**Update 17 (27th of April 2020)**

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

**Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich**
**27th of April 2020**

email: info.dhsc@coemed.org

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

- **WHO** still refuses to recommend the issuance of immunity passes/risk-free certificates to those that survived infection/tested positive for COVID-19 antibodies as there is no evidence for post-infection immunity. More information is available here.
- The **WHO Regional Office for the Americas** urges countries to strengthen vaccination against seasonal influenza and measles to prevent respiratory illness and vaccine-preventable disease outbreaks during the COVID-19 pandemic. More information is available here.
- ECDC published the ninth update on "Rapid Risk Assessment: Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK". More information you will find here.
- **FHP Branch** started to organize a weekly VTC on "COVID-19 response" next VTC will take place on Wednesday, 29th of April focusing on **"Aeromedical Evacuation".**

| **GLOBALLY** |
|---|
| **2 935 367** confirmed cases<br>865 925 recovered<br>206 542 deaths |
| **EU/EEA and the UK** |
| **1 348 495** confirmed cases<br>**464 090** recovered<br>**124 632** deaths |
| **USA** (x2 in 20.0 d →) |
| **964 175** confirmed cases<br>**107 045** recovered<br>**54 778** deaths |
| **Spain** (x2 in 34.0 d ↘ ) |
| **226 629** confirmed cases<br>**117 727** recovered<br>**23 190** deaths |
| **Italy** (x2 in 49.0 d ↘ ) |
| **197 675** confirmed cases<br>**64 928** recovered<br>**26 644** deaths |
| **Russia** (x2 in 7.5 d → ) |
| **80 949** confirmed cases<br>**6 767** recovered<br>**747** deaths |
| **Brasil** (x2 in 10.5 d ↗ ) |
| **63 100** confirmed cases<br>**30 152** recovered<br>**4 286** deaths |

**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_74RJnkC57W6UsgRUQVhUVlk4TUUzM1lER0NDUzE1MzZSSDVOSi4u

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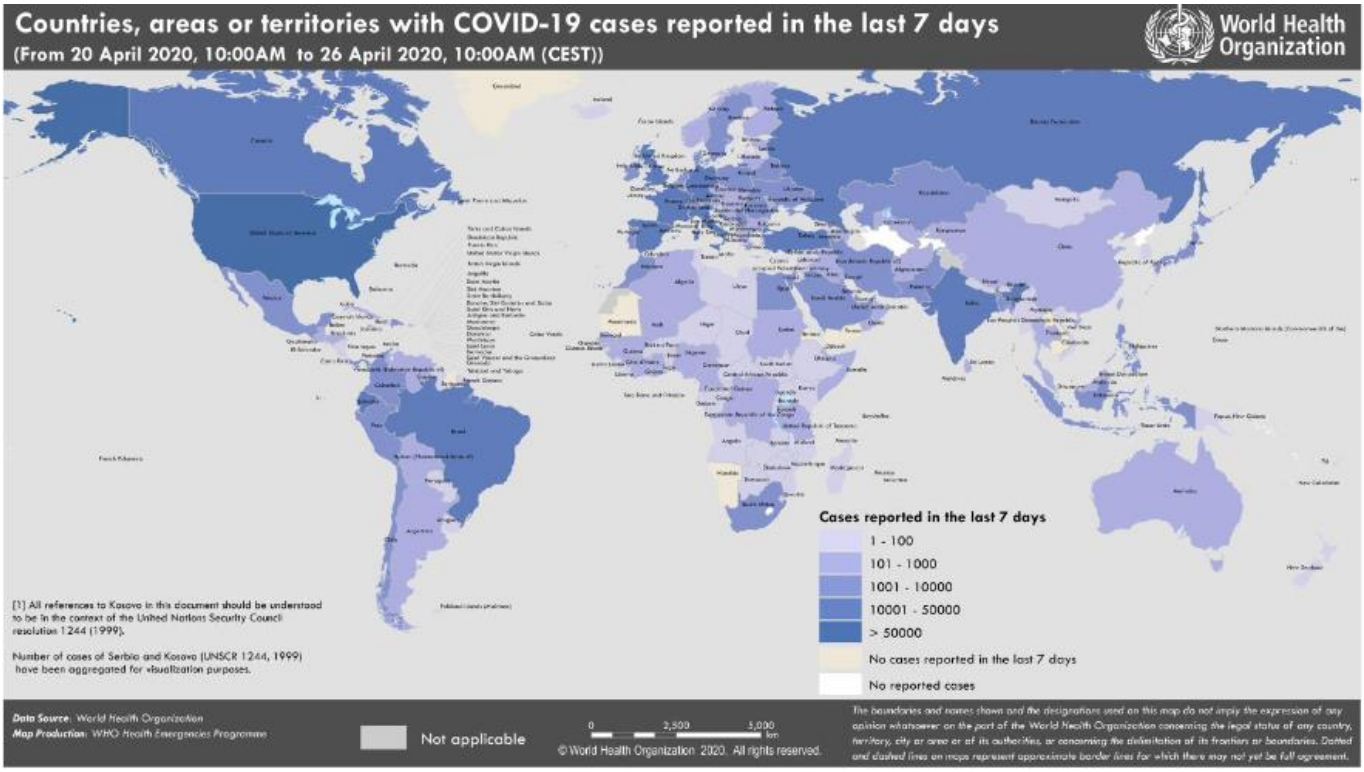
# Map of countries with reported COVID-19 cases (last 7 days)

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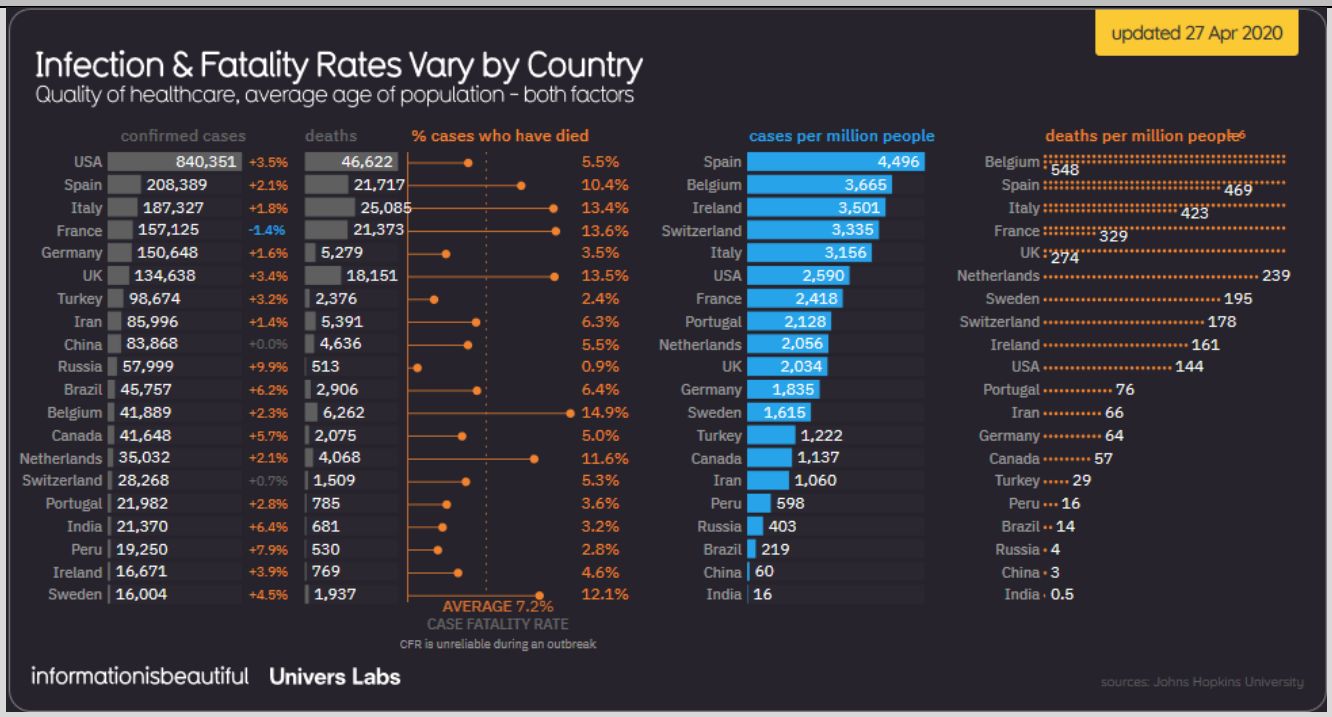
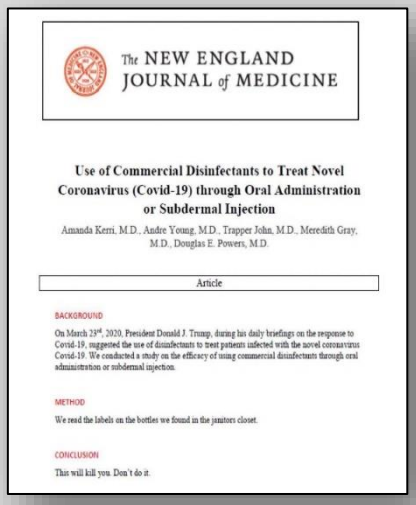
# Worldwide Situation

