



Short Update 23a COVID-19 Coronavirus Disease 12th of JUNE 2020



GLOBALLY

7 483 977

Confirmed cases
3 545 588
recovered
421 561 deaths

USA

(new cases/day 21 169)

2 017 558 ✓
confirmed cases
540 041 recovered
113 660 deaths

Brazil

(new cases/day 26 914)

802 828 ✓
confirmed cases
429 965 recovered
40 919 deaths

Russia

(new cases/day 8 752)

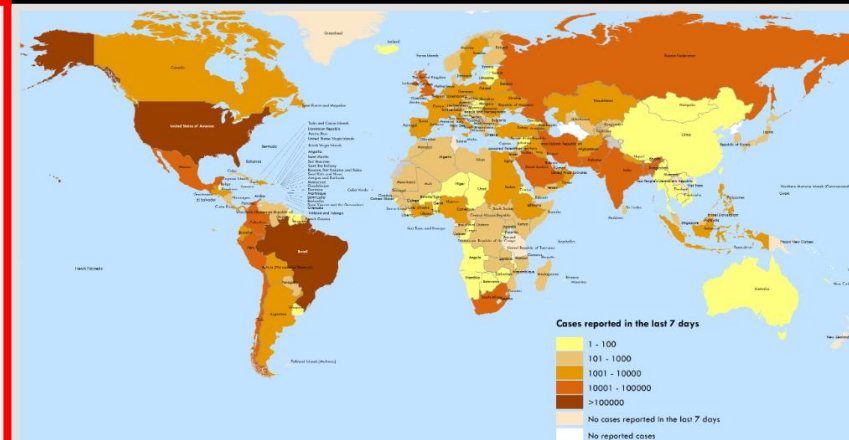
501 800 →
confirmed cases
260 649 recovered
6 522 deaths

News:

- More than 7 million cases of COVID-19 and over 400,000 deaths have now been reported to WHO. Although the situation in Europe is improving, globally it is worsening. On Sunday, more than 136000 cases were reported, the most in a single day so far.
- In countries seeing positive signs, the WHO Director-General warned in [his media briefing](#) yesterday 'the biggest threat now is complacency'.
- WHO:** Encourage all those protesting around the world to do so safely: as much as possible, keep at least 1 metre from others, clean your hands, cover your cough and wear a mask if you attend a protest.
- PAHO:** North and Central America, and especially in the Caribbean needs to prepare to [combat the effects of winter and hurricanes on COVID-19 response](#).
- WHO:** On 23 May 2020, the Executive Group of the Solidarity Trial decided to implement a temporary pause of the hydroxychloroquine arm of the trial. This decision was taken as a precaution while the safety data were reviewed by the Data Safety and Monitoring Committee of the Solidarity Trial. On 3 June 2020, the members of the committee have recommended that there are no reasons to modify the trial protocol. The Executive Group received this recommendation and endorsed the continuation of all arms of the Solidarity Trial, including hydroxychloroquine.
- ECDC:** Published their tenth update of [the Rapid Risk Assessment: Coronavirus disease 2019 \(COVID-19\) in the EU/EEA and the UK](#).
- 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](#)

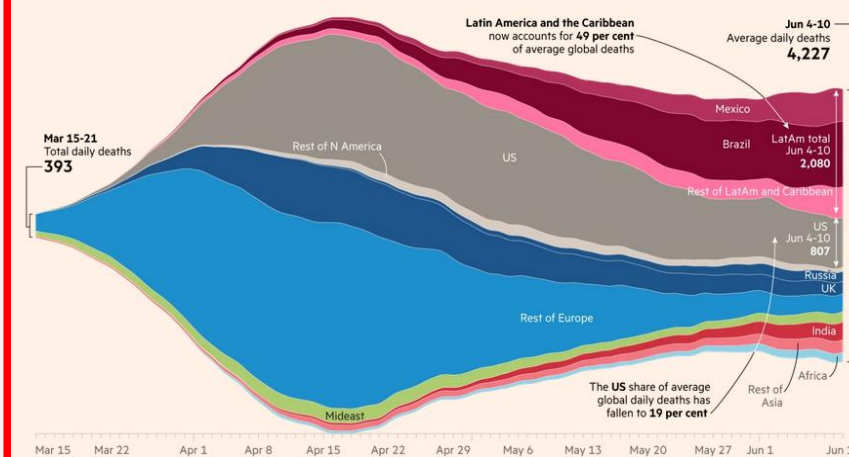
Topics:

