



# Short Update 32a COVID-19 Coronavirus Disease 14th of AUGUST 2020



## GLOBAL

20 881 809

Confirmed cases  
13 003 918  
recovered  
755 714 deaths

## USA

(new cases/day 52 215)

5 223 048

confirmed cases  
1 773 800 recovered  
166 785 deaths

## Brazil

(new cases/day 43 673)

3 224 876

confirmed cases  
2 521 100 recovered  
105 463 deaths

## India

(new cases/day 61 729)

2 461 190

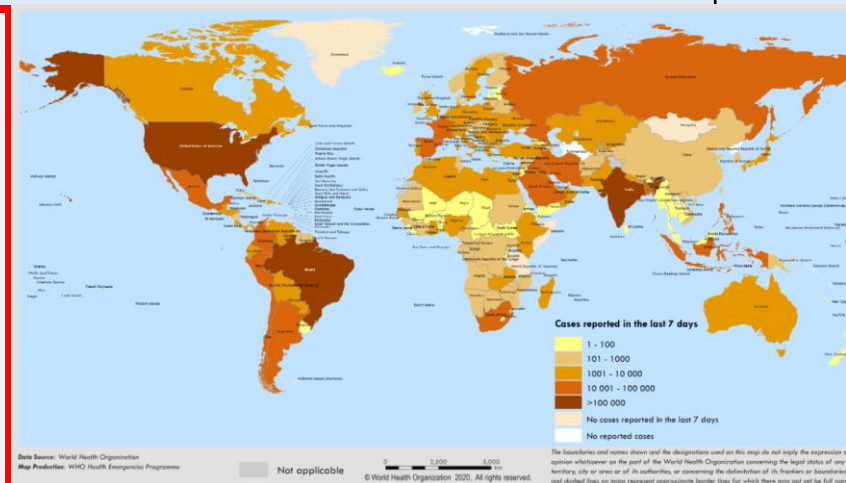
confirmed cases  
1 751 555 recovered  
48 040 deaths

### News:

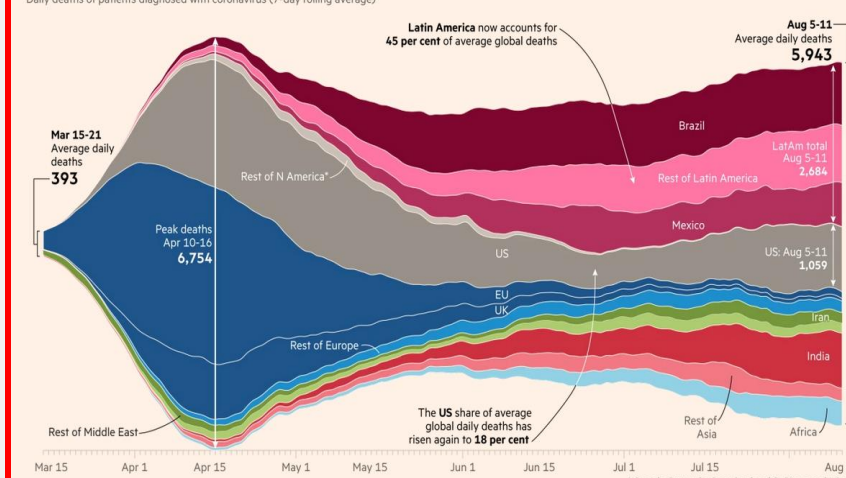
- WHO:** has published the Emergency Global Supply Chain System (COVID-19) catalogue, which lists all medical devices, including personal protective equipment, medical equipment, medical consumables, single use devices, laboratory and test-related devices that may be requested through the COVID-19 Supply Portal.
- WHO Europe:** informed that the continued commitment to measles and rubella elimination is going on, although the COVID-19 pandemic is placing an extraordinary burden on health systems.
- PAHO:** More than 2,800 community health workers have been trained in Haiti as part of the response to the COVID-19 pandemic, and meetings have been conducted with community leaders to provide them with accurate information about COVID-19. All of these efforts provide much-needed support to the Ministry of Health and the country's Multisectoral Pandemic Management Commission of COVID-19
- ECDC:** published a technical report on COVID-19 clusters and outbreaks in occupational settings in the EU/EEA and the UK.
- CDC:** published Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens associated with Coronavirus diseases 2019 (COVID-19).
- NEW SCIENTIST STUDY:** A non yet peer/reviewed study by the University of Florida indicates that SARS-CoV-2 can spread via aerosols "Viable SARS-CoV-2 in the air of a hospital room with COVID-19 patients".
- WHO** offers a health emergencies online learning platform: 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:

- Global situation** (including information on the lack of basic handwashing)
- Subject in Focus:** Key figures and terms in testing you should know
- The new normal!**
- In the press**



Surge in Latin America means global daily death toll on the rise once again  
Daily deaths of patients diagnosed with coronavirus (7-day rolling average)



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## EUROPE

3 339 723  
confirmed cases

2 028 784 recovered  
213 705 deaths

## Russia

(new cases/day 5 082)

905 762  
confirmed cases

714 934 recovered  
15 353 deaths

## SPAIN

(new cases/day 3 926)

337 334  
confirmed cases  
150 376 recovered  
28 605 deaths

## UK

(new cases/day 809)

313 798  
confirmed cases

-not reported- recovered  
46 706 deaths

# Global Situation

**NZL:** Another 12 new infections have been reported in New Zealand in the past 24 hours. 39 people are currently in quarantine after the virus reappeared in Auckland on Tuesday after more than 100 days. The authorities had imposed a three-day curfew on the metropolis after the new outbreak.

**BRA:** The Brazilian state of Paraná has signed an agreement with Russia to produce the world's first vaccine against the coronavirus approved for wide use. The corresponding contract has already been signed, as reported by Brazilian media. According to this, the government of Paraná and Russia can work together to develop vaccine tests and produce a vaccine. A technology transfer should also be negotiated. In the next step, a working group is to be formed so that Russia shares the results of phase I and II of the study

**GRC:** The number of people infected with corona has reached a new high. The authorities attribute the steadily increasing number of infections this month to the disregarding of distance rules in restaurants, bars and public events.

**BEL:** The Belgian authorities have ordered an outdoor mask requirement for the greater Brussels area. The government of the Brussels-Capital Region announced that the regulation applies to everyone over the age of twelve in public spaces. The regulation does not apply to the other two Belgian regions, the Flemish and Walloon regions. The authorities justified this with the fact that the threshold of 50 new infections per 100,000 inhabitants was exceeded within one day. Exceptions apply to Sports, intensive physical work and people who cannot wear a mask for medical reasons. Since July there has been a mask requirement in closed public spaces.

**FRA:** The government has declared Paris and the Bouches-du-Rhone department on the Mediterranean coast around Marseille a high-risk corona area. The decree gives local authorities the power to restrict the movement of people and vehicles, restrict access to public transport and air travel, restrict access to public buildings, and to close some facilities that are at high risk of infection. The measure is in response to a sharp rise in coronavirus infections over the past two weeks.

**DEU:** According to data from the Robert Koch Institute, the number of new corona infections in Germany has continued to rise. Again, 1,449 new cases were reported in the past 24 hours - another five more than the previous day. The last time this number was higher was May 1<sup>st</sup>. Of the total of 107,376 corona tests that have been carried out among travellers presenting at the Bavarian test stations, 1,389 were positive.

**ESP:** On Mallorca and the other Balearic Islands, the fear of being declared a corona risk area is increasing. According to official information, more than 1,000 active corona cases are currently registered in the Balearic Islands. With 2,935 new infections in the past 24 hours, Spain reports the highest value since the end of May. In the past few days, the authorities had only reported about half as many new cases. On Mallorca and the other Balearic Islands, the number of active COVID-19 cases has increased by 20 percent from yesterday to today - to a good 1,500. The Canary Islands introduce a ban on smoking outside if the minimum distance cannot be respected. The Spanish region of Galicia had previously done this.