## Global Situation




**USA:** As a result of President Donald Trump's statements about possible disinfectant injections against the corona virus, Poison Centers have seen an increase in emergency calls. In the past two days, there has been a "significant increase" in cleaning-related calls compared to the same period last year, said director of the Illinoi health department, Ngozi Ezike. For example, a mixture of bleach and mouthwash was used to gargle "in an attempt to kill the corona virus". Trump had encouraged researchers at a press conference on Thursday to look into ways to inject disinfectants directly into people fighting the virus. His comments sparked outrage. Some authorities were forced to publicly warn citizens. The next day, Trump presented his statement as "sarcasm".
Upstate New York could start reopening for business as soon as May 15. The first phase would include construction and manufacturing activities and be by region. After the initial re-openings, the state would pause for two weeks to assess progress, by monitoring new hospitalizations, cases and testing for antibodies. Businesses will be allowed to reopen depending on how essential they are and how much risk of transmission they pose


The NEW ENGLAND JOURNAL of MEDICINE

Use of Commercial Disinfectants to Treat Novel Coronavirus (Covid-19) through Oral Administration or Subdermal Injection

Amanda Kerri, M.D., Andre Young, M.D., Trapper John, M.D., Meredith Gray, M.D., Douglas E. Powers, M.D.

Article

BACKGROUND

On March 23rd, 2020, President Donald J. Trump, during his daily briefings on the response to Covid-19, suggested the use of disinfectants to treat patients infected with the novel coronavirus Covid-19. We conducted a study on the efficacy of using commercial disinfectants through oral administration or subdermal injection.

METHOD

We read the labels on the bottles we found in the janitors closet.

CONCLUSION

This will kill you. Don't do it.

**CHN:** All hospitalized coronavirus patients in Wuhan have been discharged. Wuhan was the first city in the world to go into lockdown due to the virus. It has been slowly returning to something that might be described as normal, after months of fear and anxiety. The Chinese government claims to have confiscated more than 89 million defective respirators. As of Friday, there were inspections in around 16 million companies, a spokeswoman for the Chinese Ministry of Industry and Trade reported on Sunday. In addition to the protective masks, around 418,000 protective clothing products and ineffective disinfectants with a total sales value of more than 7.6 million yuan (around one million euros) were confiscated. The government starts to strengthen quality control over the export of coronavirus-related products.

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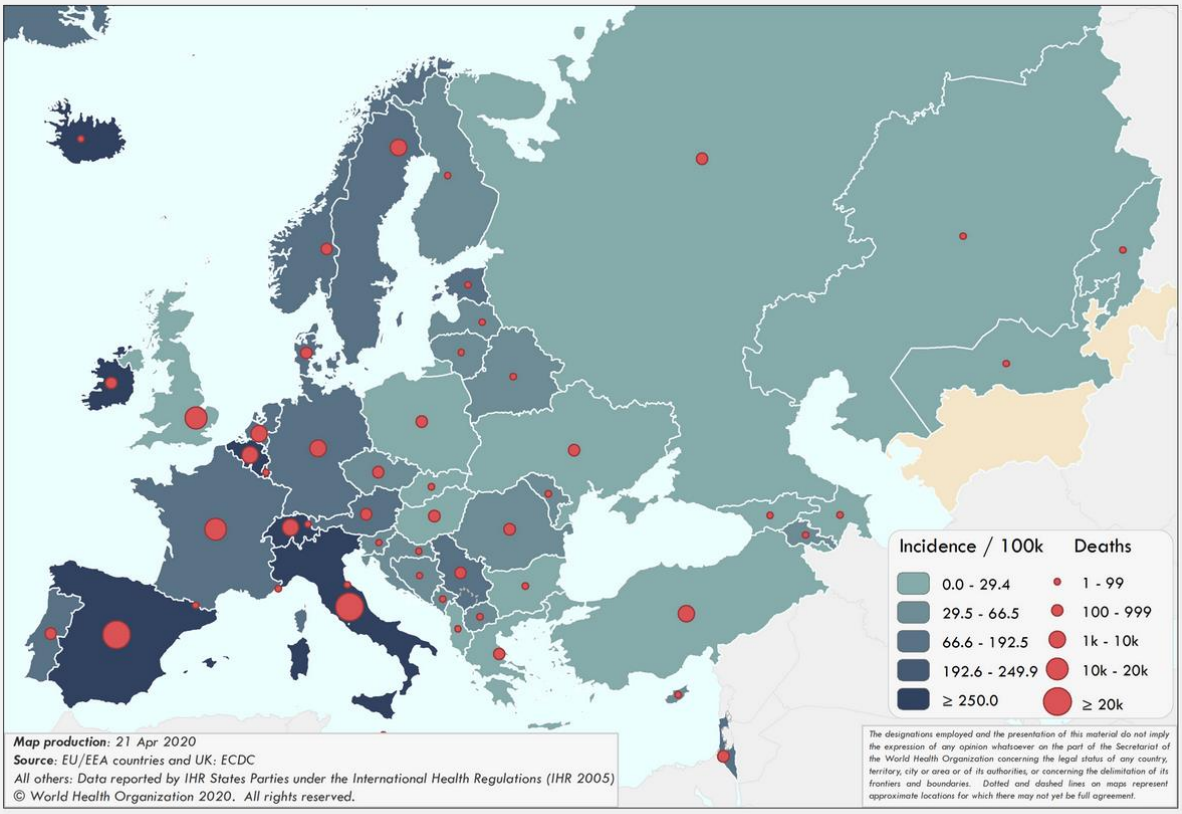
| | **SGN:** Reported 931 new cases of the virus Sunday, making the island-nation the biggest cluster in the region, after the world's two most populous countries. The country, with 5.7 million inhabitants, surpassed Japan with 13,000 cases. Most infections are among migrant workers living in dormitories. Its citizens and permanent residents made up just 15 of the new cases, the government said in a statement.<br><br>**AFG:** Infections are increasing, and government reports a serious shortage of testing supplies and treatment equipment in country health centers.<br><br>**ISR:** Depending on media information the Health Minister on Sunday said he would step down following a public uproar over his handling of the coronavirus crisis and his own COVID-19 infection. Instead he would take over the Construction Ministry.<br><br>**BRA:** Reports the largest number of cases in Latin America. But still President Bolsonaro downplay the outbreak and flout over the health guidelines to prevent the spread of COVID-19. He already fired the health minister who favored social distancing.<br><br>**NZL:** According to government officials. There is no widespread, undetected transmission of the virus anymore. Prime Minister Jacinda Ardern said on Monday. "We won this fight.". Most new cases reported over the weekend were of existing clusters. Most are linked to aged residential facilities. |
| Situation in Europe | The stringent measures in the fight against the pandemic have been successful in several countries - the daily number of deaths is decreasing. Spain reported fewer than 400 deaths within 24 hours on Sunday (April 26) for the third day in a row. Great Britain had the lowest death rate since March 31 with 413, France with the lowest since March 25 with 242 deaths. There was also a decline in the American state of New York. With 367 deaths, the rate was lower than ever since March 31.<br><br>  <br>The designations employed and the presentation of the information in this Web site do not imply the expression of any opinion whatsoever on the part of the Secretariat 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. |

