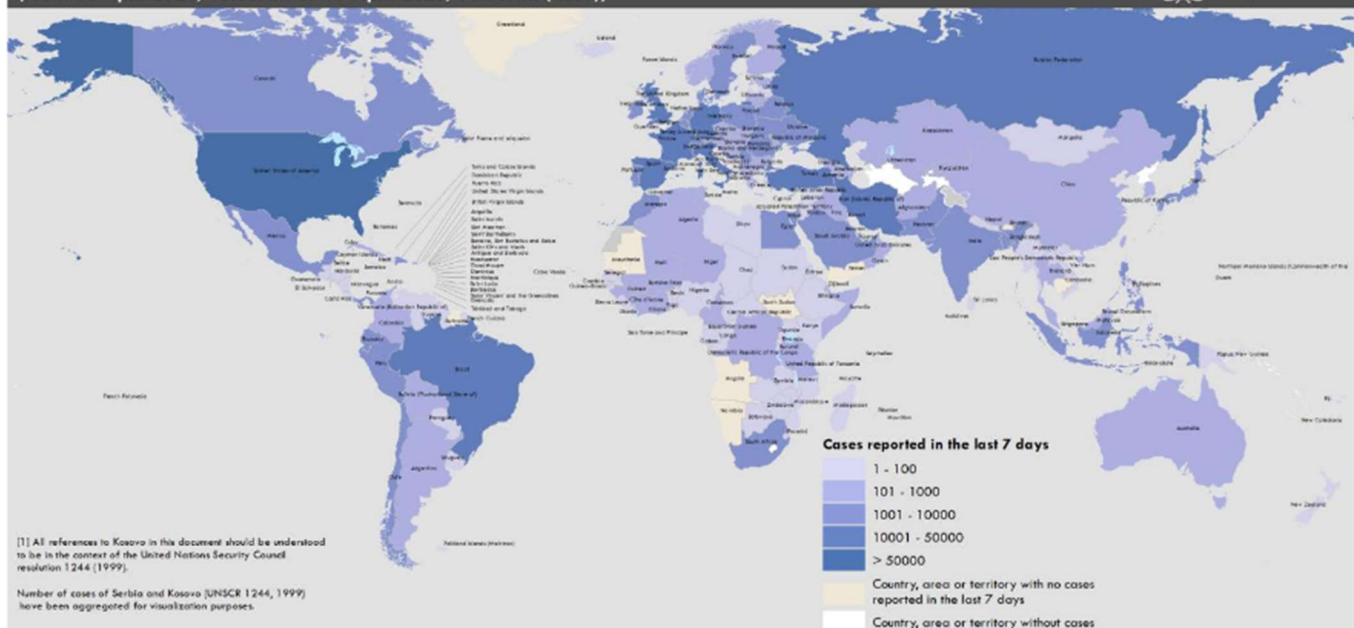
145 742
confirmed cases
88 000 recovered
4 642 deaths

United Kingdom

(x2 in 13.5 d ↗)

120 067
confirmed cases
not reported - recovered
16 060 deaths

Countries, areas or territories with COVID-19 cases reported in the last 7 days (From 13 April 2020, 10:00AM to 19 April 2020, 10:00AM (CEST))



[1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

Not applicable

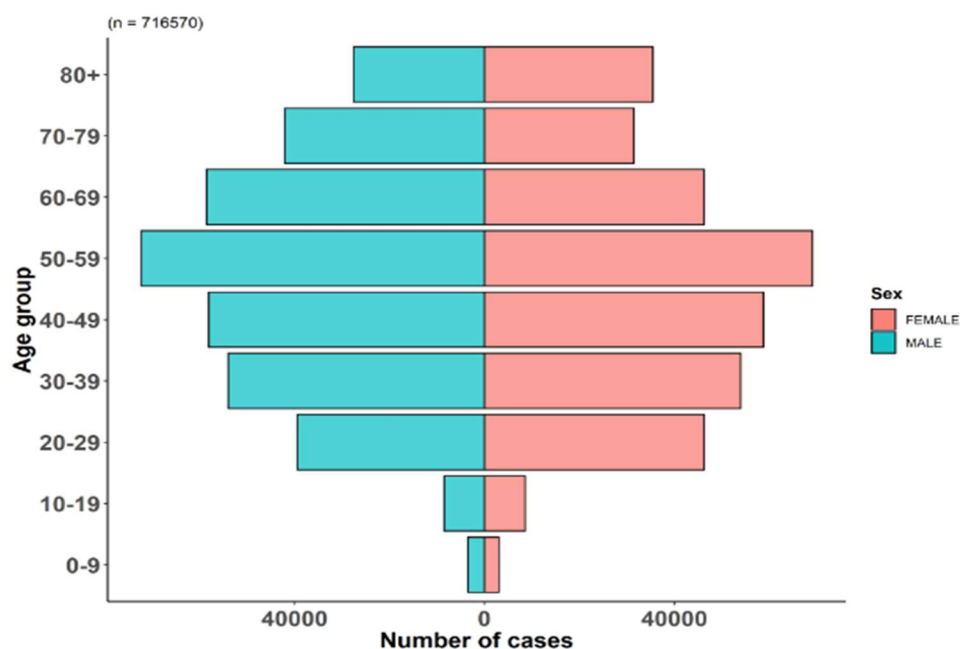
0 2,500 5,000
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Bullet Points

