



Update 27 (7th of July 2020)

Information about Infection disease COVID-19 (novel coronavirus)



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

7th of July 2020

email: info.dhsc@coemed.org

In 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:** On 4th July WHO has accepted the recommendation from the Solidarity Trial's International Steering Committee to discontinue the trial's hydroxychloroquine and lopinavir/ritonavir treatment arms for COVID-19. The interim trial results show that both drugs produce little or no reduction in the mortality of hospitalized COVID-19 patients when compared to standard of care.
- **PAHO:** has released a report that presents an overview of response to the COVID-19 pandemic. It also provides an analysis of the epidemiological situation in the Americas.
- **WHO:** has published new guidance on infection prevention and control during healthcare when COVID-19 is suspected or confirmed. And ECDC has published the fourth update on their Infection prevention and control and preparedness for COVID-19 in healthcare settings guideline.
- **EASA and ECDC:** developed a new guidance for COVID-19 Aviation Health Safety, for the management of airline passengers.
- **EU Commission:** according to the latest forecast, the recession due to the corona pandemic will be even stronger this year than expected. Economic output in the eurozone could therefore drop by 8.7 percent in 2020, previously the forecast was minus 7.7 percent, as the Brussels authorities announced on Monday.
- The active substance Remdesivir is approved in Europe for the treatment of severe cases of Covid-19.

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GLOBALLY

11 597 867
confirmed cases
6 309 814 recovered
538 262 deaths

EU/EEA and the UK

2 656 795
confirmed cases
1 567 235 recovered
199 213 deaths

USA ↗ (new cases/day 49 568)

2 929 443
confirmed cases
923 871 recovered
130 135 deaths

Brazil ↘ (new cases/day 36 987)

1 623 284
confirmed cases
1 062 542 recovered
65 487 deaths

Russia → (new cases/day 6 647)

686 852
confirmed cases
453 570 recovered
10 280 deaths

India ↗ (new cases/day 21 299)

719 664 confirmed cases
439 934 recovered
20 159 deaths

UK ↗ (new cases/day -3 742)

285 768
confirmed cases
not reported recovered
44 236 deaths

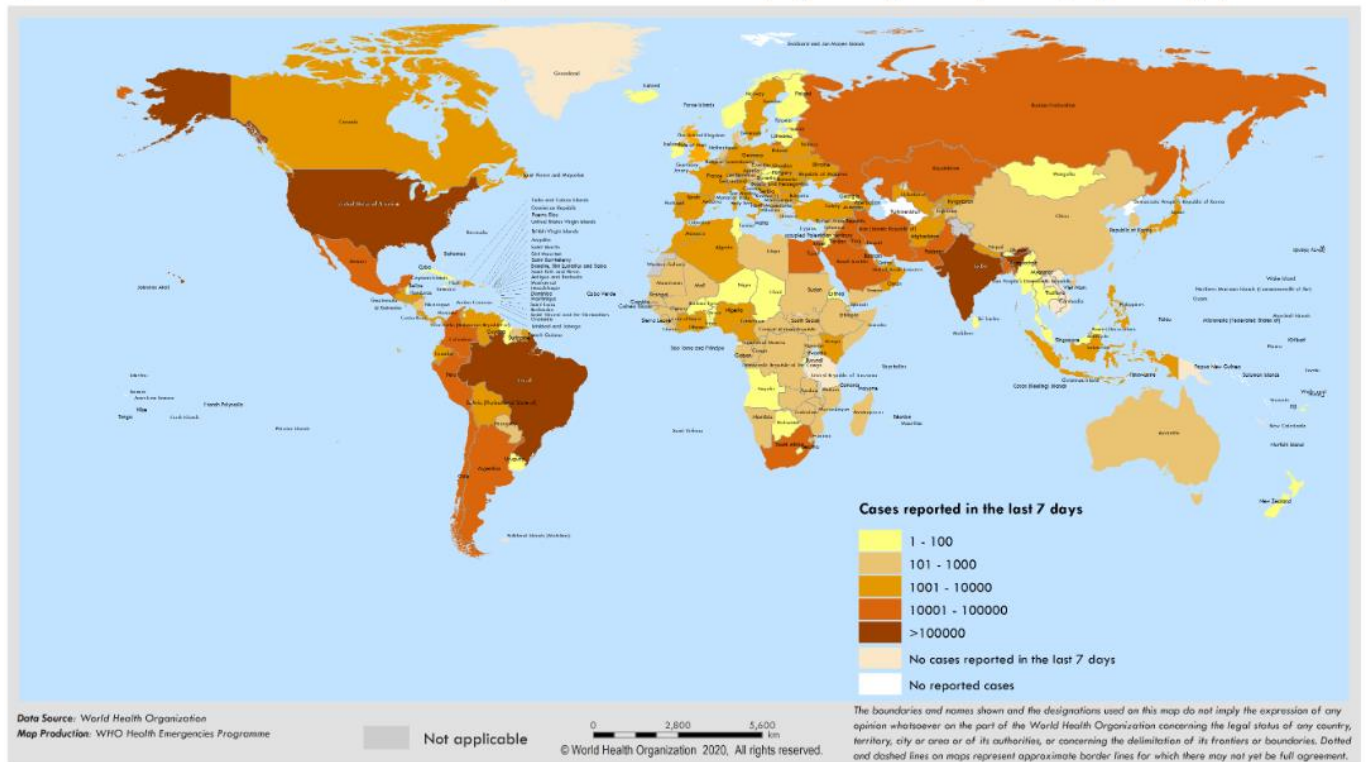
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Table of Contents

HIGHLIGHTS/NEWS	1
Map of countries with reported COVID-19 cases (last 7 days)	3
Worldwide Situation	4
<i>Global Situation</i>	<i>4</i>
<i>Situation in Europe.....</i>	<i>7</i>
Subject in Focus	14
<i>Detecting SARS-CoV-2 with service dogs</i>	<i>14</i>
MilMed CoE VTC COVID-19 response	16
<i>Topic.....</i>	<i>16</i>
Conflict and Health	17
<i>COVID 19 Crisis in Yemen</i>	<i>17</i>
Recommendations	20
<i>Recommendation for international business travellers</i>	<i>20</i>
Risk Assessment.....	22
<i>Global.....</i>	<i>22</i>
<i>Europe.....</i>	<i>22</i>
References:	22
Disclaimer:	22

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

Figure 1. Number of confirmed COVID-19 cases reported in the last seven days by country, territory or area, 30 June to 6 July **

