Force Health Protection Branch
NATO MilMed COE
Munich

# Short Update 16a
# COVID-19
# Coronavirus Disease
# 22th of April 2020

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**GLOBALLY**

**2 526 407**
Confirmed cases

692 333
recovered
177 694 deaths

## USA
(x2 in 16.0 d ↗ )
**812 239**
confirmed cases
75 673 recovered
44 599 deaths

## IRAN
(x2 in 39.0 d ↘ )
**84 802**
confirmed cases
60 965 recovered
5 297 deaths

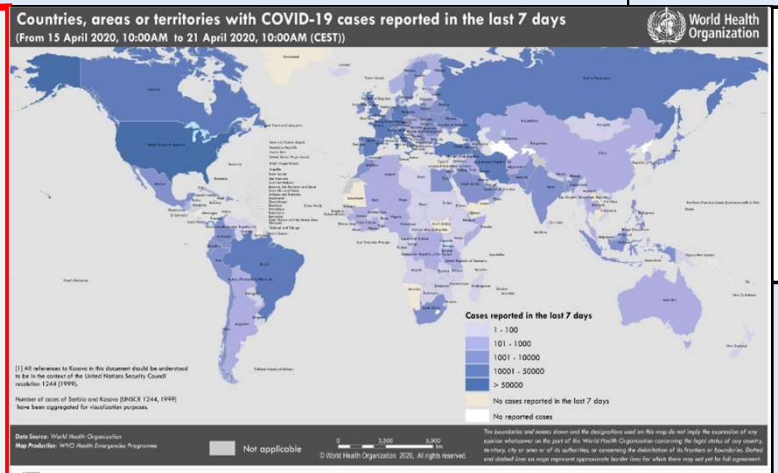
## Russia
(x2 in 5.5 d ↗ )
**57 999**
confirmed cases
4 420 recovered
513 deaths

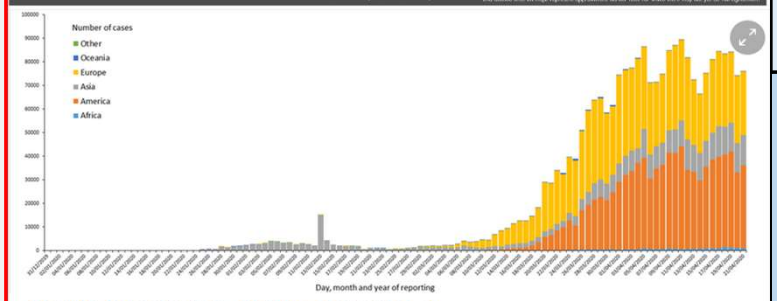
## News:

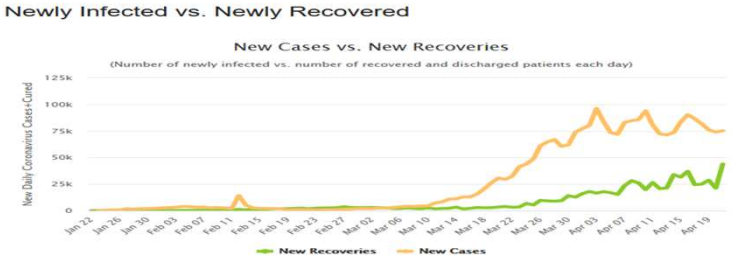
- No new countries/territories/areas reported cases of COVID-19 since the last update.
- The global economy faces the worst recession since the Great Depression of the 1930s, the International Monetary Fund has said.
- **WHO**: As concerns have been raised that NSAIDs may be associated with an increased risk of adverse effects. WHO released a brief to explain that at present there is no evidence of severe adverse effects. Find it here.
- 55 million US$ for WHO's Solidarity Response Fund have been collected during the WHO and Global Citizen´s "One World, Together at Home" concert. The money will be used to support countries to prevent, detect, and respond to the pandemic.
- As of 21 April, over 100 countries have joined the Solidarity Trial to evaluate therapeutics for COVID-19. The trial will compare four treatment options against local standard of care, to assess their relative effectiveness against COVID-19.
- Emergency use ICD codes for COVID-19 disease outbreak find here.
- **UN**: Resolution passed by common consent by all 193 member states for future medicines and vaccines against the virus to be made available in a "fair, transparent, equal and efficient" form to all countries with a corresponding need. This applies particularly to developing countries.
- **UN**: Warns that the number of undernourished people around the world could almost double due to the aftermath of the pandemic. This emerges from a report presented by the United Nations World Food Program (WFP).
- **European Council**: Information on measurements to fight COVID-19 by states you will find here.
- New WHO strategic preparedness and response plan for COVID-19 find here.
- 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_fZxuxzAAVLXriN_74RJnkC57W6UsgRUQVhUVlk4TUUzM1lER0NDUzE1MzZSSDVOSi4u

## Topics:

- Death rate Belgium/other countries
- Subject in Focus
- How to use a face mask
- Expert talk
- Conflict and Health