Global Situation

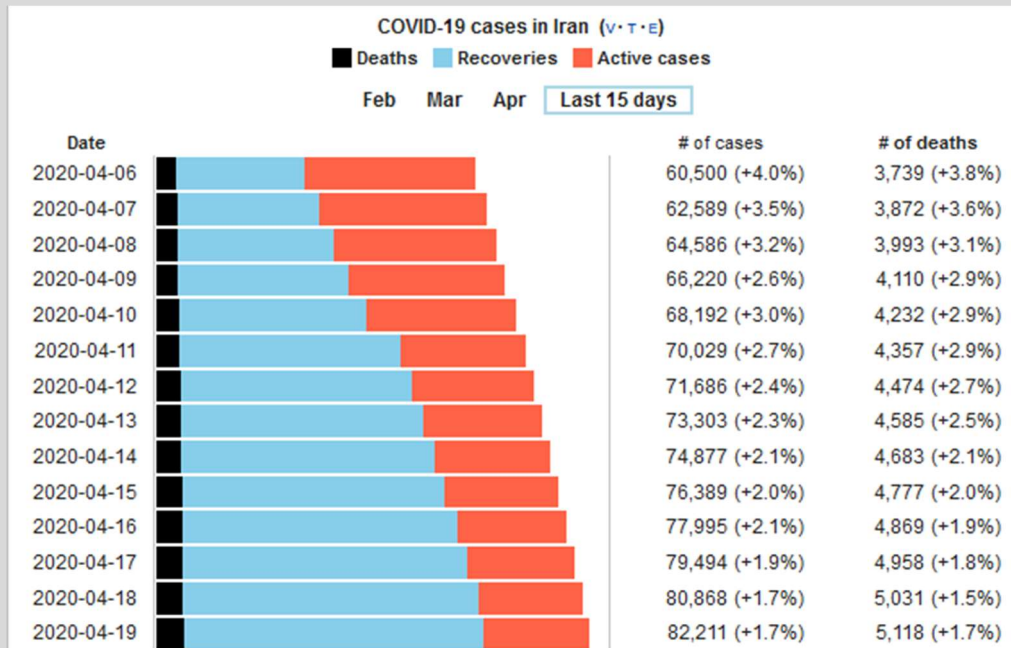
Figure 2: Distribution by age and sex of confirmed COVID-19 cases reported to the WHO case-based surveillance system to date.



USA: The United States are the most heavily coronavirus-affected country in the world. A study now revealed a huge unreported number of cases.

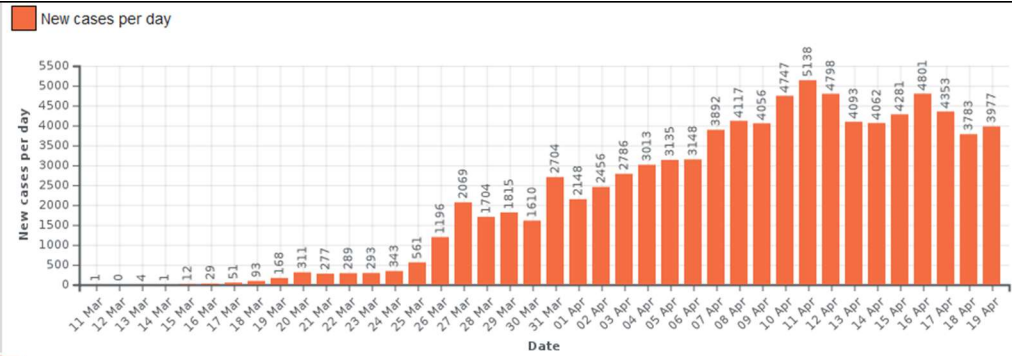
IRN: The government allows limited reopening of smaller stores outside of the major markets in TEHERAN (IRN). After economic growth slumped by 7.6% in 2019, a further slump of 6% is expected for 2020. The government is in a dilemma. The state, already weakened by international sanctions in the past, ultimately only has the option of restarting the economy and accepting the risk of an increase in infections

Source: worldometers.info

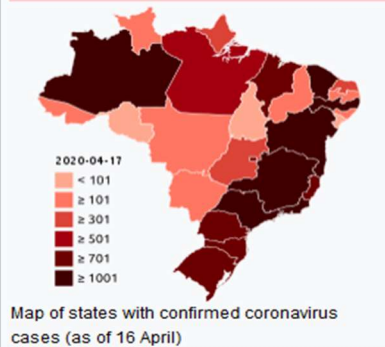


CHN: The number of deaths in Wuhan was revised upwards by 1,290 to 3,869 deaths. The total number of cases for this region was revised and is now at 50,333 (↑). The proportion of deceased cases rose from 5.1% to 7.7%. WHO was provided with reports from all regions of China with data as of April 16, 2020. A total of 83,756 cases with 4,636 deaths (4.4%) were reported.

TUR: Turkey has now overtaken China regarding the number of cases and is now in seventh place worldwide after the US and several European countries. 86,306 people were infected. That are almost 4,000 new cases within 24 hours.



