



Short Update 27a COVID-19 Coronavirus Disease 10th of JULY 2020



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GLOBAL

12 240 648

Confirmed cases
6 745 886
recovered
555 014 deaths

USA

(new cases/day 51 848)

3 108 448

confirmed cases
968 809 recovered
133 115 deaths

Brazil

(new cases/day 37 772)

1 755 779

confirmed cases
1 171 447 recovered
69 184 deaths

India

(new cases/day 23 236)

793 802

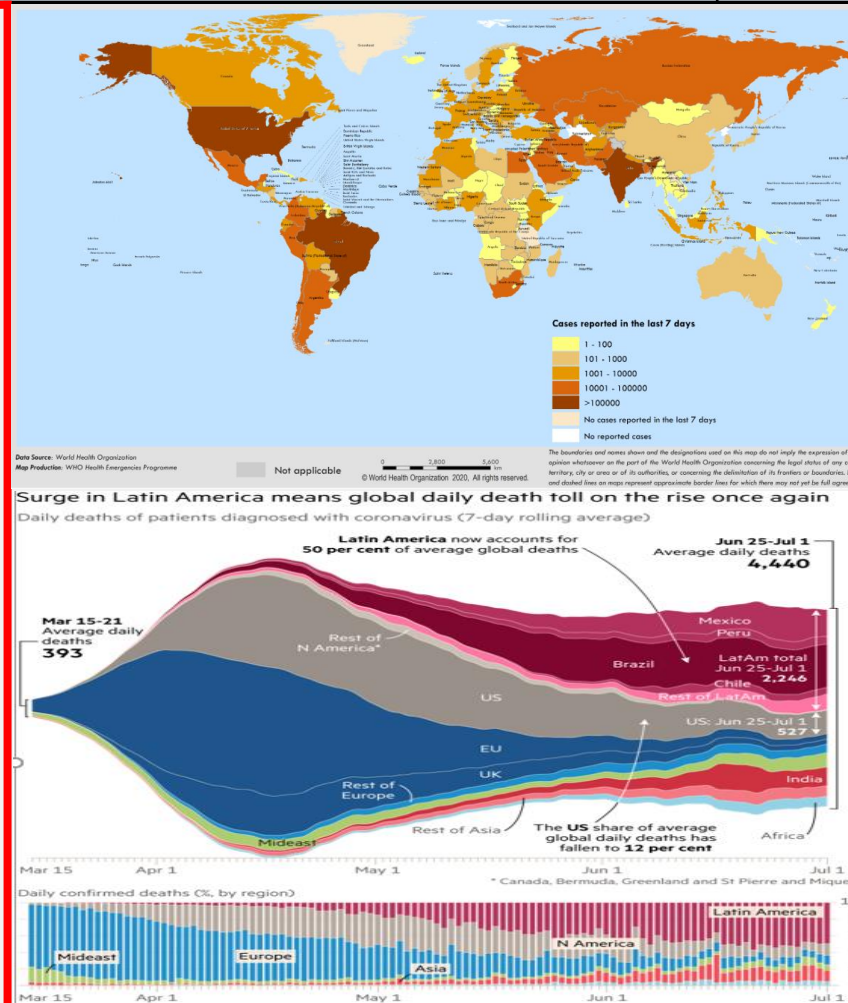
confirmed cases
495 513 recovered
21 604 deaths

News:

- As the region of the Americas reports 100,000 cases of COVID-19 a day, [the Director of the WHO Regional Office of the Americas has called for strong coordination across countries, evidence to guide leaders' actions and for people to protect themselves and others.](#)
- UNAIDS and WHO:** [access to HIV medicines has been severely impacted by COVID-19.](#) Seventy-three countries have warned that they are at risk of stock-outs of antiretroviral (ARV) medicines as a result of the COVID-19 pandemic, according to the survey conducted ahead of the International AIDS Society's biannual conference.
- WHO:** [experts will travel to China to work together with their Chinese counterparts to prepare scientific plans for identifying the zoonotic source of the SARS-CoV-2 virus.](#)
- WHO:** [on July 7 Maldives and Sri Lanka verified for having eliminated rubella](#), making them the first two countries in WHO South-East Asia Region to achieve measles and rubella elimination ahead of the 2023 target. Elimination of measles is achieved when a country interrupts transmission of indigenous virus for three years. Rubella control is achieved when a country reduces the number of rubella cases by 95% as compared to cases in 2008.
- WHO:** has published courses on thirteen COVID-19 topics with more than 3.7 million enrolments. In the meantime, the [WHO Academy](#), which aims to build one of the world's largest and most innovative digital learning platforms, is holding a survey from 8th to 29th July. WHO's health emergencies online learning platform: [OpenWHO.org](https://openwho.org).
- 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:** SARS-CoV-2 seroprevalence in COVID-19 hotspots
- Guest report:** A Pandemic Summer – COVID-19, What Lies Ahead for Africa?
- Use of gloves** in in the context of the COVID-19 pandemic
- In the press**
- Timeline for **re-opening borders**