**RUS:** is the first country in the world to approve a vaccine against the coronavirus for widespread use. President Vladimir Putin announced this on state television on Tuesday. The speed of the admission of this vaccine raised international concerns on its safety.

**PER:** Due to rising infection rates, Peru is introducing a general curfew on Sundays and family celebrations are prohibited. The government now has to "take a step back" in dealing with the pandemic. In April there was already a Sunday exit ban.

**IND:** The number of new infections in India has risen again. For over two weeks, more than 50,000 new cases have been reported every day. India now ranks fourth in the world for corona deaths. As the Ministry of Health in New Delhi reported, a further 1,007 people have died as a result of a corona infection since yesterday. The number of deaths increases to 48,000. Only the USA-Brazil and Mexico recorded more deaths.

**USA:** US President Donald Trump has made eight recommendations that should be followed when schools reopen. Among other things, he advised at a press conference in the White House to use masks when there is no distance to be maintained. His government will provide 125 million reusable masks for school districts.

**GBR:** travellers returning from France and the Netherlands will have to be prepared to go into a 14-day home quarantine from the weekend.

**HRV:** has reported a record number of new infections with the coronavirus. In the holiday country, 180 people were infected with SARS-CoV-2 in the past 24 hours, said the national crisis team in Zagreb. This is the highest daily value recorded in Croatia since the beginning of the pandemic. At the same time, in DEU there was an increasing number of people returning from Croatia who had been infected with the corona virus there. Many of them are young people who said they attended beach parties.

# Global Situation

## -lack of basic handwashing-



Three billion people – 40 per cent of the world's population – do not have a place in their homes to wash their hands with water and soap. Three quarters of those who lack access to water and soap live in the world's poorest countries and are amongst the most vulnerable: children and families living in informal settlements, migrant and refugee camps, or in areas of active conflict. This puts an estimated 1 billion people at immediate risk of COVID-19 simply because they lack basic handwashing facilities.

Hand hygiene facilities are lacking even in places where they are most needed: nearly half of all schools do not have handwashing facilities with water and soap, affecting 900 million school-age children. Forty-three per cent of health care settings do not have hand hygiene facilities at points of care where patients are treated. With limited or no hand hygiene facilities and improvement programmes, health care workers compliance with hand hygiene best practices can be as low as 8 per cent. This puts teachers, doctors, nurses, patients – all of us – at risk.

The COVID-19 pandemic is a stark reminder that one of the most effective ways to stop the spread of a virus is also one of the simplest: hand hygiene. It not only protects us from contracting the disease, but also stops transmission to other people. To beat the virus today – and be better prepared for future pandemics – universal access to hand hygiene must become a reality for everyone, in all settings, especially in health care facilities, schools and crowded public spaces. This approach is reiterated in WHO's recommendations on ensuring universal access to hand hygiene and improving hand hygiene practices to prevent COVID-19 transmission.



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As schools worldwide struggle with reopening, the latest data from the WHO/UNICEF Joint Monitoring Programme (JMP) reveal that 43 per cent of schools around the world lacked access to basic handwashing with soap and water in 2019 – a key condition for schools to be able to operate safely in the midst of the COVID-19 pandemic.

According to the report, around 818 million children lack basic handwashing facilities at their schools, which puts them at increased risk of COVID-19 and other transmittable diseases. More than one third of these children (295 million) are from sub-Saharan Africa. In the least developed countries, 7 out of 10 schools lack basic handwashing facilities and half of schools lack basic sanitation and water services.

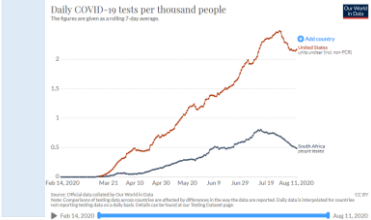
The report stresses that governments seeking to control the spread of COVID-19 must balance the need for implementation of public health measures versus the associated social and economic impacts of lockdown measures. Evidence of the negative impacts of prolonged school closures on children's safety, wellbeing and learning are well-documented, the report says.