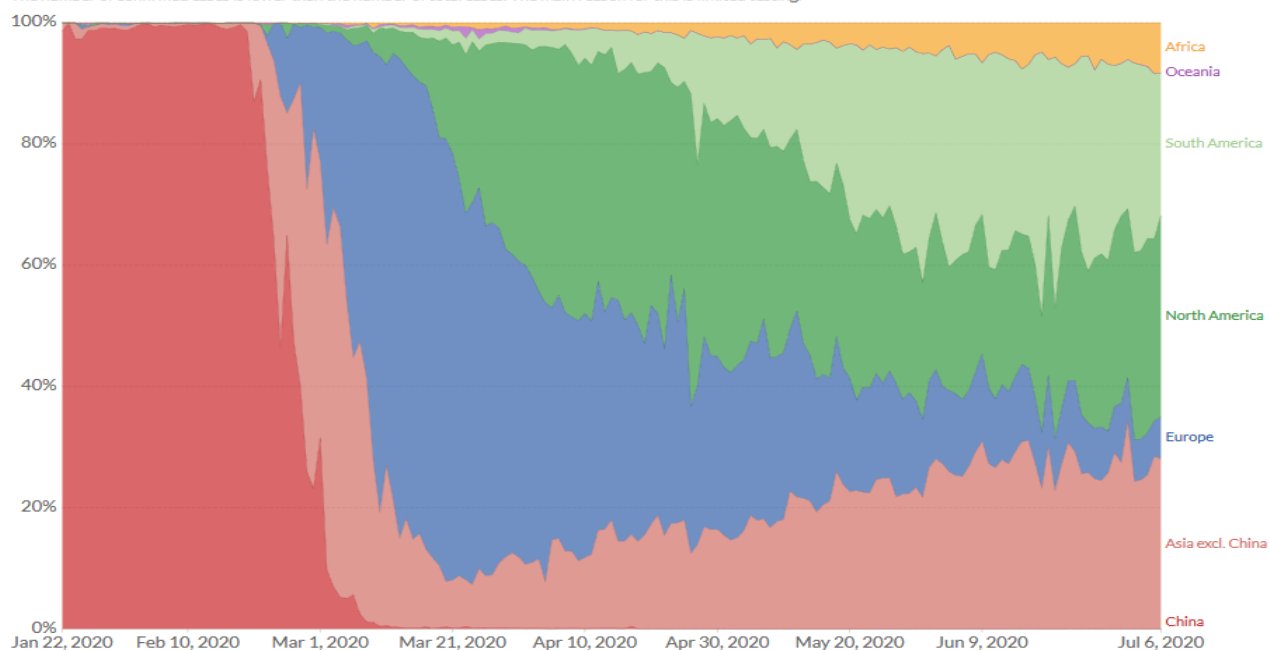


Worldwide Situation

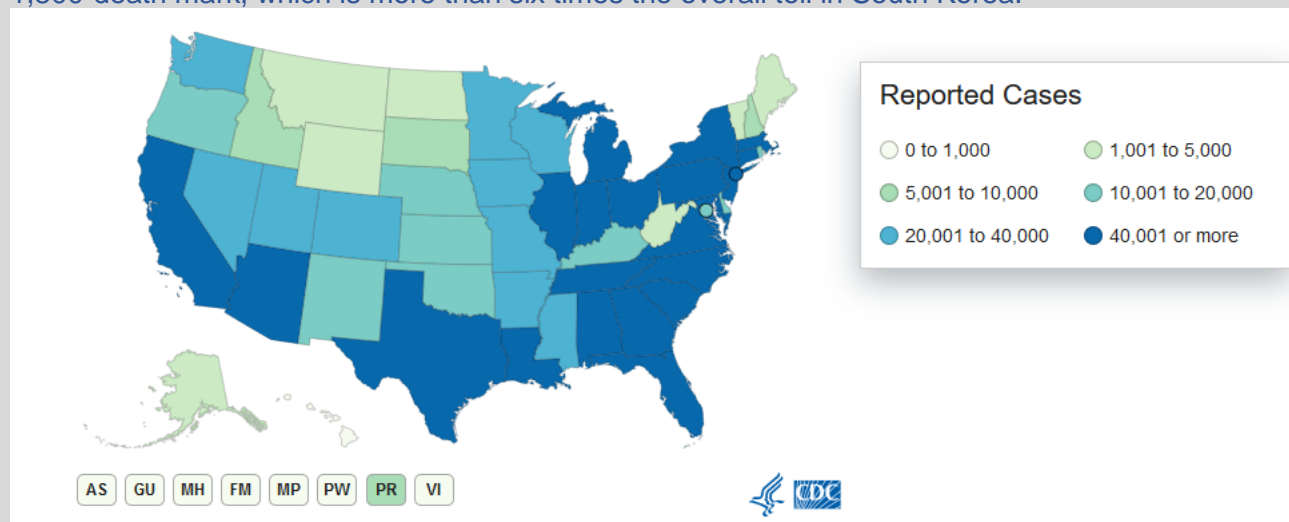
Global Situation

Daily confirmed COVID-19 cases

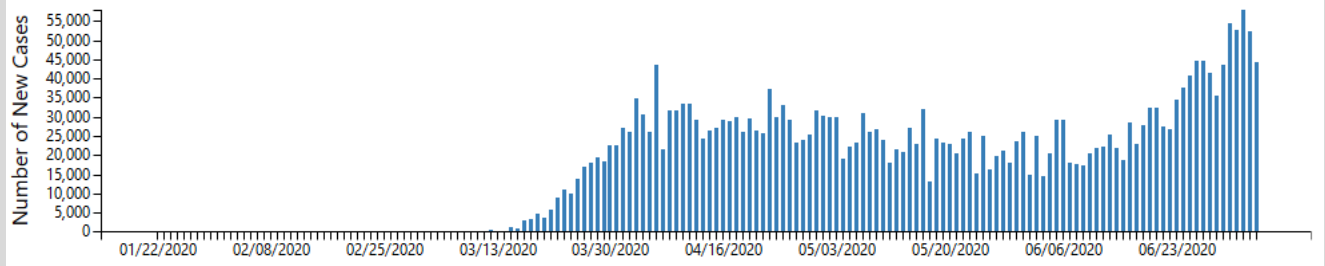
The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.



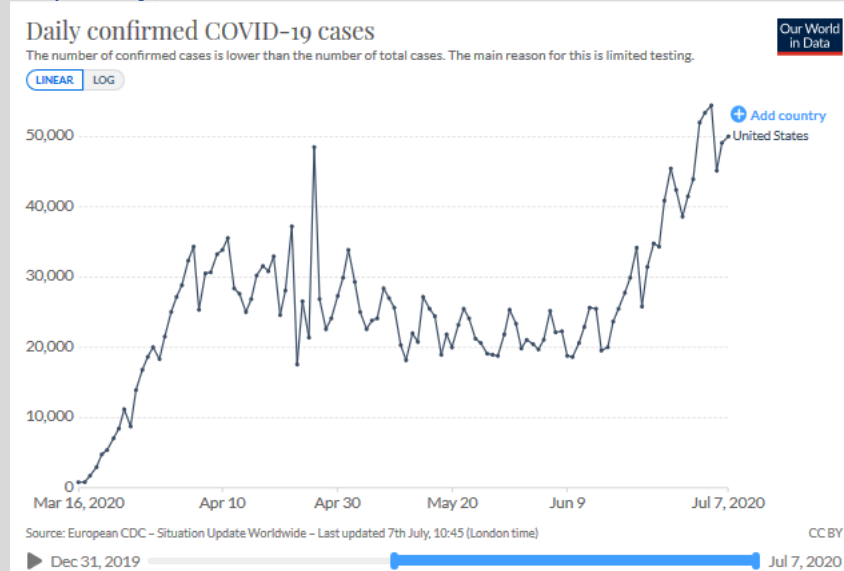
USA: The number of new infections has risen steadily since mid-June due to the relaxation of the corona requirements. For the past week, US authorities have reported an average of almost 50,000 new infections a day, primarily from the states of Florida, Texas, Georgia, Arizona and California. In total 37 of 50 states showed rising numbers in cases. In Georgia, Kansas, Montana, Michigan, Missouri, Mississippi, Ohio, South Carolina and Tennessee the number of daily new cases doubled during the last two weeks, they tripled in Nevada, as in Idaho they even increased by a factor of five. The state of Arizona has also seen record hospitalizations as authorities say the intensive care units there are operating near maximum capacity. The COVID-19 death toll in Arizona has surpassed the 1,800-death mark, which is more than six times the overall toll in South Korea.



Anthony Fauci warned: "The US had never brought the pandemic under control and was therefore still deep in the first wave of the virus. The reopening of the economy and the necessary measures to contain the virus should not be a contradiction." At a congressional hearing last week, he warned that without resolute countermeasures, the number of new infections per day in the United States could soon reach 100,000.

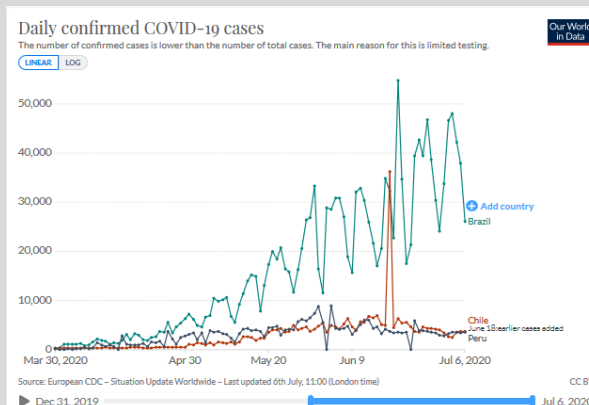


Number of new cases per day, Source CDC



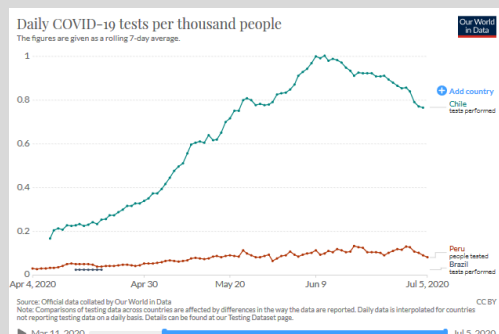
In the metropolis of New York, the next phase of corona loosening began on Monday. However, it only brings about a few changes and allows, for example, nail salons and massage providers to operate with a maximum of half the occupancy of the rooms. In addition, meetings of 25 instead of only 10 people are allowed.

This third of four phases, which the state of New York worked out, also included the opening of interior areas of restaurants and bars in other parts of the state. Last week, however, the governor of the state, and the mayor of the city, agreed to suspend this rule for the time being, as the number of cases increased significantly in many other parts of the United States with the loosening of the lockdown. This means that in New York, only outside areas of the city's nearly 27,000 restaurants are allowed to open. The inside may only be ordered and picked up.

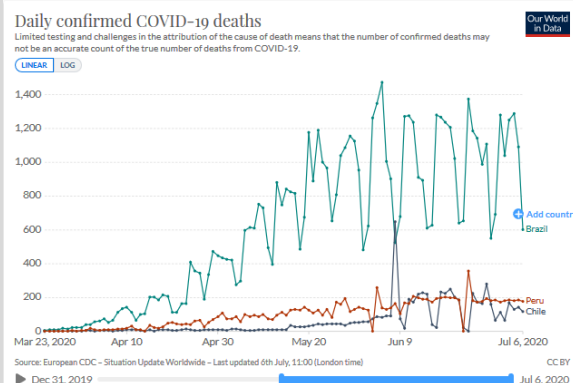


In **Brazil** an average of 40,000 new infections per day is reported, there have only been more detected daily new infections in the United States. The number of daily deaths in the country is currently almost 1000 and therefor higher than in any other country in the world.

CHL and PER have adopted drastic restrictions for the population early in the corona crisis. Looking at infection and death rates in relation to population size, the fatality rate and infection rate is still very high. It seems that the measures the governments have taken do not work as good as they do in Europe. One reason for this is that



people from the poor areas cannot withdraw to the safe home office or decide not to work for a while. At least the high number of infections in these two countries is also due to the fact that they test much more than Brazil. There are only eight tests per 1000 inhabitants in Brazil, but around 40 in Chile and Peru.



South Africa: has been in lockdown for more than three months. Despite increasing numbers, there has been new easing in the past few days. Restaurants or hairdressers can open again. However, beaches or parks remain closed. In some cases, the country's restrictions go much further than in many other countries - for example, the sale of cigarettes has been banned there for months because smokers are more susceptible to severe COVID-19 courses. Despite the severe cuts in the freedoms of the population, the number of infected continues to rise, the peak is expected in July or August.