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EUROPE

2 699 243
confirmed cases

1 616 486 recovered
200 750 deaths

SPAIN

(new cases/day 422)

253 056
confirmed cases
150 376 recovered
28 401 deaths

ITALY

(new cases/day 200)

242 363
confirmed cases
193 978 recovered
34 926 deaths

Sweden

(new cases/day 528)

74 333
confirmed cases
-not reported- recovered
5 500 deaths

Global Situation

The World Health Organization (WHO) sees increasing evidence that the novel coronavirus can spread in the air over several meters. [WHO expert Benedetta Allegranzi spoke on Tuesday of possible evidence for this thesis](#) (see press conference 7th July). It urged Member States to be "open" to these findings - and to "the precautions that need to be taken".

A group of 239 international scientists had previously raised the alarm about the global easing of corona restrictions and referred to studies showing that the novel coronavirus can also spread over two meters in the air. In an [article published in the journal "Clinical Infectious Diseases"](#) on Monday, the experts warned that the virus could spread over "small to medium distances" in the air. These distances ranged from "several meters to the size of a room".

Bolivian interim president Jeanine Añez tested positive for the corona virus. **Brazilian** President Jair Bolsonaro and **Honduran** President Juan Orlando Hernández have also been infected with the virus.

AUT: Austria is now also issuing a travel warning for Bulgaria, Romania and Moldova. Border controls with Hungary and Slovenia will be significantly increased. Anyone returning from these countries has undergo a 14-day quarantine or present a negative corona test. With this step Austria is reacting to the increasing number of infections abroad. A week ago, Austria has already issued a travel warning for the six countries of the Western Balkans. To do this, they want to introduce a nationwide corona traffic light system. The infection level at the district level is to be classified in four colours from green to red.

IRN: Iran reported a new record of corona deaths within a day. In the past 24 hours, 221 patients had died from the virus. Over 2,000 new infections were recorded in the same period.

IND: has reported almost 25,000 new cases while 487 more people have died of COVID-19. The new cases announced by the Health Ministry mean the country has recorded a total of 767,296 infections, the third highest total number compared to other countries in the world.

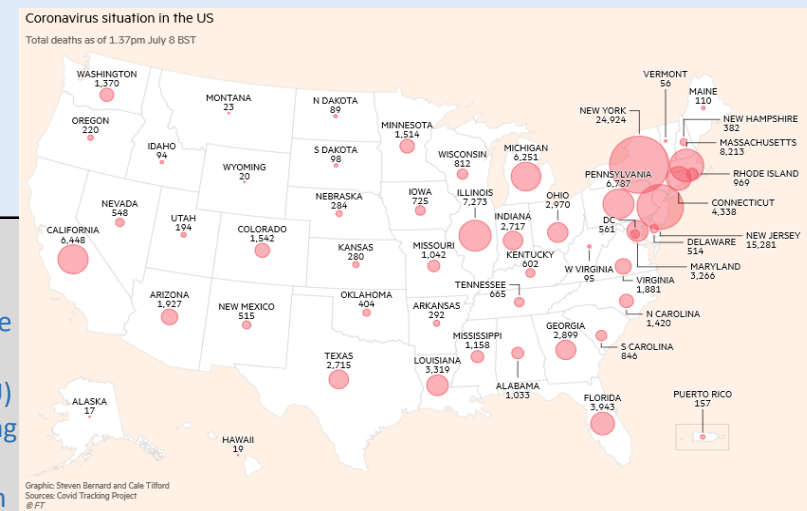
ZAF: Half a million corona cases have now been recorded in Africa. In addition, almost 12,000 people have died, according to the World Health Organization's statement on Wednesday. Concerns are rising because more and more countries are experiencing a sharp increase in SARS-CoV-2 infections. Cases have more than doubled in 22 countries across the continent in the past month. "The risk that Covid-19 will overwhelm the continent's weak health systems has escalated, 43 percent of all cases have been registered in South Africa, according to the WHO. Algeria, Egypt, Ghana and Nigeria also report very high numbers. However, there are also positive developments: In some countries - including Eritrea, Gambia, Mali, the Seychelles and Togo - the coronavirus is spreading only slowly.

