Update 35 (01rd of September 2020)

Information about Infection disease
COVID-19 (novel coronavirus)

Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich
01rd of September 2020

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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** has published an "Advice on the use of masks for children in the community in the context of COVID-19". Giving the main conclusions: That the benefits of wearing masks in children for COVID-19 control should be weighed against potential harm associated with wearing masks, including feasibility and discomfort, as well as social and communication concerns. So that children aged up to five years should not wear masks for source control.
- **WHO**: has called on governments to react prudently to demonstrations against state corona measures. There is a right not to agree. It is important not to impose one's will on anyone. The important thing is to get into a dialogue. Right now, it is important not to promote even more division in society.
- **EU Commission**: As part of a EU joint engagement (Commission, Member States and European financial institutions, notably EIB) to mobilise resources for the Coronavirus Global Response, the Commission intends to mobilise up to €400 million in guarantees to support COVAX and its underlying objectives as part of a Team Europe effort.
- **EU Commission**: In view of the increasing number of national solo attempts at entry restrictions and border controls, the EU Commission is campaigning for greater coordination within the Union territory. It was proposed to develop common criteria for assessing the corona risk situation. In addition, the colour system for risk areas and the rules for traveling to risk areas could be standardized.
- The results of a **WHO** survey conducted to assess the impact of the COVID-19 pandemic on up to 25 essential health services in countries show disruptions in nearly all countries, and more so in lower-income than higher-income countries. The great majority of service disruptions were partial, which was defined as a change of 5–50% in service provision or use.

GLOBALLY **25 464 178** confirmed cases **16 832 350** recovered **850 684** deaths
EU/EEA and the UK **3 865 481** confirmed cases **2 235 700** recovered **214 477** deaths
USA ↘ **(new cases/day 40 867)** **6 031 013** confirmed cases **2 183 365** recovered **183 598** deaths
Brazil ↘ **(new cases/day 36 647)** **3 908 272** confirmed cases **3 268 591** recovered **121 381** deaths
India ↗ **(new cases/day 73 557)** **3 691 166** confirmed cases **2 839 882** recovered **65 288** deaths
Russia → **(new cases/day 4 769)** **9992 402** confirmed cases **807 339** recovered **17 128** deaths
Spain ↗ **(new cases/day 8 203)** **462 858** confirmed cases **150 376** recovered **29 094** deaths

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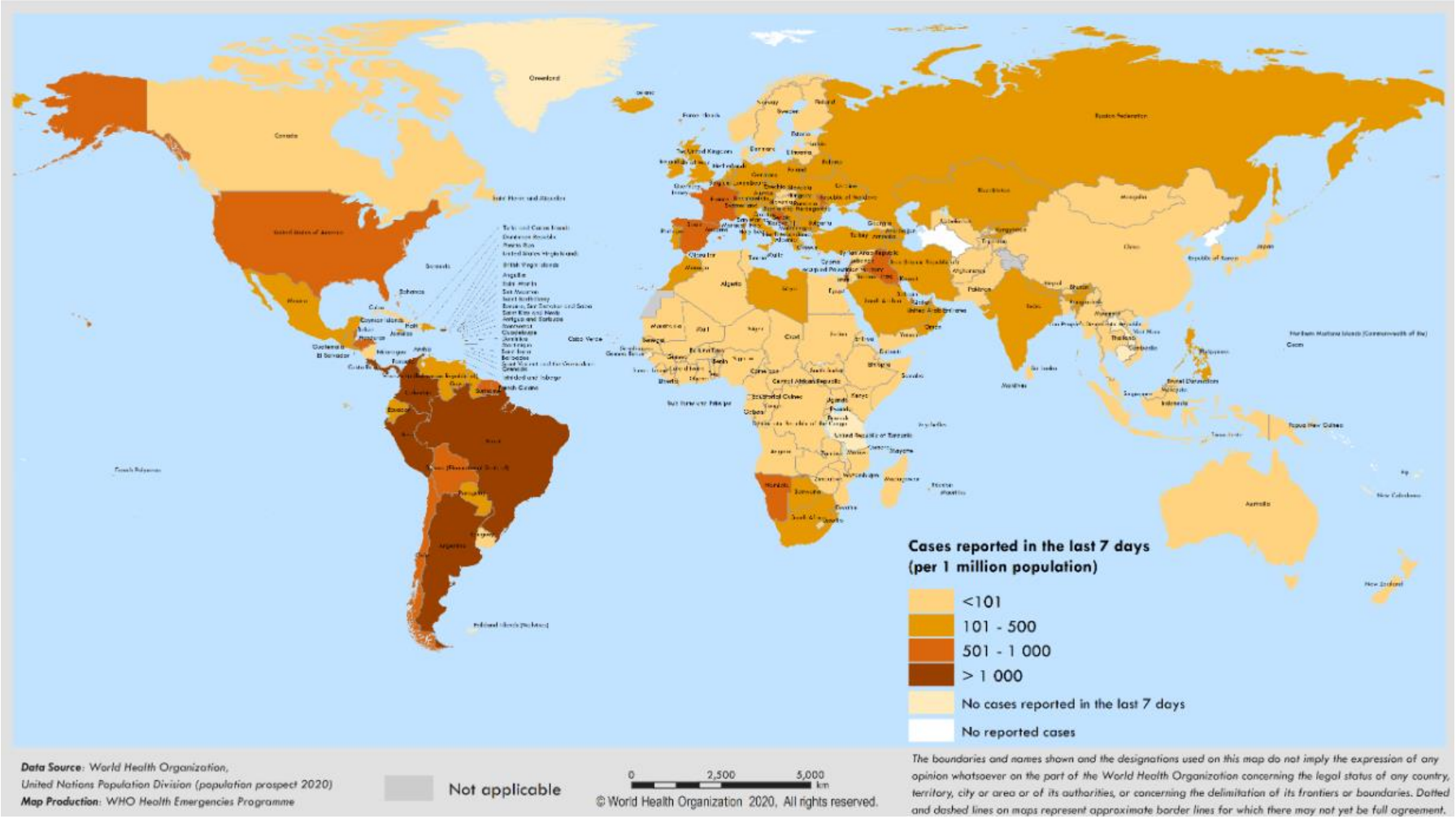
Map of countries with reported COVID-19 cases (last 7 days)



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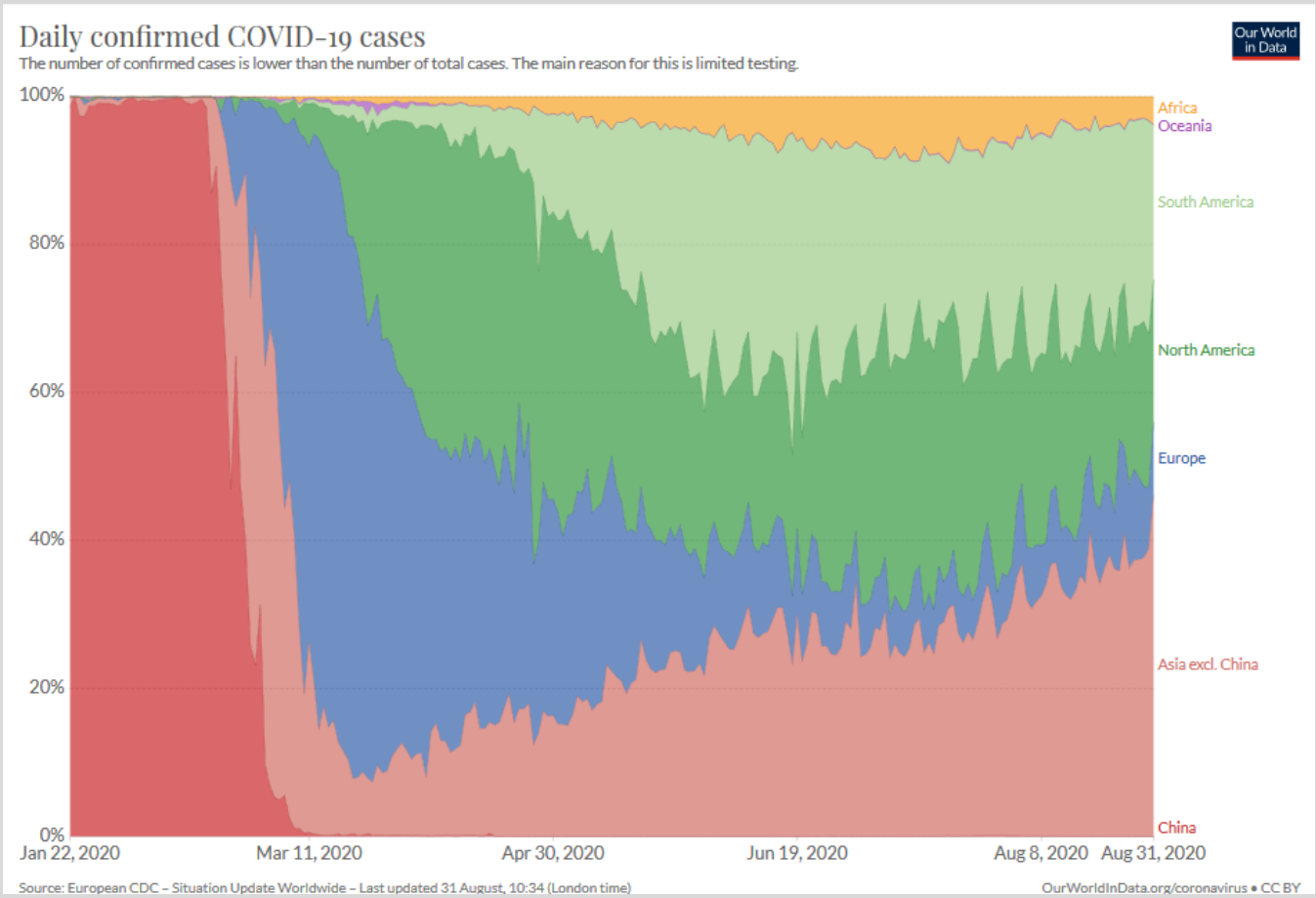
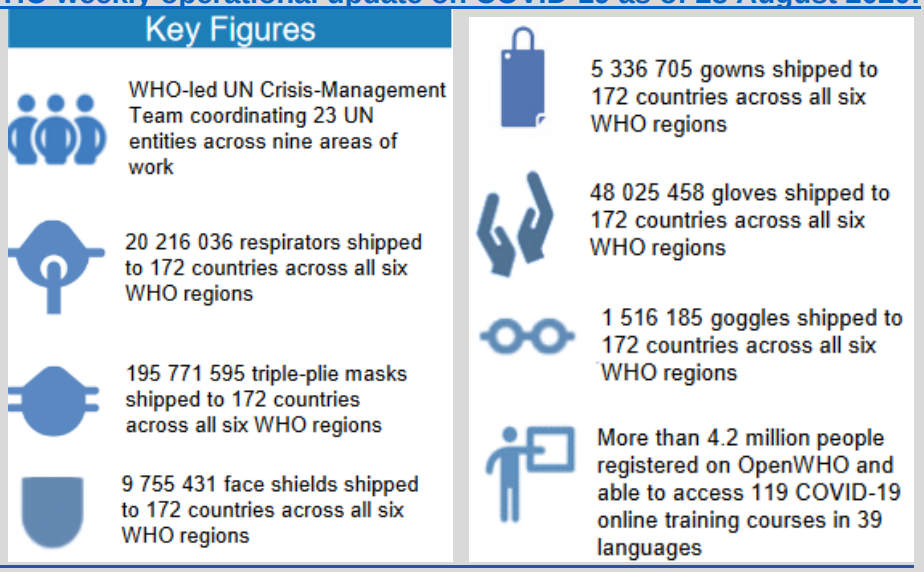
Worldwide Situation

Global Situation



WHO weekly operational update on COVID-19 as of 28 August 2020:



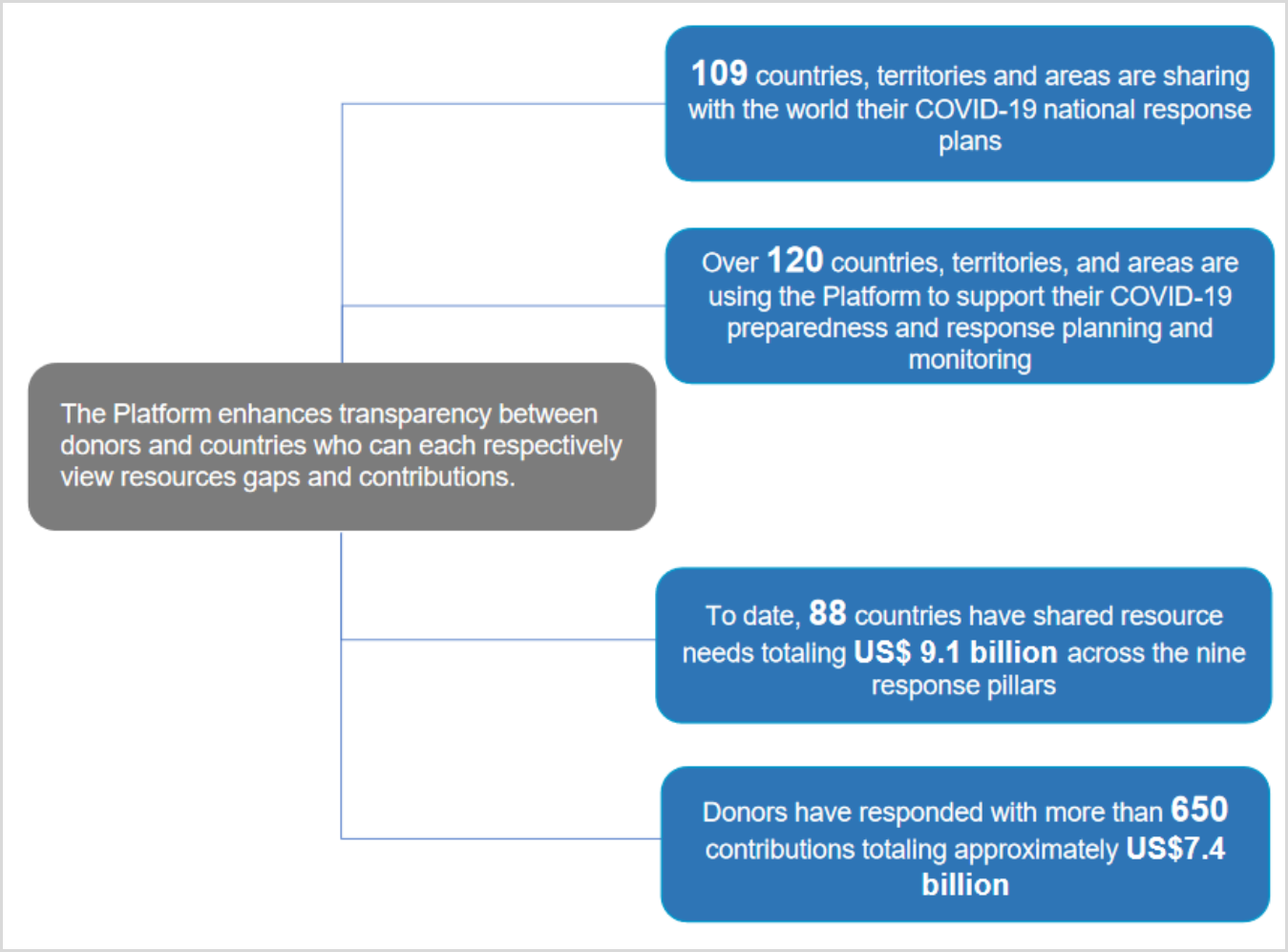
See information about partnership, logistics, health learning, medicines and health products, funding/donors and regional highlights in the document as well as links to Technical guidance and latest publications.
Find some selected topic out of the paper down below:

The COVID-19 Partner Platform

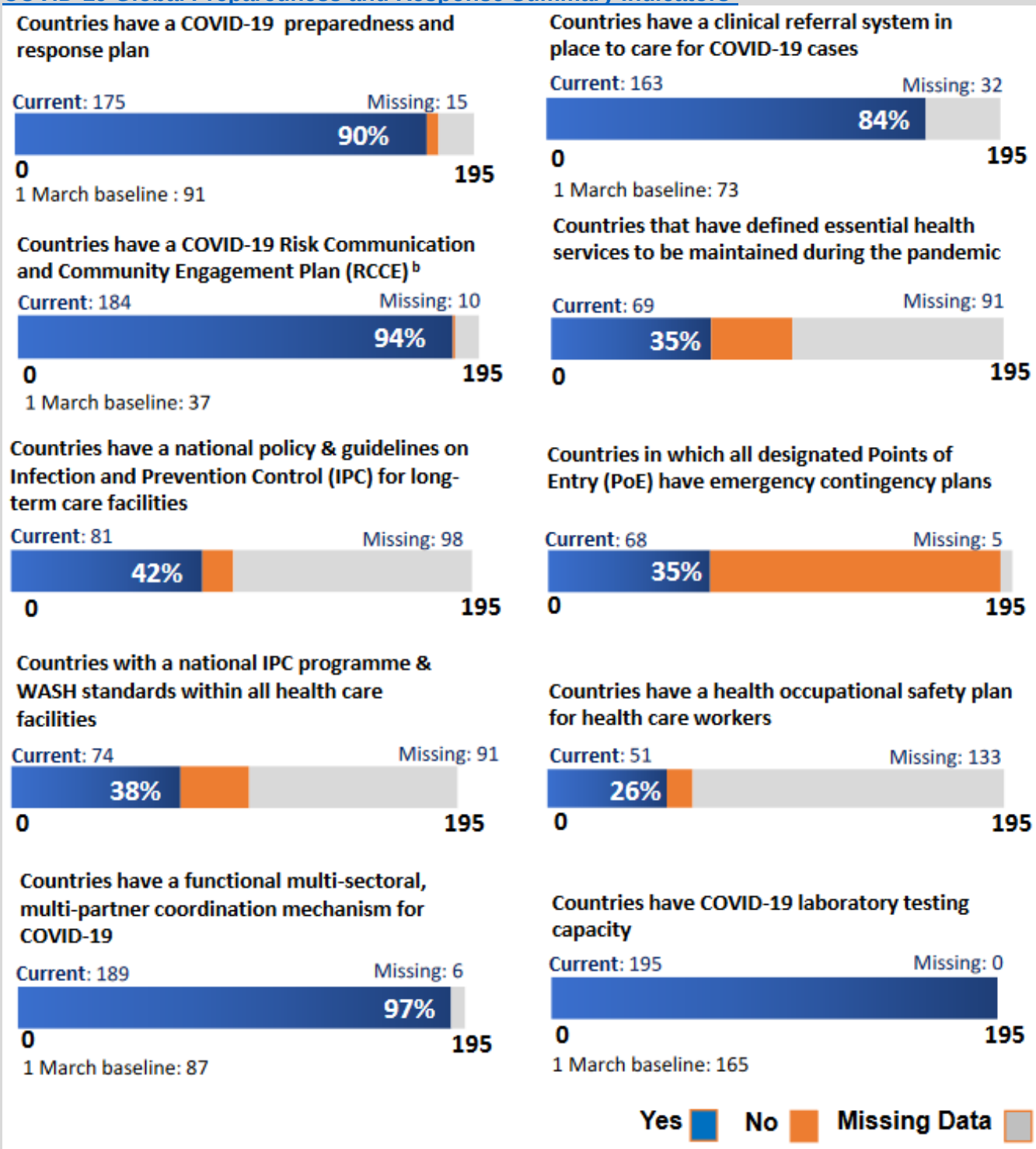
The COVID-19 Partners Platform developed collaboratively by WHO and the United Nations Development Coordination Office (UNDCO), is the first digital platform where governments, UN agencies, and partners can plan and coordinate together in one place, in real-time, for an acute event. Launched on 16 March 2020, the Partners Platform has facilitated the scaling-up and coordination of preparedness and response efforts across the globe, strengthening health security at national, regional, and global levels.

To further facilitate country-level planning, monitoring and advocacy, a dashboard for the Partners Platform has been created.

- Visualization highlighting global, regional and country data sets;
- Analysis comparing actions, resources needs and contribution; and
- Meta-data to inform decision-making.



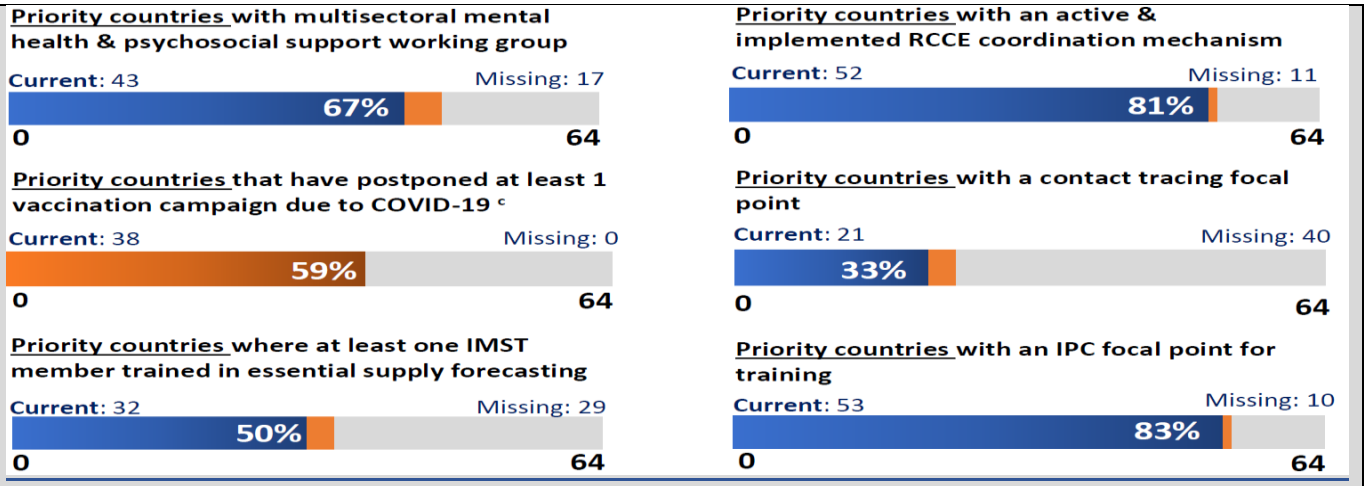
COVID-19 Global Preparedness and Response Summary Indicators[a]



Notes

a) Data collected from Member States and territories. The term "countries" should be understood as referring to "countries and territories."

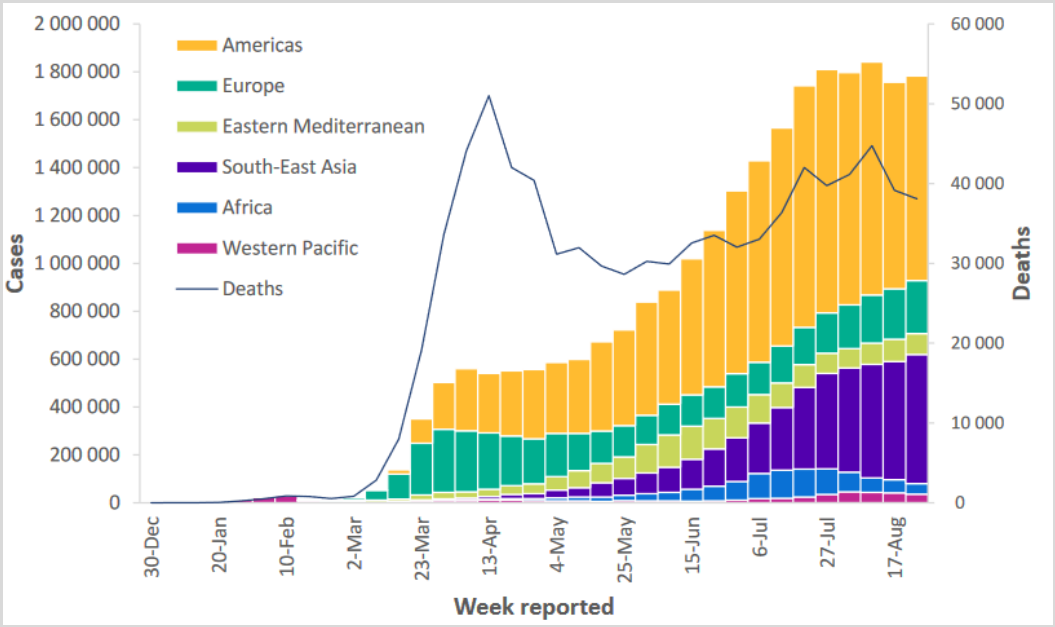
b) Source: UNICEF and WHO reporting



WHO weekly epidemiological report, 31 August 2020

Global epidemiological situation

Over 1.8 million new COVID-19 cases and 38,000 new deaths were reported to WHO in the week ending 30 August, a 1% increase in the number of cases and 3% decrease in the number of deaths compared to the previous week (17 to 23 August) (Figure below). A cumulative total of nearly 25 million cases and 800,000 deaths have been reported since the start of the outbreak.



Overall, the Region of **the Americas** continues to carry the highest burden of COVID-19 globally, accounting for nearly half of all new cases reported in the past seven days, although within the region there have been slight decreases in new cases and deaths in the past week.

The **WHO South East Asia Region** showed the highest rise in new cases in the past week, with over 500,000 new cases reported.

In the **European Region**, new cases and new deaths have continued to increase over the past seven days compared to the previous week.

Along with the Region of the Americas, the percentage change in new cases in Africa, the Eastern Mediterranean, and Western Pacific Regions have all declined compared with last week.

In the **Eastern Mediterranean Region**, the number of reported cases increased by 4% compared to the previous week, however, the number of reported deaths has consistently decreased over the last six weeks.

Likewise, the **African** and **Western Pacific** regions reported overall decreases in case activity over the past week.

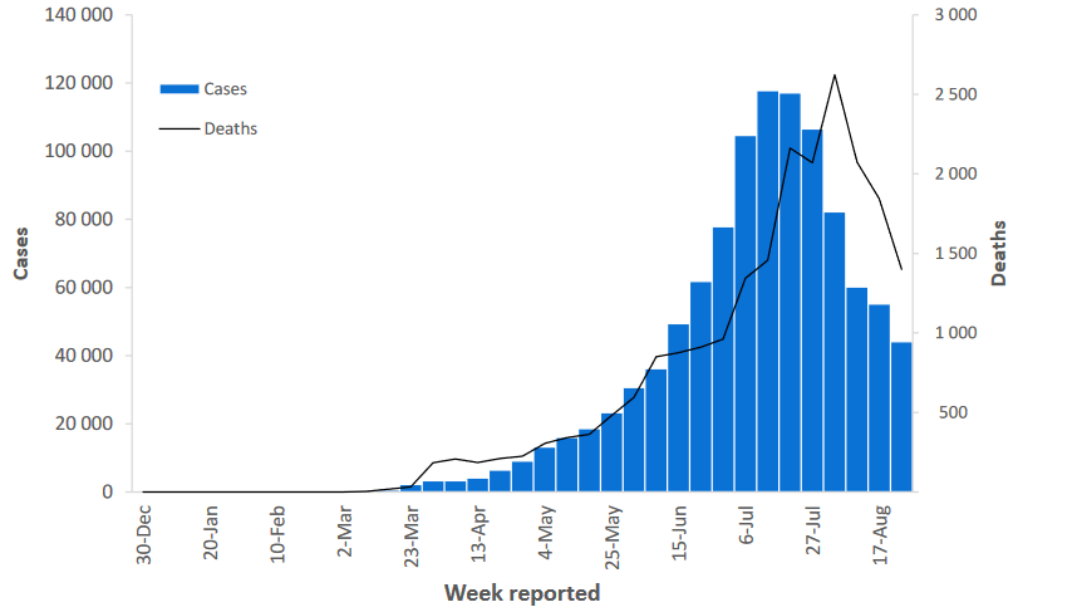
African Region

Several countries in the Region that were previous COVID-19 hotspots have recorded a reduction in case incidence including Ghana, Kenya, Gabon and Madagascar. While the observed declining trends are encouraging, the figures should be interpreted cautiously as they may be affected by many factors, including the current testing capacity and strategy, and delays in reporting.

Cases in **Ethiopia** have continued to rise, reaching new highs this week (10,621 cases) with Addis Ababa remaining the worst affected region.

South Africa has the fifth highest number of COVID-19 infections globally and the highest number in Africa. However, there has been a marked decline in new cases since they peaked on 25 July at 13,944 cases, and the downward trend has continued this week with new cases falling by 34%. As a result, the government has eased public health and social measures while reminding the public to remain vigilant.

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, data as of 30 August 2020**



Region of the Americas

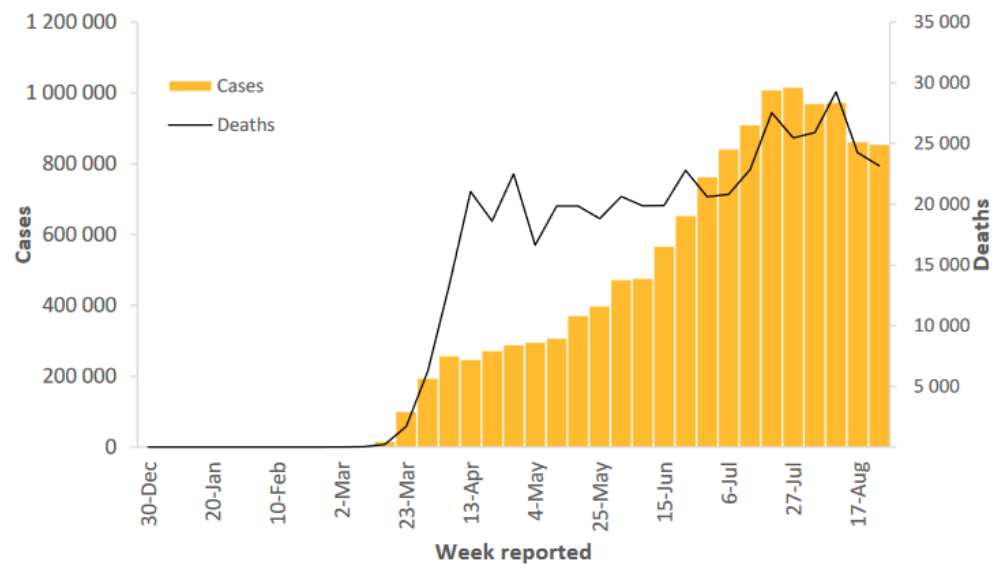
The Americas account for approximately 13% of the world's population, but over 50% of officially reported global cases and deaths. Currently, while the biggest drivers of the case count in the region have observed a moderate decline or stabilisation of case incidence, increasing trends are now being seen in other parts of the region including Peru, Mexico, Colombia, and Argentina. Social gatherings could also have contributed to the increase in cases in the region.

The **USA** have the highest number of cases in the world – over 6.0 million cases, a quarter of the global total. However, the country has witnessed a decline in new cases from previous peaks in July of over 70,000 cases per day to an average of 41,000 new cases per day this past week. As school and university campuses have reopened, there have been news reports of students testing positive.

Although cases in **Colombia** have declined in the past week, they have been gradually increasing since June and continued caution is required. After five months of implementing public health and social measures, Colombia will begin easing the measures beginning 1 September. Argentina has reported new peaks in the number of new cases and an upward trajectory in cases and deaths since June.

