



# Short Update 19a COVID-19 Coronavirus Disease 13<sup>th</sup> of May 2020



## GLOBALLY

**4 226 080**  
Confirmed cases

1 494 718  
recovered  
292 001 deaths

## USA

(x2 in 37.5 d ↘)  
**1 366 793**  
confirmed cases  
230 287 recovered  
82 243 deaths

## Brazil

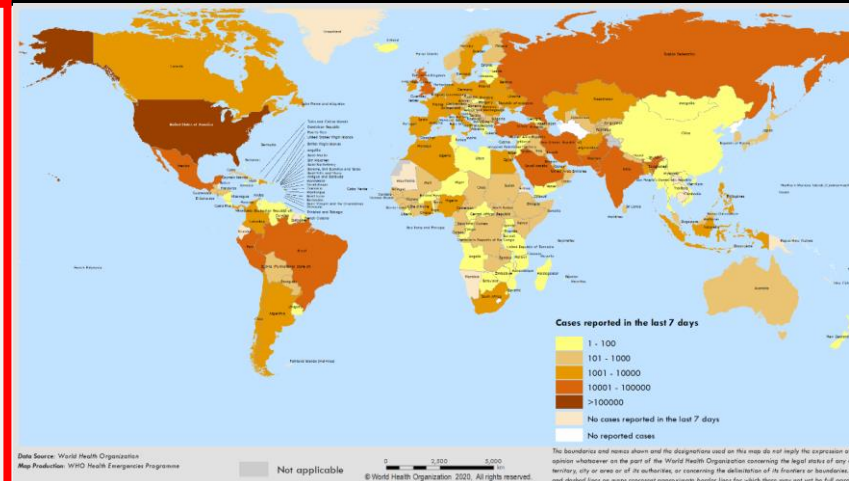
(x2 in 10.5 d ↗)  
**178 214**  
confirmed cases  
72 597 recovered  
12 461 deaths

## Russia

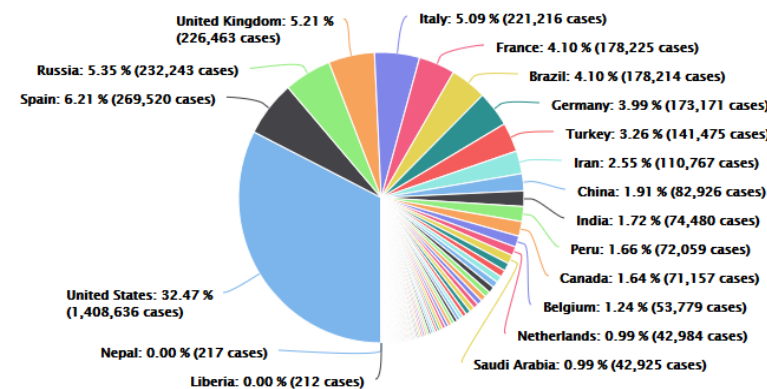
(x2 in 12.0 d ↗)  
**232 243**  
confirmed cases  
43 512 recovered  
2 116 deaths

## News:

- WHO** has published new guidance on [Surveillance strategies for COVID-19 human infection](#). The document provides an overview of surveillance strategies that Member States should consider as part of comprehensive national surveillance for COVID-19. It also emphasises the need to adapt and reinforce existing national systems where appropriate and to scale-up surveillance capacities as needed. As well as a new guidance on [Contact tracing in the context of COVID-19](#).
- EU:** The Commission selected 8 large-scale research projects aimed at developing treatments and diagnostics for the coronavirus, in a fast-track call for proposals launched in March. The Commission increased the Horizon 2020 initially-allocated funding of €45m to €72 million, while €45 million will be provided by the pharmaceutical industry, Innovative Medicines Initiative associated partners and other organisations, bringing the total investment to €117 million.
- UN:** Fears that in Africa due to corona-related bottlenecks in medical care, around 500,000 additional people could die of AIDS or related diseases by 2021. WHO chief Tedros warned of a "historic step backwards". More information see [here](#).
- WHO:** Seven to eight promising candidates looking for a vaccine against the new coronavirus. Additional money is needed to speed up the development of a vaccine, but especially to develop enough of it "to ensure that the vaccination reaches everyone (and) nobody is left behind".
- WFP:** COVID-19 affecting food prices in Syria and Yemen. The care of a family in April was twelve percent more expensive than in March and more than 100 percent more expensive than a year ago. In Yemen, the price of caring for a family rose by 19 percent within a month. In North Africa and the Middle East, additional 6.7 million people are expected to be as a result of the economic downturn caused by the Corona crisis.
- EMA:** Recommended extending the compassionate use of the investigational medicine remdesivir to further groups of patients in Europe, based on preliminary results of studies with the medicine. The updated recommendations cover hospitalised patients who are requiring supplemental oxygen, non-invasive ventilation, high-flow oxygen devices or ECMO (extracorporeal membrane oxygenation), in addition to those on invasive mechanical ventilation. More information see [here](#).
- Find Articles and other materials about COVID-19 on our website [here](#)
- Please use our online observation form to report your lessons learned observations as soon as possible [here](#)



## Distribution of cases



Source: Worldometer - [www.worldometers.info](http://www.worldometers.info)