- Subject in Focus - Widespread Testing
- Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19
- COVID-19 Healthcare Preparedness and Response Training
- Effective hand-washing
- In the press



Global Covid-19 death toll: Latin America offsets decline in Europe and the US

Daily deaths of patients diagnosed with coronavirus (7-day rolling average)



Disclaimer:

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EUROPE

2 285 196
confirmed cases

1 228 584 recovered
186 141 deaths

UK

(new cases/day 1 393)

291 409 ✓
confirmed cases

-not reported- recovered
41 279 deaths

SPAIN

(new cases/day 292)

242 707 ✓
confirmed cases

150 376 recovered
27 136 deaths

ITALY

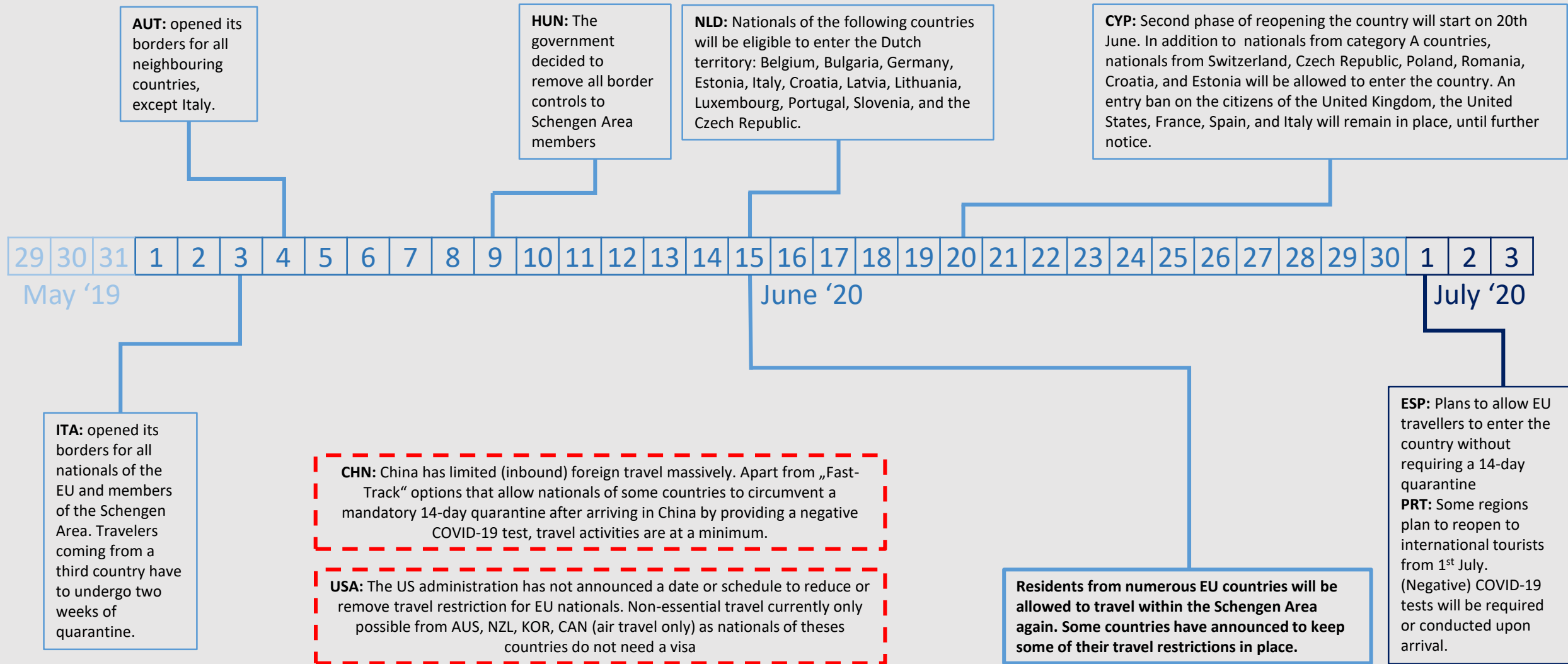
(new cases/day 304)

236 142 ✓
confirmed cases

171 338 recovered
34 167 deaths

European Situation

Current plans to re-open borders



Global Situation

WHO Eastern Mediterranean

As of 10 June, countries in the Eastern Mediterranean Region have reported a total of almost 670 000 cases and more than 15 000 deaths, making up almost 10% of the global caseload.