Cases in **Mexico** declined by 6% in the past week and have declined gradually across the month of August. Mexico is implementing remote teaching and education for children to reduce transmission.

Figure 4: Number of COVID-19 cases and deaths reported weekly by Region of the Americas, data as of 30 August 2020**

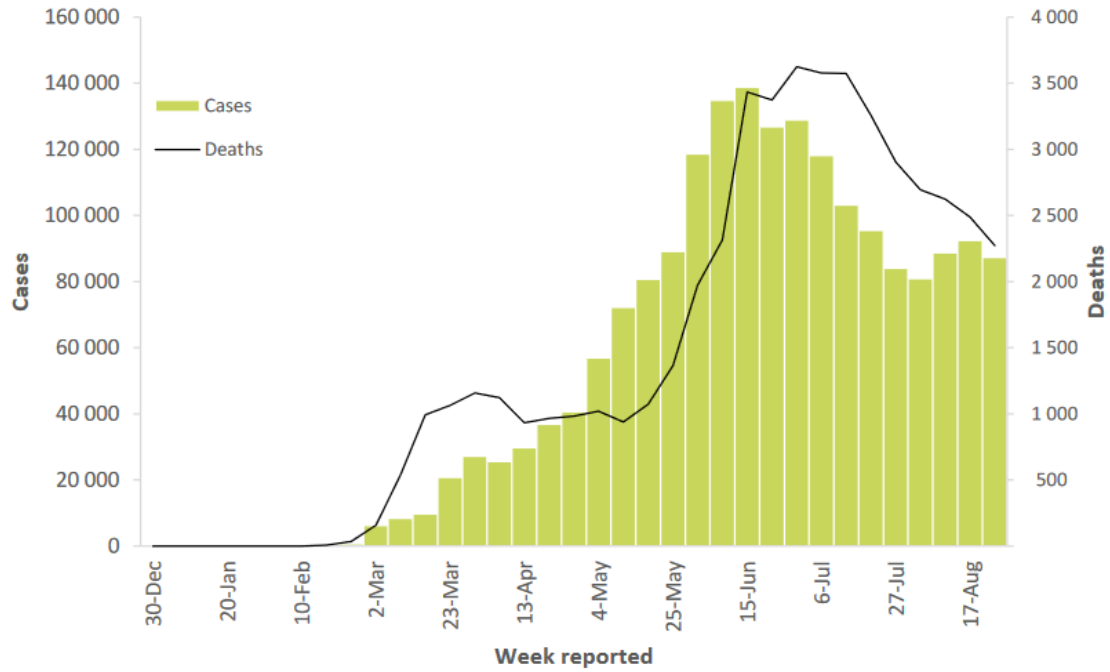


Eastern Mediterranean Region

The Eastern Mediterranean Region has observed a fluctuating incidence of new cases in recent weeks. The highest number of new cases have been seen in Iraq, Iran, Morocco, Saudi Arabia, and Kuwait.

In **Pakistan**, cases have fallen from over 5,000 per day in mid-June to 2,871 cases in the past week. As the public health and social measures are lifted, the public is encouraged to take precautions to ensure a resurgence does not occur particularly as they celebrate the first 10 days of the month of Muharram, which started on 21 August.

Figure 5: Number of COVID-19 cases and deaths reported weekly by Eastern Mediterranean Region, data as of 30 August 2020**



European Region

Gradual increases continue to be observed in the European Region, with Spain, Russia, France, and Ukraine reporting the highest number of new cases this week.

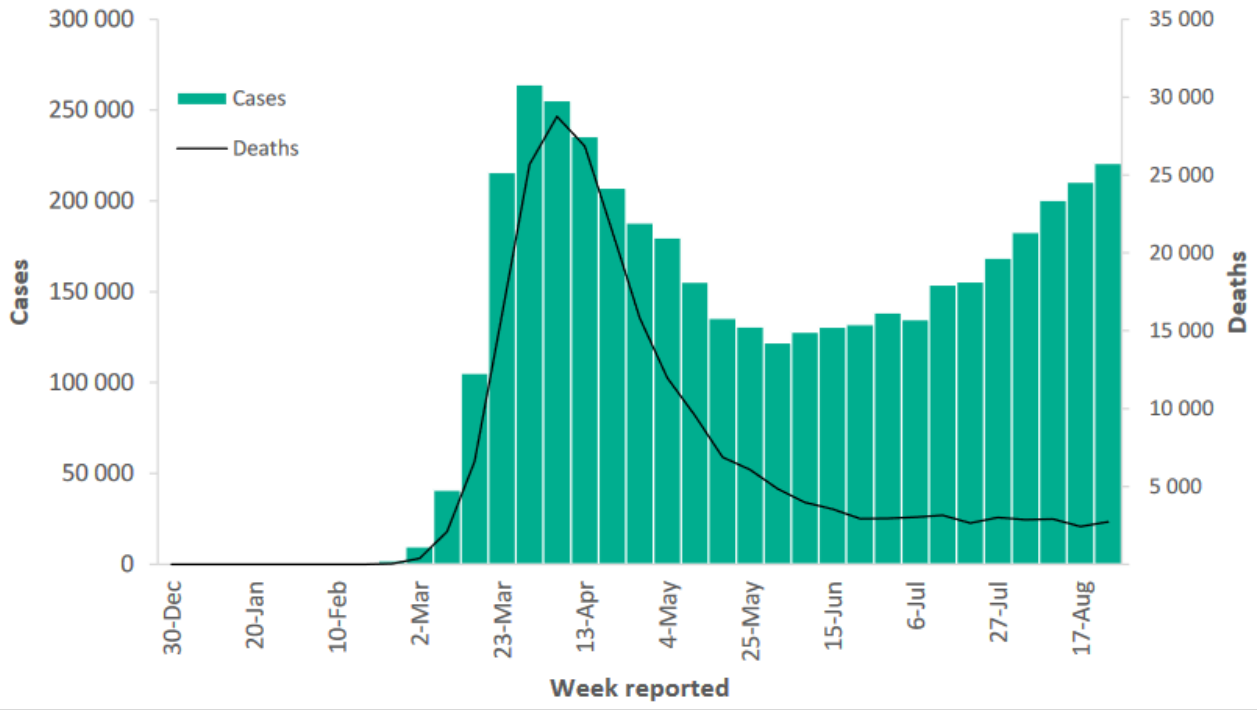
Spain has seen a resurgence since mid-July and cases are now reaching the peaks previously seen in March and April. July and August is the holiday season in Spain, and social interactions have likely contributed to the increased number of reported cases. Spain has *deployed the military* to support contact tracing activities.

France has also seen a growing number of cases since the end of July with cases rising from around 500 cases per day to approximately 4,773 cases per day over the past week.

Cases in **Italy** have shown a marked increase in the past seven days, up by 85% overall compared to last week.

In the European Region many of those of who died of COVID-19 have been elderly people (as of this week 88% of all deaths were in persons aged 65 years and over).

Figure 6: Number of COVID-19 cases and deaths reported weekly by European Region, data as of 30 August 2020**



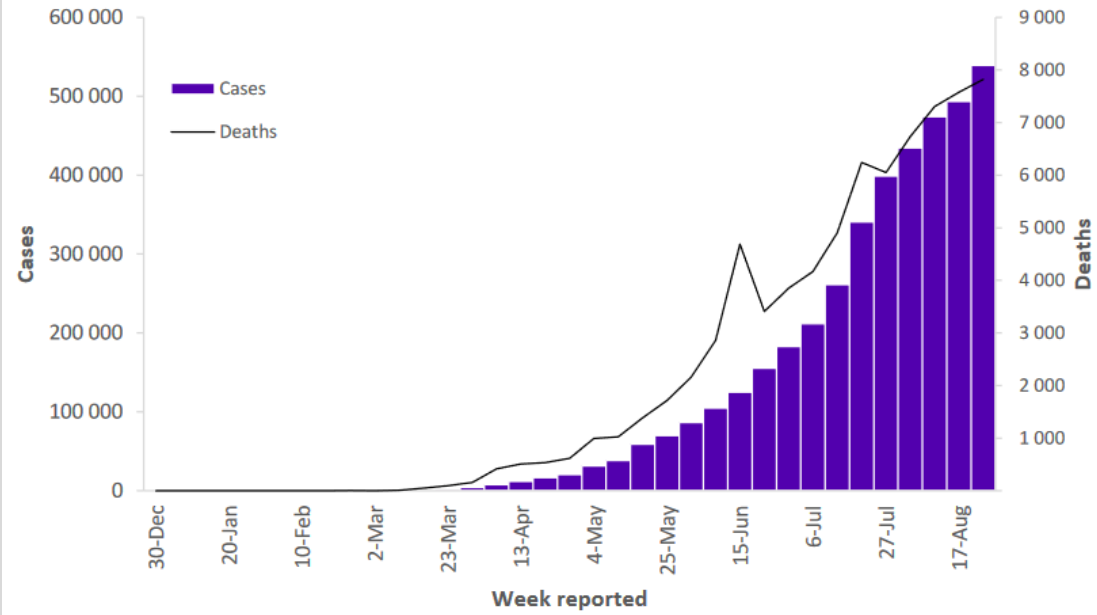
South-East Asia Region

South-East Asia has reported the *largest week-on-week increase*, largely due to increased case detections in India.

India has reported nearly 500,000 new cases in the past seven days, a 9% increase compared to the previous seven days and the highest numbers of new cases globally. While these trends are concerning, the increase in cases should be seen against a substantial rise in testing in recent weeks.

In **Indonesia**, cases have been gradually increasing while there are also concerns about transmission among family members of school children as 40% of people aged 60 years and older in Indonesia live in three-generation households, meaning that they live with their children and grandchildren.

Figure 7: Number of COVID-19 cases and deaths reported weekly by South-East Asia Region, data as of 30 August 2020**

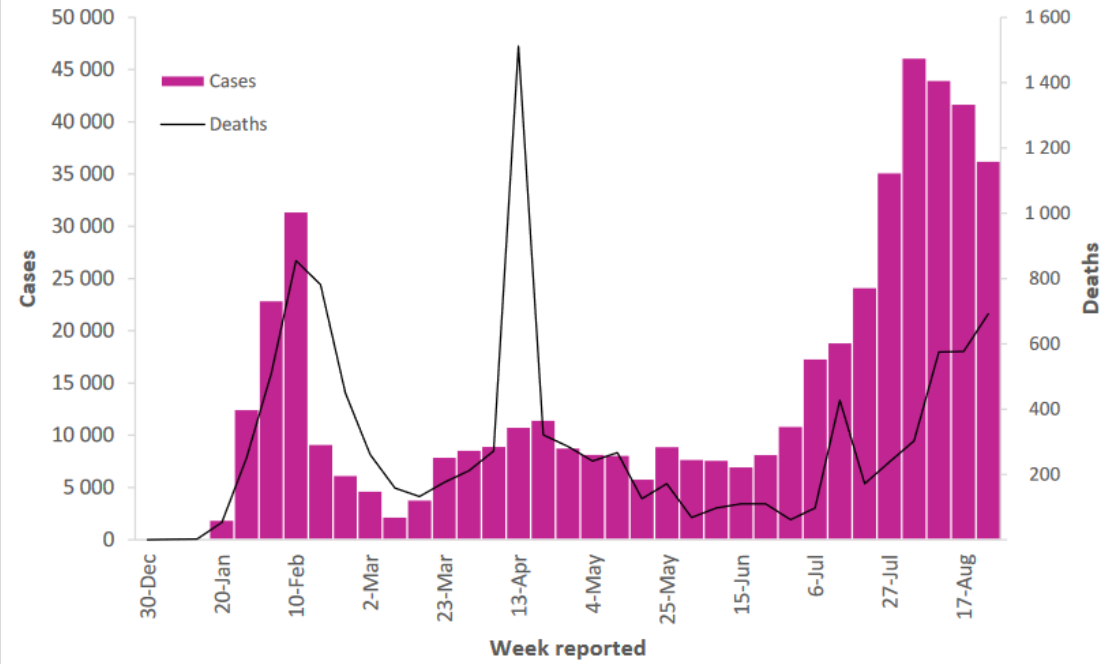


Western Pacific Region

The Philippines and Japan are reporting the highest number of new cases in the region this week although cases in **Japan** have been decreasing since the end of June with a 22% decrease in overall cases reported this week compared to last week.

In the **Philippines**, a large share of cases has been reported from the National Capital Region.

Figure 8: Number of COVID-19 cases and deaths reported weekly by Western Pacific Region, data as of 30 August 2020**



Updates from WHO regional offices:

WHO AFRO - WHO PAHO
WHO EMRO - WHO SEARO
WHO EURO - WHO WPRO

Back to school

For a snapshot of how COVID-19 has left governments around the world scrambling for the right approach, look no further than education. With the coronavirus still raging in Latin America, India, and parts of the United States, and threatening a comeback in countries as far apart as France, South Africa, and South Korea, many health authorities are continuing to urge caution about face-to-face classes. The global education picture is mixed: in China, most pupils are back, in India and several other Asian nations, they're not; in Mexico and Peru, children are doing lessons on TV, in Brazil, some local authorities have been urging a return to school; in Europe, most children are being sent back, in the United States, many urban districts are starting the year remotely despite federal government pressure. A study by UNICEF, meanwhile, exposed the limitations of remote learning, finding that 463 million children around the world had no access to such a luxury. Separate research by Human Rights Watch looked at a range of vulnerabilities in African countries, from digital literacy to mental health to girls being disproportionately affected. Further evidence, if needed, of how COVID-19 is deepening existing inequalities. Source IRIN

USA: In the US, the number of confirmed infections has surpassed six million cases. According to the Johns Hopkins University, more than six million infections had been reported by noon on Monday (local time) - that is almost a quarter of the around 25 million proven cases worldwide. 183,000 infected people in the US already died due to SARS-CoV-2. The USA is the country most heavily affected by the corona pandemic worldwide. It had hit the five million infection mark just three weeks ago - just 17 days after hitting the four million mark.
A CDC forecast projects more than 200,000 coronavirus deaths in the United States by September 19.

BRA: The governor of the Brazilian state of Rio de Janeiro, Wilson Witzel, has been removed from office for the time being because of alleged misappropriation of Corona aid funds. The 52-year-old far-right politician had to let official business rest for at least 180 days, ordered Brazil's Supreme Court. Witzel reportedly accepted bribes totaling 274.2 million reals (41.4 million euros).

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The island paradise of Fernando de Noronha in Brazil opens again for tourists - but only for those who have already been infected with Corona. The new access rules, which apply from September 1st, have been announced on the archipelago's website. Accordingly, in addition to the obligatory receipt of payment of the environmental tax, the traveller must also submit a confirmation of a survived infection with SARS-CoV-2. Either with a positive PCR test, which was carried out more than 20 days before arrival, or a positive IgG test that detects antibodies against Sars-CoV-2.

IND: India's ex-president Pranab Mukherjee died on Monday as a result of a coronavirus infection. The 84-year-old was diagnosed with COVID-19 three weeks ago and was treated in a clinic in the capital New Delhi.