## EUROPE

**1 206 394**
**confirmed cases**

**367 955 recovered**
**110 713 deaths**

## SPAIN
(x2 in 29.0 d ↗ )
**208 389**
**confirmed cases**

**85 915 recovered**
**21 717 deaths**

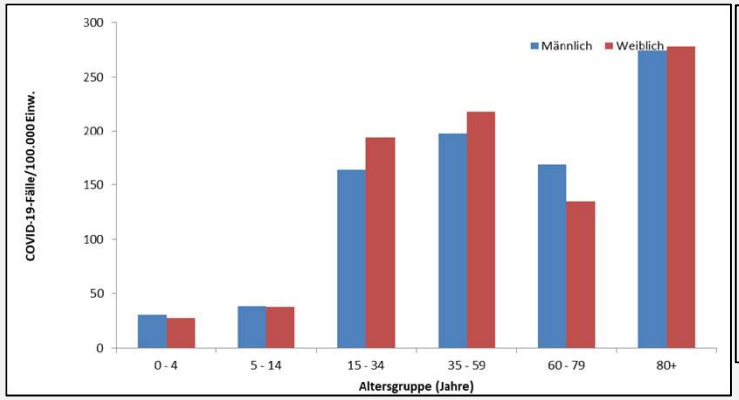
## ITALY
(x2 in 39.0 d ↘ )
**183 957**
**confirmed cases**

**51 600 recovered**
**24 648 deaths**

## GERMANY
(x2 in 40.0 d ↘ )
**148 453**
**confirmed cases**

**99 400 recovered**
**5 086 deaths**

# Situation in Europe




Presentation of the reported COVID-19 cases / 100,000 inhabitants in Germany by age group and gender as of 20 April. In DEU most cases reported coughing (50%), fever (42%) and rhinitis (21%). 35 developed a pneumonia and 17% required hospitalisation. From the patients in intensive care 72% are in need of ventilation.
Source: daily situation report RKI

**GBR:** Increasing concern in London about the increasing number of infected people and the disastrous material and personnel situation in the healthcare system. The government's failure by the Johnson government openly criticize as they downplay the danger in the early months of the pandemic.

**NOR:** Day care reopened after a month. As the government announced, strict conditions apply: children under three years of age are initially only cared in small groups of up to three children; children between three and six years in groups of up to six children. The primary schools are also due to open again in a week.

**ESP:** The number of officially infected people exceeded the 200,000 threshold. The total number of deaths rose by 400 to 20,850, the government said in Madrid.

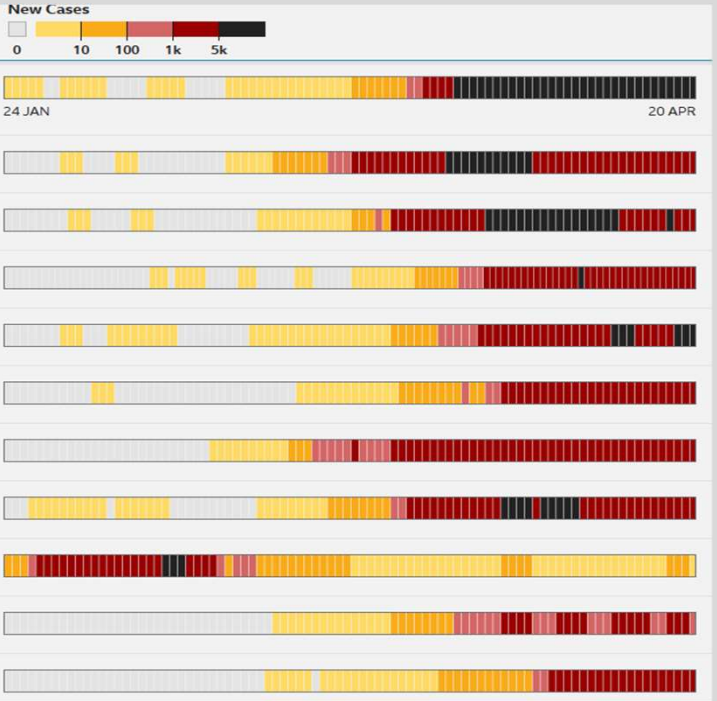
**ITA:** Two months after the outbreak of corona, the country is preparing for significant easing of the restrictions. The government plans to launch plans for a gradual lifting of production freezes and exit bans for citizens by May 4 by the end of this week. On Monday 20 April ITA reported the lowest new case number in five weeks.

**DEU:** Munich Oktoberfest cancelled for 2020.
DEU is carrying out Europe's first large-scale COVID-19 antibody testing to monitor infection rates and help prevent the spread of the virus. The study is to draw on the country's blood donation services, a second phase will focus on samples from regions with large coronavirus outbreaks and a third stage will consist of a representative study of the country's broader population. Authorities say they will examine about 5,000 blood samples every 14 days, while regions like Bavaria plan to collect around 3,000 samples from representatively selected households. Initial results are expected in May.
First vaccine trial authorized, will start by vaccinate 200 healthy volunteers.