While cases across Europe are decreasing – and the global media is reflecting less alarm as a result – the number of cases in other parts of the world continues to increase, including in Eastern Mediterranean Region. In fact, at the regional level, they have observed a regular increase of daily cases reported, with an acceleration during the past 3 weeks.

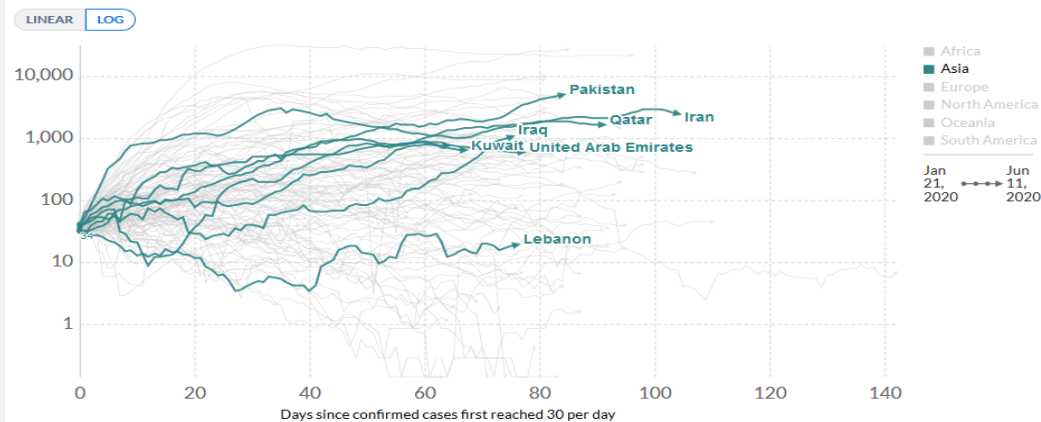
Over the past week, more than half of all new cases in the Region were reported in Pakistan, Islamic Republic of Iran and Saudi Arabia. Several more countries are reporting increasing numbers of cases.

As many countries in the Region start to ease restrictions, there is a risk that cases will continue to increase. WHO urges all countries easing restrictions to ensure that these measures are implemented following evidence-based risk assessments. Without proper precautions and monitoring, there is a real threat of COVID-19 resurging in countries that are seeing a decrease in the number of cases.

More than 6 months into this pandemic, this is not the time for any country to take its foot off the pedal. This is the time for countries to continue to work hard, on the basis of science, solutions and solidarity. The cornerstone of the response in every country must be to find, isolate, test and care for every case, and to trace and quarantine every contact. That is every country's best defense against COVID-19.

Daily confirmed COVID-19 cases: are we bending the curve?

Because not everyone is tested the total number of cases is not known. Shown is the 7-day rolling average of confirmed cases.



Source: European CDC – Situation Update Worldwide – Last updated 11th June, 11:00 (London time)

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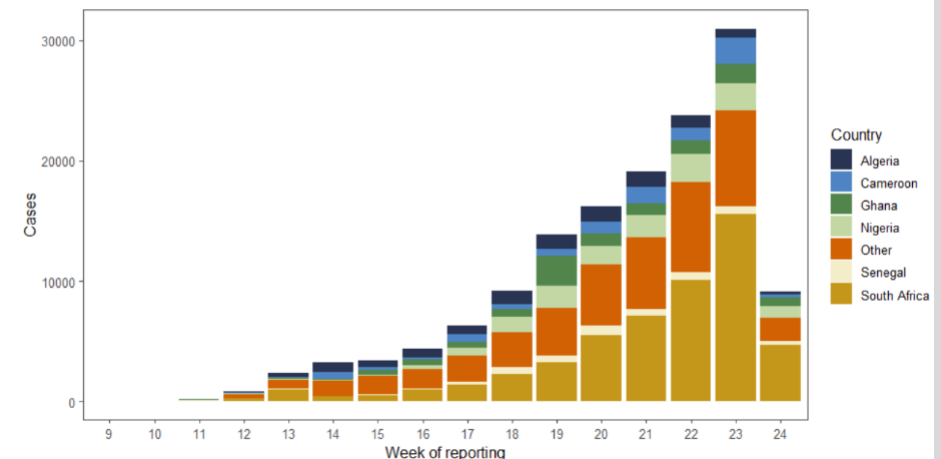
COVID-19 Africa

The pandemic is accelerating in Africa – it took 98 days to reach 100 000 cases and only 18 days to move to 200 000 cases.