The report identifies several resources necessary for COVID-19 prevention and control in schools, including 10 immediate actions and safety checklists. It builds on [guidelines on the safe reopening of schools](#) issued by UNESCO, UNICEF, WFP and the World Bank with practical advice for national and local authorities on how to prepare for safe school reopening and keep children safe when they return to school. The guidelines include several WASH-related protocols on hygiene measures, use of personal protective equipment, cleaning and disinfection, as well as providing access to clean water, handwashing stations with soap, and safe toilets.

UNICEF and WHO are committed to achieving equitable access to adequate WASH services worldwide. The agencies recently launched a joint initiative, Hand Hygiene for All, to support the most vulnerable communities with the means to protect their health and environment. It brings together international partners, national governments, public and private sectors, and civil society to ensure affordable products and services are available, especially in disadvantaged areas.

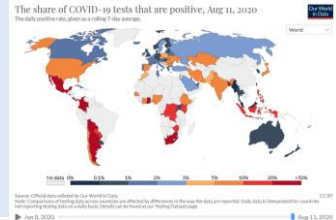
Source: <https://www.who.int/news-room/detail/13-08-2020-2-in-5-schools-around-the-world-lacked-basic-handwashing-facilities-prior-to-covid-19-pandemic-unicef-who>





# Subject in Focus:

## Key figures and terms in testing you should know



This Subject in Focus aims at explaining some of the most often used terms and key figures/indicators/ratios and metrics in the field of testing for COVID-19. To avoid confusions and to allow the reader to understand the dynamics and differences between the various terms we explain some of them on this slide. This Subject in Focus does not aim at giving an in-depth mathematical derivation and description but at equipping the reader with a basic understanding. It is important to keep in mind that testing usually does not detect the “real” absolute number of cases but the data created allows to estimate that number from the tested sample.

**Testing regime:** The rules that determine who is tested, how often tests are conducted and which kinds of tests are used (e.g. PCR or antibody tests) is called the “testing regime”. Testing regimes can be changed over time and vary from country to country (or even within a country). Knowing the testing regimes of the respective countries/areas is important to evaluate how they perform compared to each other.

**Tests per day:** This metric gives an indication about a country's **testing capacity** (“how many tests can a country perform within a day”). Without putting this number in relation to the size of the country's population, this number does not really allow drawing conclusions about the extent or efficacy of a testing regime.

**Total Number of confirmed cases:** This is the total number of people that have tested positive for a disease since a specific point in time (usually the beginning of the outbreak).

**Number of active cases:** This is the number of individuals that are infected with the disease (i.e. were infected and did not yet recover or die) at the time of reporting.

**Number of new (confirmed) cases:** This is the absolute number of people that were (newly) tested positive within a reporting period (e.g. one day).

**Positive rate:** A test result can either turn out to be positive or negative (in order to simplify the explanation, false positive and false negative results are ignored here). The positive rate is calculated by dividing the number of positive results (within a period of time) by the number of tests conducted in the same period of time. This metric is key in assessing how good a country is in adequately testing its population. If the positive rate is low (WHO suggests <5% as an indicator that the pandemic is under control), a country performs good, if the test rate is (very) high this indicates that too few tests are

conducted and there might be much more cases than detected via testing. If testing capacity increases it can be expected that the absolute number of newly found cases also increases. If the positive rate remains stable this means that the increase in newly found cases is attributed to the increased testing capacity. If the positive rate increases, a share of the newly found cases could be attributed to an increase in infections. If the rate decreases, this indicates that the overall number of infections decreased. The positive rate has a range from 0 to 1 (0% to 100%). If the rate is 0, this means that there are no positive testing results, if the rate is 1 (100%) this means that every test conducted turned out to be positive. If the positive rate is high it can be concluded that only a small fraction of all cases in the country is detected. If the positive rate grows and the number of tests per day stays stable this is an indicator that the virus spreads faster than suggested by the growth in confirmed cases.

**Tests per (new) confirmed case:** This rate can easily be derived by calculating the inverse of the positive rate. If there is 1 test per new confirmed case this is equal to a positive rate of 100%. WHO suggests a benchmark of 10-30 tests per new confirmed case as an indicator for adequate testing.