# Global Situation

- **USA:** The director of the CDC remarks, that a second wave of coronavirus in the winter could hit the US harder than the current outbreak. Although the infection rate appears to be levelling off in New York, the US has seen more than 25,000 new cases per day over the last week. President Trump has announced that he will suspend all immigration to the US because of the coronavirus. Over the last month a record 20 million Americans have registered for unemployment benefits. A number of states, including South Carolina, Georgia and Texas, have announced plans to scale back their lockdowns, despite warnings from public health officials that the outbreak has not yet peaked.

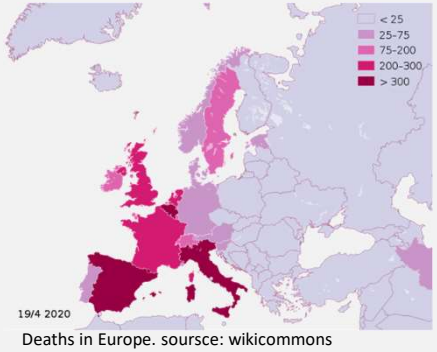
| Country | Deaths | Total Cases |
|---|---|---|
| US | 43,128 | 802,707 |
| Italy | 24,648 | 183,957 |
| Spain | 21,282 | 204,178 |
| France | 20,265 | 114,657 |
| UK | 17,337 | 129,044 |
| Belgium | 5,998 | 40,956 |
| Iran | 5,297 | 84,802 |
| Germany | 4,939 | 148,007 |
| China | 4,636 | 83,853 |
| Netherlands | 3,916 | 34,139 |
| Brazil | 2,588 | 40,814 |




Source: https://www.bbc.com/news/world-51235105

# Why Belgium has a higher death rate as other countries

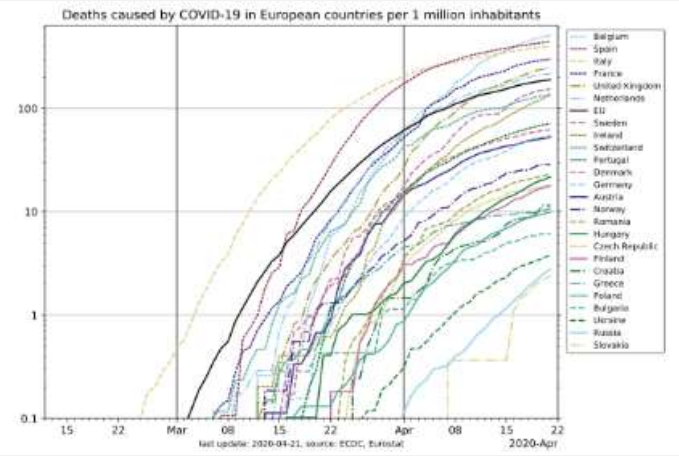
Belgium has the highest death rate with 51 cases per 100,000 inhabitants, followed by Spain (almost 45) and Italy (just under 40). The rate is over 30 in France and almost 25 in the UK. The Netherlands has almost 22 deaths per 100,000 inhabitants and Germany just under six. This puts the Federal Republic in last place compared to the countries most affected by the pandemic worldwide. In addition to the European countries mentioned, these states also include the USA (13) and Iran (more than six).



Deaths in Europe. soursce: wikicommons

Regarding the strikingly high values from Belgium, it should be noted that a different counting method also leads to significantly higher official figures. Belgium is the only country in the world that also includes deaths that were not found in the hospital. Belgium also includes suspected coronavirus cases
According to its own statements, the Belgian government is looking for "maximum transparency": in the 1,500 old people's homes, every death that is suspected to be related to the coronavirus is counted. A positive Covid 19 test is not necessary. This distorts the statistics compared to other countries. There is another factor: the more people tested for the virus, the more mild Covid 19 cases appear. This consequently drops to the rate of deaths. For example, in the UK only deaths in clinics are recorded.

Anyone who died of Covid-19 at home or in a nursing home will not be registered. There experts assume a high number of unreported cases. The comparatively high death rate in Italy compared to Germany has already been discussed. The cause of death is also defined differently. The Robert Koch Institute (RKI) in Germany counted all cases in which Sars-Cov-2 was detected. The city of Hamburg made a difference. There, the deceased were examined to determine whether Covid-19 was actually the cause of death.




# Infectious Disease Experts say Testing Is Key to Reopening MEDSCAPE

**Gregory Twachtman, April 17, 2020**

The key to opening up the American economy rests on the ability to conduct mass testing, according to the Infectious Diseases Society of America (IDSA).

IDSA, along with its HIV Medicine Association, issued a set of recommendations outlining the steps that would be necessary in order to begin easing physical distancing measures.

A stepwise approach to reopening should reflect early diagnosis and enhanced surveillance for COVID-19 cases, linkage of cases to appropriate levels of care, isolation and/or quarantine, contact tracing, and data processing capabilities for state and local public health departments,

1. Widespread testing and surveillance, including use of validated nucleic acid amplification assays and anti–SARS-CoV-2 antibody detection.
2. The ability to diagnose, treat, and isolate individuals with COVID-19.
3. Scaling up of health care capacity and supplies to manage recurrent episodic outbreaks.
4. Maintaining a degree of physical distancing to prevent recurrent outbreaks, including use of masks, limiting gatherings, and continued distancing for susceptible adults.