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## EUROPE

**1 738 696**  
confirmed cases

742 566 recovered  
159 636 deaths

## SPAIN

(x2 in 124.5 d ↘)  
**228 030**  
confirmed cases

138 980 recovered  
26 920 deaths

## ITALY

(x2 in 128.5 d ↗)  
**221 216**  
confirmed cases

109 039 recovered  
30 911 deaths

## UK

(x2 in 32.5 d ↘)  
**226 463**  
confirmed cases

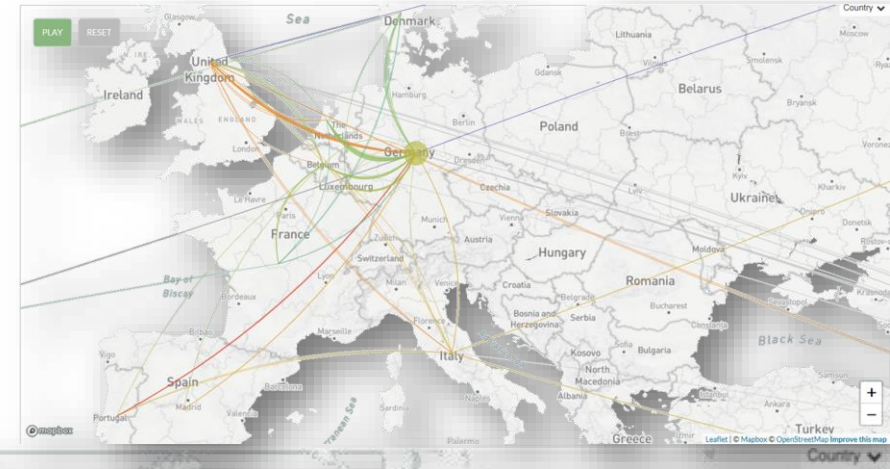
recovered not reported  
32 692 deaths



# Europe

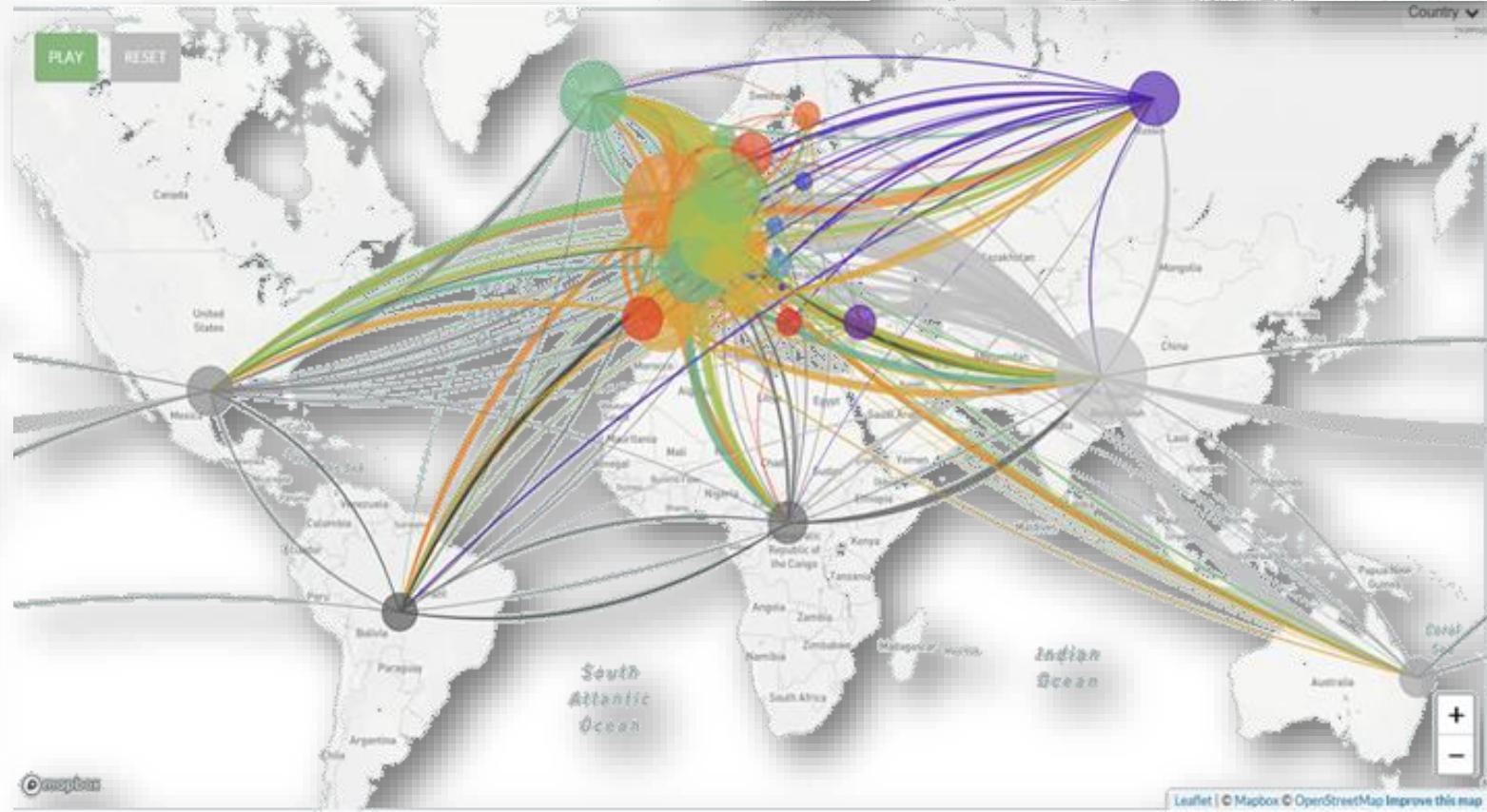
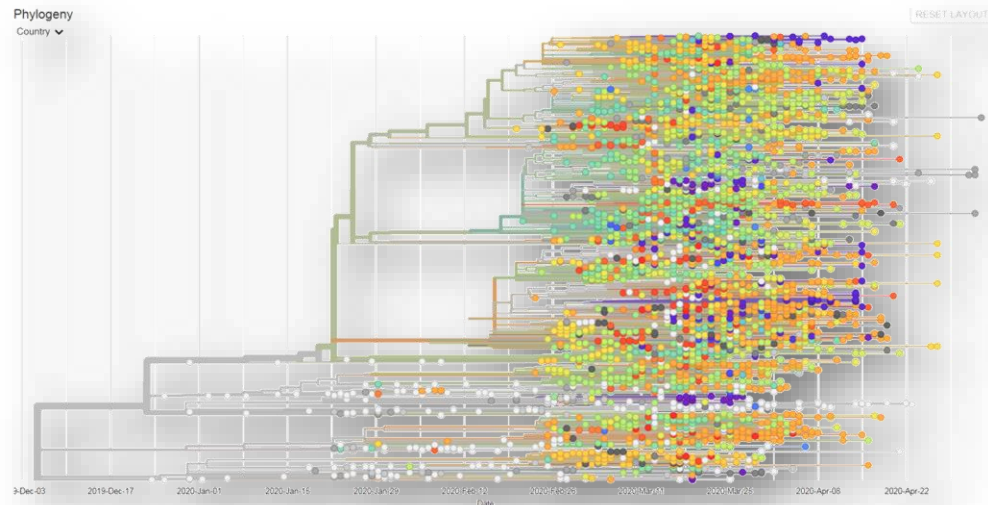