[The corona situation in the United States is becoming more and more dramatic.](#) On Tuesday, 60,021 people were infected with the corona virus, as the Johns Hopkins University (JHU) announced on Wednesday. According to the JHU, the number of corona deaths also jumped on Tuesday from 325 to 1195. More than three million coronavirus infections have been reported in the United States since the pandemic began. The number of new infections in the United States has increased dramatically since mid-June due to the relaxation of the corona regulations - especially in the states of Florida, Texas, Georgia, Arizona and California. In some cases, intensive care beds in hospitals became scarce.

So far, more than 39 million US citizens have been tested for the corona virus. Scientists at the University of Washington in Seattle warn that, according to their model calculation, 208,000 people could die in the United States by November after being infected with the corona virus. There had been almost 500 new infections in Tulsa in the past few days. The local health authority called it "more than likely" that the increase was associated with "several major events just over two weeks ago" - including an election campaign event by the incumbent president. The US president is still planning further events.

Overall, the President continues to paint a positive picture of the situation and stressed on Tuesday evening that the fight against the pandemic had been done well. The director of the National Institute of Allergy and Infectious Diseases, Anthony Fauci, said the situation required "immediate" action. Despite the rise in infections and deaths, US President Donald Trump on Wednesday threatened to withhold federal funding if school districts did not bring their students back into the classroom in the fall.

Furthermore, the USA has now officially left the WHO. As a US government official said Tuesday, UN Secretary General António Guterres has been formally informed of the proposed exit. The withdrawal would take effect in 2021. Trump accuses the WHO of being late in informing about the risk of the corona virus and being under government control in Beijing, even though China is making less contributions to the organization than the United States. He made the Geneva-based organization responsible for the high number of deaths. WHO also closed the necessary reforms. The US president also accuses China of not preventing the global spread of the corona virus and threatens to face consequences.



Subject in Focus

SARS-CoV-2 seroprevalence in COVID-19 hotspots

As everyone knows, due to the high proportion of asymptomatic or mild infections (approximately 80%), data restricted to laboratory-confirmed cases do not capture the true extent of the spread or burden of COVID-19, or its infection-fatality ratio. Therefore, serological detection of specific antibodies against SARS-CoV-2 can better estimate the true number of infections. Due to co-circulation of other human coronaviruses, serology for SARS-CoV-2 is not trivial. Antibody cross-reactivity with other human coronaviruses has been largely overcome by using selected viral antigens, and several commercial assays are now available for SARS-CoV-2 serology. However, despite high sensitivity and specificity, a setting with a low pretest probability, such as current population-based seroprevalence studies, warrants careful validation of results.

The first SARS-CoV-2 seroprevalence studies from cohorts representing the general population have become available from COVID-19 hotspots such as China, the USA, Germany, Switzerland, and Spain.

In the LANCET two studies, from [Spain](#) and [Switzerland](#) were reported, both been done in severely affected urban area and in less affected provinces. Both studies recruited randomly selected participants but excluded institutionalised populations which is a clear limitation. They relied on IgG as a marker for previous exposure, which was detected by two assays for confirmation of positive results.

The key finding from these representative cohorts is that most of the population appears to have remained unexposed to SARS-CoV-2, even in areas with widespread virus circulation. These findings are further supported by the observation that even countries without strict lockdown measures have reported similarly low seroprevalence—eg, [Sweden](#), which reported a prevalence of 7.3% at the end of April—leaving them far from reaching natural herd immunity in the population.