Ten out of 54 countries are currently driving the rise in numbers, accounting for nearly 80% of all the cases. More than 70% of the deaths are taking place in only five countries: Algeria, Egypt, Nigeria, South Africa and Sudan.



Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February –9 June 2020 (n=142 897)



Subject in Focus

Widespread Testing

During the COVID-19 pandemic numerous topics were discussed in the public as well as within the political and scientific community. Among those topics Testing is one of the most difficult subjects and many views and perceptions have to be considered when deciding on an “optimal” strategy.

In the beginning, many countries focused on identifying infected individuals (often among high-risk groups) by applying rather narrow testing regimes, only testing people showing symptoms (and sometimes their contacts). Therefore PCR testing was used. The number of positive tests is still the main figure to inform the public about the current stage and trend of the outbreak (sometimes ignoring that not only the number of positive results but also the number of tests conducted is important, to assess the severity of the outbreak). Now, as the number of cases decreases, more and more countries are trying to reimplement their contact tracing policies and systems, while simultaneously ramping up wide-spread testing within the population. Beside of the still on-going PCR testing to determine whether an individual is currently infected, antibody-testing becomes more and more important. By testing for antibodies, individuals that were in contact with the virus (“got infected”) can be identified, regardless of them showing symptoms or being asymptomatic. This information can be used to determine how far a society is away from reaching herd-immunity (given that surviving the virus grants immunity for some time) and to estimate, how effective mitigation measures were. Looking at the various testing strategies implemented by European countries allows to identify “best practices” and “lessons learned” to combat future outbreaks. Countries’ testing strategies can differ in various factors, e.g. number of tests conducted per day over time, focus groups for testing (e.g. high-risk groups) and number of tests conducted per positive test result. The following bullet points are food for thought and should encourage the reader to think about optimal testing strategies.

- PCR testing requires a lot of resources and skilled personnel but is the only way to identify active cases.
- The public is often informed by announcing the number of new cases (“number of positive test results since the last report”). If testing capacity increases over time, an increased number of positive results is likely, also other effects might bias the public’s view on the course of the outbreak (e.g. limited testing capacities can make the outbreak look contained, as the number of new cases might stagnates).
- Contact tracing and wide-spread testing are complementary, not substitutive measures.
- Creating data on the course of the outbreak in a quick, open and accurate way is key to allow for the implementation of ideal mitigation measures.
- Ramping up testing-capacities at an early stage of the outbreak allows for a faster and more accurate reaction and can help reducing the overall consequences of the outbreak.
- The number of tests conducted per positive result is important. If this number is very small, it is likely that too little tests are conducted and the size of the outbreak is underestimated.
- Antibody-testing can’t replace PCR testing but helps understanding how wide-spread the outbreak is/was.
- Learning from other counties’ failure and success is key in preparing for the next pandemic

Source: <https://www.europeandataportal.eu/en/covid-19/stories/widespread-testing-differing-strategies-across-europe>

Testing for Infection

PCR
(Polymerise Chain Reaction)

finding evidence of **active infection** whether the symptoms are visible or not

detecting **the genetic information of the virus**, the RNA, which is only possible if the virus is there

cotton swab inserted in the throat or nostril

qualitative
(positive or negative)

6 - 8 hours

labour intensivity and requirement of **specialised equipment**

Testing for Antibodies

Serology Testing

finding evidence of **previous infections**

looking for the **presence of antibodies** in the blood cells

blood samples

qualitative
(positive or negative)

5 - 15 mins

requirement of **rigorous cross-reactivity testing** to avoid false positives

Infographic comparing two types of widely used tests during COVID-19

Source: <https://www.europeandataportal.eu/en/covid-19/stories/widespread-testing-differing-strategies-across-europe>

Additional material: <https://ourworldindata.org/coronavirus>

Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19

Technical note, 7 June 2020, WHO

The technical note describes medical certification of cause of death and classification (International Classification of Diseases [ICD] mortality coding) of deaths related to COVID-19. The primary goal is to identify all deaths due to COVID-19 in all countries, including those not yet following WHO international norms and standards for medical certificates of cause of death and ICD mortality coding.