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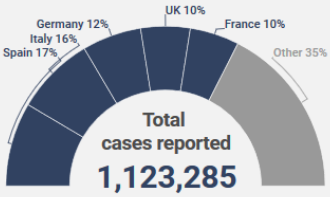
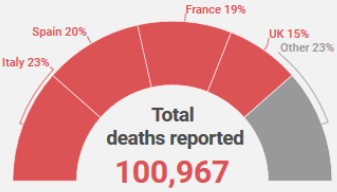
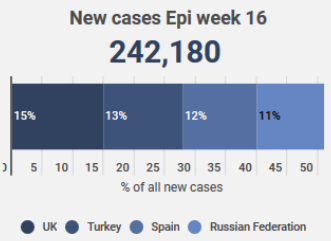
## COVID-19 situation update for the WHO European Region (13 – 19 April 2020 Epi week 16)

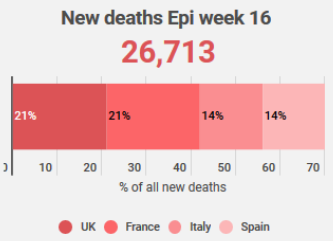
### Key points

- The number of cases reported in week 16/2020 in the Region was similar with that reported for the week 15/2020
- 51% of the cases reported in week 16/2020 were from United Kingdom, Turkey, Spain and Russian Federation
- 13 countries and territories in the Region each reported a cumulative incidence of >250 cases per 100,000 population
- Reported case counts are increasing in the eastern part of the Region, particularly in Russia, Serbia, Ukraine and Kazakhstan
- 69% of the deaths reported in week 16/2020 were from United Kingdom, France, Italy and Spain
- The proportion of reported cases that died has increased since week 9 (2.2%) and is now 11%. This is likely due to a range of factors including a shift to testing more severe cases and increased incidence in older age groups
- 16% of all reported infections with information available was in a health care worker
- 82% of ICU admissions were in persons aged 50-79 years of age, with 74% of all ICU admissions in men
- 95% of deaths were in persons aged 60 years and older and 63% of all deaths were in men
- 95% of deaths with information available had at least one underlying condition, with cardiovascular disease the leading comorbidity (70%)
- In week 16/2020, there continued to be excess all-cause mortality in the pooled 20 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 (see European Mortality Bulletin).
- In week 16/2020, four countries reported a total of 74 tests and no COVID-19 detections in persons with influenza-like illness in the primary care setting. The updated positivity rate in week 15/2020 was 8.2% (7 countries) compared to 9.2% (8 countries) in week 14/2020.




**95%** of all deaths were in persons aged 60+

**95%** of all deaths had at least 1 underlying condition

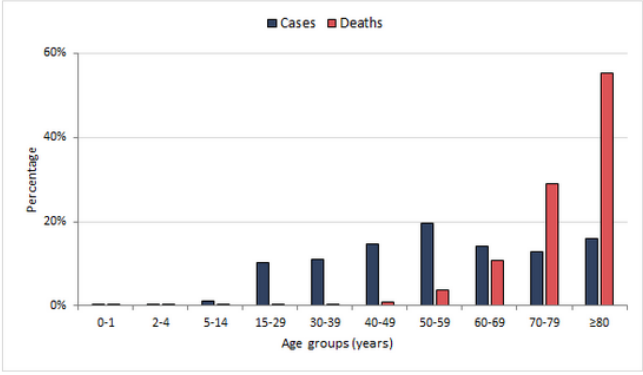
**63%** of all deaths were in men

**82%** of all ICU admissions were people aged 50-79 years

**16%** of all people infected were health care workers

**11%** of all reported cases resulted in deaths

### Percentage of COVID-19 cases (N=500,318) and deaths (N=39, 258) by age group




### Characteristics of COVID-19 cases and deaths

| | Characteristics | n | % | Total records with data available |
|---|---|---|---|---|
| Cases | Age in years, median (range)* | 55(1-105) | | 378972 |
| | Sex, male* | 183194 | 49 | 376055 |
| | Travelled* | 16000 | 16 | 100979 |
| | Recovered* | 32823 | 26 | 124863 |
| | Health care workers# | 54749 | 16 | 339657 |
| | Hospitalization# | 91606 | 33 | 281424 |
| | Intensive care unit admissions# | 8709 | 4 | 211703 |
| Deaths | Age in years, median (range)^ | 80 (0-105) | | 39258 |
| | Sex, male^ | 24573 | 63 | 39030 |
| | At least one underlying condition^ | 12831 | 95 | 13497 |
| | • cardiovascular disease | 7652 | 70 | 10990 |
| | • diabetes | 3688 | 34 | 10701 |
| | • lung disease | 2437 | 22 | 10927 |
| | • neurological disease / dementia | 698 | 24 | 2930 |
| | • renal disease | 561 | 21 | 2682 |
| | • malignancy | 463 | 24 | 1917 |
| | • obesity | 251 | 10 | 2432 |
| | • liver disease | 124 | 5 | 2604 |
| | • immune disease | 85 | 3 | 2608 |
| | • other | 4718 | 43 | 10960 |

Source:
*Case report forms (n=380,688);
#Case report forms and aggregated data from Italy (16/17 April 2020) and Spain (16 April 2020) (n=566,491); Health care workers refer to ocupation and not to the place of exposure
^Case report forms, mortality survey, aggregated data from Italy (16 April 2020) and Spain (16 April 2020) (n=39,272);