Discussion:

Such seroprevalence studies provide information only about previous exposure, rather than immunity, as no neutralising antibodies are measured. Since no correlate of protection for SARS-CoV-2 has been formally defined, we do not know what titre of neutralising antibodies would protect recovered patients from secondary infection or if non-neutralising antibodies could also contribute to protection. By analogy to common-cold coronaviruses, immunity after SARS-CoV-2 infection is thought to be incomplete and temporary, lasting only several months to a few years. A subset of asymptomatic SARS-CoV-2 cases shows a lower antibody response and titres that wane quickly. It is unknown whether these patients are protected by other immune functions, such as cellular immunity. In summary, such individuals would not be detected by serological assays but might confound the true exposure rate. In light of these findings, any proposed approach to achieve herd immunity through natural infection is not only highly unethical, but also unachievable.

With a large majority of the population being infection naive, virus circulation can quickly return to early pandemic dimensions in a second wave once measures are lifted. In addition, the geographical variability and the dynamic of weekly increasing seroprevalence rates during the early phase of the pandemic highlight that these studies are only snapshots in time and space, and reflect the circumstances of the period in which they were done. As we are still in the midst of an unprecedented global health crisis, such seroprevalence data will continue to be necessary for public health authorities to estimate exposure rates, especially in areas with little testing capacity for acute cases. If and when a vaccine is widely available, ongoing seroprevalence studies will be able to provide information about the extent and duration of vaccine-induced herd immunity.

Findings of the [Spanish](#) and [Swiss](#) study

The Spanish study, which included more than 60 000 participants, showed a nationwide seroprevalence of 5.0% (95% CI 4.7–5.4; specificity–sensitivity range of 3.7% [both tests positive] to 6.2% [at least one test positive]), with urban areas around Madrid exceeding 10%. These differences in seroprevalence are also reflected in laboratory-confirmed COVID-19 cases, which were much higher in urban areas than in rural areas.

Similar numbers were obtained across the 2766 participants in the Swiss study, with seroprevalence data from Geneva reaching 10.8% (8.2–13.9) in early May.

The rather low seroprevalence in COVID-19 hotspots in both studies is in line with data from [Wuhan](#), the epicentre and presumed origin of the SARS-CoV-2 pandemic. Surprisingly, the study done in Wuhan approximately 4–8 weeks after the peak of infection reported a low seroprevalence of 3.8% (2.6–5.4) even in highly exposed health-care workers, despite an overwhelmed health-care system.

None of the studies reported sex differences, and both the studies from Geneva and Spain reported lower seroprevalence in children than in adults.

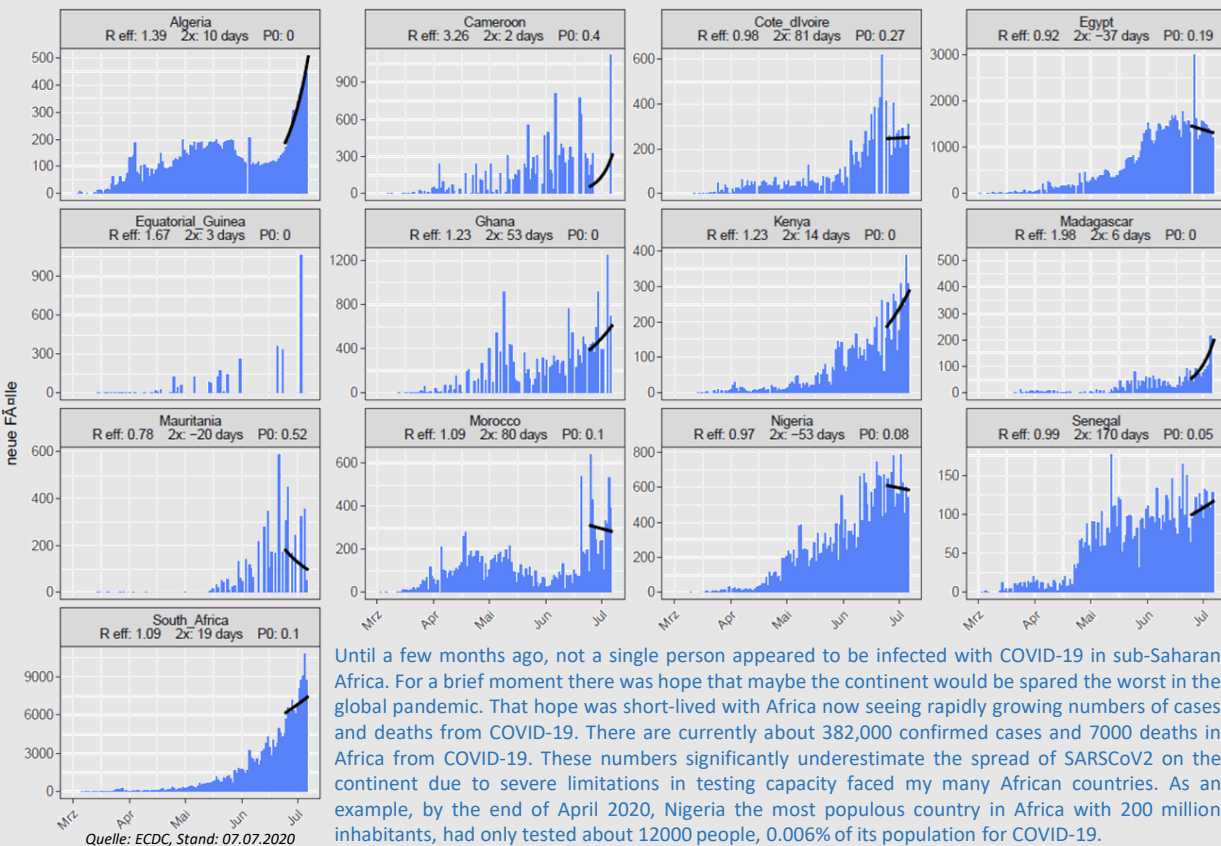
Whether this reflects a lower susceptibility of children to infection in general, or rather that the studies were undertaken while schools and day-care centres were closed, remains to be elucidated.