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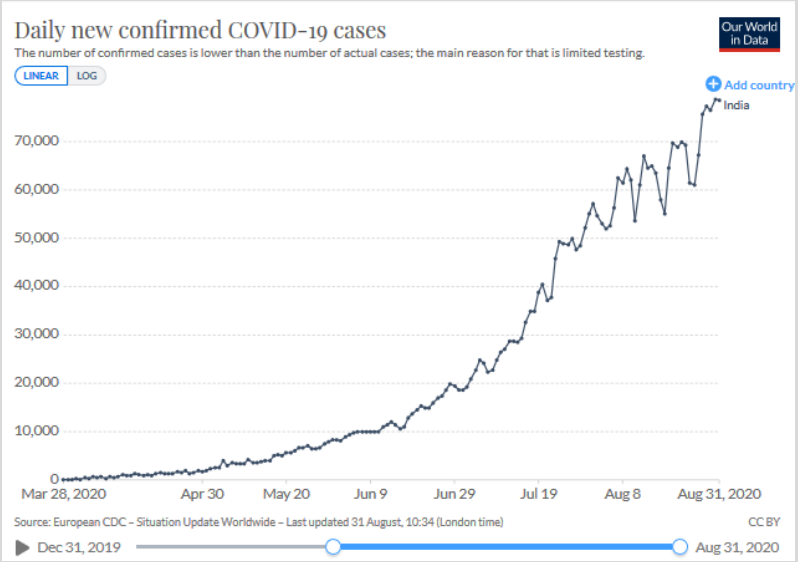
In **India**, 78,761 were infected with the corona virus within one day on Sunday - there have never been so many new infections worldwide in any country within 24 hours. So far, the USA has held the record for daily new infections: On July 17, the authorities there reported 77,638 new infections. India is already third on the list of the countries hardest hit by the corona pandemic, after the USA and Brazil. India's infection rate has increased exponentially in recent weeks. It took almost six months for the country to record 1 million cases, another three weeks to hit 2 million, and only 16 more days to hit 3 million. However, experts assume that the number of unreported cases of infection in the country is very high, as relatively little is tested.



PSE (Gaza): After months of restrictions aimed at keeping COVID-19 at bay, Gaza's two million residents were placed under lockdown this week after the first cases of community transmission were recorded, raising fears of further spread in the densely populated Palestinian territory.

AFG: Afghanistan's government claims to be on the verge of face-to-face Taliban peace talks, but conflict continues to disrupt civilian lives. Since mid-August, Taliban clashes have displaced more than 64,000 people in the northern province of Kunduz. The coronavirus complicates any potential aid response. Many displaced families have set up makeshift shelters in open spaces, in conditions the UN says are "dire". But organised camps would magnify the risk of transmission, aid groups warn. The continuing violence comes as Abdullah Abdullah, the government official overseeing peace negotiations (and perennial claimant to the Afghan presidency), announced that Taliban talks could begin next week. These direct talks have been delayed for months as the two sides jostle over prisoner releases. War isn't the only threat: At least 150 people have died in recent flash floods, according to Tolo News – the majority in Parwan province surrounding the capital, Kabul. Source: IRIN

ISR: The number of new corona infections in Israel has reached a new high. As the Ministry of Health announced on Tuesday, 2,159 new cases were registered the day before. This is the highest one-day value recorded in Israel since the outbreak of the pandemic. The previous high of 2,129 was reported on 28 July.

JAP: is easing its strict entry ban for foreigners due to the corona pandemic. From September 1st, foreigners who have a valid visa for Japan can re-enter the country after leaving the country. However, those entering the country would have to take "additional measures" to protect against infection.

AUS: The number of new infections with the coronavirus in Australia continues to decline. On Monday, the authorities reported less than 100 new infections, the smallest increase within a day in two months. In Victoria, the state of Australia most affected by the corona pandemic, the number of cases is also declining, but the Ministry of Health reported 41 corona-related deaths within one day. The highest value since the outbreak began. The decline in the number of cases raised hopes that the strict curfew in Melbourne would be lifted.

NZL: In the New Zealand city of Auckland, the curfew imposed after an outbreak in mid-August has been lifted.

Situation in Europe

ECDC COVID-19 surveillance report Week 34, as of 28 August 2020

Weekly surveillance summary

This summary presents highlights from two separate weekly ECDC surveillance outputs, which have been streamlined to avoid overlaps.

- The COVID-19 country overview provides a concise overview of the evolving epidemiological situation for the COVID-19 pandemic by country and for the EU/EEA and the UK as a whole, using weekly and daily data from a range of sources.
- The COVID-19 surveillance report presents epidemiological characteristics of COVID-19 cases reported to the European Surveillance System (TESSy) to date and assesses the quality of the data.

Trends in reported cases and testing

- As of 26 August 2020, the 14-day case notification rate for the EU/EEA and the UK was 46 (country range: 2–176) per 100 000 population. The rate has been increasing for 38 days.
- Increases in the 14-day COVID-19 case notification rates against those reported seven days ago have been observed in 14 countries (Austria, Croatia, Cyprus, Czechia, France, Germany, Greece, Ireland, Italy, Liechtenstein, Lithuania, Slovakia, Slovenia and Spain). Rates in these countries have been increasing for between one and 49 days.
- Notification rates are highly dependent on a number of factors, one of which is the testing rate. Weekly testing rates for week 34, available for 24 countries, varied from 173 to 6 003 tests per 100 000 population. Luxembourg had the highest testing rate for week 34, followed by Denmark, Malta, Cyprus and Finland.
- Six countries (Czechia, France, Poland, Romania, Slovenia and Spain) had a weekly test positivity of 3% or higher and one country (Spain) had a weekly test positivity that had increased compared to last week. There were no testing data available in week 34 for four countries (Croatia, France, Netherlands and Slovenia) that had reported increases in test positivity for week 33 compared to week 32.

Primary care

- In the two countries that reported data up to week 34 from primary care sentinel surveillance for COVID-19, using the systems established for influenza, there were no detections of SARS-CoV-2 among the five patients tested.
- All countries that reported influenza-like illness (ILI) and/or acute respiratory infection (ARI) syndromic surveillance data up to week 34, 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

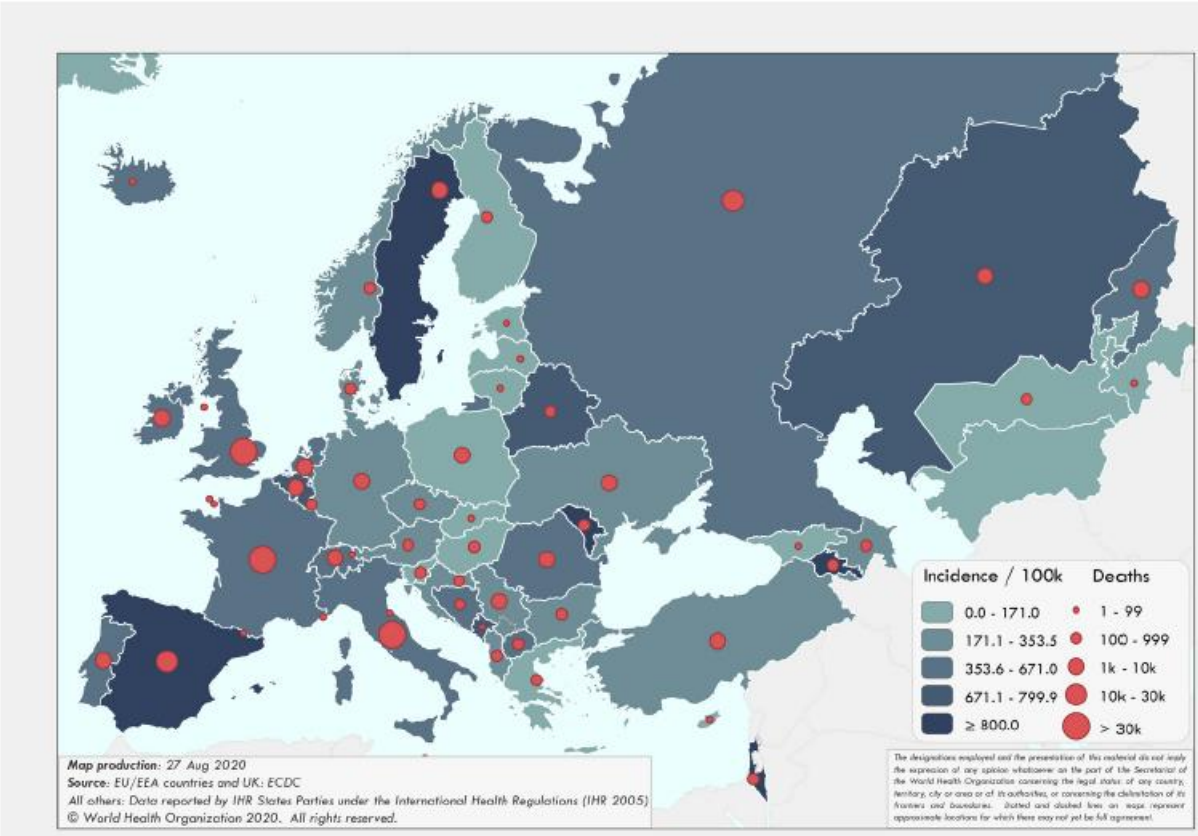
- Hospital and/or ICU occupancies and/or new admissions due to COVID-19 have recently increased in Bulgaria, Czechia, Greece, Poland, Romania and Slovakia. No other increases have been observed, although data availability varies.
- Based on data reported to date by 22 countries, we estimate that 24% (country range: 2–60%) of reported COVID-19 cases have been hospitalised. Data from 16 countries show that a total of 12% (country range: 0–62%) of hospitalised patients required ICU and/or respiratory support. These proportions vary considerably by age.

Mortality

- The 14-day COVID-19 death notification rate for the EU/EEA and the UK was four (country range: 0–31) per million population. The rate has been stable for 53 days.
- Increases in the 14-day COVID-19 death notification rates against those reported seven days ago have been observed in one country (Spain). The rate in this country has been increasing for eight days.
- Overall pooled estimates of all-cause mortality reported by EuroMOMO show a low level of excess mortality, confined to a few countries.

COVID-19 situation update for the WHO European Region (17 – 23 August 2020 Epi week 34)

Figure 2B. COVID-19 cumulative incidence per 100,000 population and number of deaths by country



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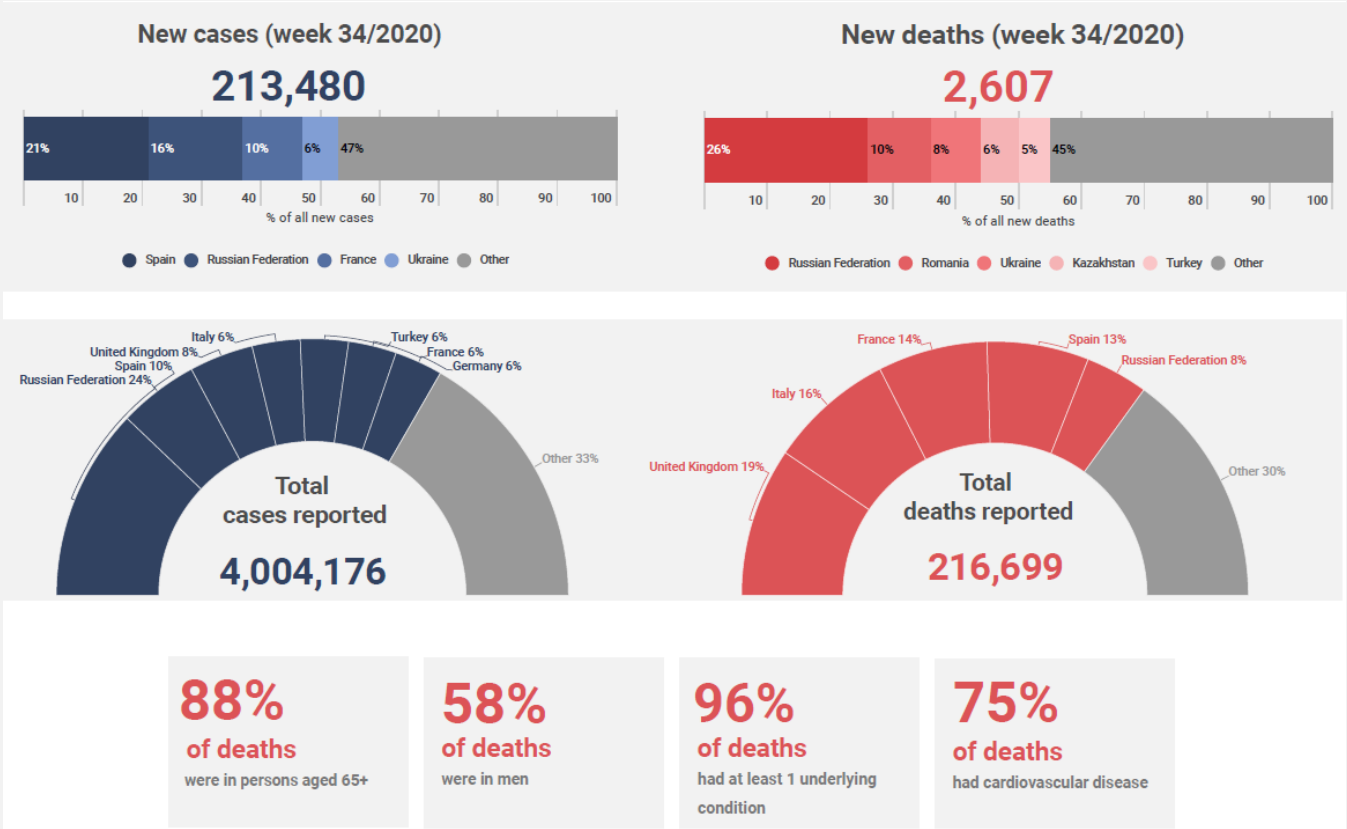
Key points

Week 34/2020 (17 - 23 Aug 2020)

- The number of cases reported in the Region in week 34/2020 increased 6% compared to the previous week, and increased 72% compared with week 23/2020 (1-7 Jun) when the lowest number of cases per week were reported. The number of deaths in the Region in week 34/2020 declined 11% since the previous week (Figure 1)
- 53% (114,277) of the cases reported in week 34/2020 were reported from four countries: Spain (21%; 44,298), the Russian Federation (16%; 33,896), France (10%; 22,481) and Ukraine (6%; 13,602). The remaining cases (47%; 99,203) were reported by 54 countries and territories; each accounted for <5% of the total cases reported in week 34/2020
- Four countries had a crude incidence of ≥60 per 100,000 in week 34/2020: Andorra, Israel, Republic of Moldova and Spain. The crude incidence continues to vary across the region with a range from 0.9 per 100,000 population in Latvia to 115 per 100,000 population in Israel (Figure 2A)
- The 14-day cumulative incidence increased by ≥10% in week 34/2020 in 32 countries and territories in the Region, however for some countries data was retro-adjusted by national authorities: Albania, Andorra, Austria, Croatia, Czech Republic, Denmark, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Ireland, Italy, Jersey, Lichtenstein, Lithuania, Malta, Netherlands, Norway, Poland, Republic of Moldova, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, and the United Kingdom (see EURO COVID-19 Dashboard for recent trends)
- 55% (1,473) of the deaths reported in week 34/2020 were reported by the Russian Federation (26%; 698), Romania (10%; 279), Ukraine (8%; 201), Kazakhstan (6%; 148) and Turkey (5%; 147). The remaining deaths (45%; 1,134) were reported from 43 countries and territories; each accounted for <5% of the total deaths reported in week 34/2020
- The proportion of reported cases that died was 1.2% in week 34/2020
- Community-transmission was reported by 26 countries and territories, 27 countries and territories reported cluster transmission, while 5 countries and territories reported sporadic transmission in week 34/2020 (see EURO COVID-19 Dashboard)
- For a subnational view of the COVID-19 situation in the WHO-EURO Region see the WHO-EURO COVID19 Subnational Explorer