AUS: The State of Victoria announced 127 new infections in the past 24 hours. Although numbers from several other parts of the country are initially missing, the increase has been the largest in Australia since the continent's first encounter of the pandemic. The border between Australia's two most populous states - New South Wales and Victoria - will be closed without a specific end date from Tuesday, Victoria's Prime Minister Daniel Andrews announced. In Melbourne, the capital of Victoria, there are curfews in 30 districts, nine residential buildings with social housing are quarantined.

IND: According to data from the Ministry of Health, 22,771 new cases were registered within 24 hours until Saturday morning. During the same period, 442 people died with or from SARS-CoV-2. India is the fourth most coronavirus-affected country in the world - following Russia, Brazil and the United States. So far, SARS-CoV-2 has been detected in around 648,000 people in the country with around 1.3 billion inhabitants. More than 18,000 died from the corona virus. At the end of March, the second most populous country in the world had implemented a severe lockdown due to the pandemic, which has been eased again since mid-May. The Corona requirements left millions of people unemployed. Many of them afraid of starving. In the meantime, offices, religious sites, restaurants and shopping centers are open again. Since the beginning of June, the number of new infections nationwide has increased by around 450,000 cases. Some regions, including the cities of Mumbai and Chennai, have announced new closures and restrictions. In the severely affected capital city of Delhi, strict corona requirements were maintained in over 250 zones.

Situation in Europe

The active substance Remdesivir was approved in Europe for the treatment of severe cases of COVID-19. The US government had secured almost all of the Remdesivir production for the next three months. A corresponding agreement with the biotech company Gilead Sciences guarantees the acquisition of drug doses for more than 500,000 treatments, according to the US Department of Health. This corresponds to 100 percent of the planned production volume for July and 90 percent for August and September.

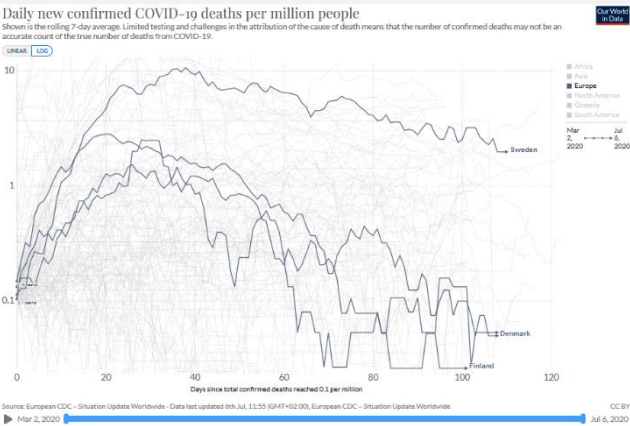
The WHO insists on equal access to life-saving treatments for patients all over the world. There was no comment on Wednesday on the question of whether the agreement would endanger the supply of the active ingredient in Europe from the company. The EU Commission is also negotiating with the manufacturer to secure enough quantities of the active ingredient.

Scandinavia update

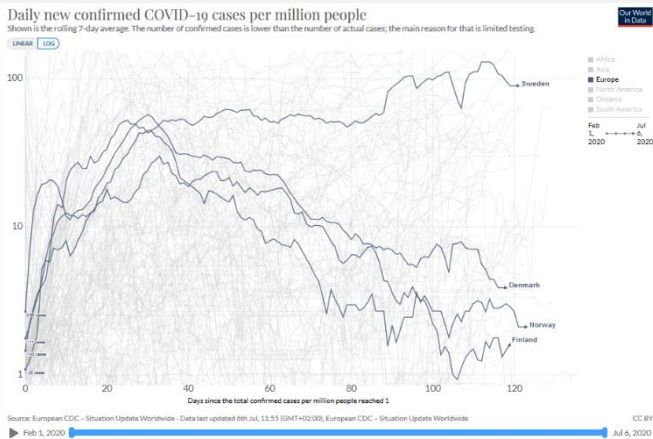
The development of the COVID-19 pandemic in the Scandinavian countries has received a lot of attention in recent months. In particular, the focus here is on the Swedish approach, which primarily relies on the sense of responsibility of the citizens and only includes minor restrictions and bans. This strategy is very different from that of the other Scandinavian countries.

Infected and deaths

A comparison of the development of both the number of infected people and the number of deaths per 1 million population in the Scandinavian countries shows how severely Sweden is affected by the pandemic. In particular, the steady increase in the number of people newly infected every day, while in the other countries the number of daily cases has been declining sharply for weeks, is striking: DNK, NOR and FIN are currently in the order of magnitude of around 1.5 to 4 cases/1

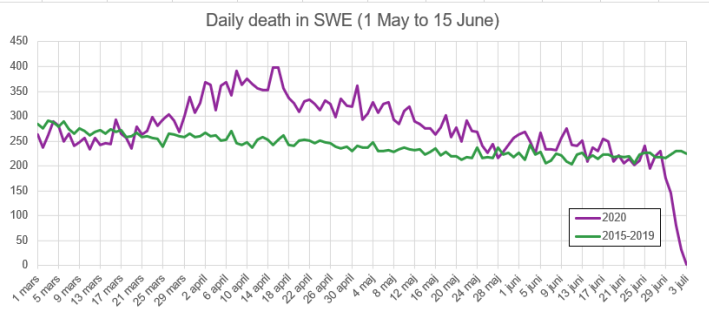


The effects of the COVID 19 pandemic in SWE can also be seen quite clearly in the death statistics. Right side figure compares the mortality rate of the past 5 years (2015 to 2019) with that of this year. There is a marked increase in mortality (so-called over-mortality) in April and May, which was about 30-40% above that of previous years.



million inhabitants, SWE at approx. 90 cases/1 million inhabitants. It remains to be seen whether the latest drop in daily cases in SWE is just a random fluctuation (cf. the relatively strong fluctuations of the past 2 to 3 weeks).

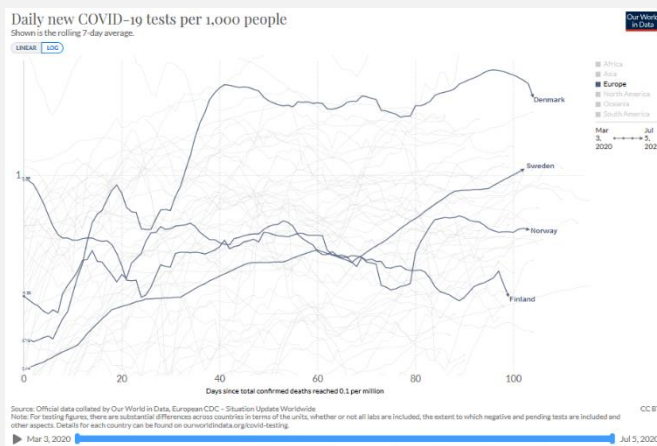
In contrast to new infections, the number of COVID-19-related deaths per 1 million inhabitants is also falling in Sweden. However, it is still 10 to 20 times higher than that of the other Nordic countries (DNK, NOR, FIN: approx. 0.05 to 0.1; SWE approx. 2).



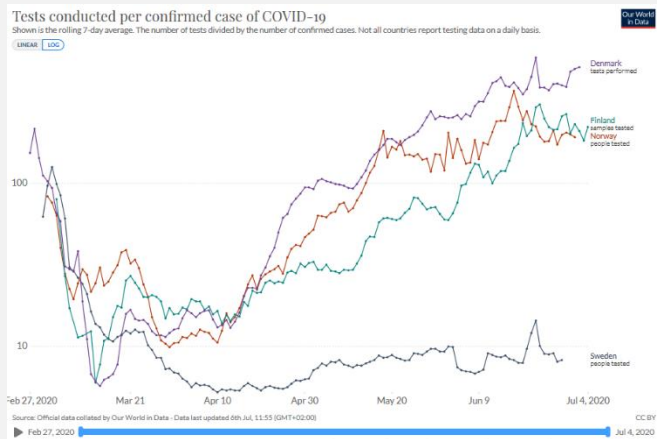
EU trends

Testing

Beyond the mere number of cases, it is also important to include the tests in the countries for a



connection with the number of tests per confirmed case, however, there is a gross mismatch: While NOR and FIN currently carry out around 200 tests per confirmed case (DNK even around 400), in SWE this is only around 8. Even if this trend is



Intensive care medicine

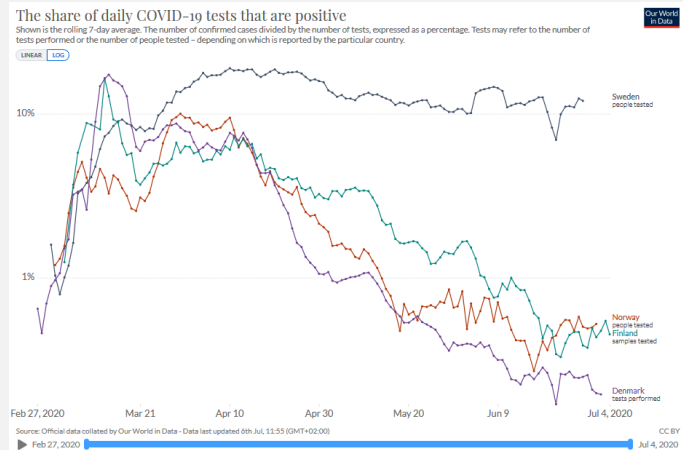
A parameter that was discussed early on in connection with COVID-19 is the availability of intensive care beds in hospitals (figure on the right) in which COVID-19 sufferers can be treated. Before the pandemic-related short-term expansion of capacities, SWE was 5.8 per 100,000 inhabitants in a comparable size to DNK (6.7), NOR (8.0) and FIN (6.1). The possible overload of the health system and the treatment options with many patients in a short time was one of the reasons for restrictions and thus the reduction in the number of cases in all countries.