A Pandemic Summer – COVID-19, What Lies Ahead for Africa?

COVID-19 here, COVID-19 there, COVID-19 everywhere ...

Written by : Boghuma K. Titanji

<http://theiddoc.net/2020/07/07/covid-19-in-africa-what-lies-ahead/>



Until a few months ago, not a single person appeared to be infected with COVID-19 in sub-Saharan Africa. For a brief moment there was hope that maybe the continent would be spared the worst in the global pandemic. That hope was short-lived with Africa now seeing rapidly growing numbers of cases and deaths from COVID-19. There are currently about 382,000 confirmed cases and 7000 deaths in Africa from COVID-19. These numbers significantly underestimate the spread of SARS-CoV2 on the continent due to severe limitations in testing capacity faced by many African countries. As an example, by the end of April 2020, Nigeria the most populous country in Africa with 200 million inhabitants, had only tested about 12000 people, 0.006% of its population for COVID-19.

Testing and Pandemic Preparedness – An Uphill Battle for Poor Countries

Poor countries faced incredibly unfair market forces in their efforts to ramp up preparedness and testing. With the chaos of the pandemic even the world's wealthiest countries initially struggled to expand testing and secure medical supplies for their own health systems. This led to widespread panic and protectionism with countries hoarding supplies for their own. At least 60 countries so far have imposed bans and restrictions on the export of medical equipment and testing supplies. Even in situations where there aren't restrictions in place, African countries are easily outbid by their wealthier counterparts. This has resulted in ongoing shortages in personal protective equipment, testing and medical supplies.

Good Old Public Health – Doing much with very little

Despite the many challenges to an effective response, many countries in sub-Saharan Africa are showing exemplary leadership in containing spread of COVID-19. The continent is no stranger to infectious disease outbreaks and has seen improvements in its response capacity following recent outbreaks of Ebola in West Africa and the DRC.

In the Democratic Republic of Congo which was in the middle of an Ebola outbreak at the beginning of the pandemic, existing protocols were quickly adapted for COVID-19 containment. Rwanda, Ethiopia and Uganda instituted and enforced early lockdowns, contact tracing and quarantines which helped to slow the spread of the virus within their borders.

Kenya boosted local production of masks and other protective equipment by transforming a textile factory into a mask assembly line literally overnight. South Africa is drawing on its robust HIV-research network and leading as a site for therapeutic and vaccine trials. These good responses have defied predictions of doom for the continent which were widespread at the beginning of the pandemic.