Summary overview

- The cumulative cases across the Region increased 5.6% to 4,004,176 cases in week 34/2020 (from 3,790,696 cases in week 33/2020) and cumulative deaths increased by 1.2% to 216,699 deaths (from 214,092 deaths in week 33/2020). Note the decrease in the total number of deaths due to retrospective reclassification of the COVID-19 deaths in two countries.
- As of 11 July 2020, six countries in the Region had an effective reproductive number significantly over 1: Belgium, France, Kyrgyzstan, Netherlands, Romania and Spain (See EpiForecasts and the CMMID COVID working group COVID-19 Global Summary for latest estimates)
- Eight countries in the Region each reported a cumulative incidence of ≥800 cases per 100,000 population: Andorra, Armenia, Israel, Luxembourg, Republic of Moldova, San Marino, Spain and Sweden (Figure 2B)
- As of week 34/2020, 67% (2,669,362) of cumulative cases were reported from the Russian Federation (24%; 956,749), Spain (10%, 401,978), the United Kingdom (8%; 324,601), Italy (6%; 258,136), Turkey (6%; 257,032), France (6%; 238,002) and Germany (6%; 232,864). The remaining cases (33%; 1,334,814) were reported by 54 countries and territories; each accounted for <5% of the total cases reported until week 34/2020
- As of week 34/2020, 70% of cumulative deaths (152,627) were reported from the United Kingdom (19%; 41,423), Italy (16%; 35,430), France (14%; 30,512), Spain (13%; 28,879) and the Russian Federation (8%; 16,383). The remaining deaths (30%; 64,072) were reported by 52 countries and territories; each accounted for <5% of the total cases reported until week 34/2020
- 88% of all deaths with information available were in persons aged ≥65 years and 58% of all deaths were in men (Table 1)
- 96% of all deaths with information available had at least one underlying condition, with cardiovascular disease the leading comorbidity (75%) (Table 1)
- 13% of cases were in persons aged ≥65 years in week 34/2020, a decrease from 38% in week 14/2020, while the percentage of fatal cases aged ≥65 years was 69% in week 34/2020 (compared to 91% in week 14/2020) (Figure 3)
- Pooled estimates of all-cause mortality for 24 countries in the EuroMOMO network show a low level of excess mortality for the participating countries, but confined to a few countries. This excess mortality could be explained by local heat waves as well as COVID-19 transmission
- In week 34/2020, four countries reported 74 tests and no SARS-CoV-2 detections in persons with influenza-like illness (ILI) in primary care sentinel surveillance. The highest positivity in the ILI sentinel surveillance was 14.6%, seen in week 15/2020 (Figure 4)
- Overall, there were 68,338 (8%) COVID-19 cases among the total of 851,776 tests reported to have been performed in 17 countries for week 34/2020 (Figure 5)



88% of deaths were in persons aged 65+

58% of deaths were in men

96% of deaths had at least 1 underlying condition

75% of deaths had cardiovascular disease

Figure 1: Number of COVID-19 cases (N=4,004,176) and deaths (N=216,699) by reporting week

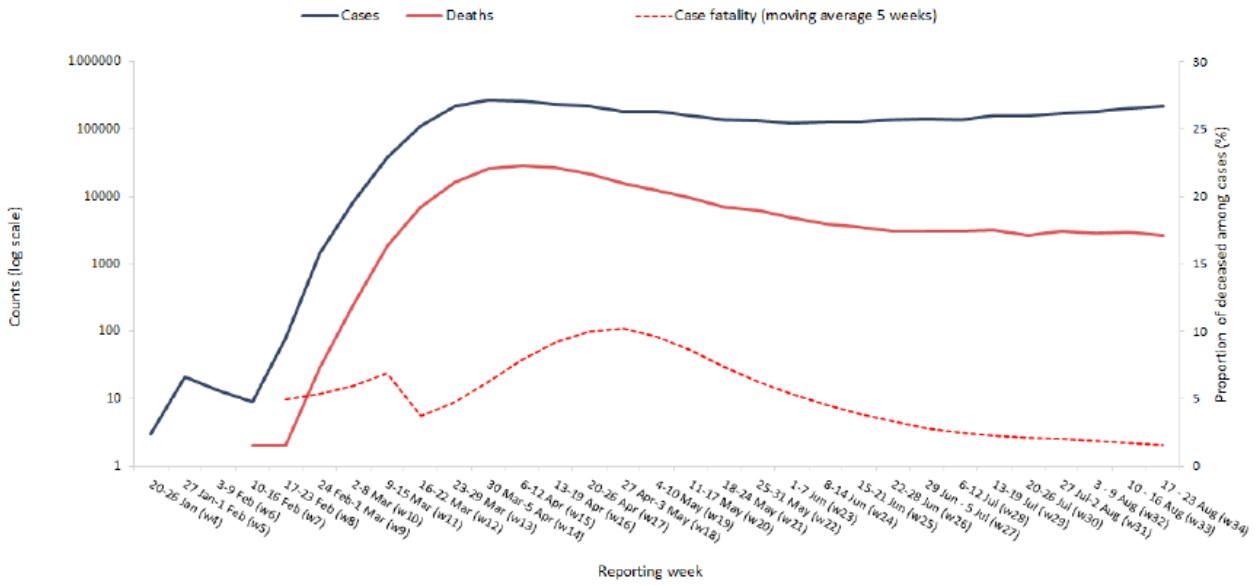
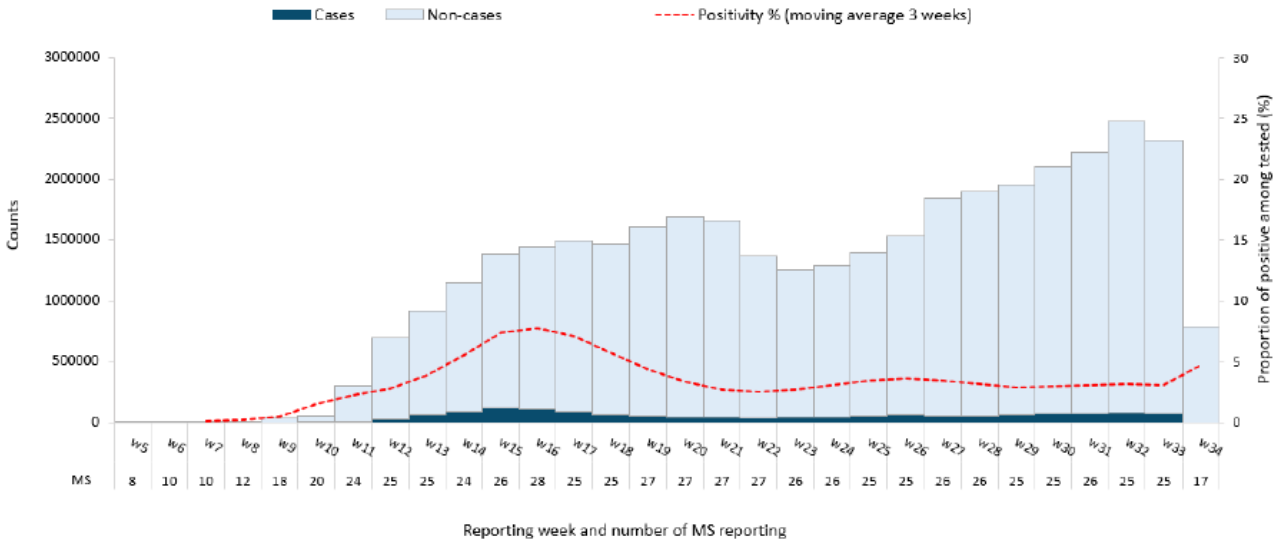


Figure 5. Percentage positive for COVID-19 among all tested by reporting week



Source: Aggregate data from WHO Xmart and TESSy. Note: Member States that report cases only (no testing data) are not included. MS: Member State

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The EU Commission joins the COVID-19 Vaccine Global Access Facility (COVAX)

On Monday, the European Commission has confirmed its interest to participate in the COVAX Facility for equitable access to affordable COVID-19 vaccines everywhere, for everyone who needs them. As part of a Team Europe effort, the Commission is today also announcing a contribution of €400 million in guarantees to support COVAX and its objectives in the context of the Coronavirus Global Response. The detailed terms and conditions for the EU's participation and contribution will be worked out in the coming days and weeks. Team Europe is ready to put its expertise and resources to work within COVAX to accelerate and scale-up development and manufacturing of a global supply of vaccines for citizens across the world, in poor as well as in rich countries.

The COVAX Facility, co-led by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO, aims to accelerate the development and manufacture of COVID-19 vaccines and to guarantee fair and equitable access for every country in the world.

DEU: In the German capital Berlin there were several protests against the government's corona policy on Saturday - and also on Sunday. The situation in front of the parliament building (the so called “Reichstag”) escalated on Saturday evening: Several hundred right-wing extremist demonstrators stormed the stairs of the Reichstag building. According to the police, 316 people were arrested on Saturday during the partially violent protests against the Corona policy in Berlin. 33 officers were injured, the police said on Sunday evening in the capital. 131 criminal charges have been issued, including for assaulting police officers, assault and violation of the weapons law. In addition, 255 administrative offenses were reported. The influence of right-wing extremist groups on the corona protests is solidifying and alarming.

But almost 40,000 people from all over Germany demonstrated largely peacefully against the Corona policy on a large avenue called “Straße des 17. Juni”.

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German pediatricians recommend vaccinating children against influenza this year. Not only to prevent infection of other people, but also to prevent the pediatrician practices from being overwhelmed. In addition this can reduce the number of COVID-19 tests necessary during autumn and winter.

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Specialist laboratories for veterinary medicine could soon help with the evaluation of corona tests. It is currently being examined whether veterinary laboratories can be involved in the analysis of the tests. In some federal states there are already corresponding exemptions for such facilities.
The test capacities in Germany have already been notably expanded over the past six months. Currently, 1.4 million smears can be examined per week; most recently, "far more than 900,000" tests were carried out per week.

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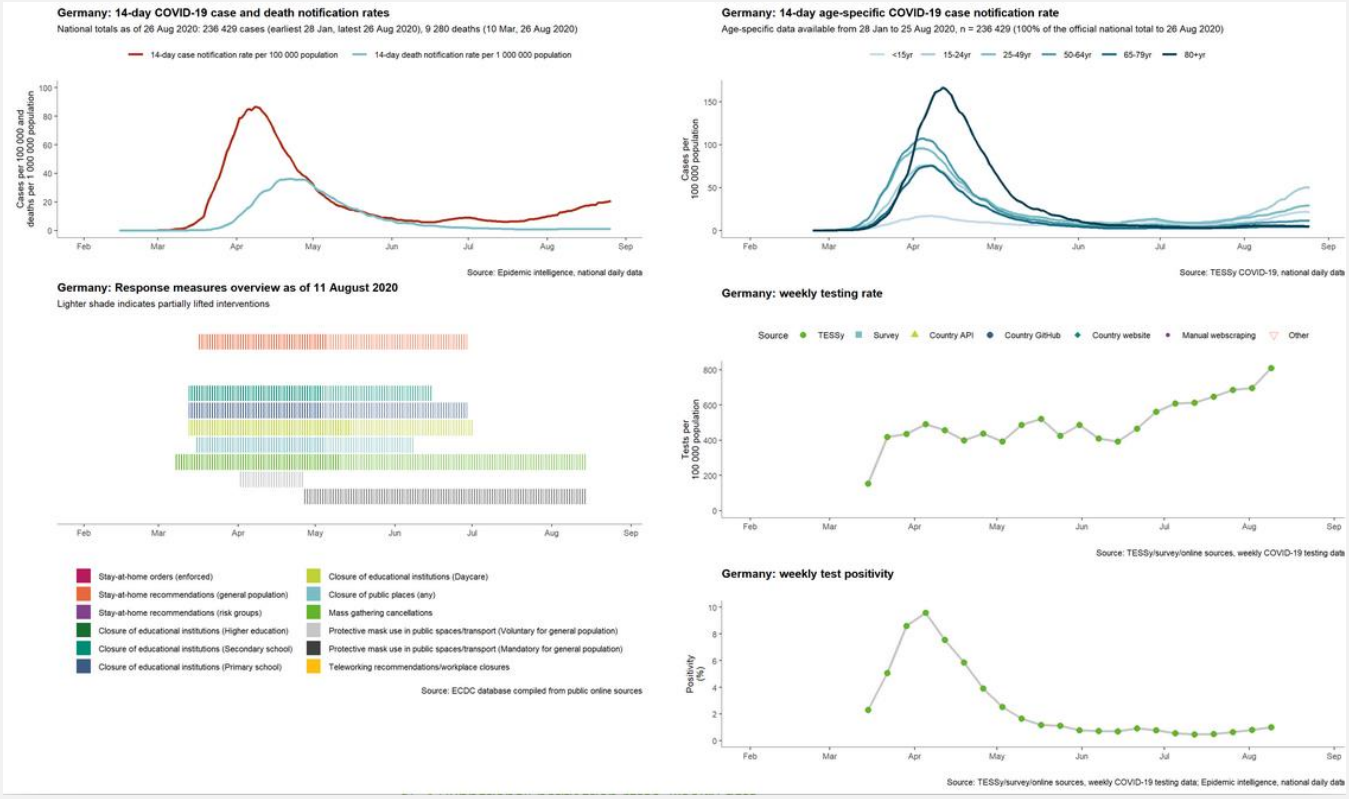
The health authorities in Germany reported 1,218 new corona infections within one day. The peak of new infections reported daily was at more than 6,000 at the end of March / beginning of April.



GBR: Because of unauthorized parties during the corona pandemic, the police in Great Britain imposed several five-digit fines on the organizers over the weekend. Celebrations in Wales and in the eastern county of Norfolk were affected. Since last Friday the police in Great Britain has been able to impose fines of up to 10,000 pounds (around 11,200 euros) on the organizers of illegal parties with more than 30 participants.