The recommendations stress that physical distancing policy changes must be based on relevant data and adequate public health resources and capacities and calls for a rolling and incremental approach to lifting these restrictions,
In order to fully lift physical distancing restrictions, there would need to be effective treatments for COVID-19 and a protective vaccine that can be deployed to key at-risk populations,
Easing restrictions too soon could have "disastrous consequences," including an increase in spread of infection, hospitalization, and death rates, as well as overwhelming health care facilities.

"In order to reopen, we have to have the ability to safely, successfully, and rapidly diagnose and treat, as well as isolate, individuals with COVID-19, as well as track their contacts,"

The implementation of more widespread, comprehensive testing would better enable targeting of resources, such as personal protective equipment, ICU beds, and ventilators, Dr. Tan said. "This is needed in order to ensure that, if there is an outbreak and it does occur again, the health care system and the first responders are ready for this," she said.
**https://www.medscape.com/viewarticle/928934?nlid=135152_440&src=WNL_mdplsfeat_200421_mscpedit_publ&uac=313288CY&spon=42&impID=2355186&faf=1**

# Subject in Focus: How COVID-19 may increase domestic violence and child abuse

**Introduction:**
As a nation grapples with the spread of COVID-19, citizens are being told to stay home, for their safety and everyone else's. But for victims and survivors of domestic violence, including children exposed to it, being home may not be a safe option — and the unprecedented stress of the pandemic could breed unsafety in homes where violence may not have been an issue before.

**Nations reports:**
CHN: In China's Hubei province, the centre of the initial coronavirus outbreak, domestic violence reports to police more than tripled in one county during the lockdown in February.
GBR: The UK's largest domestic abuse charity, Refuge, has reported a 700% increase in calls to its helpline in a single day, while a separate helpline for perpetrators of domestic abuse seeking help to change their behaviour received 25% more calls after the start of the Covid-19 lockdown. By a week into lockdown, Avon and Somerset, in the southwest of the country, said domestic abuse reports were already up by 20 percent.
ESP: In Spain, the emergency number for domestic violence received 18 percent more calls in the first two weeks of lockdown than in the same period a month earlier.
FRA: French police reported a nationwide spike of about 30 percent in domestic violence.
ITA: Lockdown began in early March. Soon after that, domestic violence reports began to rise.
HUN: Domestic violence hotlines received twice as much calls since April compared to the average.

**Steps and measures:**
To help these vulnerable populations during the pandemic, psychologists and social service organizations are banding together to provide emergency domestic violence and child abuse resources in response to the expected rise in cases.
Experts also encourage clinicians to adopt a long-term view and be prepared for an uptick in demand for care and social services related to domestic violence and child abuse. The countries may not feel the full weight of the ramifications of the pandemic for months or years to come.
Hotel chains are asked to open up rooms to those fleeing abuse, including domestic abuse and sexual violence. The response from hotels – including some of the largest chains – has been overwhelmingly positive. However, the hoteliers say that the government should offer financial support to underwrite the costs of opening their rooms and providing meals to occupants.
Other health-care providers should also be on the lookout for patients potentially in crisis.

**Marginalized groups:**
Researches show that approximately 1 in 3 women and 1 in 4 men have experienced violence from an intimate partner in their lifetime.
About 41% of female intimate partner violence survivors and 14% of male intimate partner violence survivors sustain a physical injury from their abusers, and about 1 in 6 homicide victims are killed by their intimate partners. Now, experts worry that all these numbers could increase dramatically during this period of social distancing and quarantine.

Some groups are at a higher risk for domestic violence. Research shows race and age play a role in a person's likelihood to experience abuse from an intimate partner, with minorities and older women at particular risk. Women with disabilities are more vulnerable to rape and sexual coercion, along with several forms of intimate partner violence. And a longitudinal study found that intimate partner violence rates are highest in the poorest neighbourhoods.

Sexual and gender minorities are also at an increased risk for domestic violence during the COVID-19 pandemic, partly because of the stressors they already experience as marginalized members of society.

**Similar stressors:**
A previous study on how Hurricane Harvey affected families that had already experienced domestic violence, researchers have found the stress associated with the disaster led to higher rates of both domestic violence and child abuse during and after the hurricane.
Researchers have found social factors that put people more at risk for violence are reduced access to resources, increased stress due to job loss or strained finances, and disconnection from social support systems, With this pandemic, similar things can happen, which unfortunately lead to circumstances that can foster violence.

**Risk of children:**
Research shows that increased stress levels among parents are often a major predictor of physical abuse and neglect of children.
And the resources many at-risk parents rely on — extended family, child care and schools, religious groups and other community organizations — are no longer available in many areas. Many child-protective organizations are experiencing strain with fewer workers available.

To add to the tension, children are also experiencing their own stress and uncertainty about the pandemic. Stressed parents may be more likely to respond to their children's anxious behaviours or demands in aggressive or abusive ways.