2020 coronavirus pandemic in Brazil

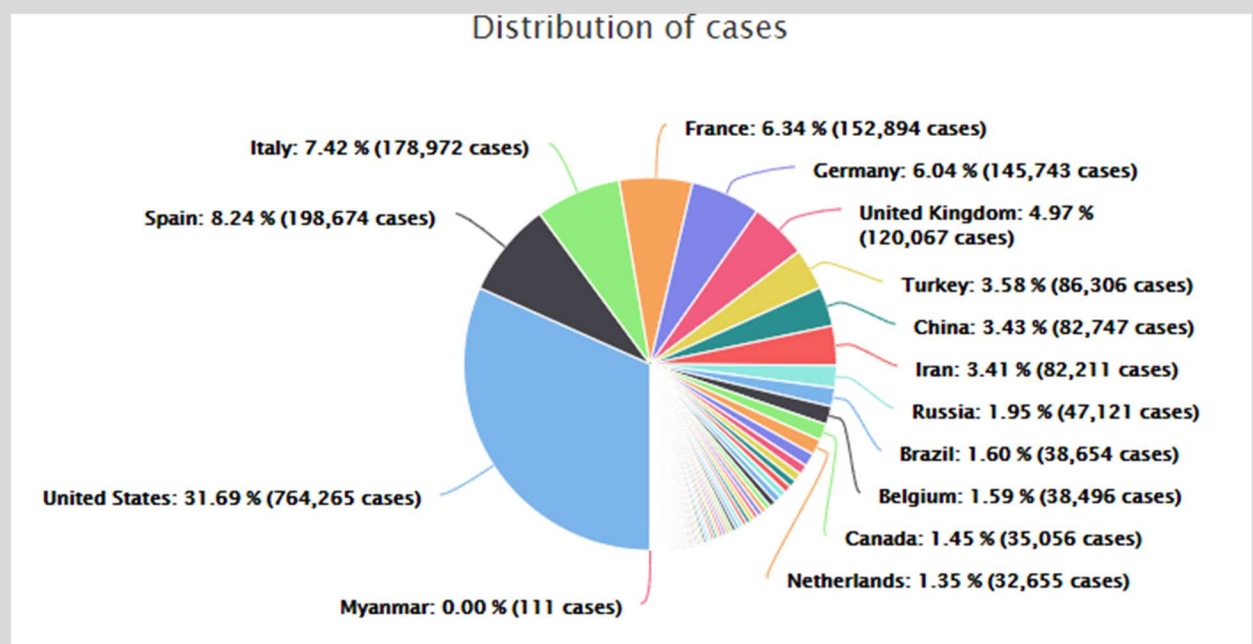


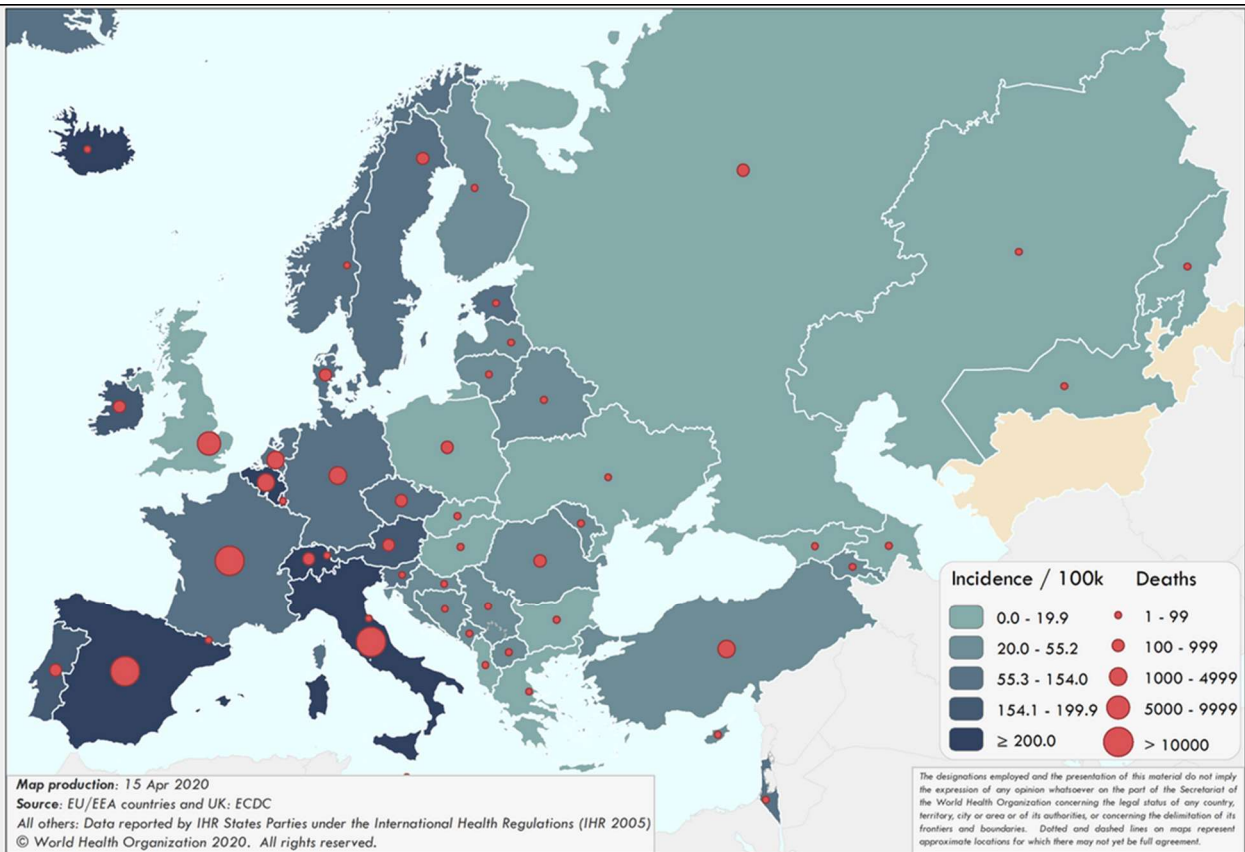
BRA: With a growing number of coronavirus infections, hospitals in Brazil are more and more reaching their capacity limits.

ZWE: measures to curb the spread of the virus have been extended by two weeks. The measures will only be loosened once the conditions set by the World Health Organization are met. Mining companies may, however, resume full operation. They generate the largest foreign currency income for the African state. Officially, three people in Zimbabwe have died from the novel corona virus and 25 people have been infected. Experts expect the numbers to increase significantly as more tests are performed.

IDN: The partial lockdown in JAKARTA has only led to little improvements. Many companies continue to operate their businesses, despite the restrictive measures. Governmental controls are not carried out to a notable extent. An extension of the measures initially imposed for two weeks is expected. The economic and social impacts are already materializing: unemployment rates and poverty are rising, economic growth slumps. Pressure on the government is growing. The population is at least partially supplied with basic goods. Larger demonstrations against the situation and in JAKARTA are planned for April 30, 2020.