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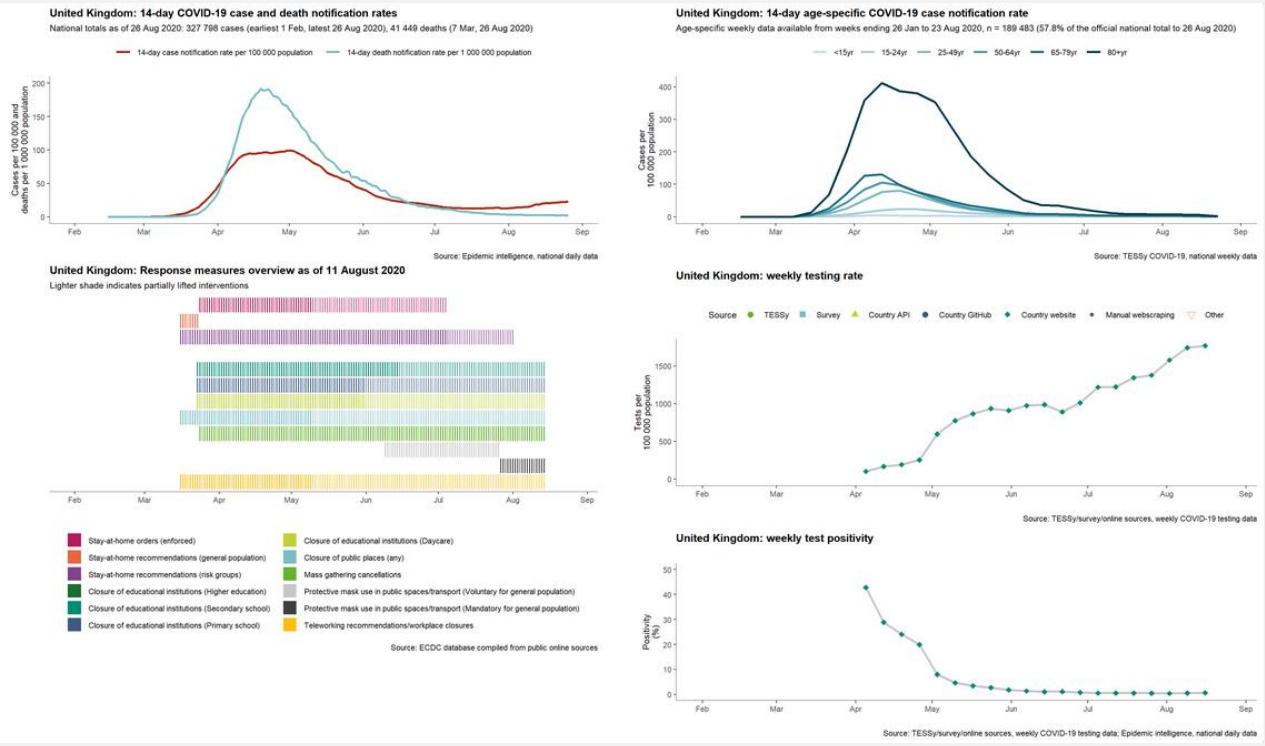
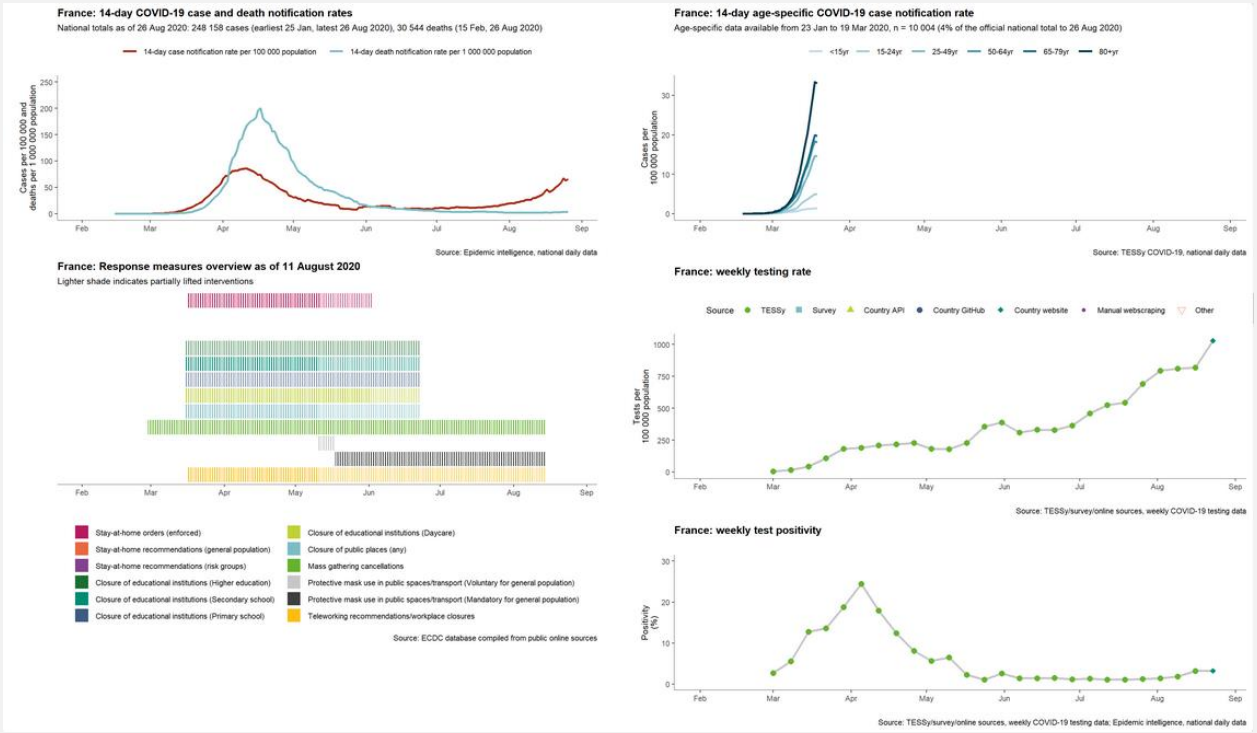
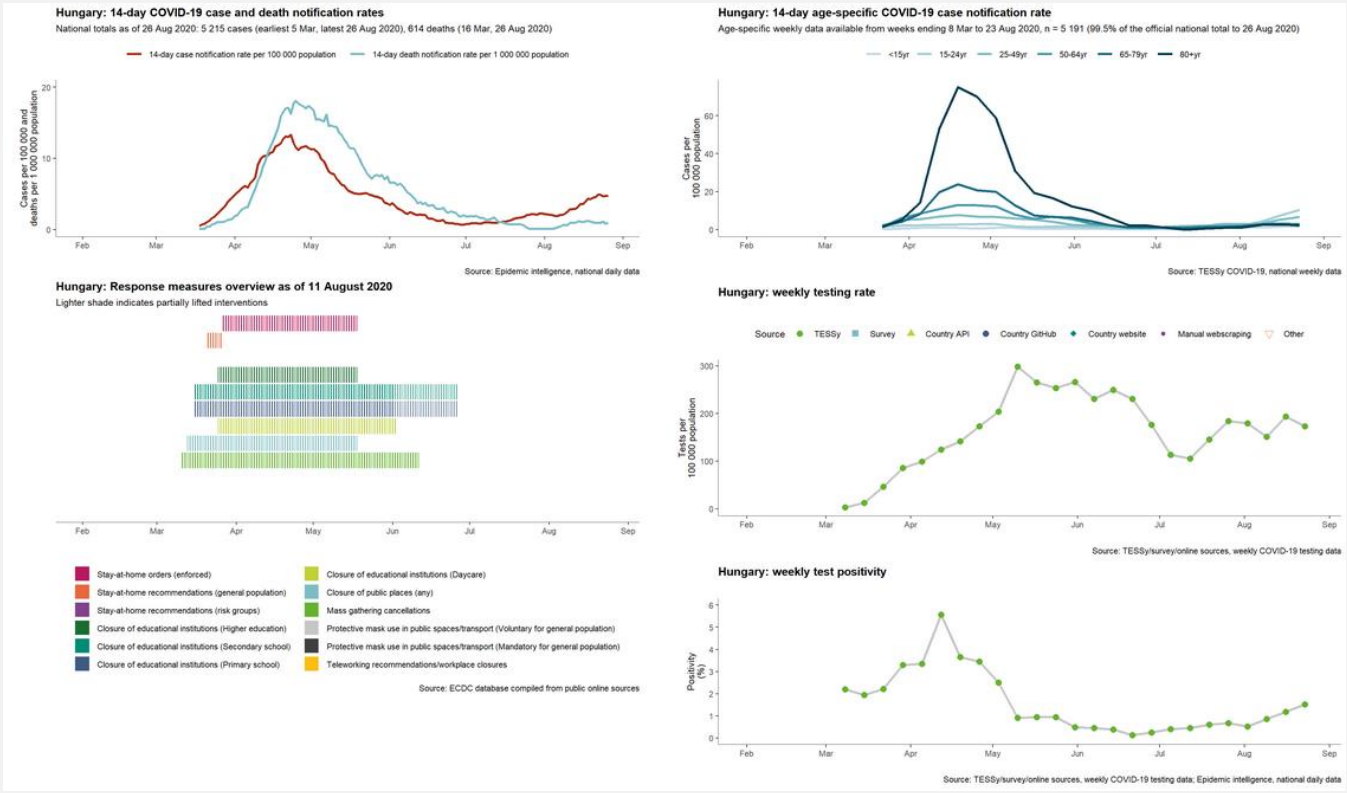
After a flight from a Greek island to **Great Britain**, all approx. 200 passengers and crew members were sent to a two-week quarantine. 16 passengers have already tested positive. According to British health experts, seven of them were most likely already contagious during the flight. Several passengers are said to have ignored the corona protective measures on the flight. Many didn't wear masks as ordered; the flight crew hardly intervened.



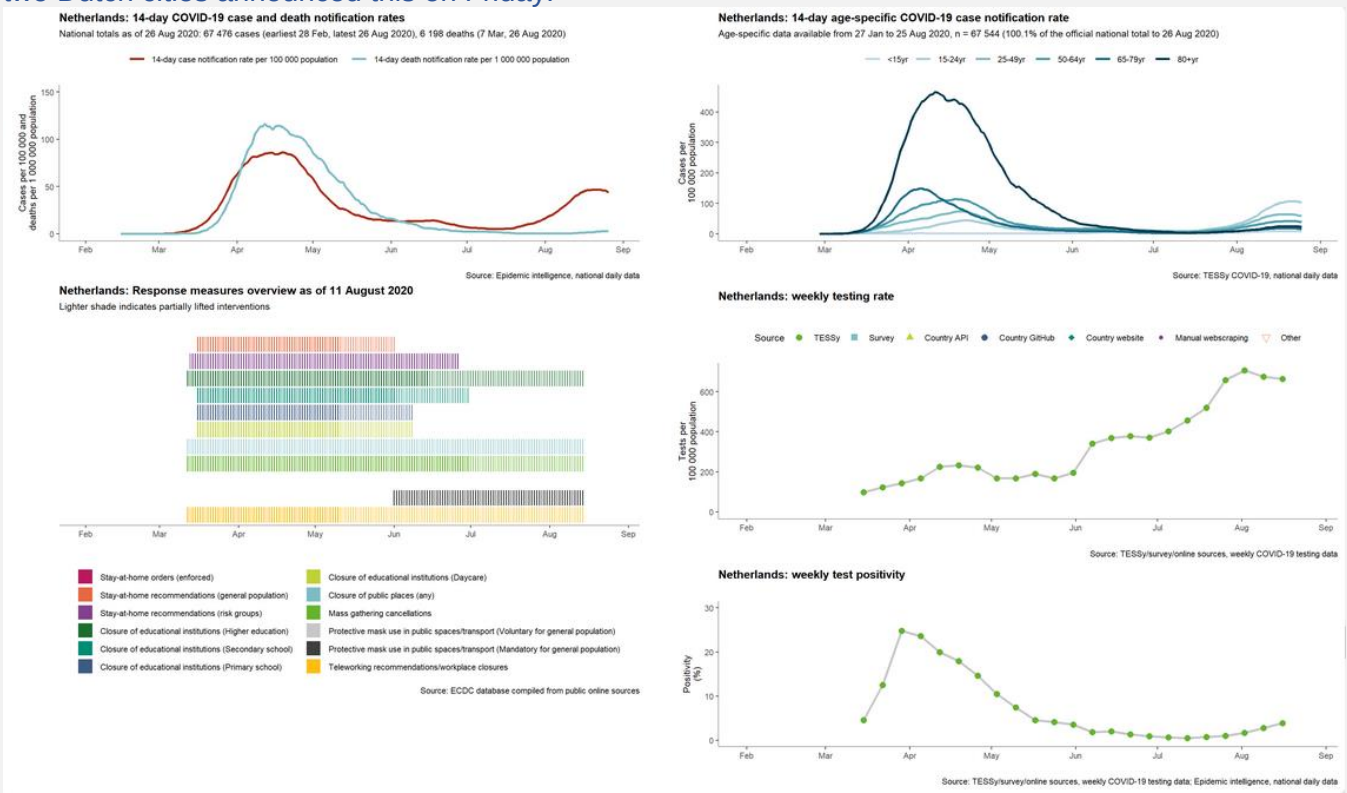
FRA: The number of corona infections in France continues to rise significantly: On Friday evening, the Ministry of Health counted more than 7,000 new corona infections within 24 hours. The number of people requiring hospital treatment for corona disease has continued to rise after having previously been in decline for almost two weeks.



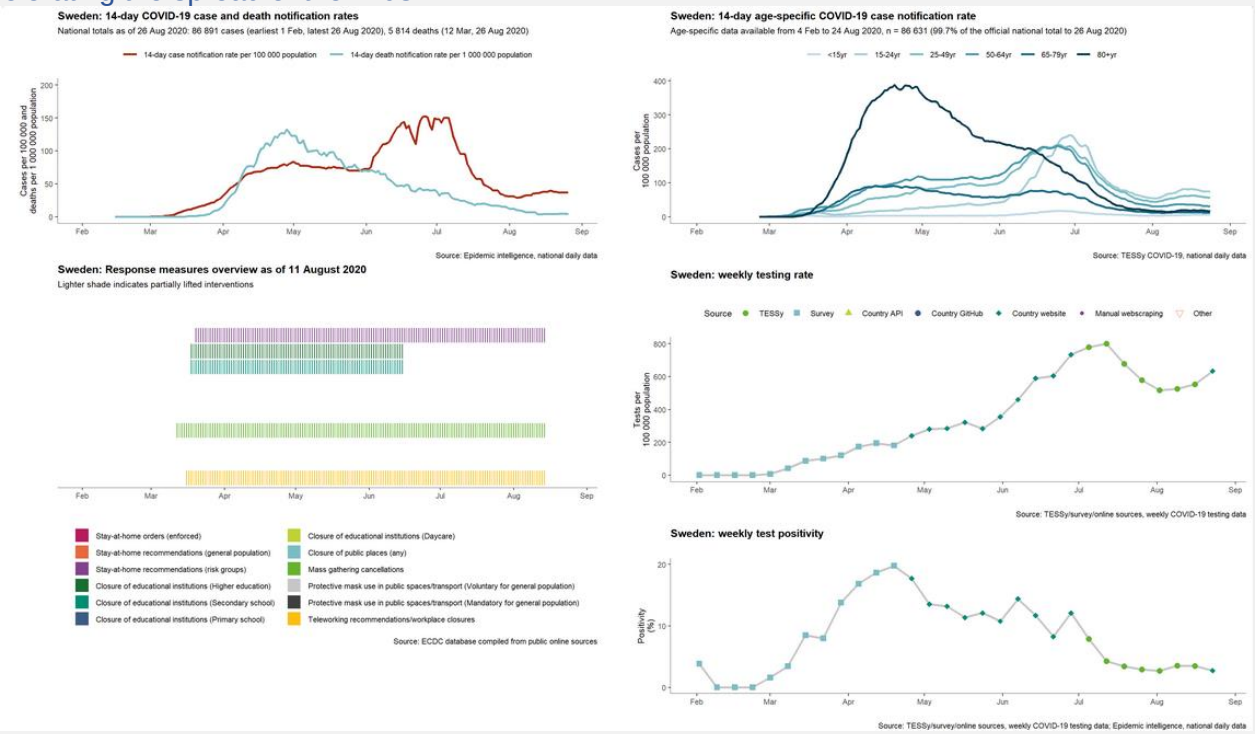
HUN: In Hungary, 292 new corona infections were reported within 24 hours on Sunday. It is the highest daily value since the pandemic began in the country in March. The number of infections per 100,000 inhabitants in the last seven days was 8.2 on Sunday, which is still far below that of other countries in the region. The government will announce new regulations on September 1st. Entry to Hungary for foreigners is prohibited from Tuesday. Hungarians must be in quarantine for 14 days after entry.