Definition of deaths due to COVID 19

- A death **due to** COVID-19 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 from COVID-19 between illness and death.
- A death **due to** COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of pre-existing conditions that are suspected of triggering a severe course of COVID-19.
- Deaths **due to** COVID-19 are the ones that are counted in cause of death data collection (for the purposes of COVID-19 death reporting).

NOTE: Deaths **due to** COVID-19 are different from COVID-19-related (or COVID-19-associated) deaths. These may be deaths due to accidental or incidental causes, or natural causes when COVID-19 is not identified as the underlying cause of death according to ICD coding guidance.

Guidance for certifying COVID-19 as a cause of death

In view of the need for accurate COVID-19 statistics, it is important to record and report deaths due to COVID-19 in a uniform way.

Recording COVID-19 on the medical certificate of cause of death

COVID-19 should be recorded on the medical certificate of cause of death for ALL decedents where the disease caused, or is assumed to have caused, or contributed to death.

Terminology

The official terminology, COVID-19, should be used for all certification of this cause of death.

Because there are multiple coronaviruses that infect humans, it is recommended not to use “coronavirus” in place of COVID-19. This helps to reduce uncertainty in the classification or coding and to correctly monitor these deaths.

Chain of events

Specification of the causal sequence leading to death in Part 1 of the certificate is important. For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included, along with COVID-19, in Part 1. Certifiers should include as much detail as possible based on their knowledge of the case, as from medical records or laboratory testing (e.g. “COVID-19 (test positive)”).

Comorbidities

There is increasing evidence that people with existing chronic conditions or compromised immune systems are at higher risk of death due to COVID-19. If the decedent had existing chronic conditions, they should be reported in Part 2 of the medical certificate of cause of death.

Guidance for coding COVID-19 for mortality

New ICD-10 codes for COVID-19

- U07.1 COVID-19, virus identified: <https://icd.who.int/browse10/2019/en#/U07.1>
- U07.2 COVID-19, virus not identified: <https://icd.who.int/browse10/2019/en#/U07.2>
- Clinically or epidemiologically diagnosed COVID-19

o Probable COVID-19

o Suspected COVID-19

Details of the updates to ICD-10 are available online at: <https://www.who.int/classifications/icd/icd10updates/en/>.

ICD-10 cause of death coding of COVID-19

Although both categories, U07.1 and U07.2 are suitable for cause of death coding, it is recognized that in many countries detail as to the laboratory confirmation of COVID-19 will NOT be reported on the death certificate. In the absence of this detail, it is recommended, for mortality purposes only, to code COVID-19 provisionally to U07.1 unless it is stated as “probable” or “suspected”.

The international rules and guidance for selecting the underlying cause of death for statistical tabulation apply when COVID-19 is reported on a death certificate. But, given the intense public health requirements for data, COVID-19 is not considered as due to, or as an obvious consequence of, anything else. Further, there is no provision in the classification to link COVID-19 to other causes or modify its coding in any way.

A manual plausibility check is recommended for certificates where COVID-19 is reported, in particular for certificates where COVID-19 was reported but not selected as the underlying cause of death for statistical tabulation.

Examples of terms used by certifiers of cause of death to describe COVID-19 and that can be coded as synonyms of COVID-19:

- COVID Positive
- Coronavirus Pneumonia (unless clearly related to a non-COVID-19 coronavirus)
- COVID-19 Infection
- SARS-Cov-2 Infection (Coronavirus Two Infection)
- COVID-19 Coronavirus
- Infection – COVID-19 (Coroner Informed)
- Hospital Acquired Pneumonia - COVID-Positive
- Corona Virus two infection (SARS-Cov-2)
- Corona Virus Pneumonia (COVID-19)
- Coronavirus-Two Infection
- Novel coronavirus

Source: WHO

COVID-19 Healthcare Preparedness and Response Training

Please see below for information on a new COVID-19 training opportunity.