Data from Sweden suggest that only a relatively small proportion of COVID-19 patients treated in a ICU belonged to the particularly affected age group of 80 years old (and older). These were among others often not referred from the old people's or nursing home to the hospital on the advice of health authorities. This may have contributed to the fact that the intensive care capacities in SWE were not overloaded.

Impact

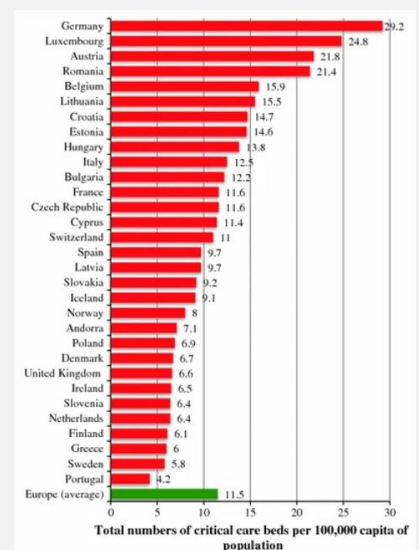
In addition to the above Knowledge based on the current data on case numbers and tests shows that the still significantly higher problems in SWE also lead to an unusual measure within the otherwise very closely connected Nordic countries: Since 15.06.20 There are no longer any travel restrictions (especially tourism) between the Nordic countries - with the exception of SWE due to the situation there.

comprehensive assessment. Here the graphic on the left shows that the number of tests per 1,000 inhabitants in SWE is continuously increasing and has now reached the highest value of all Nordic countries for about 6 weeks after DNK. In



slightly increasing, it is nevertheless relatively consistently far below that of the other Nordic countries, which also show a further increasing trend in this ratio. This also corresponds to the proportion of positive tests in the tests as a whole: In SWE this is currently around 10%, while in the other Nordic countries only around 0.2 to 0.5% of the tests are positive.

Taken together, this speaks for the tests in SWE to focus on sick or suspected people, while testing is much broader in the other Nordic countries.



Sources:

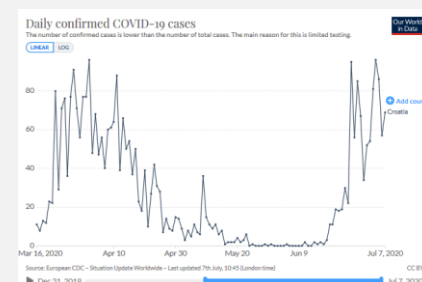
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<https://ourworldindata.org>
<https://scb.se/hitta-statistik/statistik-efter-amne/befolkning/befolkningens-sammansattning/befolkningsstatistik/pong/tabell-och-diagram/preliminar-statistik-over-doda/>
<https://link.springer.com/article/10.1007/s00134-012-2627-8/figures/1>
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<https://thebarentsobserver.com/en/borders/2020/06/norway-opens-borders-nordic-countries-strict-limitations-travel-sweden>
<https://www.bbc.com/news/world-europe-52853556>

GRC: For the first time in weeks, several people have tested positive for the corona virus again. A total of 43 cases were registered. According to the responsible health authority, 36 of them were tourists most of them from Serbia. Greece closed its border for Serbian citizens on Monday morning.

AUT: Due to the rapidly increasing number of infections in the Balkans, the Austrian government has decided to issue a travel warning for a large part of the affected countries. The Austrian Ministry for European and International Affairs is now warning of trips to the countries of Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia.

In Austria, for the first time since May, more than 1,000 people are acutely infected with the corona virus. The number rose to 1,012 on Monday, according to the Ministry of Health in Vienna. These are clearly delineated regional spreads that could be easily tracked. So far, there has not been a single cluster without clarity about its origin and background.

HRZ: had more than 230 percent more people infected with the corona virus compared to the previous week. There are currently around 3,200 confirmed cases of infection, 113 people have died from COVID-19 disease.



SRB: The Ministry of Health has reported three-digit infection numbers for two weeks. On Sunday evening the number of active cases increased by 302 to 2,553. Serbia reached the peak of the pandemic in early May with around 7,700 active infections.

ESP: The north western Spanish region of Galicia has imposed fresh restrictions on about 70,000 people following a new COVID-19 outbreak. The decision comes a day after Catalonia introduced a local lockdown for 200,000 people west of the regional capital Barcelona to curb the spread of the coronavirus. The biggest outbreaks were linked to several bars in the area. Regional health authorities said there were now 258 cases in Galicia, of which 117 were in Lugo. Capacity in bars and restaurants will be reduced to 50% and people will have to wear a face mask, even if at outdoors on beaches or at swimming pools.

KAZ: has imposed a second nationwide lockdown to counter a massive surge in coronavirus cases. The government has closed shopping centres, gyms, swimming pools, hairdressers and beauty salons for the next two weeks.

In March, the government imposed a strict lockdown that saw important sectors of the economy grind to a halt and stopped most travel. Kazakhstan, however, was one of the first Central Asian countries to lift restrictions in late May, when it had recorded less than 9,000 cases. Since then, however, COVID-19 cases have spiked more than five-fold, reaching over 47,000 with 188 deaths. The new restrictions are not as stringent as during the first lockdown — travel within the country is allowed and citizens can also fly in and out of the country.

ECDC COVID-19 surveillance report Week 26, 2020

Weekly surveillance summary

This box presents highlights from, and appears at the start of, two weekly ECDC surveillance outputs, which have been streamlined to avoid overlap.

- [COVID-19 country overviews](#) provides a concise overview of the evolving epidemiological situation for the COVID-19 pandemic by country, using weekly and daily data from a range of sources.
- [COVID-19 surveillance report](#) presents epidemiological characteristics of the total COVID-19 cases reported to the European Surveillance System (TESSy) and an assessment of the quality of the data.

New this week

- A surveillance system description section, including a summary of the definition of deaths (by case classification, setting and time limit) included in each country's COVID-19 death totals and an overview of the sentinel surveillance system in each country ([COVID-19 surveillance report](#)).
- Epidemic curves of cases and deaths for all countries globally ([COVID-19 country overviews](#)).
- A summary table of the current trend compared to one week ago in the 14-day case notification rate, with the most recent rates and trends of testing per 100 000 and test positivity provided for European countries for which ECDC has data ([COVID-19 country overviews](#)).
- Heatmaps showing the evolution of the trends in 14-day notification rates of cases and deaths, compared to the previous week, for all countries. For countries in the EU/EEA and the UK, trends in testing rates and test positivity are also shown ([COVID-19 country overviews](#)).

Trends in reported cases

- The average 14-day case notification rate for the EU/EEA and the UK as of 3 July 2020 was 13.1 (country range: 0–143) per 100 000 population. The rate has been stable for the last 17 days.
- An increasing trend (of more than 10% or at least 5 per 100 000 compared to seven days earlier) has been observed in the 14-day COVID-19 case notification rate in Bulgaria, Croatia, Czechia, France, Luxembourg and Romania. These trends have been present for between two and 20 days. In Croatia and Luxembourg these increases may be driven largely by increased testing.

Primary care

- Among four countries that reported data up to week 26 from primary care sentinel surveillance for COVID-19 using the systems established for influenza, one country (Sweden) continues to report high SARS-CoV-2 positivity (10.7%) among individuals with respiratory symptoms; this percentage has fluctuated over recent weeks and is unstable due to small numbers (three detections from 28 tests this week). The remaining three countries (Estonia, Germany and Netherlands) had no detections.
- All countries that reported ILI and/or ARI syndromic surveillance data up to week 26 using the systems established for influenza have observed consultation rates that remain similar to or lower than those reported during the same period in the last two years.

Hospitalisation

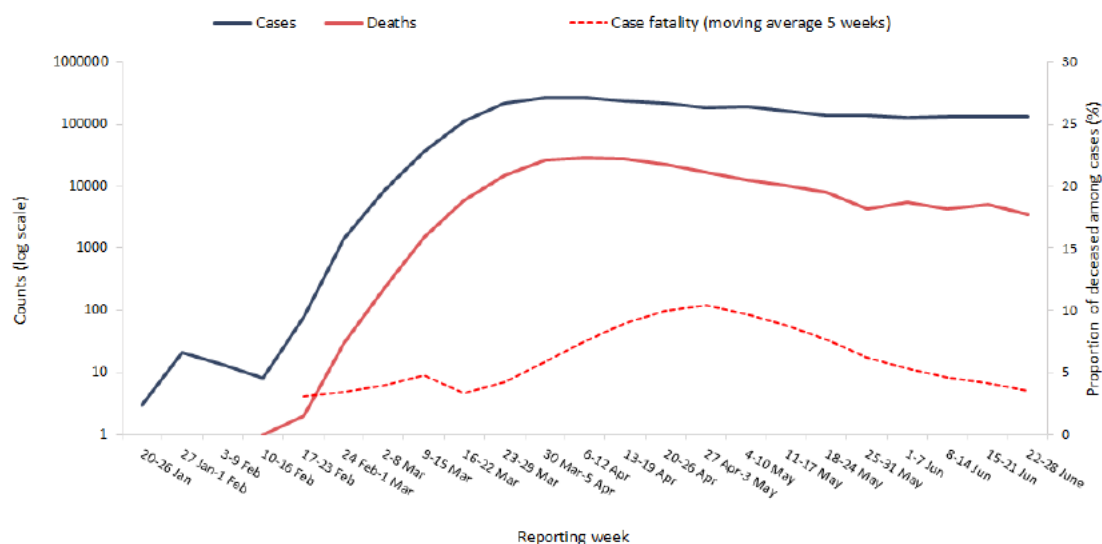
- Both countries that have reported recent data from in-hospital SARI surveillance (Sweden and Slovenia) have observed stable or decreasing trends in the numbers positive for SARS-CoV-2 and/or SARS-CoV-2 positivity among individuals with SARI.
- Hospital and ICU occupancy due to COVID-19 patients is increasing in Bulgaria, no other increases have been observed in either new admissions or occupancy in other countries, although data availability varies.
- Overall, 31% of reported COVID-19 cases in the EU/EEA and the UK to date have been hospitalised; among hospitalised patients, 14% required ICU and/or respiratory support, although there is considerable variation among countries.