Distribution of cases



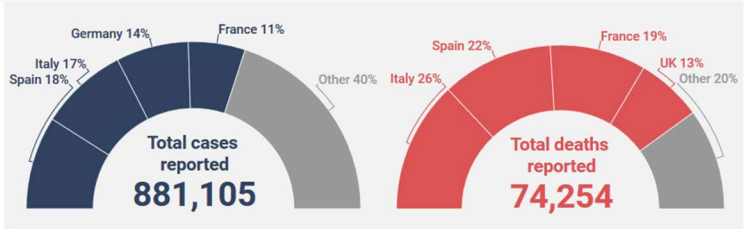


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COVID-19 situation update for the WHO European Region (06 – 12 April 2020 Epi week 15)

Key points

- The number of cases reported in Epi week 15/2020 in the Region was similar with that reported for Epi week 14/2020
- 60% of the cases were reported from Italy, Spain, Germany and France
- 80% of the deaths were reported from Spain, Italy, France and United Kingdom
- 12 countries and territories in the Region each reported a cumulative incidence >200/100,000 population
- 16% of reported infections with information available was in a health care worker
- 95% of deaths were in persons aged 60 years and older and 60% of all deaths were in men
- 95% of deaths with information available had at least one underlying condition, with cardiovascular disease the leading comorbidity (67%)
- There was a marked increase in the pooled excess all-cause mortality in 24 countries/regions that coincides with COVID-19 transmission in some countries, primarily in the age group ≥65 years, but also in the 15-64 years age group for Epi week 15/2020 (see [European Mortality Bulletin](#))
- In Epi week 15/2020, the percentage of COVID-19 detections in persons with influenza-like illness in the primary care setting was 14% (2 countries) compared to 9% in Epi week 14/2020 (5 countries) and 6% in Epi week 13/2020 (6 countries)



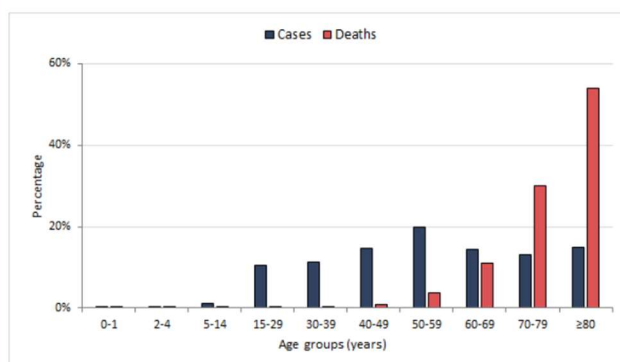
Countries & territories with reported cases	Total cases reported	Total deaths reported
60 (0)	881,105 (258,854)	74,254 (27,951)

(numbers in brackets are new for the week of 6-12 April 2020)



For more detailed information see:
[WHO Global situation reports](#) [WHO Global situation dashboard](#)

Percentage of COVID-19 cases (N=430,446) and deaths (N=28,943) by age group



Characteristics of COVID-19 cases and deaths

Characteristics	n	%	Total records with data available
Cases			
Age in years, median (range)*	55 (0-105)		347997
Sex, male*	171032	50	345281
Travelled*	14712	17	87190
Recovered*	123429	77	160899
Health care workers*	31048	16	190341
Hospitalization*	74472	34	219584
Intensive care unit admissions*	7289	5	161509
Deaths			
Age in years, median (range)^	80 (3-105)		28943
Sex, male^	17435	60	28864
At least one underlying condition^	8006	95	8403
• cardiovascular disease	4497	67	6675
• diabetes	2308	36	6470
• lung disease	1704	26	6559
• neurological disease / dementia	554	22	2534
• renal disease	513	21	2394
• malignancy	379	24	1602
• obesity	202	9	2153
• liver disease	103	4	2335
• immune disease	66	3	2308
• other	2551	44	5777

Source:

*Case report forms (n=349,651);

^Case report forms and aggregated data from Italy (10/12 April 2020) and Spain (6 April 2020) (n=473,630); Health care workers refer to occupation and not to the place of exposure

*Case report forms, mortality survey, aggregated data from Italy (10 April 2020) and Spain (6 April 2020) (n=28,966)

The governments of Austria Denmark and Germany have announced a controlled, gradual and careful opening of the respective country.

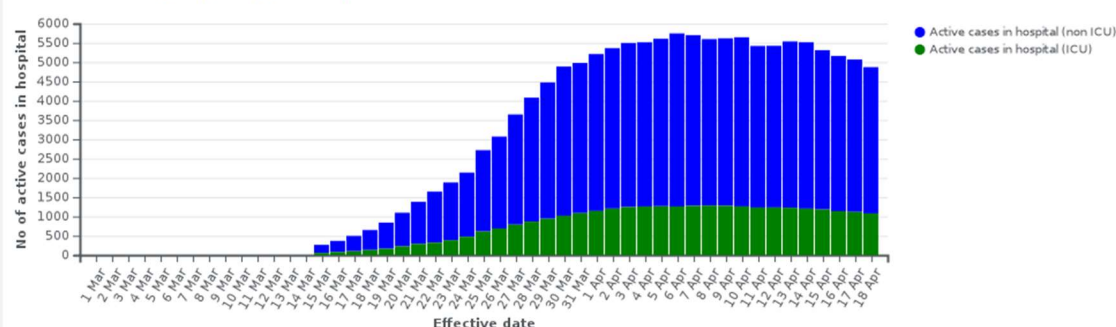
ITA: According to the authorities, the number of new COVID-19 deaths has dropped to the lowest level in a week. The civil protection authority reported 433 deaths on Sunday, after 482 on Saturday and 575 on Friday. The so-called phase 2 of the lockdown began on April 14th, 2020. Many shops, service and industrial companies are allowed to resume operation under strict hygiene rules.

ESC: the state of emergency declared on March 15th, 2020 continues. Restaurants and most shops remain closed; the basic curfew continues to apply. However, employees of non-systemically relevant companies are allowed to return to work.

FRA: has extended the curfew throughout the country until May 11th, 2020. More than 1,000 soldiers have tested positive for SARS-CoV-2 on an aircraft carrier.

BEL: has one of the highest mortality rates within Europe. In total, more than 36,000 people have been infected with the virus. A bit more than half of the total number of deaths were registered in old people's homes, the other fatalities in hospitals. More than 1,100 infected people are still being treated in ICUs - a number that has now decreased, although the situation in the health-system remains challenging.

Active cases in hospital per day (incl. ICU)



HUN: Expects the peak of the 1st wave of the disease on May 3rd. By then, the number of ventilators in the country is expected to be increased from just over 2,000 to 5,000.