Pandemics are Marathons not Sprints

These positives are encouraging and should be celebrated but history also teaches us that pandemics are marathons and not sprints. The bubonic plague one of the deadliest pandemics in history lasted over five-years and killed 75-200 million people worldwide. In the modern era the HIV pandemic is closing in on its 40th anniversary in 2021 and caused 690,000 deaths in 2019. For Africa to continue to defy the odds of deaths and new infections from COVID-19, the ongoing efforts will need to be sustained for many months to come. This is where the real challenge lies and fragile economies and health systems with limited resources may not last the long haul.

The Long Reach of the Enemy

COVID-19 is affecting every aspect of healthcare for many countries in sub-Saharan Africa. Significant resources have been diverted from important surveillance and treatment programs for other diseases to respond to the crisis. Screening, treatment and infection control programs for Tuberculosis, Malaria and HIV now face major disruptions. This is likely to result in excess deaths and modeling from the WHO projects half-a-million more deaths from HIV compared to last year and a doubling of deaths from malaria this year. These ripple effects disproportionately affect children and women, compounded by expanding food insecurity, outbreaks of childhood infections and the progressive collapse of vaccination programs.

Avoiding the Worst

It is hard to feel optimistic about the pandemic summer for Africa when the full spectrum of challenges is put in perspective. Averting these bad outcomes will need concerted international collaboration and less individualism, areas in which countries have struggled during this pandemic.

LEVELING the TREATMENT AND VACCINE TRIALS LANDSCAPE

Only 4% (103) of the ongoing 2478 registered clinical trials for COVID-19 are currently recruiting participants in Africa. Of this number 39 are trials COVID-19 treatments and one is a phase I vaccine trial. The current distribution of COVID-19 clinical trials in Africa is concentrated in countries which had existing robust clinical trial networks prior to the pandemic. An approach that relies solely on individual countries to lead their own initiatives may be too slow to bridge the clinical trial gap in the short-term. A better strategy to broadly benefit countries with weaker research infrastructure, should involve building collaborative networks between countries to design clinical trials, harmonizing management guidelines and coordinating sample collection, tracking and contemporaneous sharing of results. The recently established COVID-19 clinical research coalition is an important step in the right direction but has not yet translated to improved access to clinical trials in Africa. Delivering the level of care sophisticated needed to those who get severe COVID-19, is challenging in resource-limited settings. Important consideration must be given to how scalable and deliverable the treatment options under study will be for African countries. For example, Remdesivir, the first antiviral drug with moderate efficacy in patients with severe COVID-19, requires 10-days of intravenous administration which is challenging to deliver in any rural setting in Africa.

Evidence that Dexamethasone, a cheap and widely available drug, reduces mortality in patients with severe COVID-19, is welcome tool for clinicians in Africa. Its use will have to be balanced with the high prevalence of infectious diseases which can be made worse by steroids (TB, Hepatitis B, parasitic infection) and the potential for inappropriate use and harm given easy access as a street drug.

COMBATting FEAR AND MISINFORMATION

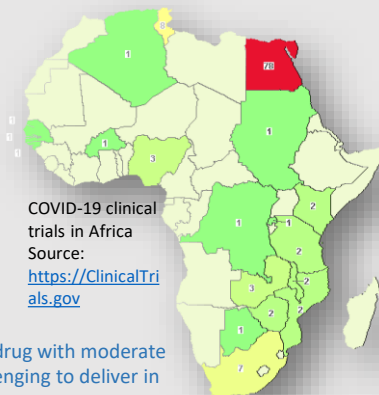
The surge of misinformation on social media platforms and conspiracy theories has eroded the trust of the population and poses a real threat to vaccine and treatment trials on the continent. African led research efforts will more readily bridge these trust and confidence gaps. Most importantly this will prime the population to be more receptive to vaccines and therapeutic strategies supported by local evidence. Assertions of traditional medicine remedies emerging locally, also need to be validated in well-structured clinical trials before they are widely distributed.

FINDING THE RIGHT BALANCE – FIGHTING OLD FOES and COVID-19

A huge dilemma is how to protect the population from COVID-19 while fighting existing older threats. To avoid catastrophic outcomes from Malaria, HIV, TB etc., countries in Africa will need to engage with their populations and adapt the existing models of care to the current challenges. An important step is increasing sensitization and education on the real risks of death from other causes which may surpass the risk from COVID-19 for the continent's youthful population.