Mortality

- An increasing trend (of more than 10% or at least 5 per 100 000 compared to seven days earlier) in the 14-day COVID-19 death notification rate in Portugal has been present for three days.
- We estimate that 24% of hospitalised COVID-19 cases reported to date in the EU/EEA and the UK have died.
- Pooled estimates of all-cause mortality reported by [EuroMOMO](#) have now returned to normal levels following a period of substantially increased excess mortality that coincided with the COVID-19 pandemic peaks. A few countries are still seeing low levels of excess mortality.

COVID-19 situation update for the WHO European Region (22 – 28 June 2020 Epi week 26)

Figure 1: Number of COVID-19 cases (N=2,663,677) and deaths (N=196,622) by reporting week



Key points

Week 26/2020 (22 - 28 Jun 2020)

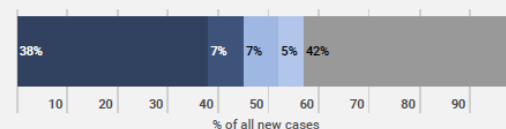
- The overall number of cases reported in the Region has declined by 50% since week 14/2020; the overall number of deaths has declined by 87% in the same time period.
- 58% (75,381) of the cases in week 26/2020 were reported from four countries: the Russian Federation (38%; 49,757), Turkey (7%; 9,390), Sweden (7%; 9,094) and the United Kingdom (5.5%; 7,140). The remaining cases (42%; 54,911) were reported by 47 countries and territories; each accounted for <5% of the total cases reported in week 26/2020
- Five countries had a crude incidence of ≥ 35 per 100,000 in week 26/2020: Armenia, Sweden, Republic of Moldova, North Macedonia and Azerbaijan. The crude incidence continues to vary across the region with a range from 0.2 per 100,000 population in Latvia to 148 per 100,000 population in Armenia.
- In 28 countries, the 14-day cumulative incidence increased by $\geq 10\%$ in week 26/2020, however for some countries data was retro-adjusted by national authorities: Albania, Austria, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, France, Germany, Greece, Iceland, Israel, Kazakhstan, Kyrgyzstan, Luxembourg, Montenegro, Norway, Republic of Moldova, Romania, San Marino, Serbia, Slovakia, Slovenia, Spain, Switzerland, Turkey, Ukraine and Uzbekistan (see [EURO COVID-19 Dashboard](#) for recent trends)
- 61% of the deaths reported in week 26/2020 were reported from the Russian Federation (28%; 962), the United Kingdom (27%; 925) and Sweden (7%; 227). The remaining deaths (39%; 1,348) were reported from 37 countries; each accounted for <5% of the total deaths reported in week 26/2020
- The proportion of reported cases that died decreased from 3.9% in week 25/2020 to 2.7% in week 26/2020, a change that is likely due to a range of factors
- The number of countries and territories (27) reporting community-transmission has decreased since week 25/2020 (29) (see [EURO COVID-19 Dashboard](#))
- Since the emergence of COVID-19 virus in Europe at the end of February 2020, a wide range of public health and social measures (PHSM) have been implemented. See [EURO COVID-19 Dashboard](#) (NPI Explorer) for a snapshot of the temporal relationship between case and death numbers and the introduction and easing of these measures in some countries in the Region. A number of countries have recently started gradual easing of these measures. Continued vigilance is recommended as countries in the Region ease these measures.

Summary overview

- As of 17 June 2020, 11 countries in the European region had an effective reproductive number significantly over 1: Armenia*, Azerbaijan*, Croatia*, Czech Republic*, Germany*, Israel*, Kazakhstan, Kyrgyzstan, Serbia*, Sweden and Ukraine (* increase since last update on 11 June 2020) (See [EpiForecasts and the CMMID COVID working group COVID-19 Global Summary](#) for latest estimates)
- Ten countries in the Region each reported a cumulative incidence of ≥ 500 cases per 100,000 population: San Marino, Andorra, Armenia, Luxembourg, Sweden, Belarus, Iceland, Spain, Belgium and Ireland
- As of week 26/2020, 75% of cumulative cases (1,985,610) were reported from the Russian Federation (24%; 634,437), United Kingdom (12%; 310,250), Spain (9%; 248,469), Italy (9%; 240,136), Turkey (7%; 195,883), Germany (7%; 193,499) and France (6%; 162,936). The remaining cases (25%; 678,067) were reported by 47 countries; each accounted for <5% of the total cases reported until week 26/2020
- 21% of all reported infections with information available were in a health care worker
- 76% of all ICU admissions were in persons aged 50-79 years of age, with 70% of all ICU admissions in men
- As of week 26/2020, 69% of cumulative deaths (136,349) were reported from the United Kingdom (22%; 43,514), Italy (18%; 34,716), France (15%; 29,778), Spain (14%; 28,341). The remaining deaths (30.1%; 60,273) were reported by 49 countries; each accounted for <5% of the total cases reported until week 26/2020
- 89% of all deaths were in persons aged ≥ 65 years and 57% of all deaths were in men
- 95% of all deaths with information available had at least one underlying condition, with cardiovascular disease the leading comorbidity (66%)
- Following a period of a very substantial excess mortality observed in some countries coinciding with the COVID-19 pandemic, pooled estimates of all-cause mortality for the countries in the EuroMOMO network have now returned to normal levels. A few countries are still seeing some excess mortality. Excess mortality was observed primarily in the age group of ≥ 65 years, followed by the age group of 45-64 years and 15-44 years
- Due to technical issues, the TESSy data for week 26/2020 was not available at time of publication. In week 25, one country reported 16 tests and 0 COVID-19 detections in persons with influenza-like illness in primary care sentinel surveillance. The updated positivity rate in week 24/2020 was 2.9% (5 countries) compared to 9.1% (7 countries) in week 23/2020. The highest positivity was 19%, seen in week 15/2020

New cases Epi week 26

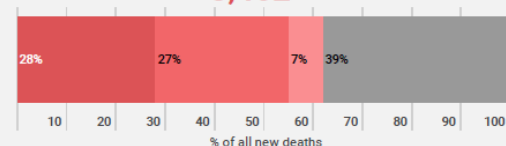
130,292



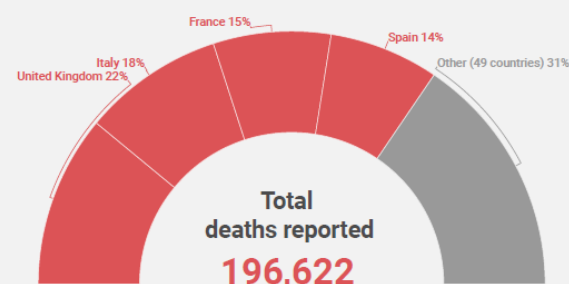
● Russian Federation ● Turkey ● 546FA1 ● 6479A1 ● Other (47)

New deaths Epi week 26

3,462



● Russian Federation ● United Kingdom ● Sweden ● Other (37 countries)



21%

of all people infected were health care workers

95%

of all deaths had at least 1 underlying condition

57%

of all deaths were in men

76%

of all ICU admissions were people aged 50-79 years

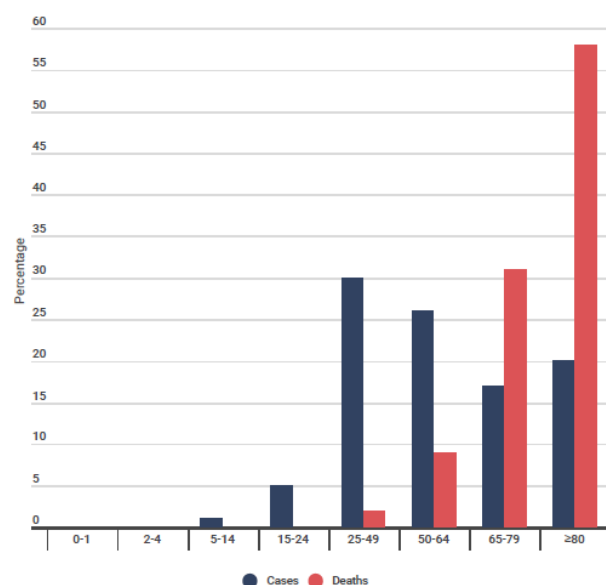
89%

of all deaths were in persons aged 65+

66%

of all deaths had cardiovascular disease

Figure 3. Percentage of COVID-19 cases (N=801,082) and deaths (N=119,391) by age group



Source: Cases: Case-report forms and aggregate data from TESSy (Spain; until week 25/2020); Deaths: Case report forms, mortality survey, aggregated data from TESSy (Spain; until week 25/2020)