**Tests per 1,000:** Putting the number of tests per day into relation to the population allows comparing the testing capacity of two countries in the context of their population size. Therefore the number of tests per day is divided by the country's population and multiplied by a factor (usually 1,000 or 100,000). The resulting number of “tests per 1,000 (100,000) people” can be compared between the countries. A number of 10 per 1,000 in country A and 20 per 1,000 in country B does not necessarily mean that the absolute number of tests conducted in country B is higher. If country A has 10,000 inhabitants and country B has 5,000 the absolute number of tests conducted in both countries is the same.

**Performed tests vs. Individuals tested:** There is a difference between the number of tests performed (e.g. daily) and the number of individuals that were tested (in total or on a specific day). If a metric refers to the “number of tests” this means that it is possible that a single individual was tested more than once (e.g. as a follow-up test after an initial positive result). If the metric refers to the number of individuals tested, multiple tests of a single individual are rendered out. The reported numbers (and exact definitions) vary between countries and over time. Make sure to check the exact definition of the numbers you are looking at.

Source: <https://ourworldindata.org/coronavirus-testing>

## THE NEW NORMAL



**Be a role model.** Show others the importance of cleaning hands, covering coughs and sneezes with a bent elbow, maintaining a distance of at least 1 metre from others and cleaning frequently touched objects and surfaces regularly.

Don't just say it,  
**Do it!**

#StaySafe



## The new normal!

In some places, as cases of COVID-19 go down, some control measures are being lifted.

**But this doesn't mean we should go back to the 'old normal'.**

**If we don't stay vigilant and protect ourselves and others, coronavirus cases may go up again.**

If we stop following the key protective measures, coronavirus can come rushing back.

**Now, more than ever, it's important that we all follow our national health authority's advice and be part of helping to prevent coronavirus transmission.**

Wherever you are, you still need to protect yourself against COVID-19.

**Even as restrictions are lifted, consider where you are going and stay safe.**



## Avoid the Three C's



Be aware of different levels of risk in different settings.

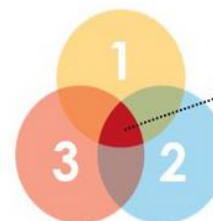
There are certain places where COVID-19 spreads more easily:



**Crowded places**  
with many people nearby

**Close-contact settings**  
Especially where people have close-range conversations

**Confined and enclosed spaces**  
with poor ventilation



The risk is higher in places where these factors overlap.

**Even as restrictions are lifted, consider where you are going and #StaySafe by avoiding the Three C's.**

## WHAT SHOULD YOU DO?



Avoid crowded places and limit time in enclosed spaces



Maintain at least 1m distance from others



When possible, open windows and doors for ventilation



Keep hands clean and cover coughs and sneezes



Wear a mask if requested or if physical distancing is not possible

**If you are unwell, stay home unless to seek urgent medical care.**



# The perfect wave – why masks are still important



## NEW STUDY ON MOUTH NOSE PROTECTION AND SOCIAL DISTANCING

Unfortunately, in the epicenter of the new hot spots areas often enough people are seen who do not adhere to the still valid protective regulations such as social distancing and the correct wearing of a nose and mouth protection. It could be as simple as that - [new studies](#) show that these two measures make a significant contribution to reducing the probability of transmission.

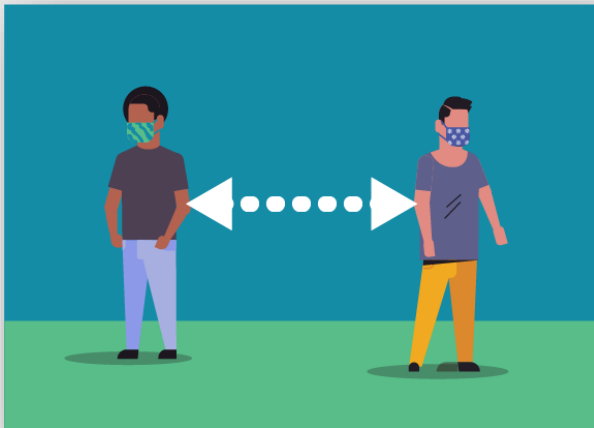
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