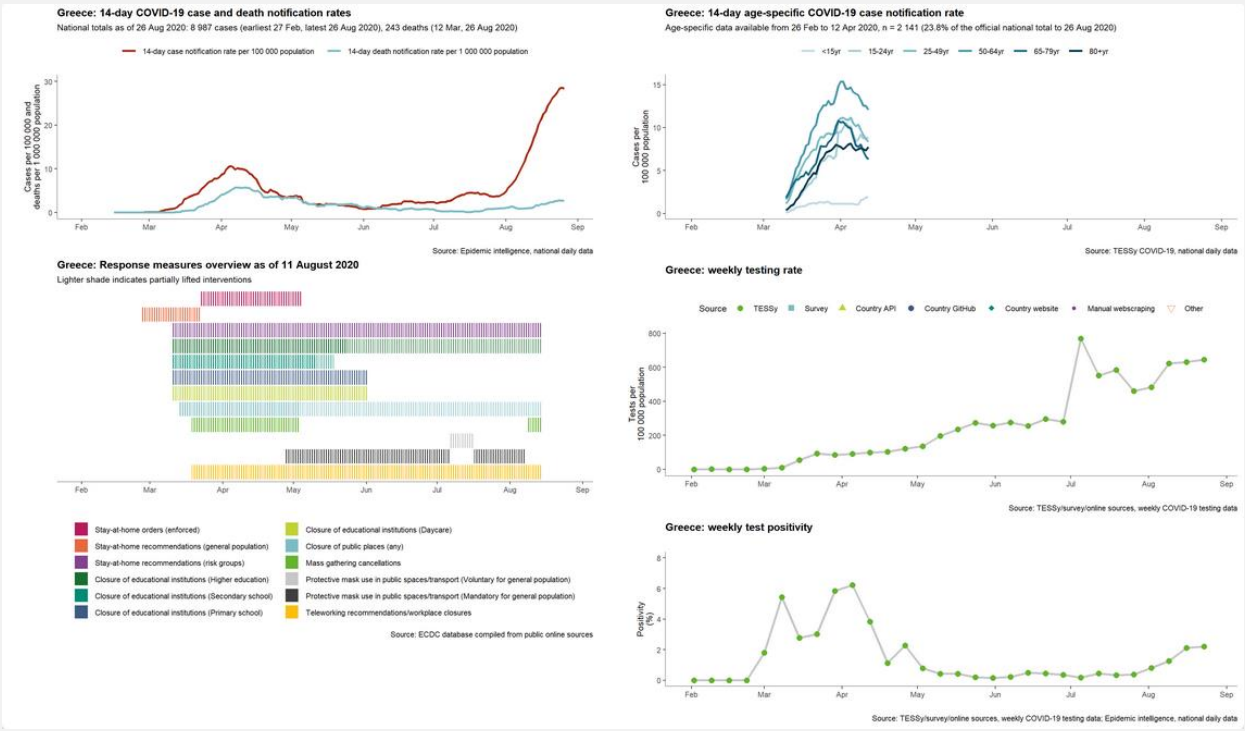
NLD: Amsterdam and Rotterdam are lifting the mask requirement for busy places. From Monday onwards, no mask has to be worn in the shopping streets, in markets and in the red-light district. The two Dutch cities announced this on Friday.



SWE: Sweden's largest mass test for the coronavirus to date has started at the University of Umeå. 20,000 students and employees are called upon to be tested in the next few days. The test should be repeated in a week. The aim is to clarify whether regular classes on campus are possible without accelerating the spread of the virus.



GRE: On the Greek island of Lesvos, anti-migrant protesters demonstrated against the opening of a government-run coronavirus clinic for asylum seekers and refugees, and attacked a paediatric and sexual reproductive health centre outside the Moria refugee camp run by Médecins Sans Frontières.



RUS: After the release of the Sputnik V corona vaccine, the first large deliveries for the Russian market are to take place in the next few days. Due to the extremely limited number of studies, reliable statements on efficacy and tolerability are still hardly possible.
As of today, school will start again in the country, instead of a mask requirement, temperature measurements will be taken daily.

Subject in Focus

Reinfection of COVID-19 - What do we know?

For months, there have been occasional, anecdotal reports of people testing positive for COVID-19 twice. None of those were proven to be reinfections. For most of those people, the second test probably picked up residual, dead virus that was still floating around in people's noses and throats after their first infection.

In the last few days, a few confirmed cases of reinfection with the coronavirus have been reported with scientific evidence. The first case was a man in Hong Kong, who was first infected by SARS-CoV-2 in late March and then, four and a half months later, seemingly contracted the virus again while traveling in Europe.

Three other cases of confirmed reinfection were also reported this week: one in the US (Nevada) and two in Europe (Netherlands and Belgium).

So, what makes these reinfection cases more important than the once reported in the past?

In these reinfection cases, though, researchers analysed the virus from the first time the people got sick and compared it to the virus from the second time they got sick. In each case, the two viruses had slightly different genetic sequences, showing that the second positive tests weren't just leftover virus.

Hong Kong case

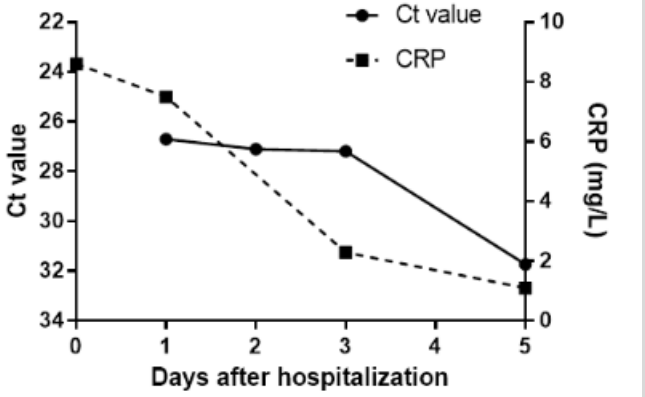
It is the case of a 33-year-old man living in Hong Kong. He first tested positive for COVID-19 in late March and developed symptoms including cough, sore throat, fever and headache. He made a full recovery, but again tested positive for COVID-19 while traveling home from Europe in mid-August. This time, he did not have any symptoms. The new research, was accepted for publication in the Journal Clinical Infectious Diseases.

The man who was first infected by SARS-CoV-2 in late March and then, four and a half months later, seemingly contracted the virus again while traveling in Europe.

This case appears to be the first confirmed case of COVID-19 reinfection and raises questions about the durability of immune protection from the coronavirus.

But it was also met with caution by other scientists, who questioned the extent to which the case pointed to broader concerns about reinfection.

The study is an important starting point for understanding coronavirus reinfection, but it will take more data to make any broad conclusions.



	Days after hospitalization			
	1	2	3	5
SARS-CoV-2 IgG (S/CO)	Negative (0.07)	Negative (0.09)	Negative (0.33)	Positive (4.84)

Figure 1. Serial C-reactive protein level, viral load (Ct value) and SARS-CoV-2 IgG result during the second episode. Anti-SARS-CoV-2 IgG was performed with Abbott SARS-CoV-2 antibody assay.

European cases
Following the report from Hong Kong two cases of coronavirus infection in patients that had previously had the virus have been reported in Europe as well.
A first one has been announced by the National Institute for Public Health in the Netherlands. The Dutch patient was an older person with a weakened immune system who has contracted the COVID-19 again. This case can prove that with immune deficiency you can be re-infected more likely.

The other person - in Belgium - was said to have experienced mild symptoms after catching the virus again in June, having reportedly first been infected in the second week of March. Because of the relatively mild infection, the body may not have created enough antibodies to prevent a re-infection.

Nevada case
The Reno resident in question first tested positive for SARS-CoV-2 in April after coming down with a sore throat, cough, and headache, as well as nausea and diarrhea. He got better over time and later tested negative twice.

But then, some 48 days later, the man started experiencing headaches, cough, and other symptoms again. Eventually, he became so sick that he had to be hospitalized and was found to have pneumonia.

The Nevada researchers examined genetic material from both coronavirus specimens collected from the man. Their analysis suggests he had two distinct viral infections. The pre-print study has not yet been peer-reviewed by a journal.

Ongoing questions
The Hong Kong patient did not test positive for antibodies after his first bout of COVID-19. (According to the study, the patient did develop antibodies after his second positive test.) It's possible that the first time he got sick, he was tested too early to detect antibodies, or that they were present at low levels missed by the test, the study notes. But if he truly did not develop any antibodies, his case may be an anomaly rather than an example, since most patients do develop at least some antibodies.

Studies have shown that antibody levels decrease quickly in the months after a coronavirus infection, but researchers still don't know how well, or for how long, COVID-19 antibodies provide immunity. Unfortunately, the Hong Kong patient's case doesn't help clear that up.

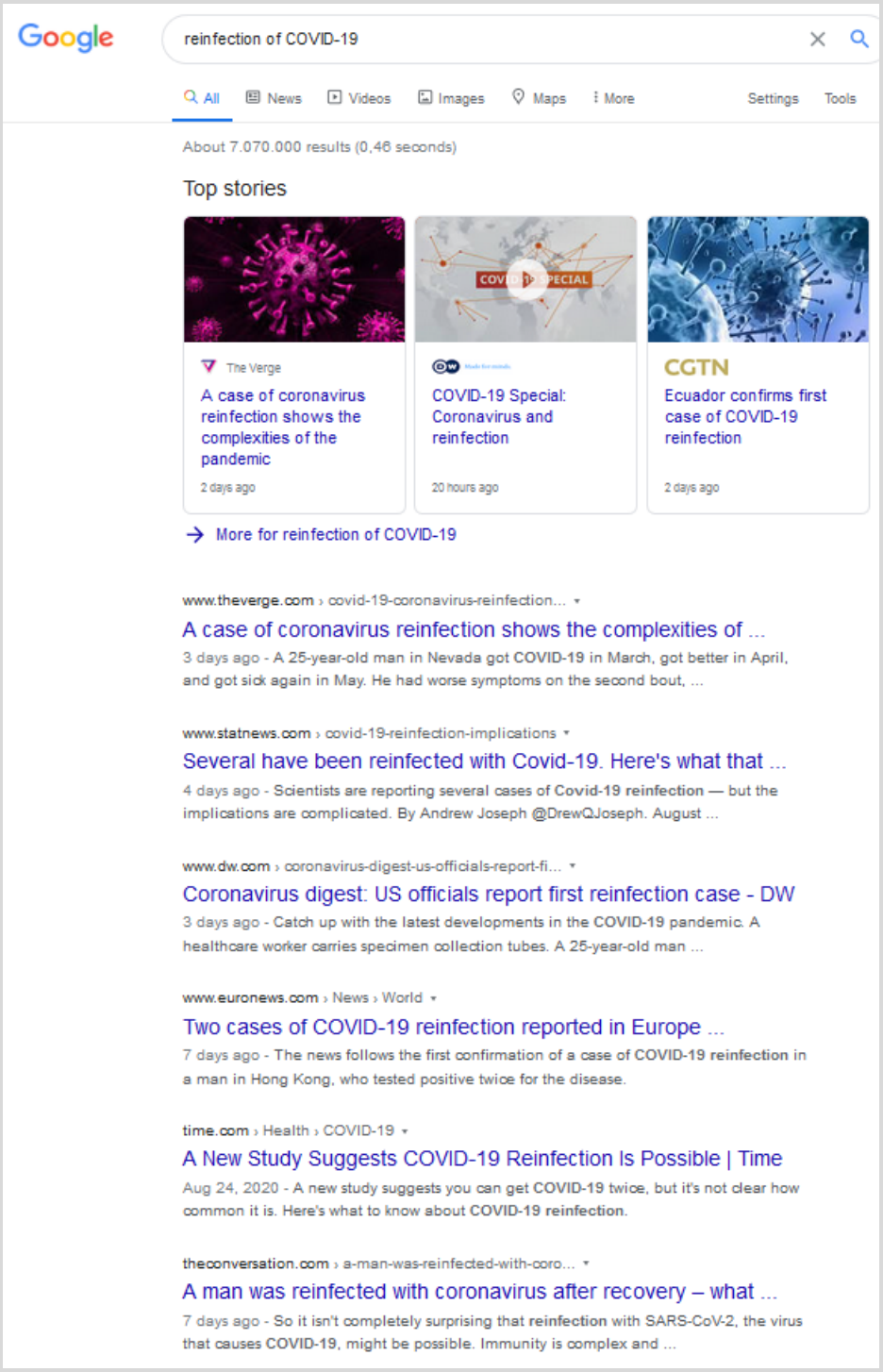
It's also not clear whether the man was contagious during his second brush with coronavirus. The amount of virus in his system suggested he could pass it to others, but there's no evidence as to whether he did.

Reinfection and vaccination
Now a day, notified re-infected patient's cases can spark the doubt regarding the COVID-19 vaccines efficiency due to expected mutation of the virus. Nevertheless, immunity induced by vaccination can be different from those induced by natural infection. In fact, the more results of ongoing vaccine trials are required to see how effective vaccines are and how long protective ones last. The World Health Organization (WHO) epidemiologist Maria Van Kerkhove said that there was no need to jump to any conclusions in response to current reinfections. Another expert from UK (Jeffrey Barrett, an expert and consultant with the COVID-19 Genome Project at Britain's Welcome Sanger Institute) stressed that it was very hard to make any strong inference from a few single observations. Additionally, it can be expected that virus will mutate and that means that a potential vaccine is not going to be a vaccine that will last forever, for 10 years, probably not even a few years. Just as for flu, this will have to be redesigned quite regularly. Conclusion of re-infections reason is still not clear but can be suggested that previous infection is not protective as well as it is possible that vaccinations may not provide expected the hope of long-lasting prevention against SAR-CoV-2.

Conclusion
Still, despite what happened to the man in Nevada, researchers are stressing this is not a sky-is-falling situation or one that should result in firm conclusions. They always presumed people would become vulnerable to COVID-19 again sometime after recovering from an initial case, based on how our immune systems respond to other respiratory viruses, including other coronaviruses. It's

possible that these early cases of reinfection are outliers and have features that won't apply to the tens of millions of other people who have already shaken off COVID-19. The real question that should get the most focus is, "What happens to most people?".

SARS-CoV-2 has only existed in the human population for about nine months. Scientists have learned so much, so fast, but there's still a long way to go.



Sources:

https://www.euronews.com/2020/08/25/two-cases-of-covid-19-reinfection-reported-in-europe

https://www.theverge.com/2020/8/29/21406019/covid-19-coronavirus-reinfection-immunity-antibodies-vaccine-test

https://www.statnews.com/2020/08/28/covid-19-reinfection-implications/

https://time.com/5882907/covid-19-reinfection/

https://theconversation.com/coronavirus-reinfection-what-it-actually-means-and-why-you-shouldnt-panic-144965

https://www.livescience.com/coronavirus-reinfection-case-confirmed-us.html

https://www.bmj.com/content/370/bmj.m3340

Conflict and Health

COVID-19 Crisis in India

INDIA

Area:	3.287.263 km^2
Population:	1.352.642.280
Capital:	New Delhi
Age structure:	
0-14 years:	26.98%
15-24 years:	17.79%
25-54 years:	41.24%
55-64 years:	7.60%
65 years and over:	6.39%

Source: Wikipedia; Indexmundi.org

COVID-19 crisis in India

As of today, the number of **confirmed cases is 3,687,939, the confirmed deaths are 65,435**.

The Indian monsoon season is in full swing, swamping the streets of Mumbai and flooding the plains of Bihar. But dark clouds of another kind—disease, hunger and death—are also gathering fast. India is now ahead of all other countries in terms of the number of new recorded COVID-19 cases per day—close to 70,000 in August. That's about one fourth of world-wide new cases. Only two countries are anywhere close: Brazil and the United States. Further, recorded cases in India are likely to be a small fraction of all COVID-19 infections. That could be true in many countries, but the ratio of infections to recorded cases seems particularly large in India—at least 20:1, according to two recent serological surveys, in Delhi and Mumbai respectively. **This would mean that India already had more than 50 million COVID-19 infections, compared with a recorded figure of 2.5 million.**

The COVID-19 mortality in India seems relatively low, the reason is unclear. The same surveys suggest that the infection-fatality rate (IFR) may be as low as one per thousand. COVID-19 deaths so far add up to less than 1 percent of annual deaths from all causes in India. Per million population, there have been just 38 so far, compared with more than 500 in the US.