Table 1. Characteristics of COVID-19 cases and deaths

Characteristics	n		Total records with data available
	n	%	
Cases			
Age in years, median (range)*	55 (1-105)		551,326
Sex, male*	255,185	46	549,295
Recovered*	205,687	91	226,657
Health care workers*	92,509	21	444,559
Hospitalization*	141,142	27	528,025
Intensive care unit admissions*	10,635	2	451,010
Deaths			
Age in years, median (range)*	82 (0-108)		121,845
Sex, male*	69,182	57	121,722
At least one underlying condition*	59,017	95	62,261
• cardiovascular disease	18,964	66	28,898
• diabetes	9,167	33	27,572
• lung disease	5,740	23	25,143
• neurological disease / dementia	2,522	25	10,225
• renal disease	1,809	20	9,036
• malignancy	1,026	25	4,061
• obesity	633	10	6,077
• liver disease	479	5	8,993
• immune disease	203	3	6,048
• other	12,535	52	23,925

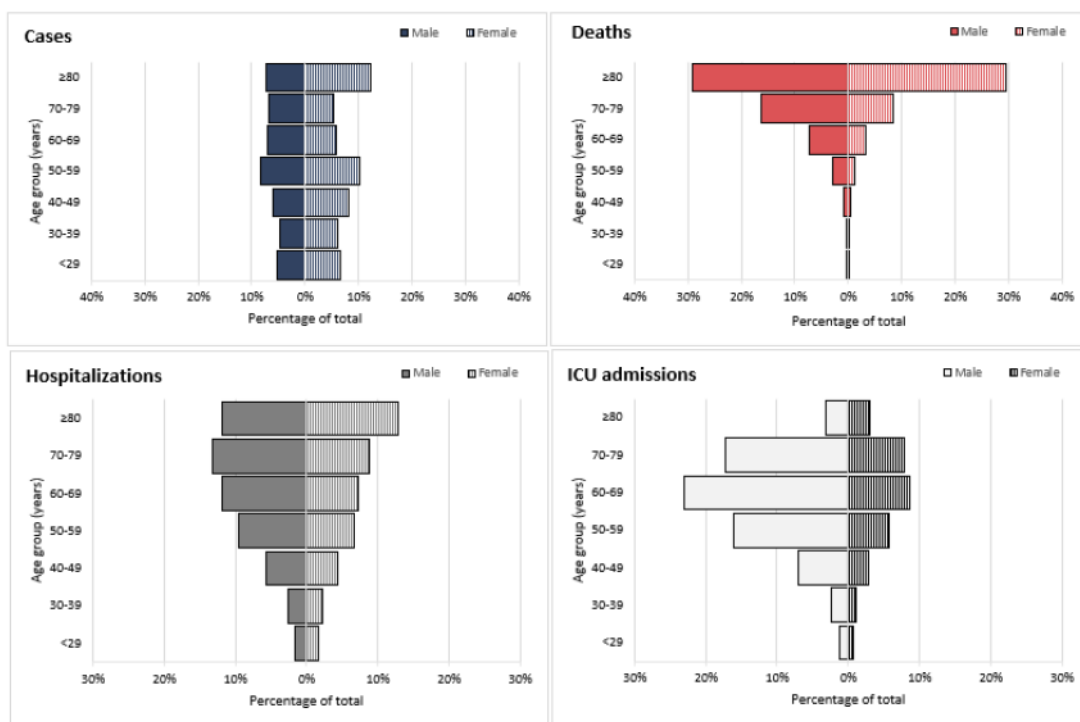
Source:

*Case report forms (n=553,810);

#Case report forms and aggregated data from Italy (23 June) and Spain (29 May 2020, TESSy) (n=853,000); Health care workers refer to occupation and not to the place of exposure

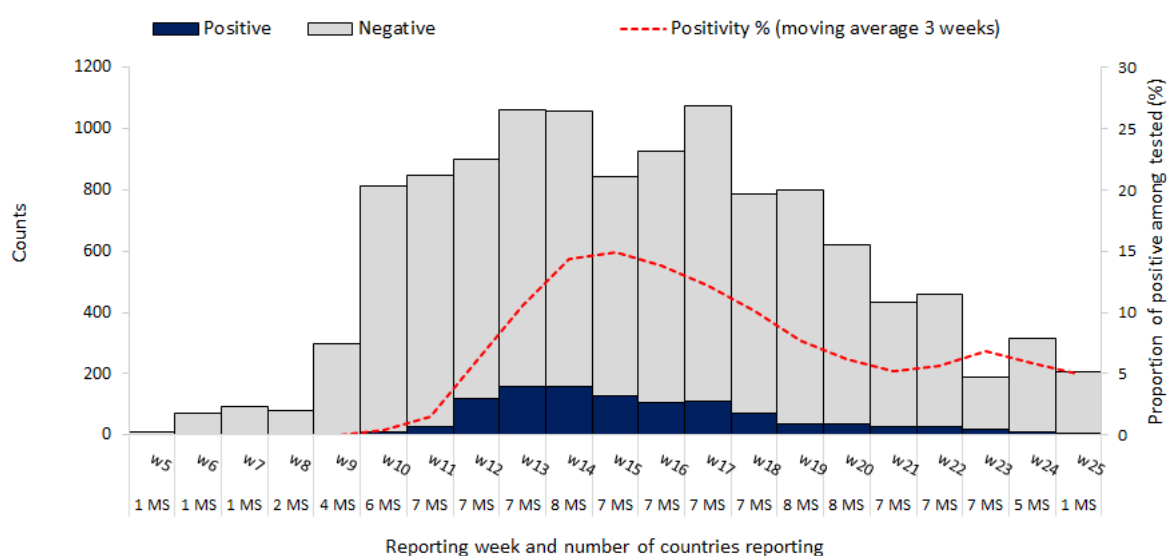
*Case report forms, mortality survey, aggregated data from Italy (25 June 2020) and Spain (29 May 2020) (n=120,497)

Figure 4. Percentage of COVID-19 cases (N=794,619), hospitalizations (N=140,756), ICU admissions (N=12,732) and deaths (N=121,709) by age group and sex



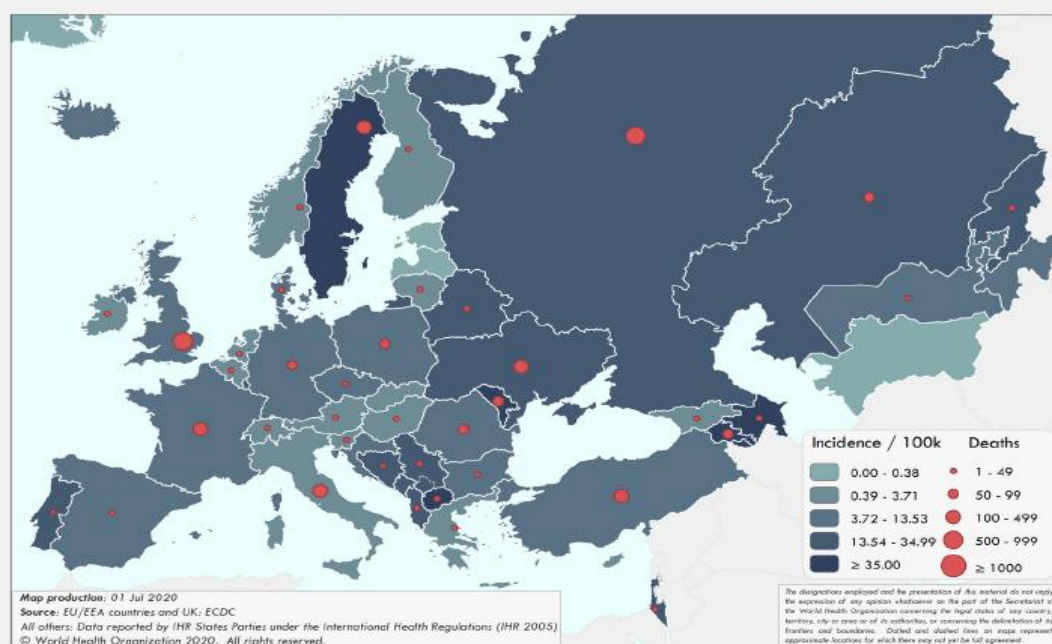
Source: Cases, hospitalizations and ICU data: case report forms and aggregate data from Spain (29 May 2020); Deaths: Case report forms, mortality survey, aggregated data from Italy (25 June 2020) and Spain (29 May 2020)

Figure 5. Percentage positive for COVID-19 in the ILI/ARI sentinel surveillance by reporting week



Sources: Aggregate data from TESSy until week 25/2020. MS: Member State

Figure 2A. COVID-19 incidence per 100,000 population and number of deaths by country for week 26



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.

Subject in Focus

Detecting SARS-CoV-2 with service dogs

Background Service Dogs:

Service dogs are used by the Bundeswehr in numerous ways including explosives and drug detection dogs (military police force), EOD and mine detection dogs (Engineer Corps), specialist dogs (special forces), service dogs (Rapid Response Forces Division) and service dogs (Air Force protection forces). Together with the dog handler, specialized dog teams are built at the Bundeswehr School of Dog Handling in Ulmen (DEU).

Together with the Bundeswehr medical service, studies are conducted to train therapy dogs to help traumatized soldiers. Preliminary evaluations indicate that this dog-based intervention has been received very positively by patients, therapists and nursing staff and is therefore promising. In addition, service dogs also support social service employees' efforts on helping soldiers returning after their deployment and their families. This approach promises a significant relief for the care-work for traumatized soldiers.