**https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus**
**https://www.apa.org/topics/covid-19/domestic-violence-child-abuse**

**https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html**

# COVID-19 South Korea re-infection

**Can you be re-infected after recovering from coronavirus?**
Months into the battle against COVID-19, scientists and medical professionals are still struggling to understand the new virus that has sickened over 1 918 138 people worldwide as of the 15th April evening. Especially, when last week South Korea reports of recovered patients testing positive for the virus again have raised more questions about how this pathogen behaves, and whether re-infection is possible because many countries are hoping that infected populations will develop sufficient immunity to prevent a resurgence of the disease.

Korea is not the first country to report cases of apparent reinfection. In Guangdong, China, health officials found that 14% of patients retested positive for Covid-19 and at least one died five days after he was discharged and tested negative. In Wuhan, where the pandemic began, the proportion of patients who test positive after testing negative was between 5% and 10%. In Osaka, Japan, a one patient reportedly tested positive for Covid-19 after previously testing negative.
The Korea Centres for Disease Control and Prevention (KCDC) reported 124 "relapsed" cases of Covid-19 on Tuesday 14th April. Officials are still investigating the cause of the apparent relapses. But Jeong Eun-Kyeong, director of the Korea Centers for Disease Control and Prevention (KCDC), has said the virus may have been reactivated rather than the patients being re-infected. Other experts said faulty tests may be playing a role, or remnants of the virus may still be in patients' systems but not be infectious or of danger to the host or others.
The World Health Organization statement on 11th April. WHO is investigating the reports of patients testing positive after being released from treatment. The data could help better understand how long infected patients can shed live virus. But it also said that it is important to make sure health professionals are carrying out proper testing procedures based on the guidelines.
Paul Hunter, an infectious diseases professor at the University of East Anglia, told that he agrees that these cases will not be reinfections, but he does not think these will be reactivations. The most likely explanation is that the clearance samples were false negative. Professor highlighted that conventional coronavirus tests can give the wrong result 20 to 30 per cent of the time. He believes the test the South Korean patients were given before being released from quarantine wrongly showed they had recovered, when they were still infected.

The similar opinion expressed another specialist David Hui, a respiratory medicine expert at the Chinese University of Hong Kong. He said that testing positive after recovery could just mean the tests resulted in a false negative and that the patient is still infected. It maybe because of the quality of the specimen that have been taken and may be because the test was not so sensitive. A positive test after recovery could also be detecting the residual viral RNA that has remained in the body, but not in high enough amounts to cause disease, because viral RNA can last a long time even after the actual virus has been stopped.

**What we know about COVID-19 immunity?**
With other coronavirus strains the antibodies that patients produce during infection give them immunity to the specific virus for months or even years, but researchers are still figuring out if and how that works with COVID-19.
Experts explain the body's antibody response, triggered by the onset of a virus, means it is unlikely that patients who have recovered from COVID-19 can get re-infected so soon after contracting the virus. Antibodies are normally produced in a patient's body around seven to 10 days after the initial onset of a virus, says Vineet Menachery, a virologist at the University of Texas Medical Branch.
There hasn't been enough time to research COVID-19 in order to determine whether patients who recover from COVID-19 are immune to the disease—and if so, how long the immunity will last. However, according to Vineet Menachery estimation that COVID-19 antibodies can remain in a patient's system for two to three years, based on what's known about other coronaviruses, but it's too early to know for certain. The degree of immunity could also differ from person to person depending on the strength of the patient's antibody response. Younger, healthier people will likely generate a more robust antibody response, giving them more protection against the virus in future.
Therefore, it is expected that if patient has antibodies that neutralize the virus, he will have immunity, but how long the antibodies last is still not clear.

**https://www.thejakartapost.com/news/2020/04/13/south-korea-reports-more-recovered-coronavirus-patients-testing-positive-again.html**

# Global Health Index (GHS Index)


The Global Health Security Index presents the results of an assessment of global health security capabilities in 195 countries prepared by the Johns Hopkins Center for Health Security, the Nuclear Threat Initiative (NTI) and the Economist Intelligence Unit (EIU). It was first published in 2019. It shows that "no country is fully prepared for epidemics or pandemics, and every country has important gaps to address". In 2019, the countries in the category "most prepared" were - in alphabetical order - Australia, Canada, Finland, France, the Netherlands, South Korea, Sweden, Thailand, the United Kingdom and the United States. The United States was ranked first with an index value of 83.5 out of 100. The largest number of countries in the category "least prepared" was in Western and Central Africa.

The GHS Index relies entirely on open-source information: data that a country has published on its own or has reported to or been reported by an international entity. The GHS Index was created in this way with a firm belief that all countries are safer and more secure when their populations are able to access information about their country's existing capacities and plans and when countries understand each other's gaps in epidemic and pandemic preparedness so they can take concrete steps to finance and fill them. The indicators and questions that compose the GHS Index framework also prioritize analysis of health security capacity in the context of a country's broader national health system and other national risk factors.