The two graphs above show the phylogenesis (top left) and the transmission (top right) of SARS-CoV-2 to, in and from Germany (laboratory results from Munich). The left-hand graphic shows the pathogen's developmental pedigree starting from Wuhan in December 2019 (gray) and how the virus has developed worldwide over the months & more precisely in Europe and Germany. The color changes represent changes in the gene sequence, which can also be sorted in the appropriate color using the (right) transmission map. Incidentally, the size of the circles here represents the amount of available data and not the intensity of the outbreak (further explanations on the following page). With direct connections overseas, the strain from Germany reappears in the USA, Russia and China, otherwise the virus is mainly based on this model in Europe and has evolved over several generations. [https://nextstrain.org/ncov/europe?f\\_location=Munich](https://nextstrain.org/ncov/europe?f_location=Munich)



The two graphs below show the phylogenesis (bottom left) and the transmission (bottom right) of SARS-CoV-2 to, in and from Europe.

Europe is an essential "breeding ground" for the changes caused by the ongoing human-to-human transmission chains; As can be seen from the numerous relatively large circles, a great deal of data is also fed into the international science networks. This makes a graphic of this size somewhat confusing, but we strongly recommend a little time and leisure with the interactive graphics at: <https://nextstrain.org/ncov/europe>





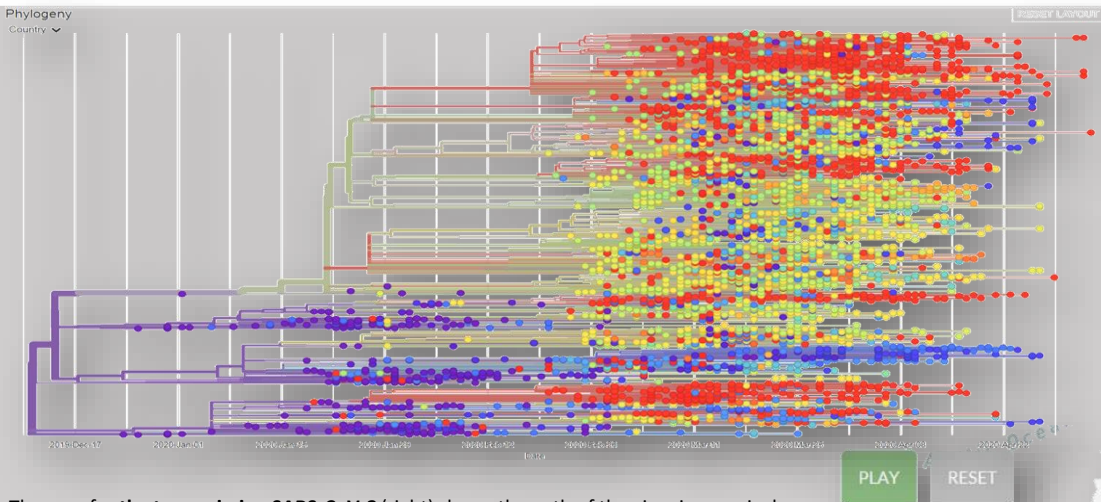
# Global

## Phylogenesis (graphic left) and transmission (lower right) of SARS-CoV-2:

The left-hand graphic shows the pathogen's developmental pedigree starting in December 2019 (purple) and how the virus has developed over the months. The colour changes represent changes in the gene sequence, which can also be sorted in the appropriate colour using the lower transmission map.

Virus changes in the course of an infection or epidemic and accumulates mutations in the genome. These mutations can be used as markers; the similarities in turn indicate kinship relationships. In the reconstruction of this phylogenesis family tree, scientific knowledge about the distribution, import times into certain regions or the epidemic growth rate can be obtained. In order to transfer these findings into public health practice and the necessary health policy, the results must be made available promptly and widely. The current peer-reviewed practice in the scientific publication definitely makes sense in terms of absolute quality and safety, but the current pandemic shows that many potentially relevant findings are declared as such before the peer review is completed and published beforehand. Due to its explosiveness, this pandemic even seems to force the entire scientific world into new processes, representations and a completely new kind of discourse as well as an unprecedented degree of digitalization.