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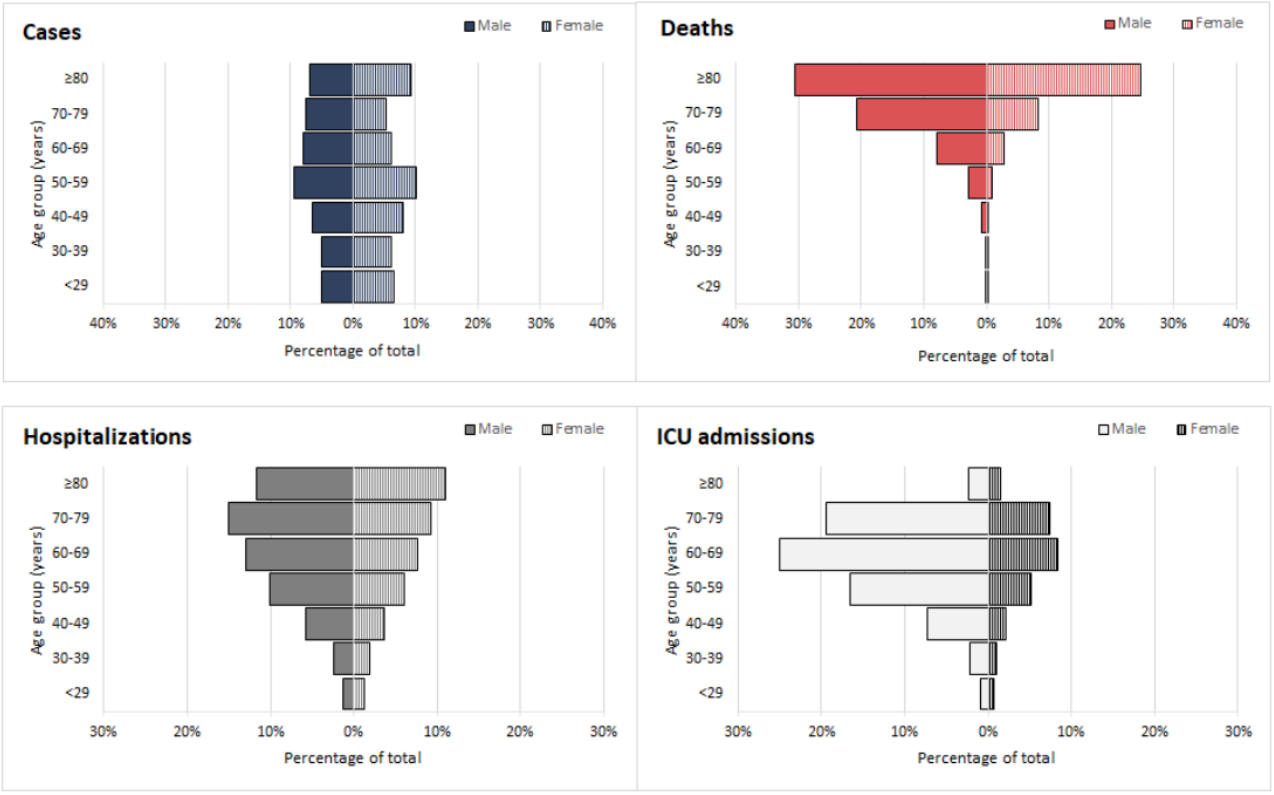
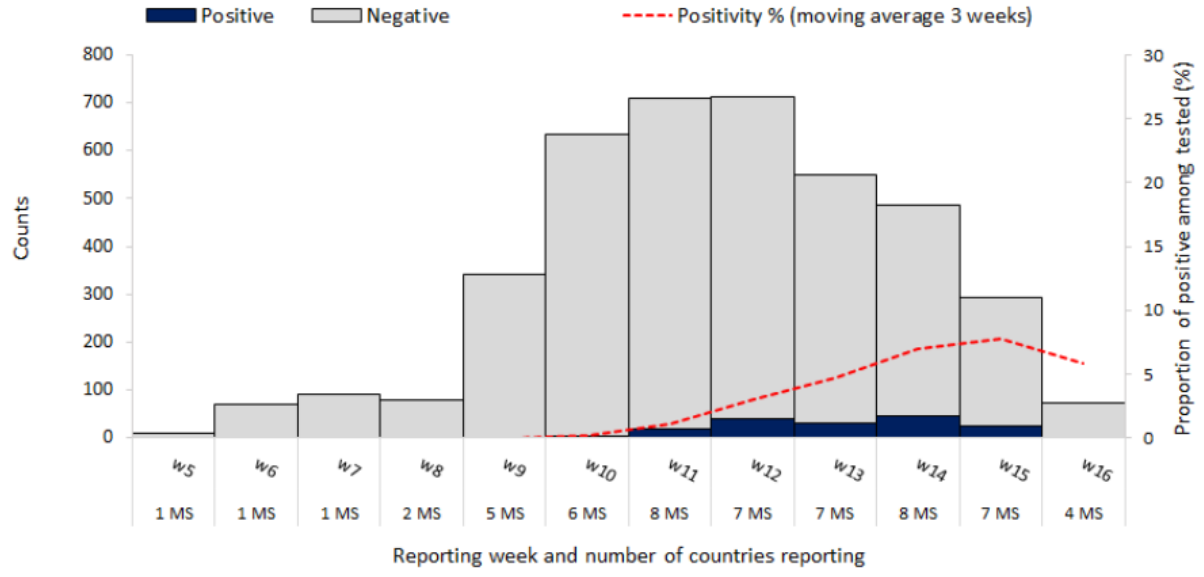
Percentage of COVID-19 cases (N=495,905), hospitalizations (N=86,921), ICU admissions (N=7485) and deaths (N=39,144) by age group and sex




Percentage positive for COVID-19 in the ILI/ARI sentinel surveillance by reporting week

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| | **ITA:** Starts antibody test on 150,000 people to determine the estimated number of unknown cases. The country will loosen several restrictions starting May 4. Movements within your own region in compliance with certain rules will be possible. Schools are closed until September<br><br>**ESC:** Children under 14 can leave the house for 1 hour a day when accompanied by an adult. Movement within 1km of the apartment is allowed.<br><br>**GRB**: Became the fifth country to report more than 20,000 virus-related fatalities on Saturday. Only the deceased are counted in the hospital, so the number of deaths could be twice as high. Prime Minister Boris Johnson has resumed his work after COVID-19 illness.<br><br>**ITA**: Lockdowns will be lowered as of 4 May. Construction and manufacturing will be the first sectors allowed to restart. Retailers and museums can reopen on May 18. Restaurants and cafes will remain closed until at least June 1.<br><br>**DEU**: As of Monday 27 April, people are expected to wear face masks during shopping an in public transportation.<br><br>**SWE**: For the first-time restaurants have been closed in Stockholm due to violations of the spacing rules against the spread of the coronavirus. Because of extremely tense situation in the healthcare system SWE starts to react now. |

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## Subject in Focus

**Easing of outbreak mitigation measures/ lockdown restrictions by WHO European Region**

WHO/Europe has published key considerations for the gradual easing of outbreak mitigation measures/lockdown restrictions.