**Medical face masks (MNS; surgical (surgical) masks);** are primarily used for third-party protection and protect the person against the exposure of potentially infectious droplets of the person wearing the face mask. Corresponding MNS protect the wearer of the mask if the fit is tight, but this is not the primary purpose of MNS. This is e.g. used to prevent droplets from the patient's breathing air from getting into open wounds of a patient. Since, depending on the fit of the medical face mask, the wearer not only breathes in through the filter fleece, but the breathing air is drawn in as a leakage current past the edges of the MNS, medical face masks generally offer the wearer little protection against aerosols containing excitation. However, you can protect the mouth and nose area of the wearer from the direct impact of exhaled droplets from the other person as well as from pathogen transmission through direct contact with the hands.

**Particle-filtering half masks (FFP masks);** are objects of personal protective equipment (PPE) in the context of occupational safety and are intended to protect the wearer of the mask from particles, droplets and aerosols. The design of the particle-filtering half masks is different. There are masks without an exhalation valve and masks with an exhalation valve. Masks without a valve filter both the inhaled air and the exhaled air and therefore offer both internal and external protection, although they are primarily designed for internal protection only. Masks with valves only filter the inhaled air and therefore **offer no external protection!!!**

As a large number of unrecognized people move around in public spaces without symptoms, mouth and nose protection protects other people, thereby reducing the spread of the infection and thus indirectly reducing the risk of becoming infected

	Mouth and nose protection	FFP2/FFP3 mask without valve	FFP2/FFP3 mask with valve
Protects wearer of mask	limited	✓	✓
Protects periphery	✓	✓	✗



Due to the occasion, it should be pointed out again and again, also by executives, that the correct way of wearing the mask is essential to achieve maximum protection. The mask wrong, e.g. for example, wearing it under the nose means accepting a possible infection of others.

FFP2 / 3 masks are still considered deficient equipment and should be kept available for healthcare workers and emergency services.

### When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.

DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.

DON'T wear your facemask on your head.

DON'T wear your facemask around your neck.

DON'T wear your facemask around your arm.



# Using Personal Protective Equipment (PPE) when caring for Patients with confirmed or suspected COVID-19

## Who needs PPE:

**Patients** with confirmed or possible SARS-CoV-2 infection should wear a facemask when being evaluated medically

**Healthcare personnel** should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection. Recommended PPE is described in the

**Infection Control Guidance.**

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE
- Demonstrate competency in performing appropriate infection control practices and procedures

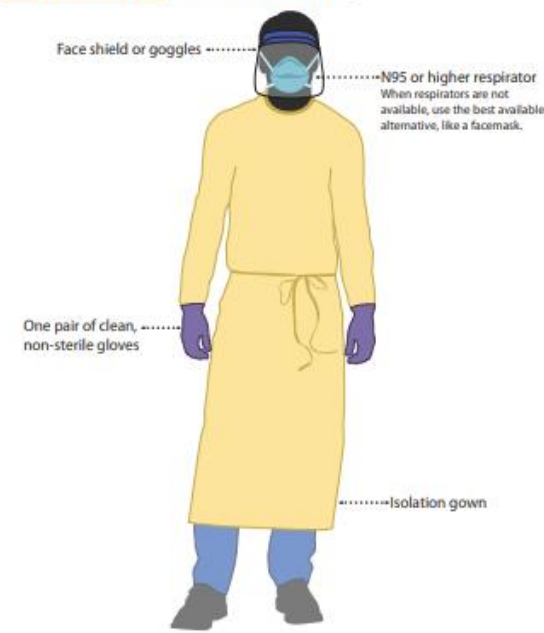
## Remember:

- PPE must be donned correctly before entering the patient area
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas
- PPE should not be adjusted during patient care and
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination

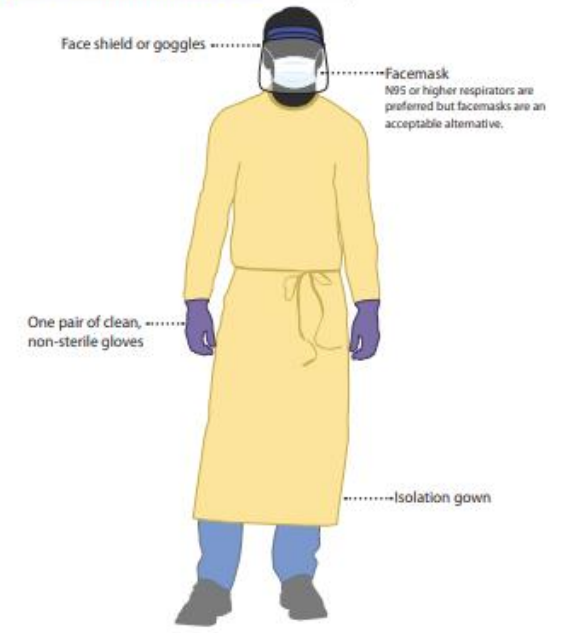
## Donning (putting on the gear):

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct.
2. **Perform hand hygiene using hand sanitizer**
3. **Put on isolation gown.** Assistance may be needed by other HCP
4. **Put on NIOSH-approved N95 filtering facepiece respirator of higher (use a facemask if a respirator is not available).**
  - **Respirator** straps should be placed on crown of head and base of neck. Perform a user seal check each time you put on the respirator.
  - **Facemask** should be secured on crown of head and base of neck. If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.**
6. **Put on gloves**
7. **HCP may now enter patient room**

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



## Doffing (taking off the gear):

1. **Remove gloves.** Ensure gloves removal does not cause additional contamination of hands.
2. **Remove gown.** Untie all ties. Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body.
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grasping the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator.** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head and then pull the respirator away from the face without touching the front of the respirator or facemask.
7. **Perform hand hygiene after removing the respirator/facemask**

## 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!

13<sup>th</sup> August 2020

**BBC News**

### **New Zealand coronavirus: 14 new Covid-19 cases reported**

<https://www.bbc.com/news/world-asia-53761122>

07<sup>th</sup> August 2020

**SPIEGEL international**

### **Scientists Weigh the Benefits of Air Purifiers in Fighting COVID-19**

<https://www.spiegel.de/international/germany/scientists-weigh-the-benefits-of-air-purifiers-in-fighting-covid-19-a-7adb980e-be0a-4030-ba93-2d9040caefcb>

13<sup>th</sup> August 2020

**The Guardian**

### **Bolivia's solution to surging Covid-19 deaths: a mobile crematorium**

<https://www.theguardian.com/world/2020/aug/13/bolivia-covid-19-coronavirus-deaths-mobile-crematorium>

13<sup>th</sup> August 2020

**Aljazeera**

### **UN chief warns COVID-19 pandemic risks new conflicts**

<https://www.aljazeera.com/news/2020/08/chief-warns-covid-19-pandemic-risks-conflicts-200813053157177.html>

10<sup>th</sup> August 2020

**DW**

### **Coronavirus digest: COVID-19 shows 'no seasonal pattern,' warns WHO**

<https://www.dw.com/en/coronavirus-digest-covid-19-shows-no-seasonal-pattern-warns-who/a-54506443>

12<sup>th</sup> August 2020

**Aljazeera**

### **Lebanon sees record-high coronavirus cases and deaths**

<https://www.aljazeera.com/news/2020/08/lebanon-sees-record-high-coronavirus-cases-deaths-200812063607556.html>

13<sup>th</sup> August 2020

**South China Morning Post**

### **Covid-19 hygiene: are we sanitising our way to the next health disaster?**

<https://www.scmp.com/comment/opinion/article/3097027/covid-19-hygiene-are-we-sanitising-our-way-next-health-disaster>

13<sup>th</sup> August 2020

**The Guardian**

### **Surge in Covid-19 cases across Europe linked to young people**

<https://www.theguardian.com/world/2020/aug/13/global-report-covid-19-spikes-across-europe-linked-to-young-people>