The limitations of these representations are the different availability of data - the size of the circles represents the amount of available data and not the intensity of the outbreak, e.g. the lack of data from the Middle East. And ultimately this is also a model. And: "All models are wrong, but some are quite useful" (G.P. Box). <https://nextstrain.org/ncov/europe>

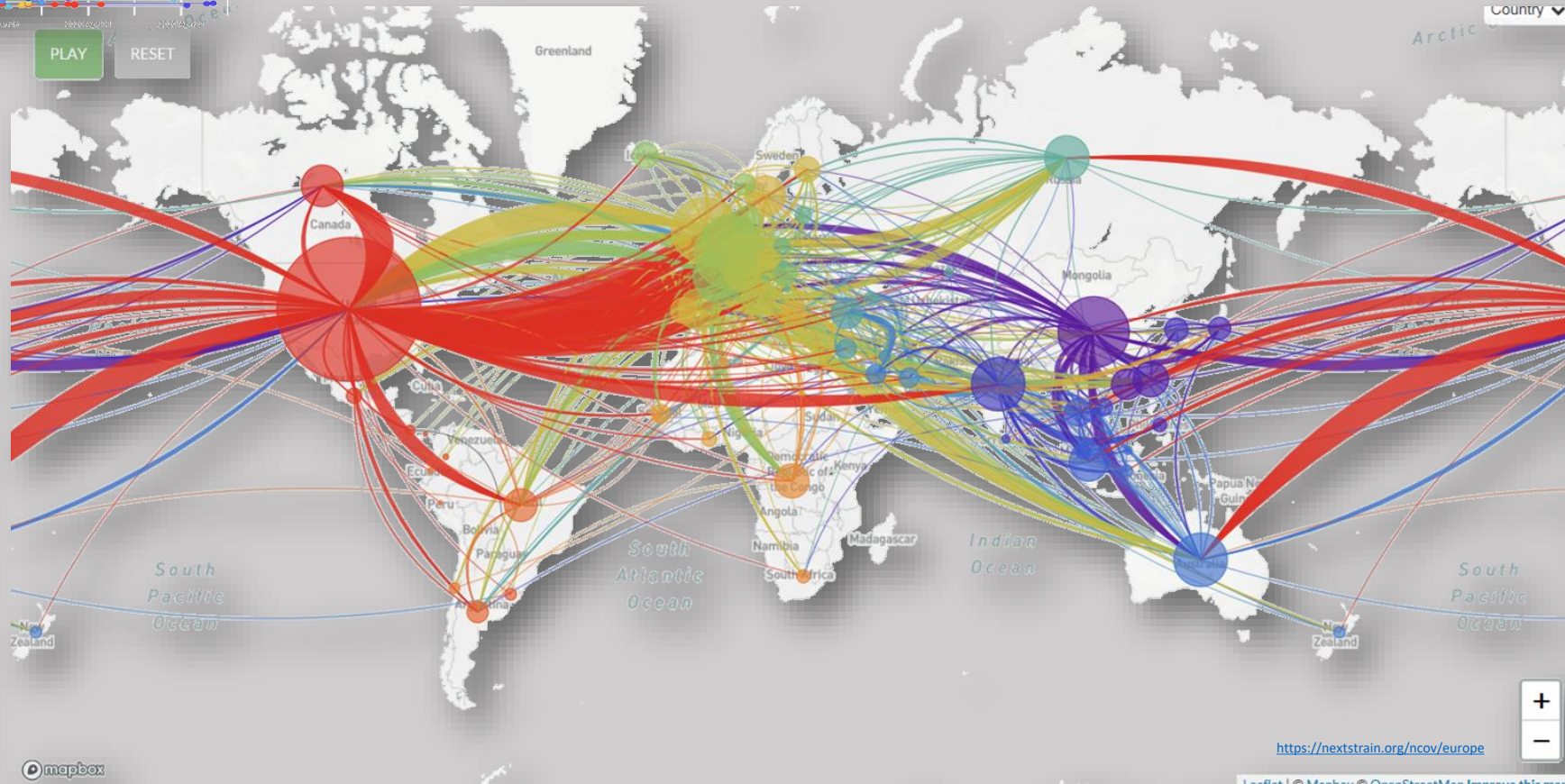
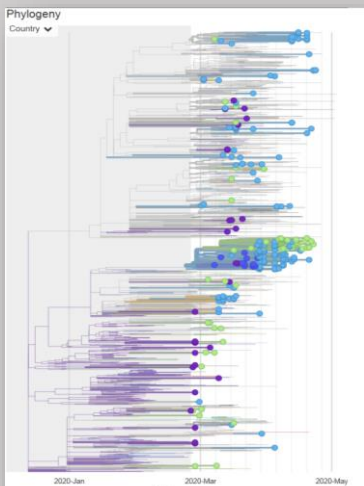


The map for the transmission SARS-CoV-2 (right) shows the path of the virus impressively from China to the greater region, to Europe, Australia and occasionally to the USA. The virus appears to have developed in Europe and has been transported to the USA, but also to South America, Africa, Australia and back to Asia.

The virus, in turn, has been distributed from the USA to numerous continents.

If you look at the focal points on the international flight routes (graphic at the top left), you can discover many similarities. In Africa, however, appears interesting the Democratic Republic of the Congo with transmission links to South America.