****Please note this course is not affiliated, managed or sponsored by the NATO MILMED COE****



Project HOPE and the Center for Human Rights and Humanitarian Studies at the Watson Institute of Brown University have partnered to deliver a COVID-19 training program for health workers at the frontlines of the crisis.

In order to expand access to the essential information in these trainings as the world faces the COVID-19 pandemic, the materials is made broadly available. These are offered at no cost, so that individuals, providers and health systems can freely access the content.

About the COVID-19 training

Who is the training for?

The primary audience is trainers of health care workers, public health professionals, health care leadership, and key frontline personnel. It is also available as a resource to individuals seeking to increase their knowledge of COVID-19.

Health workers who complete the training will increase their knowledge and skills to respond rapidly and efficiently to the threat of COVID-19, while also protecting their own health.

Self-guided training materials will help interested individuals, but the materials are also structured to allow qualified health care professionals to deliver training within their professional networks.

What is the training?

A curriculum focused on COVID-19 preparedness and response

Brown University faculty and staff with expertise in infectious diseases, emergency care, disaster medicine, medical education, and instructional design have developed a modularized health care worker training in accordance with World Health Organization standards, best practices, and guidelines.

Designed for ease of remote access, the curriculum includes downloadable manuals, training modules, videos and more that can be used for self-guided learning as well as in instructor-led educational settings.

The training covers the core competencies that will strengthen the capacity of health care workers and other frontline personnel to respond to COVID-19. This includes how to respond in resource-limited environments.

What is included in the training?

The training materials include manuals, slides, videos, instructor-led modules, and simulation, incorporating quizzes, exams, and practicums to measure and reinforce core competencies. Pre- and post-tests, as well as instructor and course feedback forms, are also included.

The content has been translated to Spanish and French with a few others coming soon.

Training modules include:

- Biology, Pathophysiology, and Transmission Mechanisms of COVID-19
- Infection Prevention and Control
- Surveillance (Passive and Active Contact Tracing)
- Screening and Triage
- Stabilization and Resuscitation
- Management of Acute Respiratory Failure
- Diagnosis and Management
- Health Facility Operations and Surge Capacity
- Risk Communication and Public Health Messaging

The training can be completed by module or as a whole.

Access it at <https://www.projecthope.org/covid-19-training-for-health-care-workers-preparedness-and-response/>

If you have questions, please contact covid19training@projecthope.org

Effective hand-washing

Effective hand-washing

Duration of the procedure: at least 20 seconds



1 Wet hands with water



2 Apply plenty of soap



3 Rub your hands together, palm to palm



4 Rub the back of each hand with the palm of the other hand, with fingers interlaced



5 Rub palm to palm with fingers interlaced



6 Rub with the backs of fingers to opposing palms, with fingers interlaced



7 Rub each thumb clasped in the opposite hand using a rotational movement



8 Rub the tips of the fingers in the opposite palm using a circular motion



9 Rinse your hands well with water



10 Dry your hands thoroughly with a single-use towel



11 Keep the towel in your hand and use it to turn off the tap



Your hands are now
clean and safe!

www.ecdc.europa.eu

Protecting yourself and others from the spread COVID-19

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

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.

Hands should be washed regularly:

The hands should not only be washed when they are visibly dirty. Because pathogens are not visible to the naked eye. Therefore, you should wash your hands regularly in everyday life, especially on the following occasions:

Always after...

- come home
- visiting the toilet
- changing diapers or if you helped your child clean after going to the toilet
- blowing your nose, coughing or sneezing
- contact with waste
- contact with animals, animal feed or animal waste

Always before ...

- the meals
- fiddling with medication or cosmetics

Always before and after ...

- the preparation of meals and more often, especially if you have processed raw meat

Hands should be washed thoroughly:

Washing off dirt and germs - that sounds easy. However, proper hand washing requires careful handling. For example, the hands are often not soaped up long enough and the back of the hand, thumb and fingertips in particular are neglected. See picture on the left.



Do you know
how to wash your
hands?

[Video on how to wash your hand by ECDC.](#)

In the press

This new experimental section aims at summarizing trending headlines with regards to COVID-19. The collection does not aim at being comprehensive and we would like to point out that headlines and linked articles are no scientific material and for information purposes only. The headlines and linked articles do not reflect NATO's or NATO MilMed COE FHPB's view. Feedback is welcome!