Current research project – Detect/Identify SARS-CoV-2:

Recently a very special research project was started, conducted by the Bundeswehr School of Dog Handling in cooperation with the University of Veterinary Medicine Hanover. The research question of interest is, whether the Bundeswehr's service dogs are able to detect the novel SARS-CoV-2 coronavirus by the smell of saliva samples.

The fact that special trained dogs are able to detect diseases is nothing new. Based on the molecular composition of an odor, these dogs can not only detect explosives or drugs, but also smell various forms of cancer or the imminent hypoglycemia of diabetics. This is how the idea for a research project came up in a cooperation between the University of Veterinary Medicine Hanover and the Bundeswehr School of Dog Handling. The head of the project is Dr. Esther Schalke, who, as a senior staff veterinarian and veterinarian for animal behavior, very much appreciates the "ideal interplay of science and practical application" in this research.

The three-year-old Belgian shepherd Donnie is one of the ten dogs in the Bundeswehr that are supposed to learn how to detect SARS-CoV-2 viruses. Donnie is a trained explosives detection and protection dog. With a hit rate of around 80 percent, the researchers in Ulmen are well on their way to successfully continuing the project. Reliable results should be available in three to four weeks as to whether the dogs are able to detect the new corona viruses.



Research on the detection of corona viruses by trained dogs is not only carried out in Germany: experts in Great Britain, Finland and France also deal with this topic. In contrast to the European colleagues, the German team uses the saliva of infected people, in which the viruses are chemically inactivated, i.e. rendered harmless at first. Saliva has the advantage of being available quickly and anywhere, if many people are to be tested.

If the test series with the inactive viruses is successfully completed, the next hurdle is already identified: The detection of active viruses in the saliva has also to be tested.

This has to take place under entirely different conditions, the researchers have to be sure that nobody can get himself infected with the highly infectious samples. So there is still a long way to go before the animals are fully operational. If it should be possible to identify COVID-19-infected people



with those dogs, a discussion will be necessary to which extent these dogs should be used in civil and military surroundings.

Important:

The research project is at a very early stage. Statements regarding the later use or the use of such trained dogs cannot be made at the moment. The basic feasibility is currently being tested. Similar research projects are currently underway in other European countries.

Source: <https://www.presseportal.de/pm/114358/4634748>

MilMed CoE VTC COVID-19 response

Topic	<p>The NATO Centre of Excellence for Military Medicine is putting its expertise and manpower to aid in any way possible during the pandemic. The VTC is for interested participants (experts) to exchange experiences, management regulations and restrictions due to COVID-19. We would like to propose just one of the most important topics in the next iteration. We will have some experts giving a short briefing and then afterward we will have time for questions and experiences as well as a fruitful discussion.</p> <p>Topics former VTCs:</p> <ul style="list-style-type: none">• Regulations on the public, military and missions abroad. Medical Treatment Facilities: how equipped they are, is there pooling / isolation of COVID-19 patients in separate facilities.• Testing strategies• Aeromedical evacuation• De-escalation strategy and measures• Collateral damage of COVID-19 emphasizing Mental Health Aspects and other non COVID related diseases• Immunity map, national strategies to measure and evaluate the immunity level"• Mental Health• Treatment of mild symptomatic cases of COVID-19• Transition home office back to the office• COVID-19 Second Wave prediction and preparedness based on facts/experiences, modelling and simulation• Perspectives of the current COVID-19 vaccine development <p>We transfer the VTC from July until end of August in an standby modus. If we will face a second wave we can resume the VTC immediately and come back to you. Otherwise we will inform you after the summer break how we proceed with the VTC's.</p>
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Conflict and Health

COVID 19 Crisis in Yemen

Yemen

Yemen is one of the least developed countries in the world and in 2019 the United Nations reported that Yemen is the country with the most people in need of humanitarian aid, about 24 million people out of a total of 28.5 million or 85% of its population. Since 2011, **Yemen has been in a state in a civil war** with several proto-state entities claiming to govern Yemen.

AREA: 527,968 km²
POPULATION: 28,498,683 (2018 estimate)
RELIGION: Islamic

CAPITAL: Sanaa

AGE STRUCTURE: 0-14 years: 39.16%
15-24 years: 21.26%
25-54 years: 32.78%
55-64 years: 4%
65 years - : 2.8%

ETHNIC GROUPS: Arab 92.8%
Somalis 3.7%
Afro-Arab 1.1%



HISTORY

In 275 the region came under the rule of the later Jewish-influenced Himyarite Kingdom. Christianity arrived in the fourth century. Islam spread quickly in the seventh century. Several dynasties emerged from the ninth to 16th centuries, the Rasulid dynasty being the strongest and most prosperous. The country was divided between the Ottoman and British empires in the early twentieth century. The Zaydi Mutawakkilite Kingdom of Yemen was established after World War I in North Yemen before the creation of the Yemen Arab Republic in 1962. South Yemen remained a British protectorate known as the Aden Protectorate until 1967 when it became an independent state and later, a Soviet type state. The two Yemeni states united to form the modern Republic of Yemen in 1990. President Saleh was the first president of the new republic until his resignation in 2012 in the wake of the Arab Spring. His rule has been described as a kleptocracy. Since 2011, Yemen has been in a state of political crisis starting with street protests against poverty, unemployment, corruption, and president Saleh's plan to amend Yemen's constitution and eliminate the presidential term limit, in effect making him president for life. President Saleh stepped down and the powers of the presidency were transferred to Vice-President Hadi, who was formally elected president on 21 February 2012 in a one-candidate election. Since then, the country has been in a state in a civil war between two factions: the Hadi-led Yemeni government and the Houthi armed movement, along with their supporters and allies. Houthi forces currently control the capital Sana'a. Al-Qaeda in the Arabian Peninsula (AQAP) and the Islamic State of Iraq and the Levant have also carried out attacks, with AQAP controlling swathes of territory in the hinterlands, and along stretches of the coast. Concurrently, the Hadi government is in conflict with United Arab Emirates (UAE) forces as a result of UAE military measures such as the United Arab Emirates takeover of Socotra and Aden.

HUMANTARIEN CRISIS

The war has resulted in a famine affecting 17 million people. The lack of safe drinking water, caused by depleted aquifers and the destruction of the country's water infrastructure, has also caused the largest, fastest-spreading cholera outbreak in modern history, with the number of suspected cases exceeding 994,751. Over 2,226 people have died since the outbreak began to spread rapidly at the end of April 2017. The ongoing humanitarian crisis and conflict has received widespread criticism for having a dramatic worsening effect on Yemen's humanitarian situation, that some say has reached the level of a "humanitarian disaster" and some have even labelled it as a genocide. It has worsened the country's already-poor human rights record which was already characterized by rampant torture, extrajudicial killings, and limited civil liberties.

HEALTH

The life expectancy in Yemen is 63,27 years. The number of doctors in Yemen rose by an average of more than 7% between 1995 and 2000. as of 2005 there were three doctors per 10,000 people. In 2005 Yemen had 6.1 hospital beds available per 10,000 persons. Most childhood deaths are caused by illnesses for which vaccines exist or that are otherwise preventable.

Currently, only 45% of healthcare facilities in Yemen are functioning and accessible to the public, while, 247 of healthcare facilities have been destroyed and damaged by the ongoing conflict. In addition, healthcare facilities that are still functioning lack the resources and employees to provide the appropriate healthcare service because humanitarian aide is restricted by the constant fighting, airstrikes, bombardments, and lack of ceasefire.

It is dangerous for humanitarian workers to set foot on the ground because they could be easily killed due to the constant fighting by both parties. Many hospitals and clinics have had shortages in vaccines, medical equipment, and basic drugs due to the ongoing conflict. Therefore, while healthcare facilities are working they lack the equipment and employees to provide all of those in need with help. In 2017, the UN reported that healthcare facilities had not been given sufficient funds and that healthcare workers were working without salaries since September 2016. As a result, healthcare workers are quitting and facilities are losing staff in a time of need. At the same time, many patients are not able to afford the hospital service fees, even though they are cheap. Due to the high demand of healthcare services, local volunteers and medical students have been trained to respond to basic needs during emergencies. It is estimated that 14.8 million people in Yemen currently lack healthcare and that 22 million people are in need of humanitarian assistance.

DISEASES

Cholera has broken out within Yemen because of its poor infrastructure that deteriorated due wide spread war in the country. Yemen faces issues in control and provisions of fresh, clean water as Yemen does not have the capacity to create the infrastructure needed to provide it; thus, people are forced to obtain unsanitary water from rivers, lakes, and wells. Cholera is prominently found in contaminated drinking water, making the Yemeni people, especially children, the most prone to such a disease. There have been more than 815,000 suspected cases of Cholera in Yemen over the past three years, 60% percent of them being children. Cholera can be found throughout a majority of Yemen, mostly concentrated in the cities closest to water. **Cholera currently kills an estimated 95,000 people per year and infects upwards of 2.9 million people.**

Diphtheria has spread throughout Yemen. Upwards of 1,300 people have been infected as of March 2018, 80% of cases being children. As of February 21, 2018, there have been 66 reported deaths from Diphtheria.

COVID 19

The first confirmed case relating to the COVID-19 pandemic in Yemen was announced on 10 April 2020. Organizations called the news a "devastating blow" and a "nightmare scenario" given the country's already dire humanitarian situation. The country is seen to be extremely vulnerable to the pandemic, given the dire humanitarian situation due to the Yemeni Civil War, exacerbated by the ongoing famine, cholera outbreaks, and military blockade by Saudi Arabia and its allies.

As of today 1265 confirmed cases were reported as well as 338 COVID 19 related deaths in Yemen.