SINGAPORE: Viruses have been imported again and again in the last 10 weeks, which have led to limited local transmission. However, in March (accumulation in the middle of the graph) e.g. an entry from India and the Philippines into the guest worker populations living in mass accommodation:



# How the epidemic affects the United States

**No country is more affected by Corona than the United States. Where exactly does the virus rage worst? And what does the international comparison really say? A data overview.**

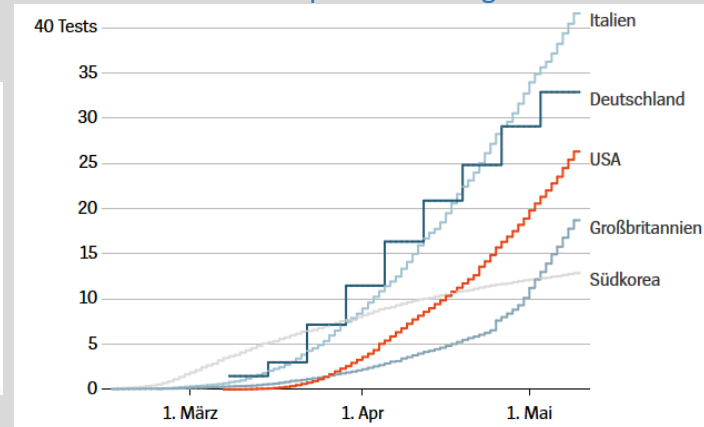
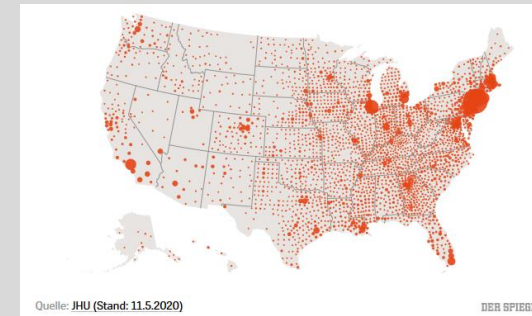
Almost every third Covid-19 case confirmed worldwide has occurred in the United States. Coronavirus has infected more than 1.3 million people in the United States to date - and nearly 80,000 of those infected have not survived.

The world's best-rated outbreak-fighting health system (GHSI) is a complex picture. In terms of absolute numbers, the United States top infection numbers and those of the deceased. In terms of relative numbers (in terms of residents), the United States, with 243 / million residents, is in the middle of the most affected countries.

However, the epicurve of daily new infections (orange curve) simultaneously represents spatially different focal points in the country. Initially, the focus was on the development in populous New York and the big cities on the east coast. Cases have now been proven in all states also in the sparsely populated countryside. The relatively high number of cases in rural areas can often be explained by infection clusters based on individual companies or institutions, such as the meat industry (almost 20 companies already closed down, 4,900 infections and 20 fatalities). In addition, about 27,700 cases in old people's homes and nursing homes related to COVID-19 died. Another cluster appears to be the prisons, border and reception camps - around 30,000 infections were reported here.

Land	Todesfälle	pro Mio. Einwohner
Belgien	8.656	757
Spanien	26.621	569
Italien	30.560	506
Großbritannien	31.930	480
Frankreich	26.383	394
Schweden	3.225	317
Niederlande	5.459	317
Irland	1.458	300
USA	79.526	243
Schweiz	1.833	215
Kanada	4.991	135
Ecuador	2.127	124
Portugal	1.135	110
Deutschland	7.569	91

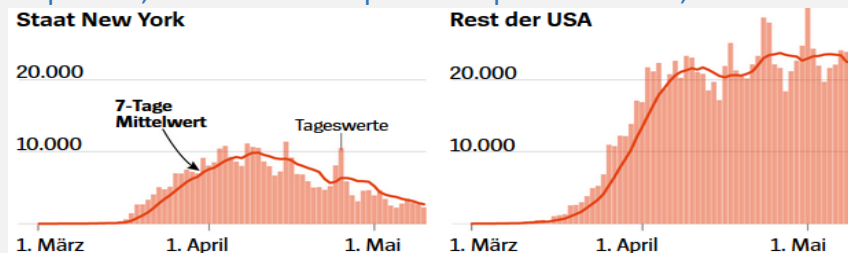
It is still too early to be able to precisely assess the effectiveness of individual measures. However, a success factor can be found in many countries that have had a rather mild course: early and extensive testing with consistent isolation of the positive cases. Epidemiologists are seeing this as the central problem in the United States. "The US government wasted six weeks at the start of the pandemic because it did not provide enough tests. The disease control agency has really failed."



African Americans seem to be affected disproportionately often, since they often live in more socially economically disadvantaged conditions, often in occupations such as nursing or supermarket cashier with numerous personal contacts who were particularly exposed to the risk of transmission.

In terms of infection, hardly any country started easing earlier than the United States. A total of 30, mostly Republican-ruled states have already started to open up the economy again or have announced plans to do so. This is despite the fact that 17 of these countries alone show an increasing trend in the number of new infections. In other countries, the number of confirmed new infections has declined, but the number of tests has also been reduced.

Evaluations of mobility data have shown that citizens are very cautious. People in New York, Detroit and Chicago in particular hardly leave their homes. At the end of March, the average daily distance traveled in most states had decreased by 40 to 60 percent.