**The 140 GHS Index questions are organized across six categories:**

**Prevention**: Prevention of the emergence or release of pathogens

**Detection and Reporting:** Early detection and reporting for epidemics of potential international concern

**Rapid Response:** Rapid response to and mitigation of the spread of an epidemic

**Health System:** Sufficient and robust health system to treat the sick and protect health workers

Compliance with International Norms: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

**Risk Environment:** Overall risk environment and country vulnerability to biological threats

Among its 140 questions, the GHS Index prioritizes not only countries' capacities, but also the existence of functional, tested, proven capabilities for stopping outbreaks at the source. Several questions in the GHS Index are designed to determine not only whether a capacity exists, but also whether that capacity is regularly—for example, annually—tested and shown to be functional in exercises or real-world events.

The GHS Index also includes indicators of nations' capacities and capabilities to reduce Global Catastrophic Biological Risks (GCBRs), which are biological risks of unprecedented scale that could cause severe damage to human civilization at a global level, potentially undermining civilization's long-term potential. These are events that could wipe out gains in sustainable development and global health because of their potential to cause national and regional instability, global economic consequences, and widespread morbidity and mortality.

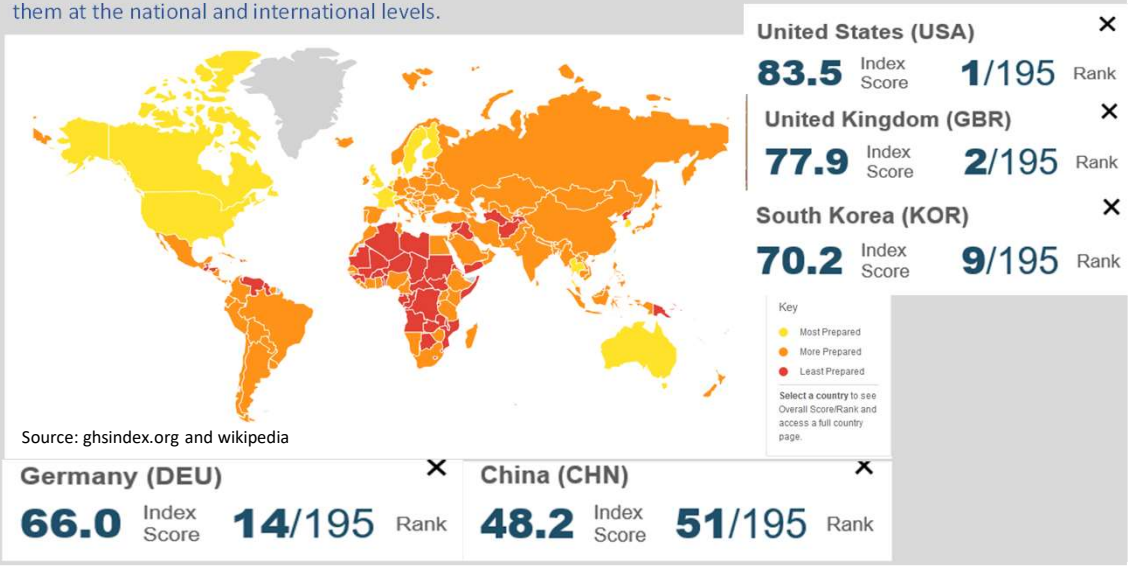
The GHS index came to prominence during the outbreak of the current pandemic. On February 27, 2020, US President held up a map based on the GHS index showing the United States was "the best prepared country in the world for a pandemic". However, one of the consultants working on the project, pointed out that "even though the US does rank at the top for the index, there are areas where there is room for improvement", notably access to healthcare.

The GHS index has also faced criticism regarding whether it overestimated the capacity of the healthcare systems in historically rich states, countries ranked the most prepared, such as the UK fared worse than those ranked lower amid the pandemic, such as China or South Korea. Although Germany was only ranked as a more prepared country it saw significant lower case mortality rates than even best ranked countries and finally was able to offer ICU capacity to most prepared countries in Europe.

**Why Is the GHS Index Needed?**

It is likely that the world will continue to face outbreaks that most countries are ill positioned to combat. In addition to climate change and urbanization, international mass displacement and migration—now happening in nearly every corner of the world—create ideal conditions for the emergence and spread of pathogens. Countries also face an increased potential threat of accidental or deliberate release of a deadly engineered pathogen, which could cause even greater harm than a naturally occurring pandemic. The same scientific advances that help fight epidemic disease also have allowed pathogens to be engineered or recreated in laboratories. Meanwhile, disparities in capacity and inattention to biological threats among leaders have exacerbated preparedness gaps. The 2014 West Africa Ebola epidemic was a wake-up call. It prompted global leaders and the World Health Organization to realize that it's not clear where the gaps are – or how to fill them. It also highlighted that leaders need better ways to understand and measure improvement in global capability to prevent, detect, and respond to infectious disease threats.

The GHS Index seeks to illuminate preparedness and capacity gaps to increase both political will and financing to fill them at the national and international levels.