THERE IS ALWAYS HOPE

The WHO recently declared the end of the 10th Ebola outbreak in DRC, and almost simultaneously South Sudan, Africa's youngest country, was declared free of wild polio. These are veritable feats of public health and give me hope that the Africa will also survive the pandemic summer. To ensure another success story, the efforts in fighting COVID-19 need to be unified and global in a true sense. In a pandemic no one wins if the most vulnerable are not given a fair chance in the fight. History teaches us as much, maybe it is time we finally learn from past mistakes and avoid repeating them.



Use of gloves in in the context of the COVID-19 pandemic



Recommendations for the use of gloves to prevent SARS-CoV-2 transmission by community setting

Activity	Non-sterile gloves (without EN standards)	Non-sterile gloves ^a	Sterile gloves ^a	Gloves used in microbiological and biochemical laboratories ^b
Community				
Visiting busy closed spaces such as grocery stores, shopping centers.	no	no	no	no
Leisure activities.	no	no	no	no
Using public transport.	no	no	no	no
Workplaces and professions that involve physical proximity to many people, that did not wear gloves for occupational reasons prior to the COVID-19 pandemic, e.g. cashiers in shops and supermarkets.	no	no	no	no
People in occupations that wore gloves prior to COVID-19, such as environmental cleaners and the police.	yes/no ^c	yes/no ^c	no	no
Healthcare setting (e.g. acute care hospitals, general practices, long-term care facilities)				
Aseptic procedures, e.g. surgical operations, central venous catheter insertion.	n/a	n/a	yes	no
Activities with a risk of contamination of healthcare workers' hands, including contamination with body fluids, or contact with mucous membranes and non-intact skin, e.g. peripheral venous catheter insertion/removal, intubation, cleaning spills of body fluids, emptying emesis basins, handling/cleaning used instruments, handling waste.	yes	yes	no	no
Procedures not included in the two previous examples.	no	no	no	no
Specific laboratory work.	no	no	no	yes

^a - European Standard EN 455 on medical gloves for single use, as stipulated in the Council Directive 93/42/EEC

^b - Standards and specifics for the gloves used in microbiological and biochemical laboratories are described in the European Standard EN ISO 374

^c - Dependent on occupation specific guidance applicable to the setting and/or applicable national guidelines /legislation

n/a - not applicable

Source: <https://www.ecdc.europa.eu/sites/default/files/documents/Use-of-gloves-within-COVID-19.pdf>



#COVID19

ecdc.europa.eu

In the press

This 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!

06th July 2020

The New York Times

A New Generation of Fast Coronavirus Tests Is Coming

<https://www.nytimes.com/2020/07/06/health/fast-coronavirus-tests.html>

07th July 2020

SPIEGEL international

Many Stay Sick After Recovering From Coronavirus

<https://www.spiegel.de/international/world/covid-19-many-people-stay-sick-after-recovering-from-coronavirus-a-d814c20b-fb3d-47b1-bd2b-d6fd65e0ef33>

09th July 2020

DW

Severe brain damage possible even with mild corona symptoms

<https://www.dw.com/en/severe-brain-damage-possible-even-with-mild-corona-symptoms/a-54111054>

09th July 2020

Aljazeera

Africa must adopt 'aggressive approach' against COVID-19

<https://www.aljazeera.com/news/2020/07/africa-adopt-aggressive-approach-covid-19-200709094810475.html>

09th July 2020

Aljazeera

How the world wars of the 21st century may begin

<https://www.aljazeera.com/indepth/opinion/world-wars-21st-century-200706084937353.html>

08th July 2020

The Guardian

Scientists join forces to investigate airborne risk of coronavirus

<https://www.theguardian.com/world/2020/jul/08/scientists-join-forces-to-investigate-airborne-risk-of-coronavirus-who-studies>

07th July 2020

South China Morning Post

Hong Kong battling third wave of coronavirus infections as city confirms 14 new cases

<https://www.scmp.com/news/hong-kong/health-environment/article/3092174/coronavirus-third-wave-fears-escalate-hong-kong>