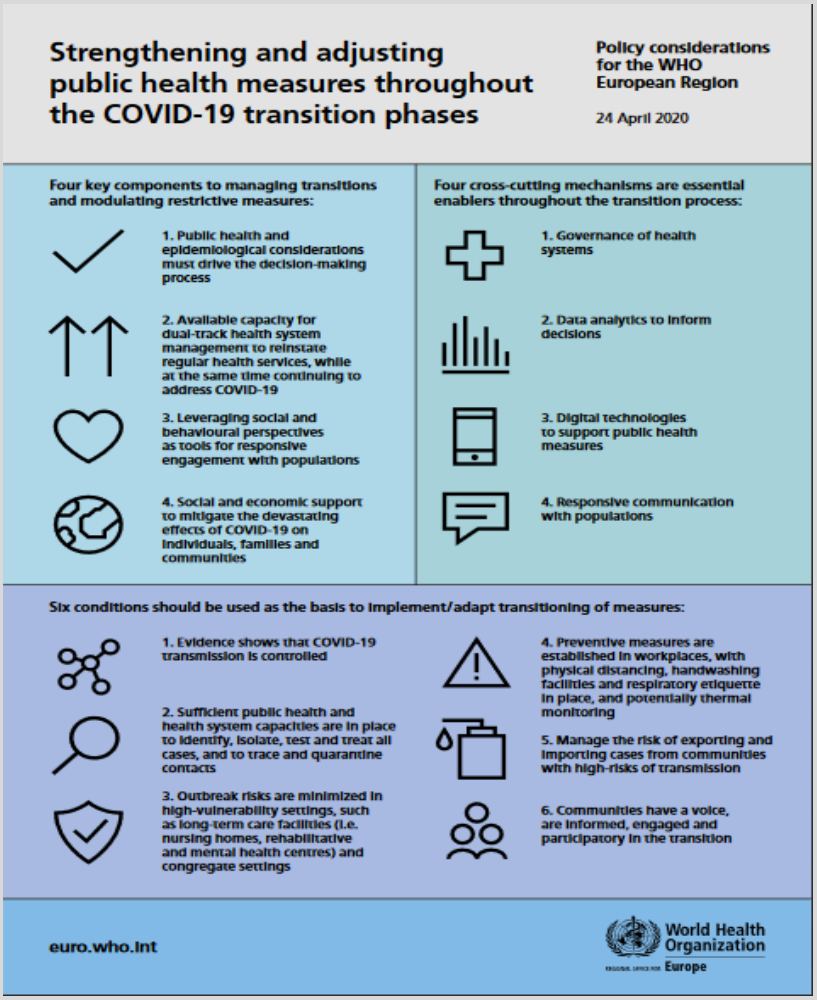
Easing lockdown measures is a highly complex topic and there is no one-size fits all approach, as circumstances (e.g. age distribution of the population), infection rates, preparedness and the like differ from country to country. Nevertheless, four key components (see infographic) have been highlighted as important factors when considering the easing of lockdown measures.

WHO also made very clear that the process of easing lockdown restrictions is bidirectional and measures have to be tightened/reintroduced as soon as the number of cases starts rising too fast/high 10 14 days after easing (so called fluid approach).

WHO repeated the necessity of keeping R0 below 1 to insure a flat curve and to allow for a controllable number of cases (not overwhelming the health system). Some measures (e.g. hand hygiene, coughing etiquette) must be maintained and social distancing will be the “new-normal” for an extended period even if the economy is slowly restarted. As the measures are loosened the health workforce needs time to rest and recuperate, while routine health-care services (e.g. routinely vaccinating children) must be restarted. Not overwhelming the health workforce while maintaining/reintroducing routine medical services and at the same time preparing for a potential second wave of COVID-19 are key aspects of managing the outbreak.

For additional information please have a look at the infographic and this link:

http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/4/whoeurope-publishes-considerations-for-gradual-easing-of-covid-19-measures

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| COVID de-escalation strategies/ -criteria and expected results | • **Situation:** in the absence of specific prevention (vaccination) and specific treatment (effective antiviral treatment), the virus is expected to produce an unmanageable medical system overload: the number of critical patients will overcome on the existing capacity of the medical systems<br>• **Aim:** to balance the number of critical patients with the capacity of medical systems, reducing the number of infected on one hand and increasing the medical system capacity on the other hand.<br>• **Measures**<br>I. Addressing the virus transmissibility<br>a) Limit the interhuman contacts: social distancing, prohibitive movement measures (isolation, quarantine),<br>b) Limit the presence of the virus: hygiene, disinfection<br>II. Addressing the medical systems<br>a) Increasing the ICU capability<br>b) Reconfiguring the medical system's structure and procedures.<br>• **Effects**<br>I. **Medical**<br>With 2 exceptions (Italy and Spain) the societies managed to avoid the overloading the medical systems. In the current conditions there are enough resources to treat the critical patients in the existing ICUs after a significant development of this capability.<br>The focus on the COVID affected the quantity and quality of the non-infection related diseases, and further studies will reveal the related impact.<br>II. **Social**<br>Dramatic changes in the individual and social behaviour caused by the unprecedented changes in the social imposed restrictions and regulations.<br>III. **Economic**<br>The huge restrictions had a tremendous impact on the national and global economy. The home office as a solution applicable in a very specific domains, was a proper substitute for a small part of the overall world economy. The industrial production of goods, and the significant restriction of movement and the lock down regulation regarding the selling of the non-alimentary and non-pharmaceutical products, was leading to crushing down entire industries.<br>As part of social distancing measures, and restriction of traveling, the tourism related activities, sports and arts events were literally shut down.<br>All the restrictive measures in support of medical systems had as a result an unpredictable impact of national and global GDP. The main challenge is to keep the GDP crashing as low as possible.<br>IV. **Politic**<br>The national and global strategies have already started to rearrange the available political relationships as a start for reshaping organizations, roles and regulations.<br>• **De-escalation**<br>As long and persistent are the restrictive measures, as much the negative social, economic and political effects will increase.<br>There is a need to reshape the measure in order to get the optimal medical results with minimal restrictions.<br>The main dilemma about the world's reaction in front of this pandemic is how to calibrate the response to the cause, looking at the effects. Was this an exaggerated, anaphylactic indiscriminatory, unfocused and ineffective response? How much of the existing restriction (if any) should be terminated, when and in which way?<br>The positive effects resulted from the measures taken should be preserved and developed, and ineffective and overestimated measures should be optimized, and new effective measures should be applied. |

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| | As the medical global emergency was the trigger of the escalation, the medical criterium should trigger the de-escalation strategies as well.<br>Being a global situation, all the measures should be agreed and co-ordinated at the global level since the situation in one nation will affect all the other nations (as it was proved by the development of the pandemic).<br>A clear, objective, science (evidence) based, internationally agreed set of criteria should be the foundation of any kind of de-escalation strategy.<br>• **As examples:**<br>a) The risk of increasing the number of critical cases<br>b) The medical systems capacity<br>c) The effectiveness of the preventive measures (specific and non-specific)<br>d) The availability of effective specific medical treatment.<br>All the restrictive measures were triggered by an external threat, as it was stated in the WHO case definition referring primary to the subjects traveling from the affected areas from abroad. Currently, considering the pandemic definition, the vast majority of countries are more ore less considered as affected areas. The trigger of de-escalation strategy should aim to define how much affected should be considered a nation or an area to allow the deescalating measures.<br>The objective measurement of the risk, in order to determine the population at risk should consider the utility of developing a immunity map, using specific, massive, populational level immunity testing strategy (i.e. IgM/IgG testing).<br>Without clear and objective criteria, any de-escalation measures could result in a dramatic revenue of the number of the infected and severe affected patients, and all the efforts and sacrifices of the society will be in vain.<br>• **Military relevance:**<br>The military missions and specific activities are decisively affected by the worldwide restrictive measures.<br>As the military systems are strong and deeply involved in the national and multinational effort against the pandemic there are significant implications over the overall military activities.<br>As a selected population at risk, composed mainly by young, heathy and without comorbidities members, the main risk is not addressed to the health of the troops, but mainly to the treat over the community (asymptomatic infected soldiers) with they are interacting with.<br>Moreover, the economic conditions are impacting the budgets of the defence systems and the political factors could reshape the missions.<br>As the military systems are following mostly the national civilian regulations, with some specific adaptations, the de-escalations measures in the military should follow the same pathway. |

# Case Definition and Contact Management

Case definition by WHO

**WHO has developed the following definition for reporting COVID deaths:aCOVID-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. 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.