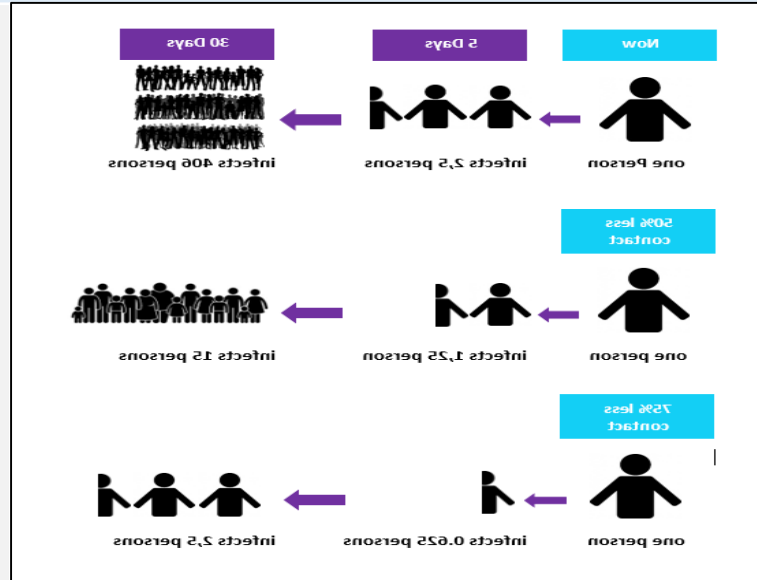


Source: [https://www.spiegel.de/politik/ausland/coronavirus-wie-die-seuche-die-usa-erfasst-a-593bd913-84f9-44a2-b834-2c8734c40e5a?sara\\_ecid=soci\\_upd\\_KsBF0AFjff0DZCxpPYDCQgO1dEMph](https://www.spiegel.de/politik/ausland/coronavirus-wie-die-seuche-die-usa-erfasst-a-593bd913-84f9-44a2-b834-2c8734c40e5a?sara_ecid=soci_upd_KsBF0AFjff0DZCxpPYDCQgO1dEMph)

# Friendly Reminder

You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.  
Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 metre (3 feet) distance between yourself and others.  
Why? When someone coughs, sneezes, or speaks they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person has the disease.
- Avoid going to crowded places.  
Why? Where people come together in crowds, you are more likely to come into close contact with someone that has COVID-19 and it is more difficult to maintain physical distance of 1 metre (3 feet).
- Avoid touching eyes, nose and mouth.  
Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.  
Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others.  
Why? Avoiding contact with others will protect them from possible COVID-19 and other viruses.
- If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority.  
Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other diseases.



Protect yourself and others from getting sick

## Wash your hands



- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste

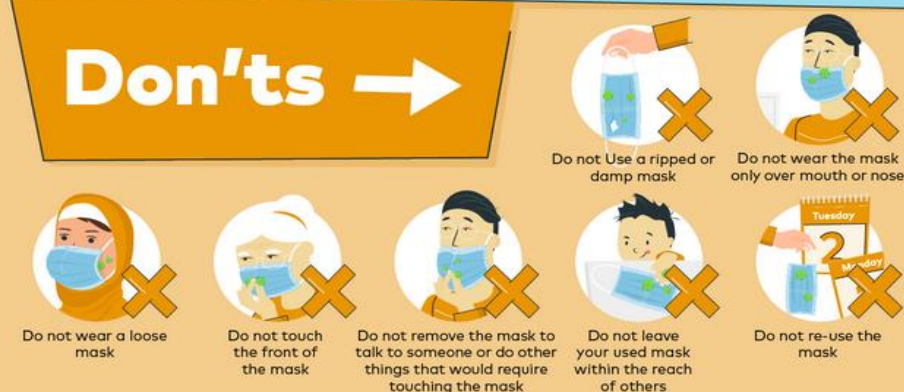
## HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](http://who.int/epi-win)

### Do's →



### Don'ts →



Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

# WHO recommendation to ease lock-down restriction

## - Six criteria -

As more and more countries consider how to ease so-called lockdown restrictions, WHO reiterates the six recommended criteria for countries to consider:

**First**, surveillance needs to be strong, cases are declining and transmission is controlled;

**Second**, the health system capacities are in place to detect, isolate, test and treat every case and trace every contact;

**Third**, the outbreak risks are minimized in special settings like health facilities and nursing homes;

**Fourth**, the preventive measures are in place in workplaces, schools and other places where it's essential for people to go;

**Fifth**, the importation risks can be managed;

**Sixth**, the communities are fully educated, engaged and empowered to adjust to the "new norm".

The risk of returning to lockdown remains very real if countries do not manage the transition extremely carefully, and in a phased approach.

Source: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---6-may-2020>

### Strengthening and adjusting public health measures throughout the COVID-19 transition phases

Policy considerations for the WHO European Region

24 April 2020

#### Four key components to managing transitions and modulating restrictive measures:



1. Public health and epidemiological considerations must drive the decision-making process



2. Available capacity for dual-track health system management to reinstate regular health services, while at the same time continuing to address COVID-19



3. Leveraging social and behavioural perspectives as tools for responsive engagement with populations



4. Social and economic support to mitigate the devastating effects of COVID-19 on individuals, families and communities

#### Four cross-cutting mechanisms are essential enablers throughout the transition process:



1. Governance of health systems



2. Data analytics to inform decisions



3. Digital technologies to support public health measures



4. Responsive communication with populations

#### Six conditions should be used as the basis to implement/adapt transitioning of measures:



1. Evidence shows that COVID-19 transmission is controlled



2. Sufficient public health and health system capacities are in place to identify, isolate, test and treat all cases, and to trace and quarantine contacts



3. Outbreak risks are minimized in high-vulnerability settings, such as long-term care facilities (i.e. nursing homes, rehabilitative and mental health centres) and congregate settings



4. Preventive measures are established in workplaces, with physical distancing, handwashing facilities and respiratory etiquette in place, and potentially thermal monitoring



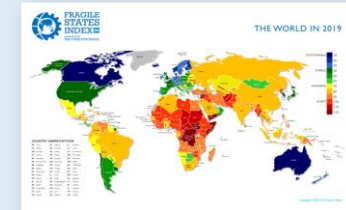
5. Manage the risk of exporting and importing cases from communities with high-risks of transmission