10th June 2020

Deutsche Welle

Coronavirus latest: WHO urges Pakistan to lock down

<https://www.dw.com/en/coronavirus-latest-who-urges-pakistan-to-lock-down/a-53755241>

10th June 2020

The Guardian

Nigeria to cut healthcare spending by 40% despite coronavirus cases climbing

<https://www.theguardian.com/global-development/2020/jun/10/nigeria-to-cut-healthcare-spending-by-40-despite-coronavirus-cases-climbing>

10th June 2020

The Guardian

EU says China behind 'huge wave' of Covid-19 disinformation

<https://www.theguardian.com/world/2020/jun/10/eu-says-china-behind-huge-wave-covid-19-disinformation-campaign>

10th June 2020

Aljazeera

Yemen COVID-19: Fears cases and deaths are being underreported

<https://www.aljazeera.com/news/2020/06/yemen-covid-19-fears-cases-deaths-underreported-200610085538843.html>

09th June 2020

Los Angeles Times

U.S. food makers stock up on ingredients in case of another coronavirus surge

<https://www.latimes.com/food/story/2020-06-09/coronavirus-pandemic-food-supply>

11th June 2020

CNN

US surgeons successfully perform double lung transplant on Covid-19 patient for first time

<https://edition.cnn.com/2020/06/11/health/lung-transplant-covid-19-northwestern/index.html>

09th June 2020

The Guardian

Coronavirus may have been in Wuhan in August, study suggests

<https://www.theguardian.com/world/2020/jun/09/coronavirus-may-have-been-in-wuhan-in-august-study-suggests>

11th June 2020

South China Morning Post

Coronavirus: ahead of predicted second wave, Hong Kong professor calls for genomic sequencing of every Covid-19 case so far

<https://www.scmp.com/news/hong-kong/health-environment/article/3088602/coronavirus-hong-kong-goes-week-without-any-local>

Risk Assessment of NATO-/EU- Missions screened by EpiNATO-2

Air policing Baltic Sea, Lithuania/Estonia:

Currently **low to moderate risk** for transmission.

LTU implemented travel restrictions, but not for NATO troops.

Soldiers will be quarantine for 14 days after entry.

EST reintroducing border controls with all neighboring countries. No exit ban will be imposed.

KFOR:

Currently **high risk** for transmission.

COM KFOR limited access to the camps to essential staff only, and transport outside of camps to mission essential travel only. Social distancing measures and shifts for work and dining are implemented. Non-essential meetings moved to VTC or canceled. Social events canceled. Most nations implemented more stringent travel restrictions. Community based testing (by nation) since 20 April.

EUTM MLI:

Currently **moderate risk** for transmission.

Dir MPCC gave a strong recommendation, in close coordination with the participating nations, to postpone staff rotation and suspend personal leave. Most nations are in line with the recommendations. A FHP-officer is on the side. New incoming personal will be surveyed at the airport and a health check with temperature checking is implemented.

All commercial international flight from countries impacted by COVID19 are suspended. Military flights are not restricted.

NATO Mission Iraq:

Currently **moderate risk** for transmission.

Training of locals currently suspended. Some nations already implemented bans for leaving the camp.

IRQ closed their airports for public transportation. Curfews are in place, interprovincial movement is restricted.

Resolute Support Afghanistan:

Currently **high risk** for transmission.

RS implemented preventive measures, only on "mission essential engagements" contact to locals are allowed. Some nations already put incoming soldiers under a 14 days quarantine.

Operation Sea Guardian:

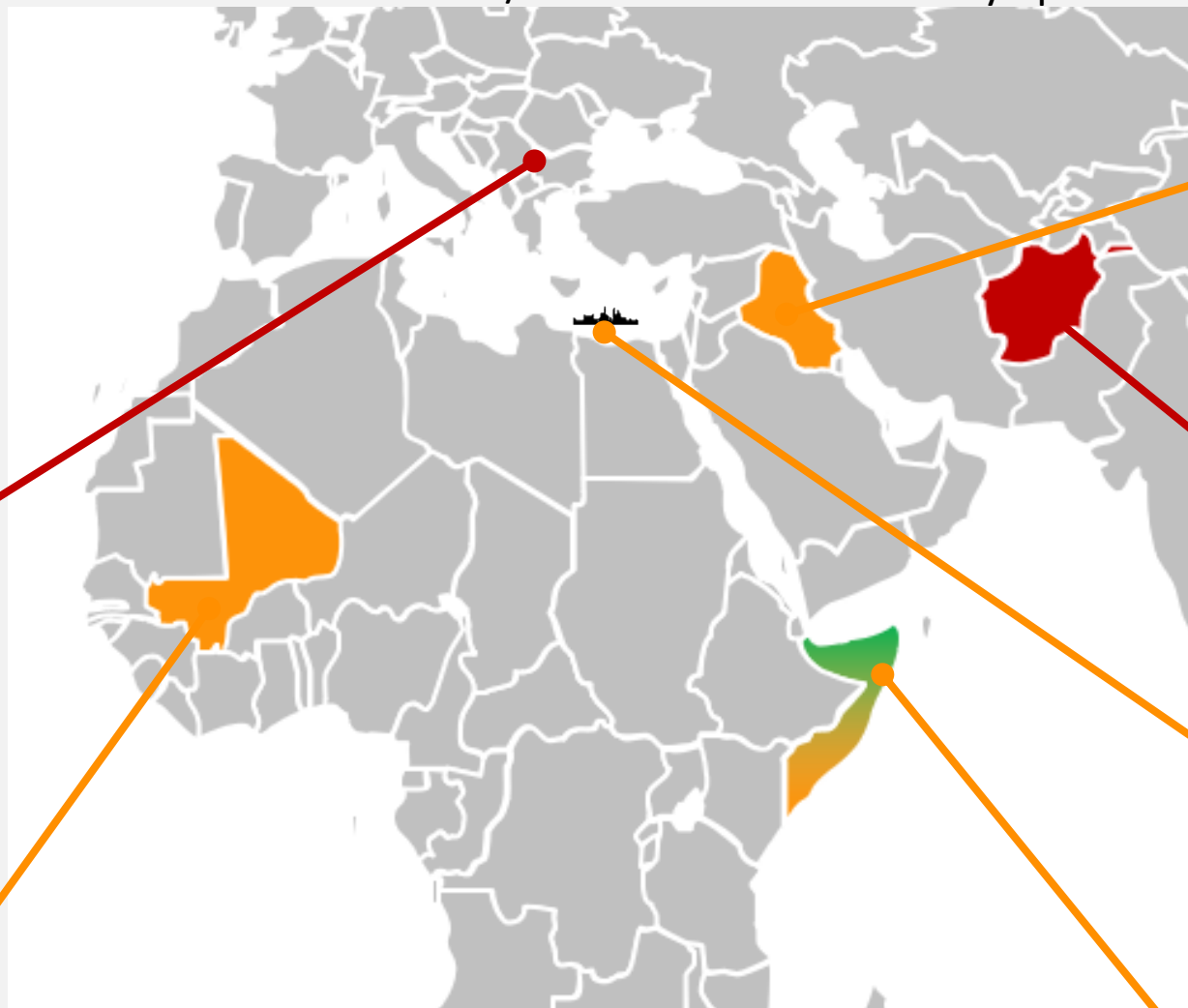
Currently **low to moderate risk** for transmission.

MARCOM prohibited non-mission essential duty travels. Mission essential travels must be approved by COS MARCOM. A 14 day self quarantine are ordered to those who have traveled. Social distancing orders are in place. Management regulations of handling of suspected/contact cases are in place.

Somalia:

Currently **moderate risk** for transmission. As long as returning NATO personal will be screened or quarantined. Exact implemented measures are not known.

Foreign travelers who have been in China, Iran, Italy or South Korea (including if they have transited through the aforementioned countries) in the 14 days prior to arrival will be denied entry. Somali nationals will be quarantined



The assessment for the countries results from differentiated consideration of the local conditions. On the one hand, the capacities and skills of the civil health system, the cross-section of the population and the current number of cases in the individual countries are considered. On the other hand, the operating conditions and profile, and any preventive measures already taken (Force Health Protection). This results in an objective risk assessment. Due to the short-term change in the information situation, the assessment can also change significantly within a short period of time. If you have any questions, please do not hesitate to contact us.

Shading/gradient fill of areas does not reflect a regional risk assessment but illustrates the country-wide assessment, e.g. areas shaded green to orange do not have low risk in the green areas and moderate risk in the orange areas but "low to moderate" risk country-wide.