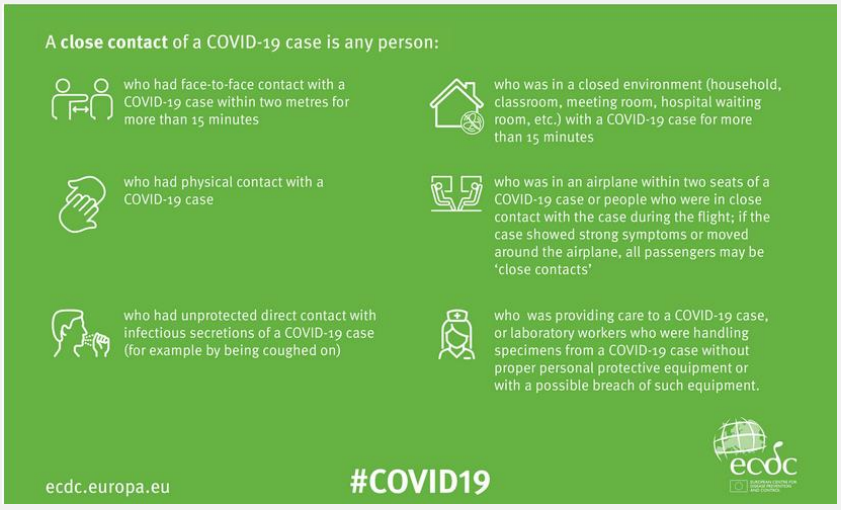
•Technical guidance for laboratory testing can be found here.

**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.

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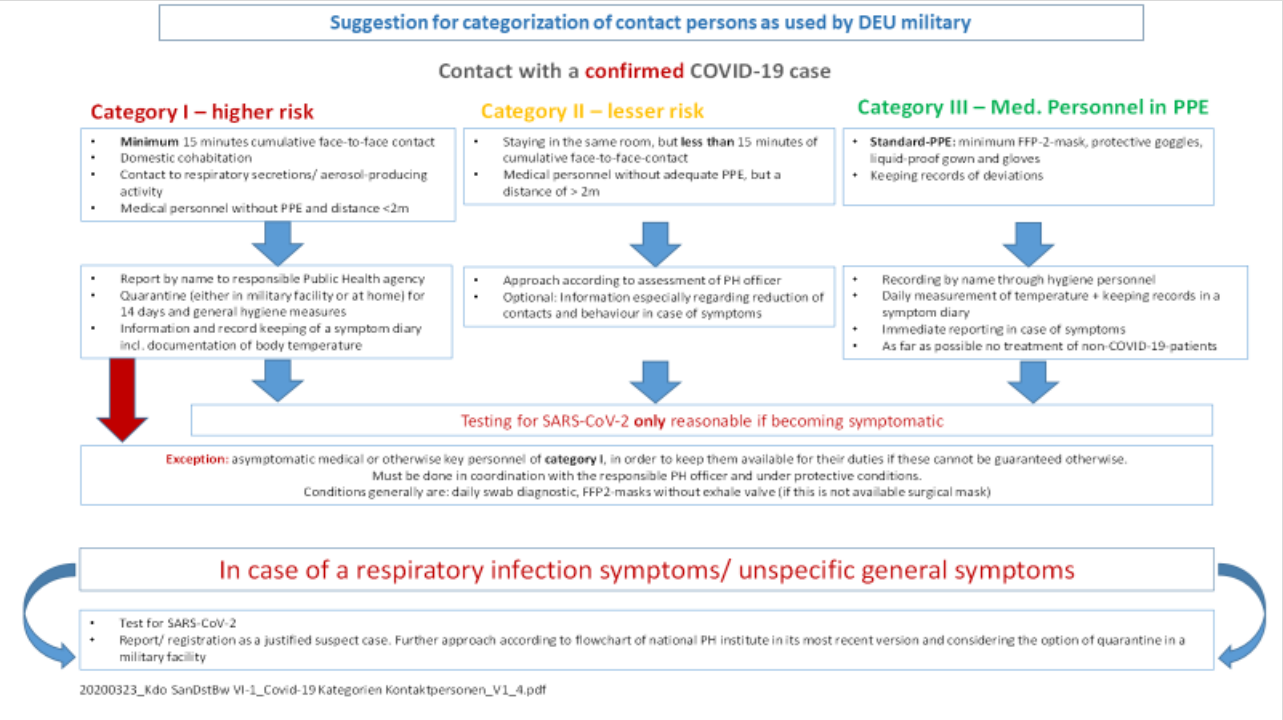
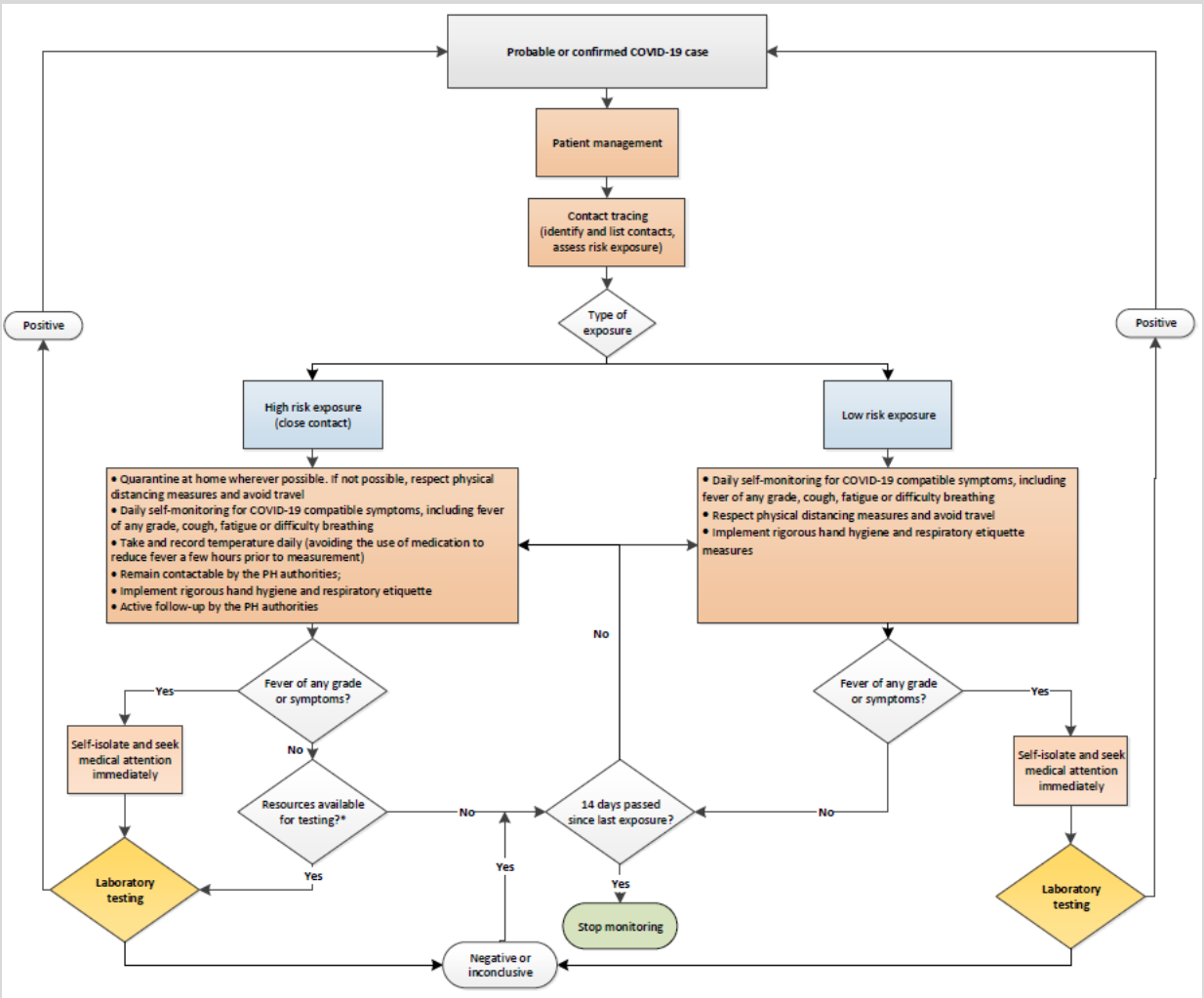
## Suggestion of managing contact persons