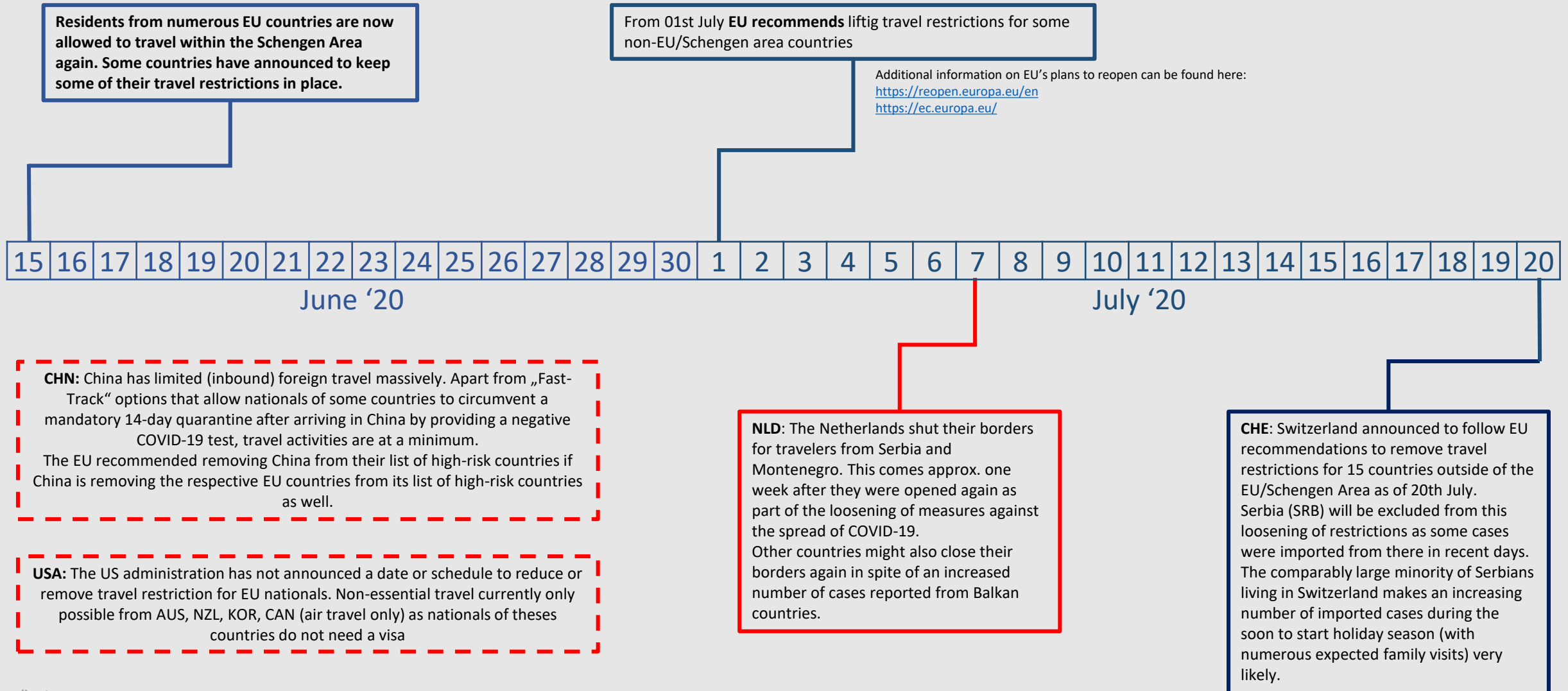
09th July 2020

The Guardian

Hunger could kill millions more than Covid-19, warns Oxfam

<https://www.theguardian.com/global-development/2020/jul/09/hunger-could-kill-millions-more-than-covid-19-warns-oxfam>

Current plans to re-open borders



According to:

<https://www.schengenvisa.info/news/timeline-of-eu-member-states-reopening-their-borders/> | <https://www.china-briefing.com/news/chinas-travel-restrictions-due-to-covid-19-an-explainer/> | <https://www.traveloffpath.com/u-s-reopening-for-tourism-everything-you-need-to-know/> | <https://www.sem.admin.ch/sem/de/home/aktuell/aktuell/faq-einreiseverweigerung.html> | <https://www.netherlandsandyou.nl/latest-news/news/2020/07/07/the-netherlands-closes-borders-for-residents-from-serbia-and-montenegro>