6. Communities have a voice, are informed, engaged and participatory in the transition



# Conflict & Health MALI



## Mali

29.0 Index Score 147/195



	COUNTRY SCORE	AVERAGE SCORE*	COUNTRY SCORE	AVERAGE SCORE*
<b>PREVENTION</b>	<b>23.4</b>	<b>34.8</b>	<b>13.0</b>	<b>26.4</b>
Antimicrobial resistance (AMR)	8.3	42.4	0.5	24.4
Zoonotic disease	34.4	27.1	33.3	21.2
Biosecurity	4	16.0	22.8	38.4
Biosafety	0	22.8	0	15.1
Dual-use research and culture of responsible science	0	1.7	0	20.8
Immunization	78.1	85.0	25	42.2
<b>DETECTION AND REPORTING</b>	<b>25.5</b>	<b>41.9</b>	<b>53.2</b>	<b>48.5</b>
Laboratory systems	25	54.4	100	62.3
Real-time surveillance and reporting	23.3	39.1	0	54.4
Epidemiology workforce	50	42.3	15.6	53.4
Data integration between human/animal/environmental health sectors	0	29.7	75	17.7
<b>RAPID RESPONSE</b>	<b>29.5</b>	<b>38.4</b>	50	36.4
Emergency preparedness and response planning	12.5	16.9	66.7	68.1
Exercising response plans	0	16.2	0	54.4
Emergency response operation	33.3	23.6	0	54.4
Linking public health and security authorities	0	22.6	0	54.4
Risk communication	25	39.4	0	54.4
Access to communications infrastructure	51.7	72.7	0	54.4
Trade and travel restrictions	100	97.4	0	54.4
<b>HEALTH SYSTEM</b>	<b>13.0</b>	<b>26.4</b>	<b>53.2</b>	<b>48.5</b>
Health capacity in clinics, hospitals and community care centers	0.5	24.4	100	62.3
Medical countermeasures and personnel deployment	33.3	21.2	0	54.4
Healthcare access	22.8	38.4	0	54.4
Communications with healthcare workers during a public health emergency	0	15.1	0	54.4
Infection control practices and availability of equipment	0	20.8	0	54.4
Capacity to test and approve new medical countermeasures	25	42.2	0	54.4
<b>COMPLIANCE WITH INTERNATIONAL NORMS</b>	<b>53.2</b>	<b>48.5</b>	<b>32.1</b>	<b>55.0</b>
IHR reporting compliance and disaster risk reduction	100	62.3	25	60.4
Cross-border agreements on public and animal health emergency response	0	54.4	38.8	66.1
International commitments	15.6	53.4	16.7	49.0
JEE and PVS	75	17.7	65	52.9
Financing	50	36.4	20.5	46.9
Commitment to sharing of genetic & biological data & specimens	66.7	68.1	0	54.4
<b>RISK ENVIRONMENT</b>	<b>32.1</b>	<b>55.0</b>		
Political and security risks	25	60.4		
Socio-economic resilience	38.8	66.1		
Infrastructure adequacy	16.7	49.0		
Environmental risks	65	52.9		
Public health vulnerabilities	20.5	46.9		

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

www.ghsindex.org

### The Malian conflict:

The security situation in northern Mali deteriorated notably during the crisis between 2012 and 2013, as the government lost control to the Tuaregs. In the years 2013 and 2014 numerous – often violated – ceasefires were signed. A peace treaty was signed in 2015 by pro-government “Platforme coalition” which consists – among others – of the “Imghad Tuareg Self-Defense Group and Allies” and the anti-government “Azawad Movement Coalition”. Implementing the peace process, including disarmament, demobilization and reintegration of warriors took place slowly and tensions between the groups are still existing.

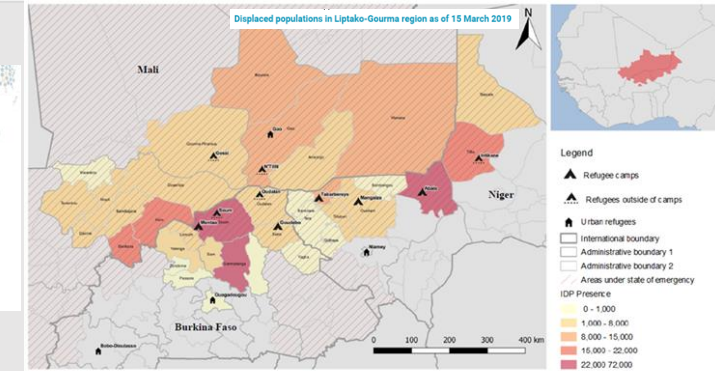
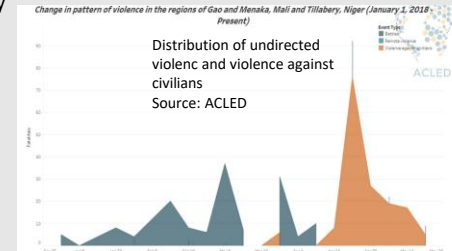
Violence spread from the north to the populous central regions of the country, especially to the regions Gao, Ménaka and Mopti. While the majority of Malian and international armed forces focused their efforts on restoring the central government’s authority in the north, armed groups profited from the security vacuum in central Mali and improved their position in this strategic border region.

On-going violence and failed mediation efforts constantly increased the number of internally displaced persons (IDP) since early 2018. In January 2018 approximately 2,100 individuals were displaced in the Mopti Region, this number rose to over 10,000 until May. On 14<sup>th</sup> February 2019 the International Organization for Migration (IOM) reported a total of 56,495 IDPs in the Mopti Region, most of them were reported from Bankass (20,014), Koro (17,733) and Bandiagara (4,835). This equals a share of 47% of the country’s whole IDP population. Around the border to Burkina Faso and Niger another tens of thousands IDPs are living in camps in the Liptako-Gourma region.