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




*consider more intensive testing of contacts who are also asymptomatic healthcare workers to guide decisions on the need for absence from work (optimal strategy not yet defined);

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# Conflict and Health

## Conflict and Health

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

(Public) Health is a topic that is often neglected during times of conflicts and civil unrest. While military personnel regularly have 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.

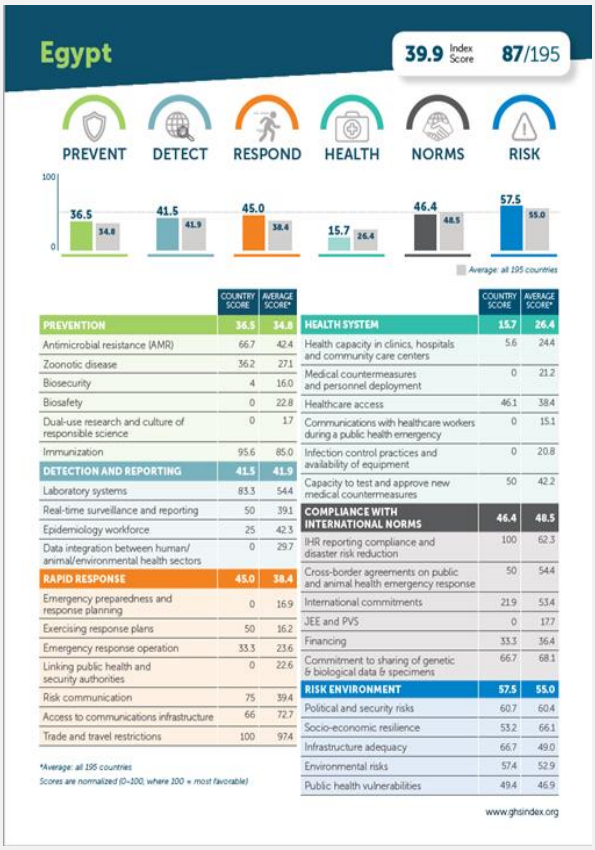
During conflicts an increased probability of the emergence of infectious diseases can be observed (e.g. in refugee-camps or in war zones with numerous unburied corpses). Given those circumstances public authorities are seldom capable of maintaining surveillance networks and enforcing mitigation and containment 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" bioweapon 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 warzone)
- 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 publics 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**.

## Country in Focus Egypt

### Social discord in Egypt

Egypt has enormous political and cultural influence on the Arabic and Islamic world. This is mainly because of its large population of approx. 97 million people. After being released into independency in 1920 Egypt was ruled by various dictators for decades. In early 2011 the Egypt people started protesting in order to overthrow president Husni Mubarak and fight for their freedom. In 2012 Mohamed Mursi won the first free presidential election and took office as president of Egypt. The new president was controversial from the beginning and fierce protests against Mursi took place, while his followers showed their solidarity with him. In July 2013 he was removed from office and in May 2014 ne presidential elections took place; those were clearly won by former General al-Sisi. Al-Sisi's period of government is characterized by an authoritarian style of rule, repressions and violation of human rights against the opposition. The country is developing backwards to the situation prior to the Arabian Spring. At the same time the number of terrorists' attacks and assaults is on the rise since 2014.
The **conflict potential in Egypt** consist of two key components: The **rising terrorism** from various sources and **social discord** expressed in mass protests and riots.




| | COUNTRY SCORE | AVERAGE SCORE* |
|---|---|---|
| **PREVENTION** | **36.5** | **34.8** |
| Antimicrobial resistance (AMR) | 66.7 | 42.4 |
| Zoonotic disease | 36.2 | 27.1 |
| Biosecurity | 4 | 16.0 |
| Biosafety | 0 | 22.8 |
| Dual-use research and culture of responsible science | 0 | 1.7 |
| Immunization | 95.6 | 85.0 |
| **DETECTION AND REPORTING** | **41.5** | **41.9** |
| Laboratory systems | 83.3 | 54.4 |
| Real-time surveillance and reporting | 50 | 39.1 |
| Epidemiology workforce | 25 | 42.3 |
| Data integration between human/animal/environmental health sectors | 0 | 29.7 |
| **RAPID RESPONSE** | **45.0** | **38.4** |
| Emergency preparedness and response planning | 0 | 16.9 |
| Exercising response plans | 50 | 16.2 |
| Emergency response operation | 33.3 | 23.6 |
| Linking public health and security authorities | 0 | 22.6 |
| Risk communication | 75 | 39.4 |
| Access to communications infrastructure | 66 | 72.7 |
| Trade and travel restrictions | 100 | 97.4 |

| | COUNTRY SCORE | AVERAGE SCORE* |
|---|---|---|
| **HEALTH SYSTEM** | **15.7** | **26.4** |
| Health capacity in clinics, hospitals and community care centers | 5.6 | 24.4 |
| Medical countermeasures and personnel deployment | 0 | 21.2 |
| Healthcare access | 46.1 | 38.4 |
| Communications with healthcare workers during a public health emergency | 0 | 15.1 |
| Infection control practices and availability of equipment | 0 | 20.8 |
| Capacity to test and approve new medical countermeasures | 50 | 42.2 |
| **COMPLIANCE WITH INTERNATIONAL NORMS** | **46.4** | **48.5** |
| IHR reporting compliance and disaster risk reduction | 100 | 62.3 |
| Cross-border agreements on public and animal health emergency response | 50 | 54.4 |
| International commitments | 21.9 | 53.4 |
| JEE and PVS | 0 | 17.7 |
| Financing | 33.3 | 36.4 |
| Commitment to sharing of genetic & biological data & specimens | 66.7 | 68.1 |
| **RISK ENVIRONMENT** | **57.5** | **55.0** |
| Political and security risks | 60.7 | 60.4 |
| Socio-economic resilience | 53.2 | 66.1 |
| Infrastructure adequacy | 66.7 | 49.0 |
| Environmental risks | 57.4 | 52.9 |
| Public health vulnerabilities | 49.4 | 46.9 |

*Average: all 195 countries
Scores are normalized (0–100, where 100 = most favorable)