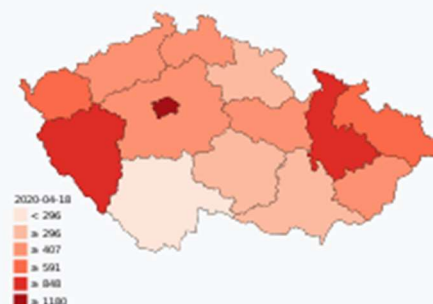
CZE: President Zeman recommended to his citizens to “discover the beauties of their own country” this summer because of the coronavirus pandemic. He announced plans to keep the country’s borders closed for a full year for foreign trips.

LUX: As of Monday, people are expected to wear face masks, covering nose and mouth wherever and whenever a distance of at least two meters cannot be maintained.

DEU: The basic reproductive rate is likely to rise (doubling time is likely to reduce) as soon as the de-escalation measures announced by federal and state governments come into effect (with an expected time delay of about 1 week for new cases and two to three weeks for new deaths). This primarily affects the age group 19 - 49 years, and therefore also the DEU armed forces. The government also announced that the de-escalation will be monitored carefully and measures will be re-introduced/tightened if cases grow too fast.

POL: Since April 18, 2020, wearing masks is required in public, at work and in cars. At the same time, the government presented a four-step plan to loosen the mitigation measures. From April 20, 2020, the entry ban on forests, parks and green zones will be lifted and the distance requirements will be relaxed slightly. The execution of the next steps, however, depends on the development of the number of cases and would also be based on the performance of the healthcare system. Criticism regarding the predictability of future measures and developments was raised by companies and business associations.

2020 coronavirus pandemic in the Czech Republic



Confirmed cases per million residents by region

Subject in Focus

De-escalation by ECDC

De-escalation

After the implementation of stringent Public Health measures (e.g. physical distancing) by most EU/EEA countries affected by COVID-19 some weeks ago, observed numbers of cases and fatalities are indicating their effectiveness within the expected delay (~ 1 week for number of new cases, 2-3 weeks for number of new fatalities). Given that the effectiveness of such measures is becoming more and more evident, it is important to start preparing a de-escalation strategy. In the long run herd immunity must be the objective. Currently no country is near reaching herd immunity (with an estimated $R_0 = 3$, approx. 67% of the population must be immune to allow for herd immunity). Therefore, the development of a vaccine is key but this will take at least until year-end 2020. In the meantime, it is important to slowly restart public life to mitigate further economic and social (e.g. mental-health and future non-compliance) consequences.

While lifting all restrictions at once would rapidly overwhelm national health-systems, maintaining current restrictions over an extended period would lead to a massive economic and social disaster. Mental-health and (non-)compliance are important factors for the effectiveness of non-pharmaceutical measures. Especially people’s compliance is of utmost importance for the effectiveness of current measures as well as for the possibility of a flexible (re)introduction of measures after a tentative loosening to allow for “optimal” infection rates. An infection rate is considered to be optimal if the incidence is slightly below the hospitals’ capacity and therefore allows more and more people to return to a rather normal life after they survived a COVID-19 infection and built up natural immunity. In this respect it is paramount to find further evidence for a lasting immunity after a COVID-19 infection (current studies are promising). While immunity is slowly built up in the population, groups at high risk (e.g. >65 years of age, smokers etc.) should be protected with a ‘cocooning’ approach.

The following points should be considered and can be seen as take-home messages:

- Keeping up strict measures is likely to put heavy burden on the economy and the population (mental health and non-compliance)
- De-escalating too quickly can lead to an upsurge in transmissions overwhelming the health-systems
- Flexible de-escalation with respect to hospital-capacity and adequate protection of high-risk groups (‘cocooning’ approach) appears to be the best way if a COVID-19 infection grants immunity
- Keeping the public compliant with current and future measures is key for success
- Having surveillance and testing systems with sufficient capacities in place is necessary to closely monitor the effects of (de-)escalation

- The effects of every (de-)escalation measure will only be seen approx. 1 week (new cases) or 2-3 weeks (new deaths) after implementation. If stricter measures appear to be necessary and are implemented immediately it will take said time until relief is felt in hospitals and at other health service providers
- Building roasters of immune workers could allow to restart regular working life in the future

During the last week some countries (e.g. DEU, DNK) announced the start of a tentative de-escalation phase (loosening lockdown and slowly restarting public/economic life by allowing some smaller businesses to reopen and also allow students to go back to school) but made clear that mitigation measures will be tightened if the number of new cases rises to fast after 10-14 days.

Other countries (e.g. CZE) announced that some measures (i.e. border closures) will be in place over the summer and maybe as long as it takes to invent a vaccine against COIVD-19 to prevent future import of COVID-19 cases.

Currently there is no observable coordination between countries' de-escalation approach. For example, DNK decided to allow younger students to come back to school, while DEU starts with senior students returning to school, while DEU universities start with online teaching only, not allowing students into the buildings/libraries.

WHO has developed the following definition for reporting COVID deaths: a COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g., trauma). There should be no period of complete recovery between the illness and death.

- **Laboratory testing** for COVID-19 should be performed for suspected cases according updated [WHO case definition](#):

Suspect case

- 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 the 14 days prior to symptom onset.
OR
- 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
- 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 suspect case for whom testing for the COVID-19 virus is inconclusive.
 - Inconclusive being the result of the test reported by the laboratory.
 OR
- 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 and after the onset of symptoms of a probable or confirmed case:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 min.
- Direct physical contact with a probable or confirmed case;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment¹; OR
- 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.