Source: ghsindex.org and wikipedia

In cooperation with Bundeswehr HQ of Military Medicine
Translated by FHPB NATO MILMED COE

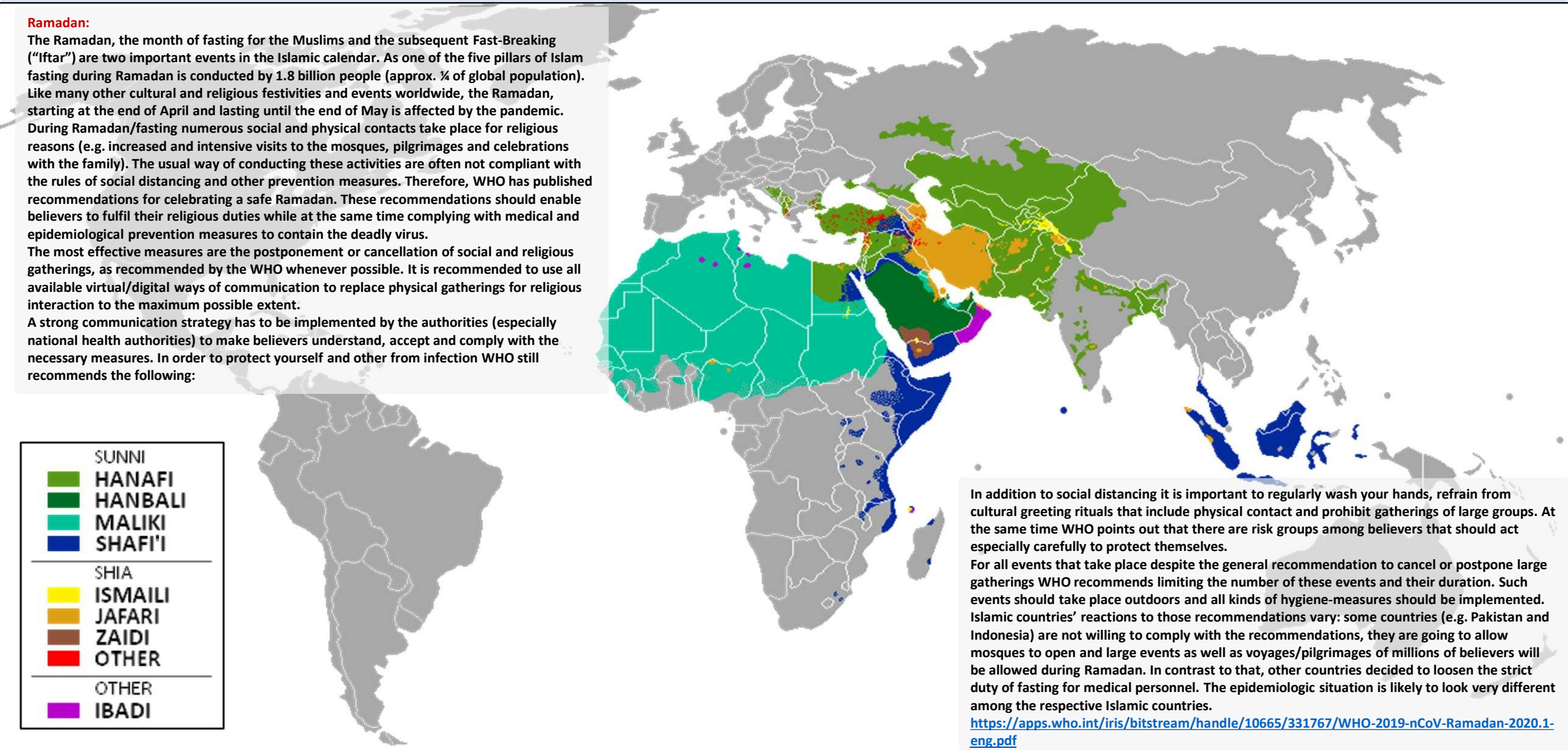
# Ramadan and COVID-19

**Ramadan:**

**The Ramadan, the month of fasting for the Muslims and the subsequent Fast-Breaking ("Iftar") are two important events in the Islamic calendar. As one of the five pillars of Islam fasting during Ramadan is conducted by 1.8 billion people (approx. ¼ of global population). Like many other cultural and religious festivities and events worldwide, the Ramadan, starting at the end of April and lasting until the end of May is affected by the pandemic. During Ramadan/fasting numerous social and physical contacts take place for religious reasons (e.g. increased and intensive visits to the mosques, pilgrimages and celebrations with the family). The usual way of conducting these activities are often not compliant with the rules of social distancing and other prevention measures. Therefore, WHO has published recommendations for celebrating a safe Ramadan. These recommendations should enable believers to fulfil their religious duties while at the same time complying with medical and epidemiological prevention measures to contain the deadly virus.**

**The most effective measures are the postponement or cancellation of social and religious gatherings, as recommended by the WHO whenever possible. It is recommended to use all available virtual/digital ways of communication to replace physical gatherings for religious interaction to the maximum possible extent.**

**A strong communication strategy has to be implemented by the authorities (especially national health authorities) to make believers understand, accept and comply with the necessary measures. In order to protect yourself and other from infection WHO still recommends the following:**