**Health:** In Mali the number of operational health facilities is insufficient. Within very unsafe areas health centres and hospitals were either destroyed or closed and physicians and other healthcare professionals fled the conflict. This situation is also reflected in the GHS Index. On this index Mali’s health system is ranked very low in the global comparison. In Mali and the western part of Niger there are currently 120 health centres closed or not operational due to on-going conflicts. Only a very limited number of health facilities in the region will be able to test for SARS-CoV-2 and react accordingly. With an increasing number of COVID-19 cases, the health system of the countries in this area will be overwhelmed and unable to treat COVID-19 and other health issues (according to OCHA 15/04/2020). Respiratory diseases as well as water-borne diseases are common in Mali, during the year (irrespective of dry or rainy season). In Mali environmental conditions as well as the lack of WASH and health capacities regularly lead to outbreaks of measles, meningitis, cholera, malaria and dengue fever. The latter is typical for the rainy season. There is also a lack of healthcare for mothers and new-borns and psychosocial aid and services within the health-sector.

Mitigation measures against COVID-19, including the allocation of money for fighting the pandemic might lead to a reduction of financial support for other services and initiatives within the health sector.

The consequences of COVID-19 mitigation measures might exacerbate the humanitarian situation during on-going conflicts. All in all the conflict has impaired the supply with basic services (including health and education) and aggravated food security and the nutritional situation within the region. Governmental and international aid should not only focus on COVID-19 but also on the continuation of other important health programs, otherwise nothing would have been learned from previous pandemics (like Ebola), where solely focusing just on a pressing health issue led to far bigger health problems in the medium to long term. This does not only apply to Africa but globally with the respective public health problems.





# Ramadan and COVID-19

## Ramadan:

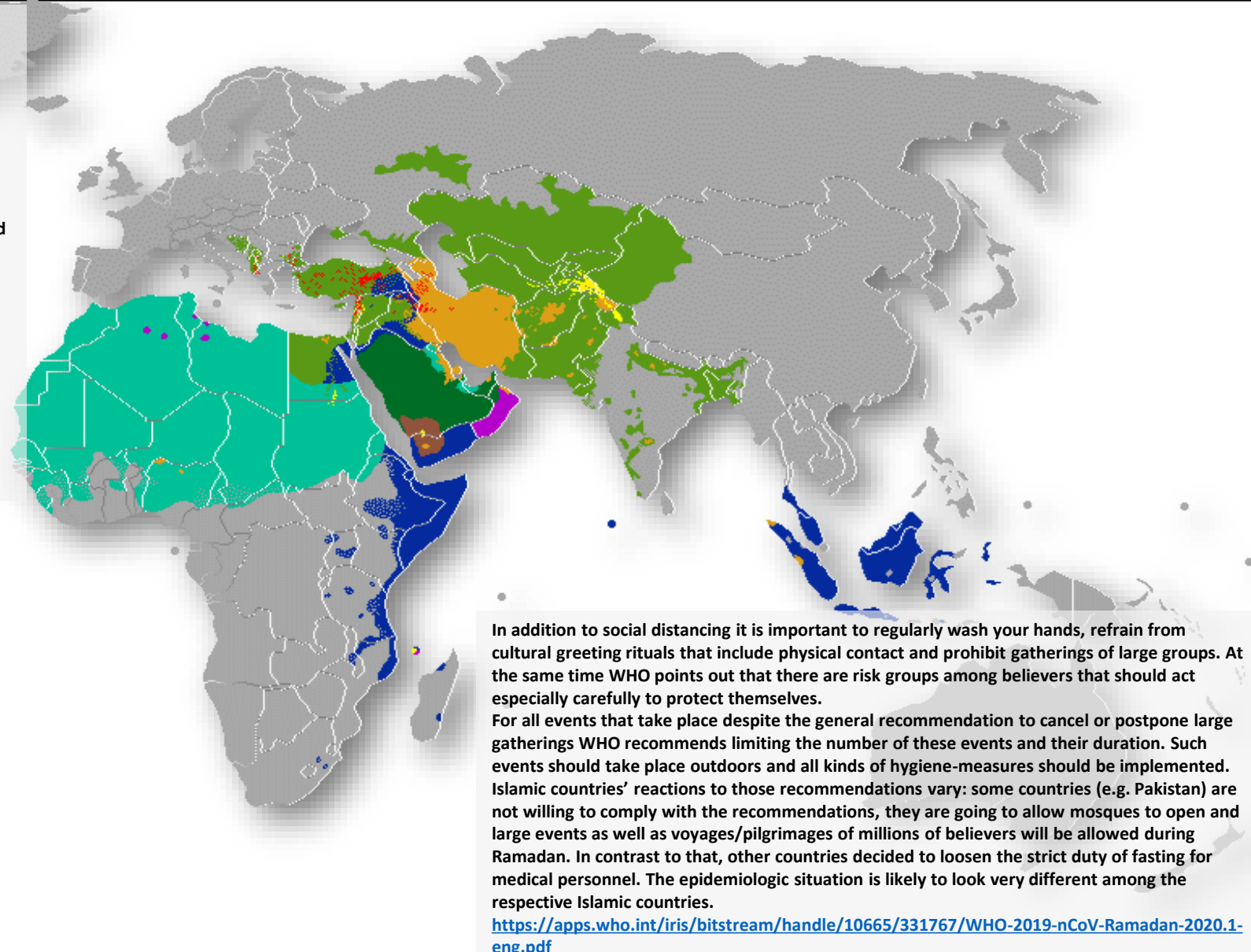
The Ramadan, the month of fasting for the Muslims and the subsequent Fast-Breaking ("Iftar") are two important events in the Islamic calendar. As one of the five pillars of Islam fasting during Ramadan is conducted by 1.8 billion people (approx. ¼ of global population). Like many other cultural and religious 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:

SUNNI	
	HANAFI
	HANBALI
	MALIKI
	SHAFI'I
SHIA	
	ISMAILI
	JAFARI
	ZAIDI
	OTHER
OTHER	
	IBADI



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) 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>