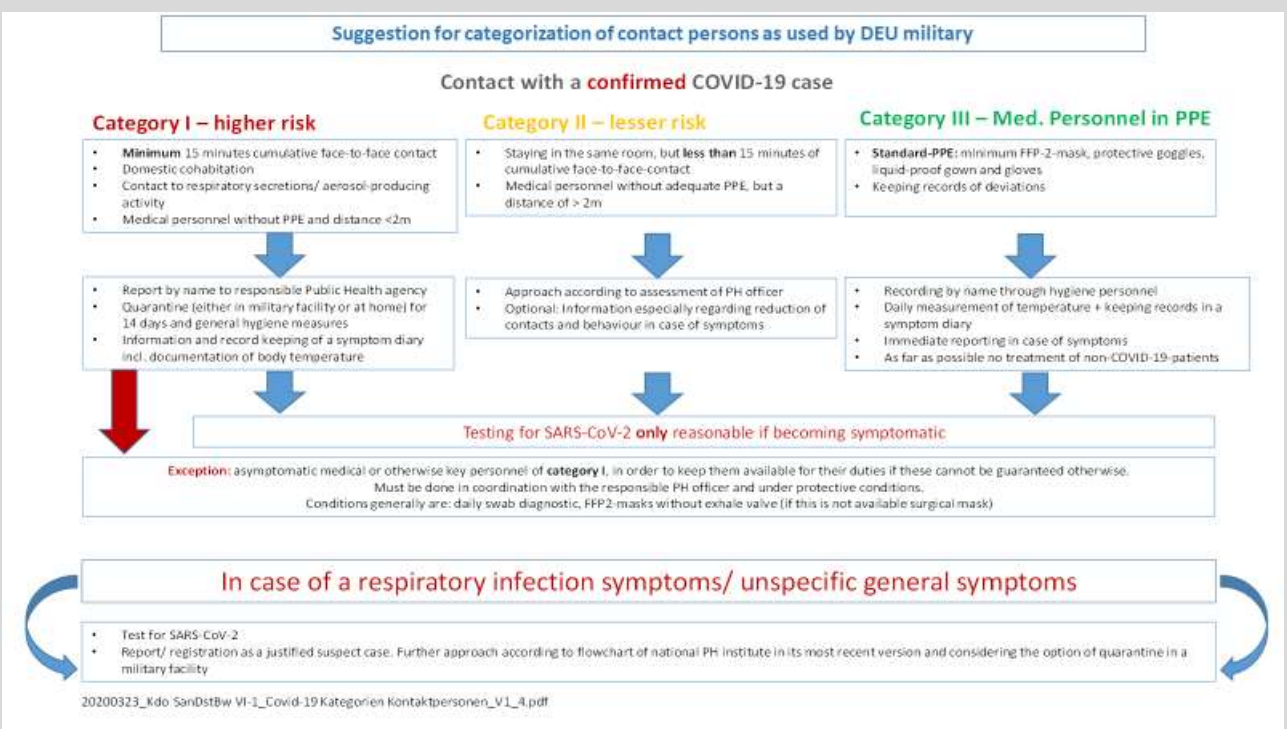
A close contact of a COVID-19 case is any person:

 who had face-to-face contact with a COVID-19 case within two metres for more than 15 minutes	 who was in a closed environment (household, classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for more than 15 minutes
 who had physical contact with a COVID-19 case	 who was in an airplane within two seats of a COVID-19 case or people who were in close contact with the case during the flight; if the case showed strong symptoms or moved around the airplane, all passengers may be 'close contacts'
 who had unprotected direct contact with infectious secretions of a COVID-19 case (for example by being coughed on)	 who was providing care to a COVID-19 case, or laboratory workers who were handling specimens from a COVID-19 case without proper personal protective equipment or with a possible breach of such equipment.