**In addition to social distancing it is important to regularly wash your hands, refrain from cultural greeting rituals that include physical contact and prohibit gatherings of large groups. At the same time WHO points out that there are risk groups among believers that should act especially carefully to protect themselves.**

**For all events that take place despite the general recommendation to cancel or postpone large gatherings WHO recommends limiting the number of these events and their duration. Such events should take place outdoors and all kinds of hygiene-measures should be implemented. Islamic countries' reactions to those recommendations vary: some countries (e.g. Pakistan and Indonesia) are not willing to comply with the recommendations, they are going to allow mosques to open and large events as well as voyages/pilgrimages of millions of believers will be allowed during Ramadan. In contrast to that, other countries decided to loosen the strict duty of fasting for medical personnel. The epidemiologic situation is likely to look very different among the respective Islamic countries.**

**https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf**

In cooperation with Bundeswehr HQ of Military Medicine
Translated by FHPB NATO MILMED COE

# Conflict & Health
## GAZA-Strip

## WHO– 2018 GAZA - Facts


**Quarantine and Isolation in the Gaza Strip**

Even without COVID-19 the Gaza Strip is about to collapse. The United Nations (UN) already started warning that the Gaza Strip will be uninhabitable by 2020 about 5 years ago: 14 years of embargos, economic blockade and isolation, three wars with ISR as well as internal Palestinian conflicts led to a humanitarian catastrophe in this area. The Gaza Strip is inhabited by 1.9 million people, thereof 1.4 million people are Palestinian refugees. They live in an area of about 365 km², resulting in a population density of about 6000 individuals per square kilometre making this area one of the most densely populated areas in the world. Especially the refugee camp JABALIA with its more than 120,000 refugees within 1.4 square kilometres reaches a population density slightly below 80,000 humans/km².

95 percent of the Palestinian population do not have access to clean water and 50 percent are dependent on the food supplied by humanitarian organisations as well as the United Nations.

On top of being overpopulated, filled up with trash and lacking clean water and electricity the Gaza Strip is handicapped by its weak to non-existing health system. After the initial two cases of COVID-19 were imported to the already isolated Gaza Strip mid of March, the already weak health care system is facing an additional challenge. Approximately 60 to 70 ventilators are available and are distributed within the 70 to 100 ICU beds. The UN estimate a total number of 1000 of available throat swabs and 500 Corona test-kits within the Gaza Strip. In addition, there is a lack of masks, PPE and disinfectants for the medical personnel. WHO's estimation that the health system in the Gaza Strip won't be able to handle a COVID-19 outbreak is far more than just a usual warning, given the undersupplied and overburdened hospitals.

Even though the involuntary isolation protected the Gaza Strip for a certain time from the outbreak, the virus will make its way into this territory and spread within the Gaza Strip will take place. By the end of March/begin of April additional cases have been reported, even the best protected borders can't stop a virus.

The government issued a curfew during the nights, closed mosques and cancelled large-scale events in order to protect the population. The recommended prevention measures that should hinder the spread of the disease don't fall on good soil in the Gaza Strip, as clean water is rare, and disinfectants are seldom available. Population density and general living conditions, especially within the refugee camps (see right column) don't allow for effective social-distancing measures.

ISR, initially closing the only border crossing to the Gaza Strip has now recognized that a virus doesn't care for borders and provided Palestinian authorities with PCR-testing capacities and additional test kits.

Conclusion: Only if the Gaza Strip can be provided with external ICU-capacities, testing capacities, additional Public Health measures and humanitarian aid an unprecedented humanitarian catastrophe in the course of a spread of SARS-CoV-2 could be prevented. The overall situation in the Gaza Strip is a loose cannon, political will and medical expertise alone can prevent an additional catastrophe within this area.


https://www.crisisgroup.org/middle-east-north-africa/eastern-mediterranean/israelpalestine/b75-gaza-strip-and-covid-19-preparing-worst
https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_33-en.pdf
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# How to use a face mask

**Many countries introduced mandatory use of face mask or self-sewn mouth and nose guard to be worn in public when shopping or during public transport.**
(Argentina, Austria, Bahamas, Benin, Bosnia and Herzegovina, Bulgaria, Cambodia, Cameroon, Chile, China, Cuba, Czech Republic, Democratic Republic of Congo, Ecuador, Ethiopia, France, Germany, Guinea, Honduras, Hong Kong, India, Indonesia, Israel, Italy, Japan, Kenya, Liberia, Lithuania, Luxembourg, Malaysia, Mexico, Morocco, Panama, Philippines, Poland, Singapore, Spain, Slovakia, South Korea, Taiwan, Vietnam, Ukraine, United States.)

Health Agencies like WHO or ECDC and national medical societies still point out that the use of face mask could be one of the prevention measures that can limit the spread of certain respiratory viral diseases, including COVID-19. However, the use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted. Whether or not masks are used, maximum compliance with hand hygiene and other IPC measures is critical to prevent human-to-human transmission of COVID-19.

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**.