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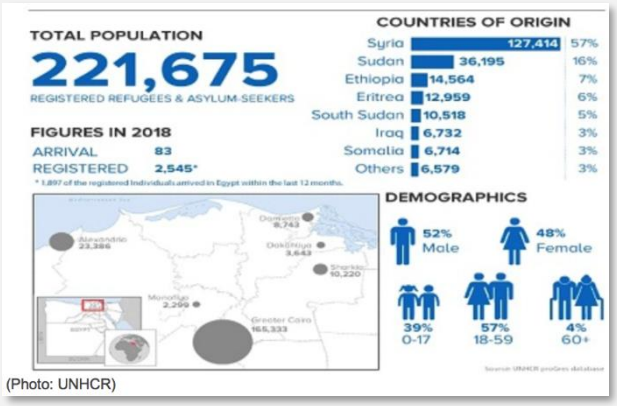
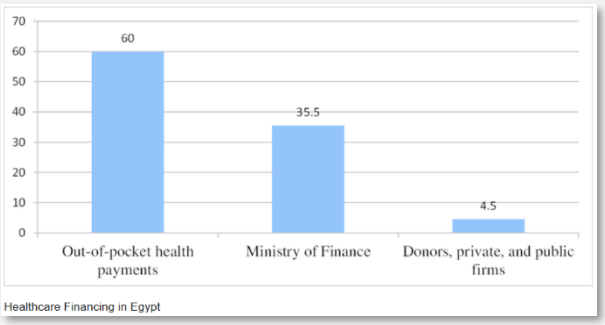


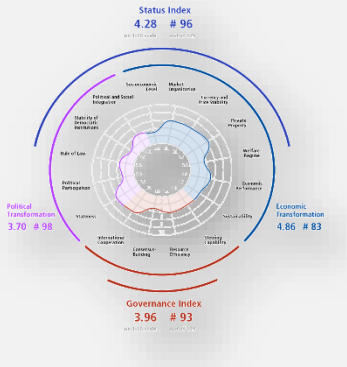
(Photo: UNHCR)

Various factors lead to an increasing conflict potential. The **authoritarian regime and country-wide repressions** bear the risk of a new popular movement against the current political system. This is especially **fostered by the fact that the legal system is more and more taken over and controlled by the military**. In parallel to this development the **number of refugees** in Egypt, serving as a transit country and as a destination, raised massively. Especially the high number of refugees from Syria lead to tensions and high economic pressure on Egypt communities, where they live. The 222,000 asylum seeking individuals and refugees have the same access to health care as the native Egypt population. They are also granted access to the educational system. **Negative economic developments** such as an increasing unemployment rate, a high inflation rate and a weak Egyptian pound (E£/EGP) set the structural circumstances for the discontent of the Egypt population. At the same time this discontent is worsened by **increasing environmental problems** that lead to reduced water quality and security of supply with food.


Compared to other African countries Egypt's **health system** is well developed but there are major gaps among the rural parts of the country. Unbalanced diet and lack of hygiene are causes for endemic diseases (e.g. bilharzia); another problem are the various kinds of hepatitis, especially hepatitis A and C. Proceeded Hepatitis-infections are among the main cause of deaths within the native Egypt population. Another important disease in the country is diphtheria. Egypt's health system has been privatized during the last 7 years, because of this, wealthy patients have access to better treatment in privately owned hospitals. The majority of the rural and the urban population depends on the neglected public health care service.



Healthcare Financing in Egypt




Even though WHO praised Egypt's strategy for fighting the SARS-CoV-2 outbreak on the occasion of an assessment that was concluded on 25th of March it was found that additional efforts are necessary to prevent the (at this point identified) local-transmissions from becoming community-based transmissions. Whether this objective can be reached is questionable, taking into consideration the increased transmission rate and a total of only 56,000 tests for COVID-19 conducted so far. In contrast to most African nations in sub-Saharan Africa Egypt (Failed State Index rank 34 ["high warning"], GHS index (2019) Score (Health System) 15.7, rank 128 out of 195) has some (material as well as well as professional) infrastructure that helps against the epidemic but eventually it is likely that this won't really affect the country-wide course of the outbreak.

**Conclusion:** The way the government reacts to and mitigates the outbreak will play a key role for the future course of the conflicts in Egypt. In case of the government's outbreak management being not successful the consequences of the outbreak will likely increase the already existing discontent of the Egypt population. This could lead to new mass protests and violence.

http://reporting.unhcr.org/egypt
https://reliefweb.int/sites/reliefweb.int/files/resources/048%20Conflict%20analysis%20of%20Egypt.pdf
https://aegypten.ahk.de/en/corona-virus-in-egypt
http://www.emro.who.int/media/news/who-delegation-concludes-covid-19-technical-mission-to-egypt.html

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## 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.**<br>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.<br><br>**In the case of non-deferrable trips, please note the following**<br>• Many airlines have suspended inbound and outbound flights to affected countries. Contact the relevant airline for up-to-date information on flight schedules.<br>• Check your national foreign office advices for regulations of the countries you´re traveling or regulations concerning your country.<br>• Information's about the latest travel regulations you can find at IATA and International SOS.<br><br>**Most countries implemented strikt rules of contact reduction:**<br>• Everyone is urged to reduce contacts with other people outside the members of their own household to an absolutely necessary minimum.<br>• In public, a minimum distance of 1.5 m must be maintained wherever possible.<br>• 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).<br>• Follow the instructions of the local authorities.<br><br>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:<br>• 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;<br>• 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;<br>• Refrain from touching mouth and nose; See also: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public<br>• 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.<br>• WHO information for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find here.<br><br>**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.**<br>Source: WHO |
| WHO recommendation | WHO has published guidance on adjusting public health and social measures for the next phase of the COVID-19 response. Some governments have suggested that the detection of antibodies to the SARS-CoV-2, the virus that causes COVID-19, could serve as the basis for an “immunity passport” or “risk-free certificate” that would enable individuals to travel or to return to work assuming that they are protected against re-infection. There is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection.<br>At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.” People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice. The use of such certificates may therefore increase the risks of continued transmission. As new evidence becomes available, WHO will update this scientific brief.<br><br>Further information: https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19 |

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| 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. A third guidance talks about safe return to workplaces; "EU guidance for a safe return to the workplace". |
| 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.<br>• Travellers are at high risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks.<br>• Individual risk is dependent on exposure.<br>• National regulation regarding travel restrictions, flight operation and screening for single countries you will find here.<br>• Official IATA changed their travel documents with new travel restrictions. You will find the documents here.<br>• 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.<br>• 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:<br>• **Risk of sever disease associated with SARS-CoV-2 infection for general population:** currently considered **low** in areas where appropriate physical distancing measures are in place and/or where community transmission has been reduced and/or maintained at low levels and **moderate** in areas where appropriate physical distancing measures are not in place and/or where community transmission is still high and ongoing. and **very high** for older adults and individuals with chronic underlying conditions.<br>• **Risk of sever disease associated with SARS-CoV-2 infection in populations with defined factors associated with elevated risk for COVID-19:** currently considered **moderate** in areas where appropriate physical distancing measures are in place and/or where community transmission has been reduced or maintained at low levels and **very high** in areas where appropriate physical distancing measures are not in place and/or where community transmission is still high and ongoing.<br>• **Risk of resurgence of sustained community transmission:** currently considered **moderate** if measures are phased out gradually and accompanied by appropriate monitoring systems and capacities, with the option to reintroduce measures if needed, and remains **very high** if measures are phased out without appropriate systems and capacities in place, with a likely rapid increase in population morbidity and mortality. |

## 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



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