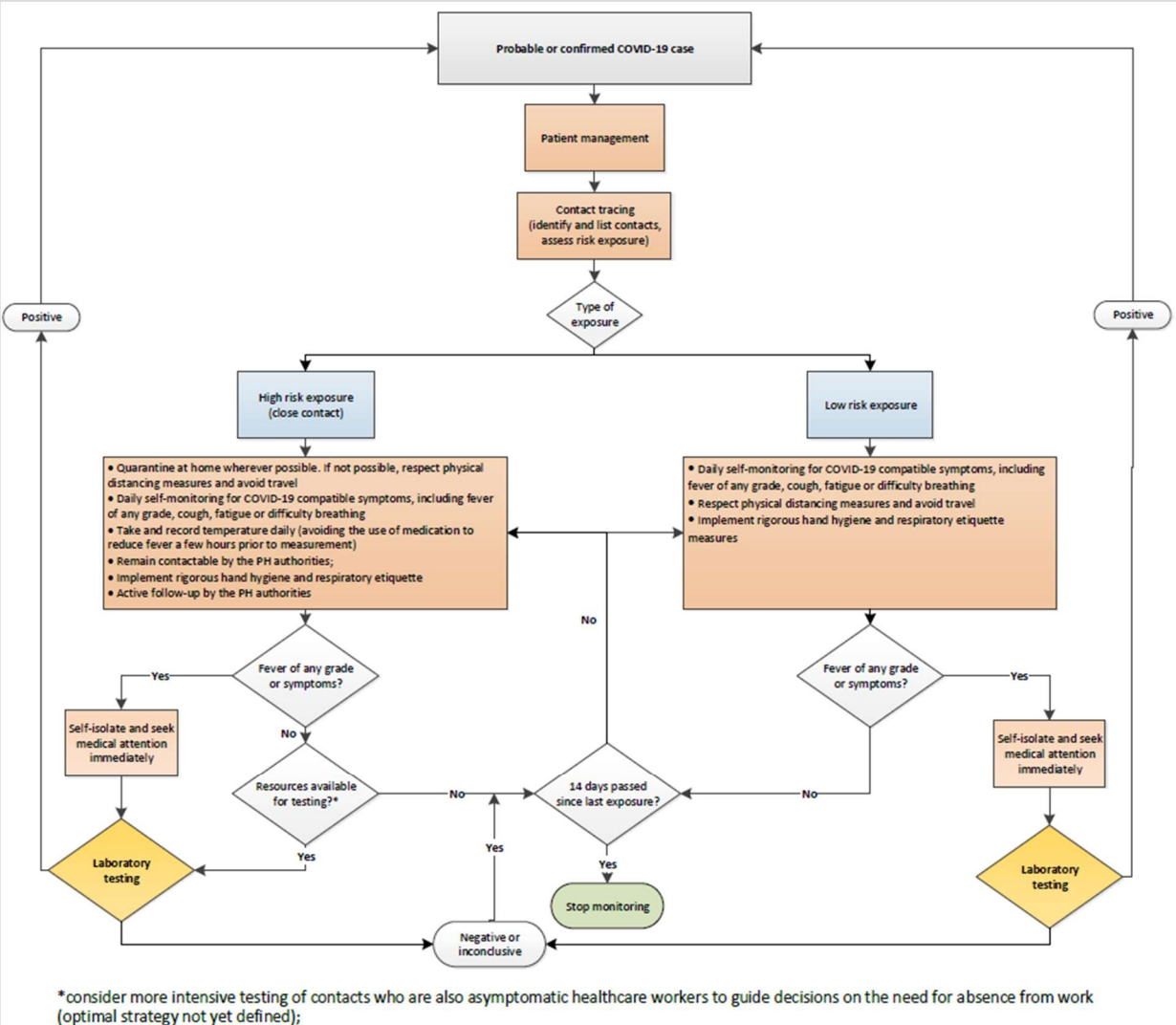
ecdc.europa.eu #COVID19 

The European case definition by ECDC you will find [here](#).

Suggestion of managing contact persons

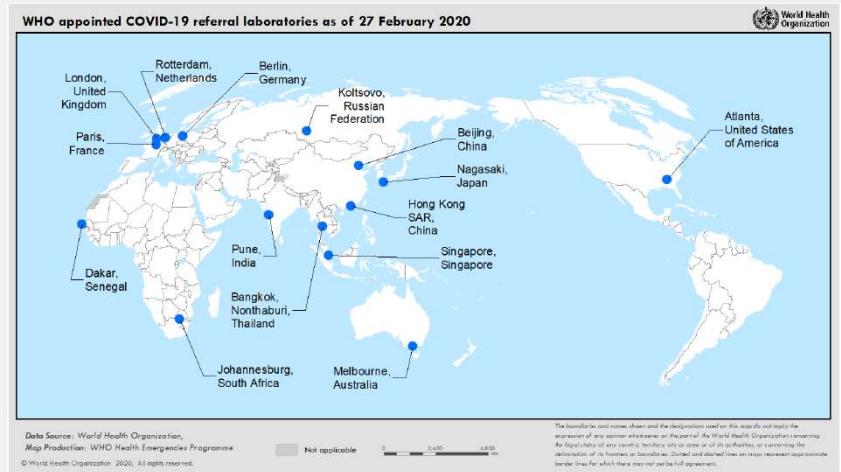


Algorithm for the management of contacts of probable or confirmed COVID-19 cases by ECDC



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 150 laboratories globally as an interim measure to strengthen global diagnostic capacity for detection of the virus.
- WHO published guidance ([interim laboratory guidance for detection](#) and [interim guidance on biosafety](#)) 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..

Conflict and Health

(Public) Health is a topic that is often neglected during times of conflicts and civil unrest. While military personnel regularly has access to medical supplies and a dedicated military health service, the public often suffers from a lack of supply with medical equipment and basic goods (e.g. clean water), low number of health-care professionals and an increased burden on the individuals' mental and physical wellbeing.

During conflicts an increased probability of the emergence of infectious diseases can be observed (e.g. in refugee-camps or in war zones with numerous unburied corpses). Given those circumstances public authorities are seldom capable of maintaining surveillance networks and enforcing mitigation and containment measures (e.g. contact tracing) which are key for preventing large-scale outbreaks within an already highly vulnerable and challenged population. If a disease like COVID-19 is introduced into such a population an uncontrolled spread and devastating consequences for the society are highly likely. In addition, in some conflict areas external/international help is either unwanted by the public (due to previous bad subjective experience or disinformation campaigns) or prohibited by local authorities/conflict parties. In certain conflicts the emergence of an infectious disease might also be used as a "natural" bio-weapon by only protecting selected (ethnic/political) groups or not protecting the population of opponent's areas. If countries want to help areas with on-going conflicts they should keep in mind aspects like:

- Necessity and difficulty of maintaining **clear and transparent communication** (e.g. cultural/social barriers, distrust in existing governmental structures, disinformation campaigns orchestrated by conflict parties, the disease might be considered a less important problem compared to everyday risks within a war-zone)
- Necessity of a **minimum stability** within the area to send civil personnel. A robust mission with mostly military personnel comes with additional difficulties and is usually not possible without major political consequences and planning. In addition a military operation can negatively affect the public's willingness to accept foreign help.
- Allowing a virus to spread within war zones can on the one hand put an unbearable burden on already heavily challenged populations, on the other hand it can foil the plan of global containment of the pandemic if the virus is allowed to become **endemic** in the affected population due to possible **global re-infections**.

South Sudan - Crisis Fact Sheet #6, Source: USAID, Posted 17 Apr 2020

Quick country information on South Sudan (SSD):

Location: East-Central Africa; south of Sudan, north of Uganda and Kenya, west of Ethiopia

Area: 644,329 km² (rank 43rd globally); border length 6,018 km (landlocked, no coas

Population: 10,561,244 (July 2020 est.) (rank 87th globally)

Age structure:

0-14 years:	41.58 %
15-24 years:	21.28 %
25-54 years:	30.67 %
55-64 years:	3.93 %
65 years and over:	2.53 %

Median age: 18.6 years, life expectancy 55.5 years

Source (information): <https://www.cia.gov/library/publications/the-world-factbook/geos/oa.ntmi>

Source (map): https://en.wikipedia.org/wiki/South_Sudan#/media/File:Location_South_Sudan_AU_Africa.svg



NUMBERS AT A GLANCE

7.5 million Estimated People in South Sudan Requiring Humanitarian Assistance UN – November 2019

6 million Estimated People in Need of Food Assistance in South Sudan IPC – February 2020

1.7 million Estimated Number of IDPs in South Sudan UN – January 2020

188,000 Estimated Individuals Seeking Refuge at UNMISS Bases UNMISS – March 2020

2.2 million Estimated Refugees and Asylum Seekers from South Sudan in Neighbouring Countries UNHCR – March 2020

300,000 Estimated Refugees from Neighbouring Countries in South Sudan UNHCR – March 2020

COVID-19 IMPACT

In South Sudan there are 4 confirmed active COVID-19 cases.