COVID 19 RESPONSE

As a response to the growing threat, the Houthis declared the suspension of international flights on 15 March. Yemeni officials also stepped up to battle against the threat from the coronavirus. After urging from the United Nations to pursue peace talks, the Saudi-led coalition in the civil war called a unilateral ceasefire beginning 9 April at noon, to support efforts to stop the virus's spread. After the second case in Taiz Governorate was announced, the governor of Taiz announced on 2 May that he was closing the province's borders for two weeks, with the exception of supplies of food and other essential goods, in order to prevent the virus from spreading. Although only 10 of the nation's 22 governorates have reported confirmed cases at this time, a statement from the international humanitarian community indicated that the virus had already impacted most areas of the country. 30 of the 41 major UN Programs in Yemen are at risk of running out of money in the next few weeks if additional funding cannot be found.



Recommendations

Recommendation for international business travellers

Travel has been shown to facilitate the spread of COVID-19 from affected to unaffected areas. Travel and trade restrictions during a public health event of international concern (PHEIC) are regulated under the International Health Regulations (IHR), part III.

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. Currently there are exceptions foreseen for travellers with an essential function or need.

In the case of non-deferrable trips, please note the following

- Many airlines have suspended inbound and outbound flights to affected countries. Contact the relevant airline for up-to-date information on flight schedules.
- Check your national foreign office advices for regulations of the countries you're traveling or regulations concerning your country.
- Information's about the latest travel regulations and De-escalation strategy measures you can find at [IATA](#) and [International SOS](#). For Europe you will find more information [here](#).

Most countries implemented strikt rules of contact reduction:

- Everyone is urged to reduce contacts with other people outside the members of their own household to an absolutely necessary minimum.
- In public, a minimum distance of 1.5 m must be maintained wherever possible.
- Staying in the public space is only permitted alone, with another person not living in the household or in the company of members of the own household (for most countries, please check bevor traveling).
- Follow the instructions of the local authorities.

Risk of infection when travelling by plane:

The risk of being infected on an airplane cannot be excluded, but is currently considered to be low for an individual traveller. The risk of being infected in an airport is similar to that of any other place where many people gather. If it is established that a COVID-19 case has been on an airplane, other passengers who were at risk (as defined by how near they were seated to the infected passenger) will be contacted by public health authorities. Should you have questions about a flight you have taken, please contact your local health authority for advice.

General recommendations for personal hygiene, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers. These include:

- Perform hand hygiene frequently. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled;
- Cover your nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;
- Refrain from touching mouth and nose; See also: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- A medical mask is not required if exhibiting no symptoms, as there is no evidence that wearing a mask – of any type – protects non-sick persons. If masks are to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal.
- WHO information for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find [here](#).

Travellers who develop any symptoms during or after travel should self-isolate; those developing acute respiratory symptoms within 14 days upon return should be advised to seek immediate medical advice, ideally by phone first to their national healthcare provider.

Source: WHO and ECDC

European Commission:

The coronavirus outbreak is a serious threat to public health. Lockdowns and other coordinated restrictive measures are necessary to save lives. However, these measures may also severely slow down our economies and can delay the deliveries of critical goods and services. The European Commission has taken measures to ensure continued and uninterrupted land, waterborne and air cargo services. These services are of crucial importance for the functioning of the EU's internal market and its effective response to the current public health crisis.

On 13 May, the European Commission presented [guidelines and recommendations](#) to help Member States gradually lift travel restrictions, with all the necessary safety and precautionary means in place. Measures intended to enable citizens to travel again after months of confinement include, but are not limited to:

Re-open EU – new web platform to help travellers and tourists

On 15 June, the European Commission [launched 'Re-open EU'](#), a web platform that contains essential information allowing a safe relaunch of free movement and tourism across Europe. To help people confidently plan their travels and holidays during the summer and beyond, the platform will provide real-time information on borders, available means of transport, travel restrictions, public health and safety measures such as on physical distancing or wearing of facemasks, as well as other practical information for travellers.

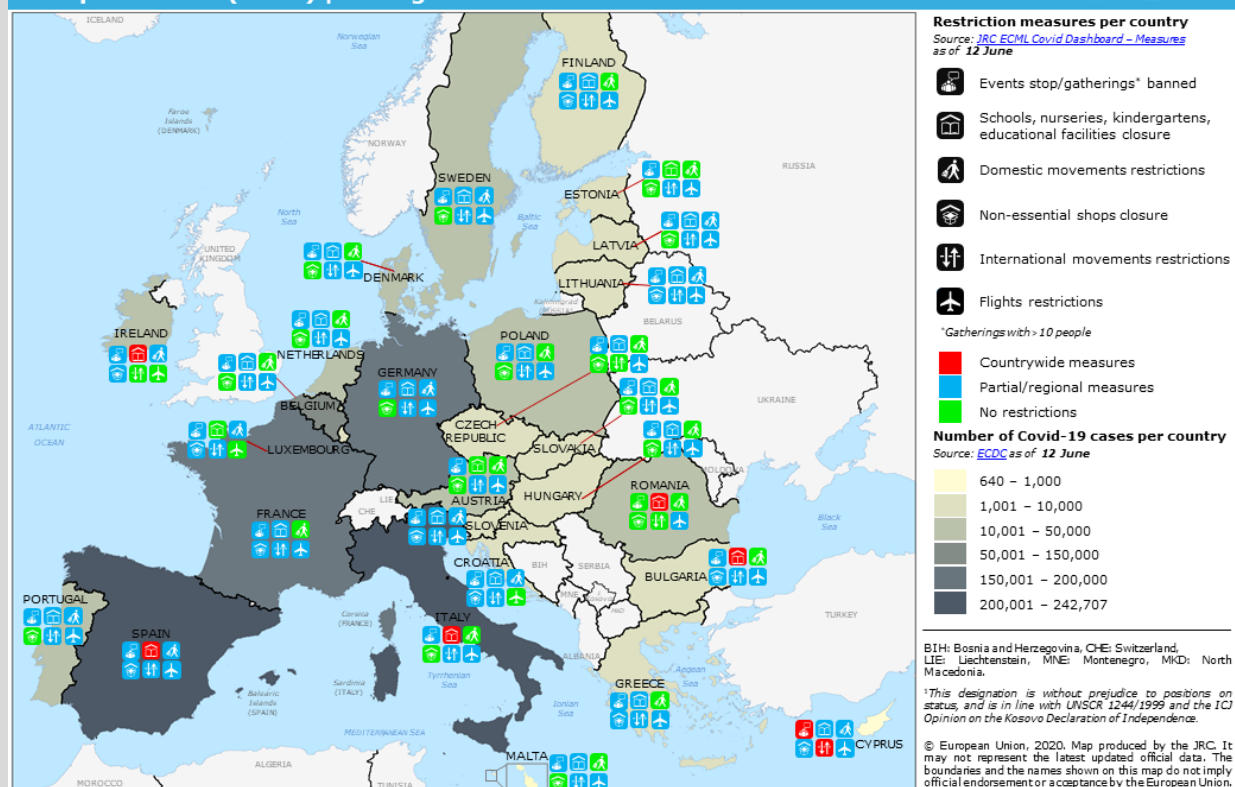
Re-open EU will act as a key point of reference for anyone travelling in the EU as it centralises up-to-date information from the Commission and the Member States in one place. It will allow people to browse country-specific information for each EU Member State through an interactive map, offering updates on applicable national measures as well as practical advice for visitors in the country. Available in the 24 official EU languages.

Travel advice and Border measures

Travel advice is a national competence and you should check if your national authority, e.g. the Ministry of Foreign Affairs, has issued an official travel warning concerning your planned destination. Travel advice is continuously updated as the situation evolves.

JRC Map 12 June 2020 at 12:30 UTC

European Union (EU27) | Lifting of COVID-19 restriction measures as of 12 June



Source: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en

Risk Assessment

Global	<ul style="list-style-type: none"> Because of global spread and the human-to-human transmission the moderate to high risk of further transmission persists. Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks. Individual risk is dependent on exposure. National regulation regarding travel restrictions, flight operation and screening for single countries you will find here. Official IATA changed their travel documents with new travel restrictions. You will find the documents here. Public health and healthcare systems are in high vulnerability as they already become overloaded in some areas with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed. Appropriate to the global trend of transmission of SARS-CoV-2 an extensive circulation of the virus is expectable. At this moment of time, asymptomatic persons as well as infected but not sickened persons could be a source of spreading the virus. Therefore, no certain disease-free area could be named globally.
Europe	<p>ECDC assessment for EU/EEA, UK as of 11 June 2020:</p> <ul style="list-style-type: none"> Risk of COVID-19 to the general population currently assessed: Low in areas where community transmission has been reduced and/or maintained at low levels and where there is extensive testing showing very low detection rates. Moderate in areas where there is substantial ongoing community transmission and where appropriate physical distancing measures are not in place. Risk of COVID-19 to the population with defined factors associated with severe disease outcome currently assessed: Moderate in areas where community transmission has been reduced and/or maintained at low levels and where there is extensive testing showing very low detection rates. Very high in areas where there is substantial ongoing community transmission and where appropriate physical distancing measures are not in place. Risk of COVID-19 incidence rising to a level that may require the re-introduction of stricter control measures is currently assessed as: Moderate if measures are phased out gradually, when only sporadic or cluster transmission is reported, and when appropriate monitoring systems and capacities for extensive testing and contact tracing are in place. High if measures are phased out when there is still ongoing community transmission, and no appropriate monitoring systems and capacities for extensive testing and contact tracing are in place.

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
- Our World in Data; <https://ourworldindata.org/coronavirus>

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