1. Government of the Republic of South Sudan (GoRSS) measures on UN and humanitarian agencies.

Following the announcement of the first confirmed COVID-19 case in South Sudan on April 5, the GoRSS imposed **movement restrictions on the UN and humanitarian operations** in the country to prevent the spread of the disease. The GoRSS established **checkpoints around several UN Mission** in the Republic of South Sudan (UNMISS) bases. In addition, GoRSS actors limited humanitarian access to UNMISS protection of civilians and temporarily **curtailed air and overland travel, including UN Humanitarian Air Service (UNHAS)** flights.

These restrictions disrupted critical service delivery in the country and slowed down COVID-19 testing efforts. The UN and humanitarian agencies continue to negotiate with GoRSS officials to restore full freedom of movement for humanitarian workers and IDPs in the entire country.

2. Measures to reduce COVID 19 transmission

In recent weeks, the GoRSS had issued several directives to prevent or reduce COVID-19 transmission in South Sudan, such as suspending educational activities, banning public gatherings, implementing an evening curfew, shutting down non-essential businesses, and closing airports and land border crossings.

3. Effects of measures

Relief actors have expressed concern that movement restrictions and other COVID-19-related directives may suppress trade and reduce income, possibly resulting in increased food and commodity prices, reduced household purchasing power, and rising food insecurity and pose significant challenges to GoRSS response efforts.

4. International Organisations

The International Organization for Migration (IOM) had screened more than 5,800 individuals for COVID-19 at three IOM-managed points of entry as of April 12, provided infection prevention and control at UNMISS PoC¹ sites and other locations throughout the country, and supported the construction and maintenance of nearly 250 hand-washing stations.

HUMANITARIAN ACCESS, INSECURITY, AND POPULATION MOVEMENT, FOOD SHORTAGE

1. Armed actors

Armed group clashes, intercommunal violence, and attacks on humanitarian actors continue to result in casualties and hamper humanitarian activities in South Sudan. In mid-April, cattle-rustling and intercommunal violence resulted in at least 17 deaths and 28 injuries. Fighting also broke out in early April, resulting in an unknown number of casualties and disrupting local humanitarian operations. In addition, renewed clashes between rival pastoralist communities resulted in at least 23 deaths and nearly 20 injuries, adversely affecting humanitarian efforts. Furthermore, armed groups forcibly recruited more than 250 young men from mid- to late March. Unknown armed actors ambushed a humanitarian convoy delivering food commodities. The attackers robbed the drivers, but the humanitarian supplies were not affected. Armed actors ambushed another commercial vehicle carrying civilian passengers at the same location, beating the passengers and looting all personal items.

2. Refugees return to Uganda

Humanitarian actors identified approximately 8,500 households that had returned from neighbouring Uganda to their areas of origin in Kajo-Keji since December 2019. The assessment team identified critical gaps in health and WASH (Water -Sanitation – Hygiene) services, as most health facilities and water infrastructure were destroyed in areas of return. In addition, many returnees requested agricultural implements, such as seeds and tools. The assessment mission noted lack of funding as the main impediment to scaling up response activities.

3. Food shortage due to locust infestation

Food security conditions continue to deteriorate in South Sudan, as household food stocks decline and protracted insecurity limits access to food and delays emergency food assistance delivery. Furthermore, COVID-19-related restrictions threaten to increase prices of food and basic household items, reducing household purchasing power, while a spreading desert locust infestation threatens pastureland and young crops.

Since late March, humanitarian actors have reported swarms of mature desert locusts spreading to new areas of South Sudan, including Central Equatoria, Jonglei, Lakes, and Western Equatoria states, as well as previously unaffected parts of Eastern Equatoria. In addition, the UN Food and Agriculture Organization (FAO) reported new swarms traveling from north western Kenya and southwestern Ethiopia into South Sudan in early April. As of April 3, government and humanitarian actors were expanding locust monitoring activities to newly affected areas, as well as Unity and Upper Nile states, in order to identify locations where swarms have laid eggs. The GoRSS Desert Locust High-level Committee plans to initiate aerial control operations in the coming weeks but has encountered difficulties procuring sufficient supplies.

PUBLIC HEALTH

Recently there are two parallel epidemiological emergencies in South Sudan: An outbreak of yellow fever and the beginning outbreak of COVID-19.

1. WHO announced an outbreak of yellow fever on April 10, following the confirmation of two positive cases on March 28. The UN agency warns of a **substantial risk of further transmission of yellow fever** due to *poor disease surveillance capacity, COVID-19-related movement restrictions, increased mosquito breeding (rainy season), and refugee returnee flows from Moyo District in neighbouring Uganda*, where health actors declared a yellow fever outbreak in late January.

In response, the GoRSS Ministry of Health (MoH) and WHO have increased local integrated disease surveillance and response efforts, including training health workers on yellow fever case definitions. In addition, the MoH and WHO are currently planning to carry out a reactive vaccination campaign in Kajo-Keji in the coming weeks.

2. COVID-19 spread threatens South Sudan

It was confirmed earlier this week that the COVID-19 pandemic has reached South Sudan. Implementing “strict social distancing” measures is unrealistic given the current situation in SSD. Many displaced persons still live in tents and overcrowded refugee camps, subsisting on rapidly diminishing humanitarian aid. Displaced persons have only limited access to healthcare, (clean) water, hygiene and sanitation, food, and adequate housing, with women and children among the worst affected by these shortages. To halt the spread of the virus, the independent experts, urged the new Transitional Government of National Unity to quell intercommunal violence.

¹ Protection of Civilians

➡ Recommendations

Recommendation for international business travellers

As of 11 April 2020, 167 countries, territories and areas have implemented additional health measures that significantly interfere with international traffic.

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.

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

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	<ul style="list-style-type: none"> Because of global spread and the human-to-human transmission the high risk of further transmission persists. Travellers are at high risk of getting infected 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	<p>ECDC assessment for EU/EEA, UK:</p> <ul style="list-style-type: none"> Risk for severe 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