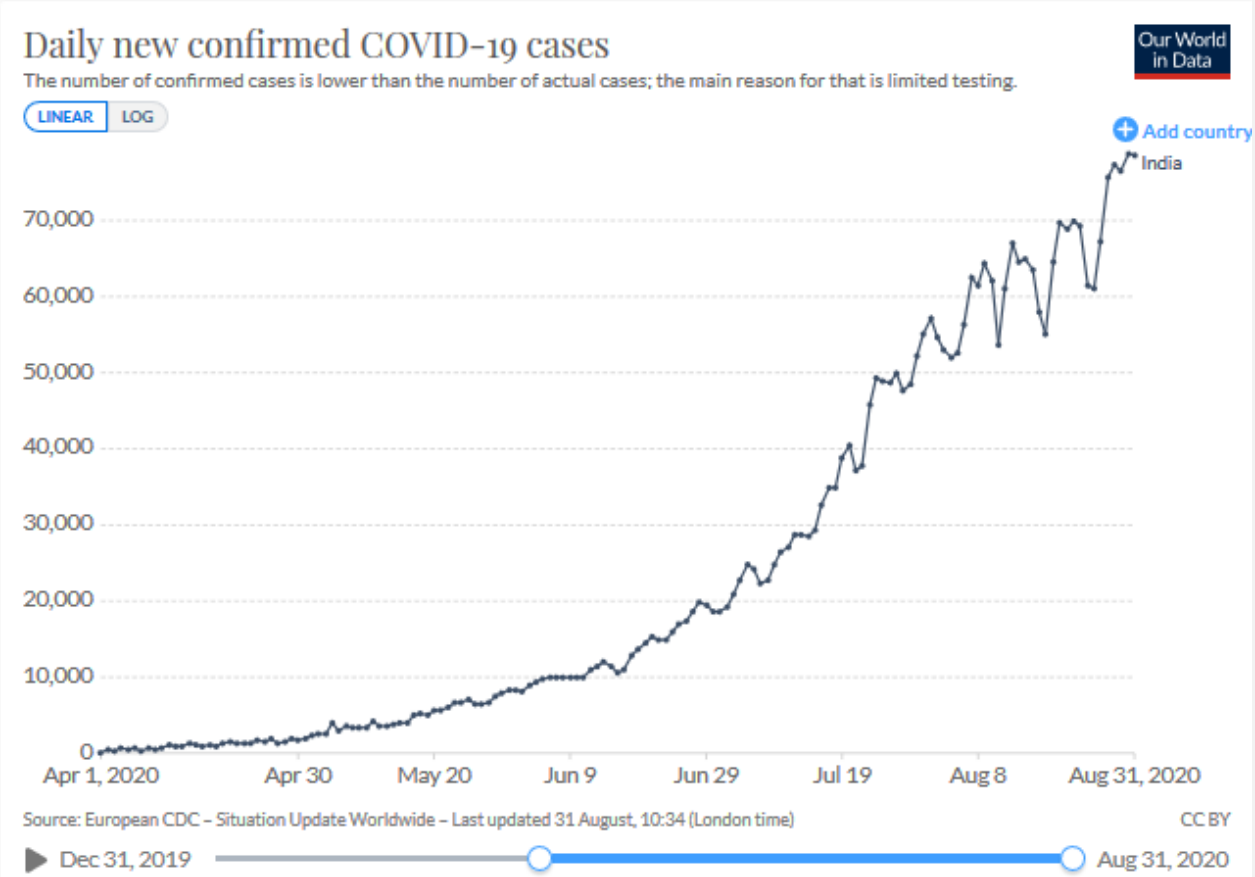
Overall mortality may spike, however, for two reasons. First, routine health services have been massively displaced by COVID-19. So far, COVID-19 infections were heavily concentrated in large cities located in India's more prosperous states: Delhi, Mumbai, Chennai, among others. The preparedness of the health system is much higher there than elsewhere. But recorded cases are now rising fast in India's poorer states, where health services are very fragile. As a consequence of the COVID-19 crisis **many public health centres have stopped providing routine services. Even child immunization has been discontinued for months in many states.** If Bihar (county of India) was a separate country, it would be one of the poorest countries in the world, with a population of more than 100 million. In Bihar county the recorded cases have recently crossed 100,000 and are now rising at 3 to 4 percent per day.

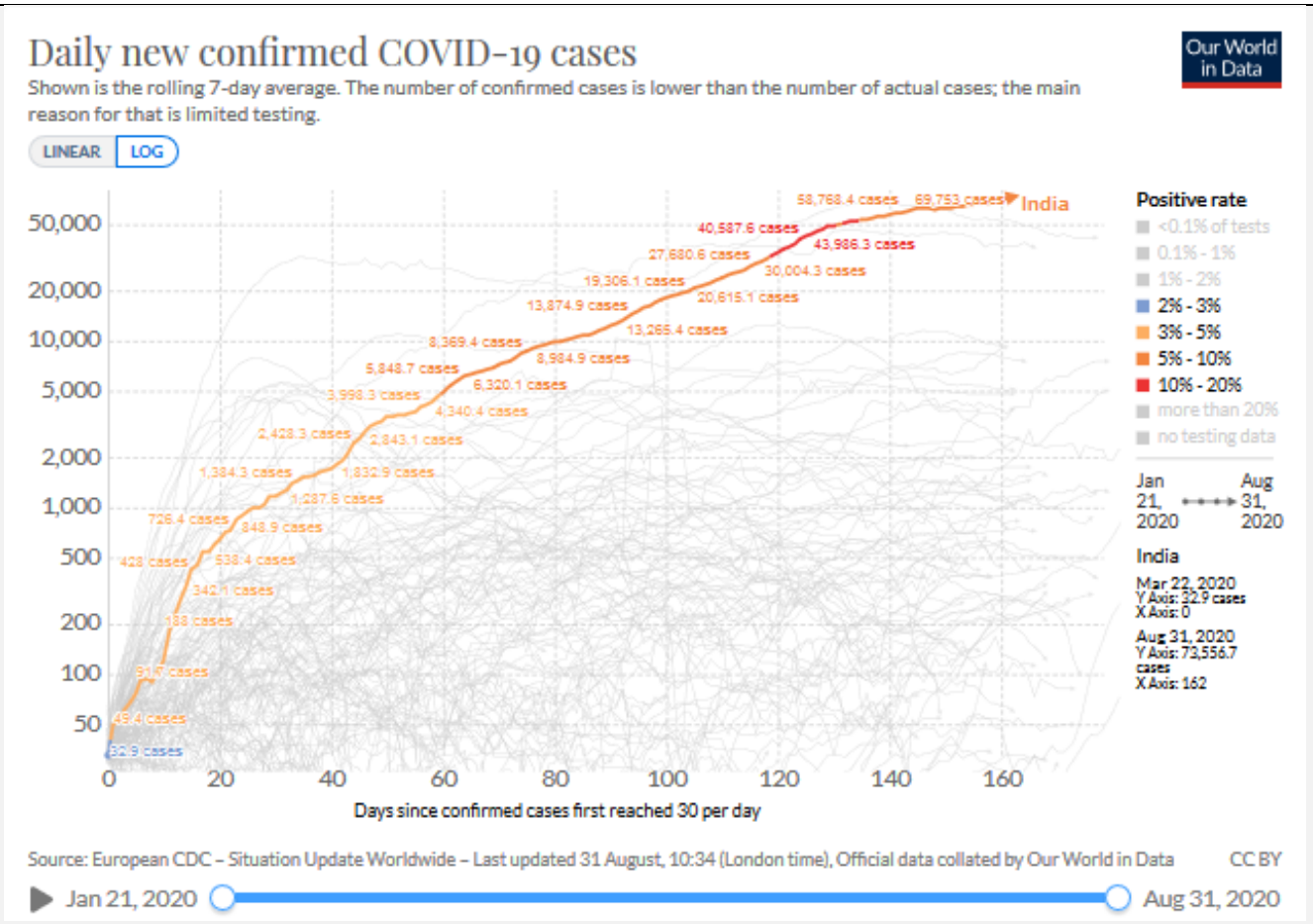
The state has less than 40 doctors per 100,000 population, compared with 90 in India and more than 250 in the US. The other reason for a possible mortality spike is that India's prolonged national lockdown (from late March until June) has destroyed millions of people's livelihoods. Local lockdowns continue in many states and are likely to persist for months. The employment crisis has already hit poor households very hard: recent surveys reveal extreme food insecurity during and after the lockdown. Acute food insecurity is very likely to translate into higher mortality. For children, it also means lasting damage from malnutrition**.** Moreover, Bihar is affected by devastating floods, that often happen at this time of the year. Yet the state government seems more preoccupied with the coming assembly elections than with these multiple crises.

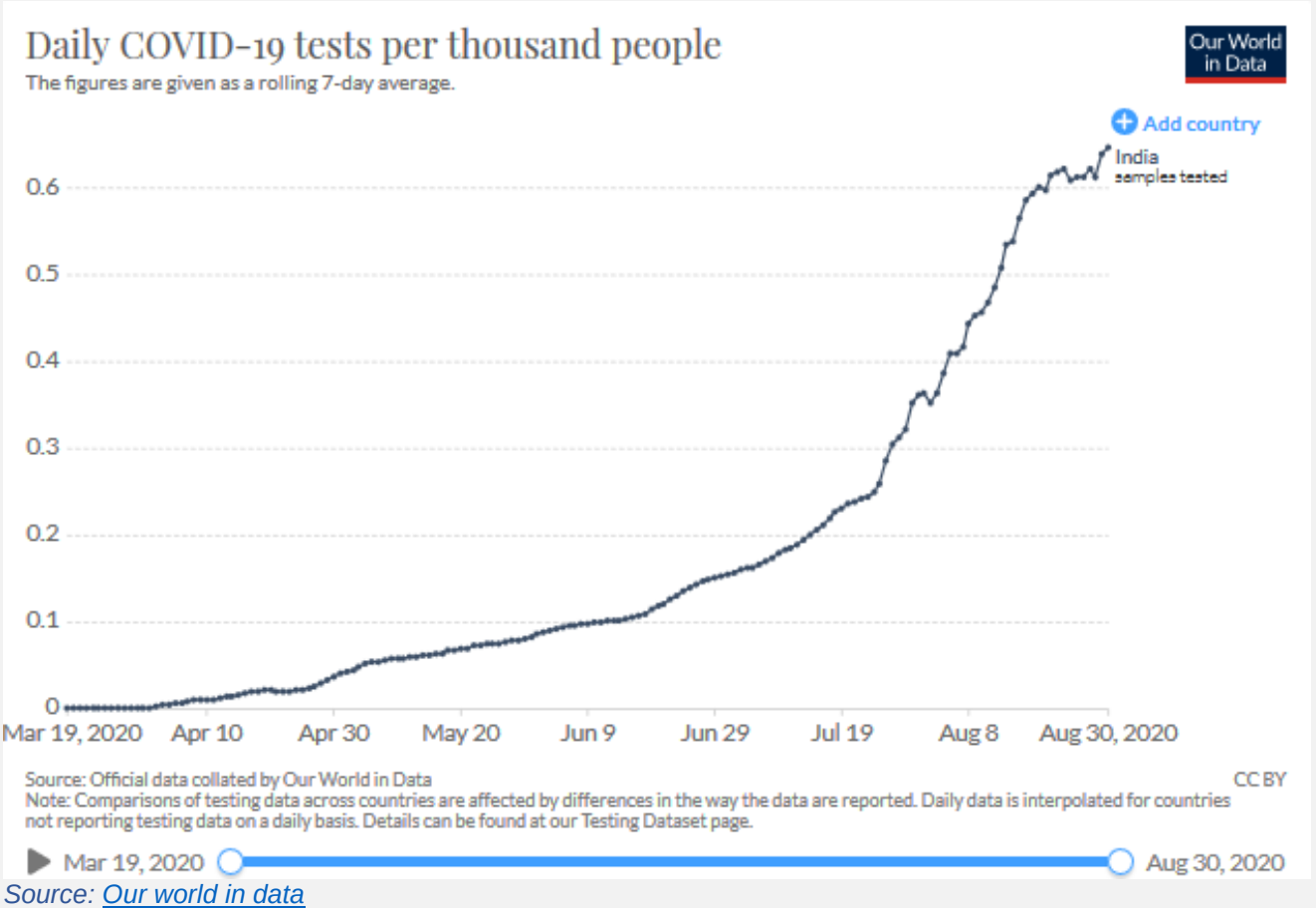
Political Reaction

The Indian government seems more focused on public relations than straightforward actions. For a long time, it forcefully denied any "community transmission" of COVID-19, even as recorded cases were counted in millions. When an early analysis of official data exposed the disruption of routine health services, **the central government retracted the data**. Doctors and nurses critical of the government's crisis response **have been muzzled or harassed**, as have many journalists. **Muddled statistics are routinely invoked** to reassure the public that all is well: the Ministry of Health recently boasted, for instance, that COVID-19 recoveries had "*crossed the historic peak of 1.5 million*"—a meaningless achievement since COVID-19 has a recovery rate of more than 99 percent in India. **The consistent denying of a crisis is the surest way to make it worse.**

Source: www.scientificamerican.com







Source: Our world in data

India

46.5 Index Score **57**/195

	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	**34.9**	**34.8**
Antimicrobial resistance (AMR)	50	42.4
Zoonotic disease	27.8	27.1
Biosecurity	24	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	92.1	85.0
DETECTION AND REPORTING	**47.4**	**41.9**
Laboratory systems	83.3	54.4
Real-time surveillance and reporting	48.3	39.1
Epidemiology workforce	50	42.3
Data integration between human/ animal/environmental health sectors	0	29.7
RAPID RESPONSE	**52.4**	**38.4**
Emergency preparedness and response planning	12.5	16.9
Exercising response plans	100	16.2
Emergency response operation	33.3	23.6
Linking public health and security authorities	0	22.6
Risk communication	75	39.4
Access to communications infrastructure	54.3	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
HEALTH SYSTEM	**42.7**	**26.4**
Health capacity in clinics, hospitals and community care centers	29.4	24.4
Medical countermeasures and personnel deployment	0	21.2
Healthcare access	29.6	38.4
Communications with healthcare workers during a public health emergency	100	15.1
Infection control practices and availability of equipment	50	20.8
Capacity to test and approve new medical countermeasures	50	42.2
COMPLIANCE WITH INTERNATIONAL NORMS	**47.7**	**48.5**
IHR reporting compliance and disaster risk reduction	50	62.3
Cross-border agreements on public and animal health emergency response	0	54.4
International commitments	100	53.4
JEE and PVS	25	17.7
Financing	50	36.4
Commitment to sharing of genetic & biological data & specimens	66.7	68.1
RISK ENVIRONMENT	**54.4**	**55.0**
Political and security risks	67.9	60.4
Socio-economic resilience	77.7	66.1
Infrastructure adequacy	33.3	49.0
Environmental risks	62.5	52.9
Public health vulnerabilities	32.5	46.9

Average: all 195 countries

Scores are normalized (0–100, where 100 = most favorable)

www.ghsindex.org

Recommendations

Recommendation for international business travellers	Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have plans to re-open travel. This document outlines key considerations for national health authorities when considering or implementing the gradual return to international travel operations. The decision-making process should be multisectoral and ensure coordination of the measures implemented by national and international transport authorities and other relevant sectors and be aligned with the overall national strategies for adjusting public health and social measures. WHO Public health considerations while resuming international travel. **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 • 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.

Lifting of travel restrictions: Council reviews the list of third countries
Following a review under the recommendation on the gradual lifting of the temporary restrictions on non-essential travel into the EU, the Council updated the list of countries for which travel restrictions should be lifted. As stipulated in the Council recommendation, this list will continue to be reviewed regularly and updated.
Based on the criteria and conditions set out in the recommendation, as from 8 August member states should **gradually lift the travel restrictions at the external borders for residents of the following third countries**:

- Australia
- Canada
- Georgia
- Japan
- New Zealand
- Rwanda
- South Korea
- Thailand
- Tunisia
- Uruguay
- China, subject to confirmation of reciprocity

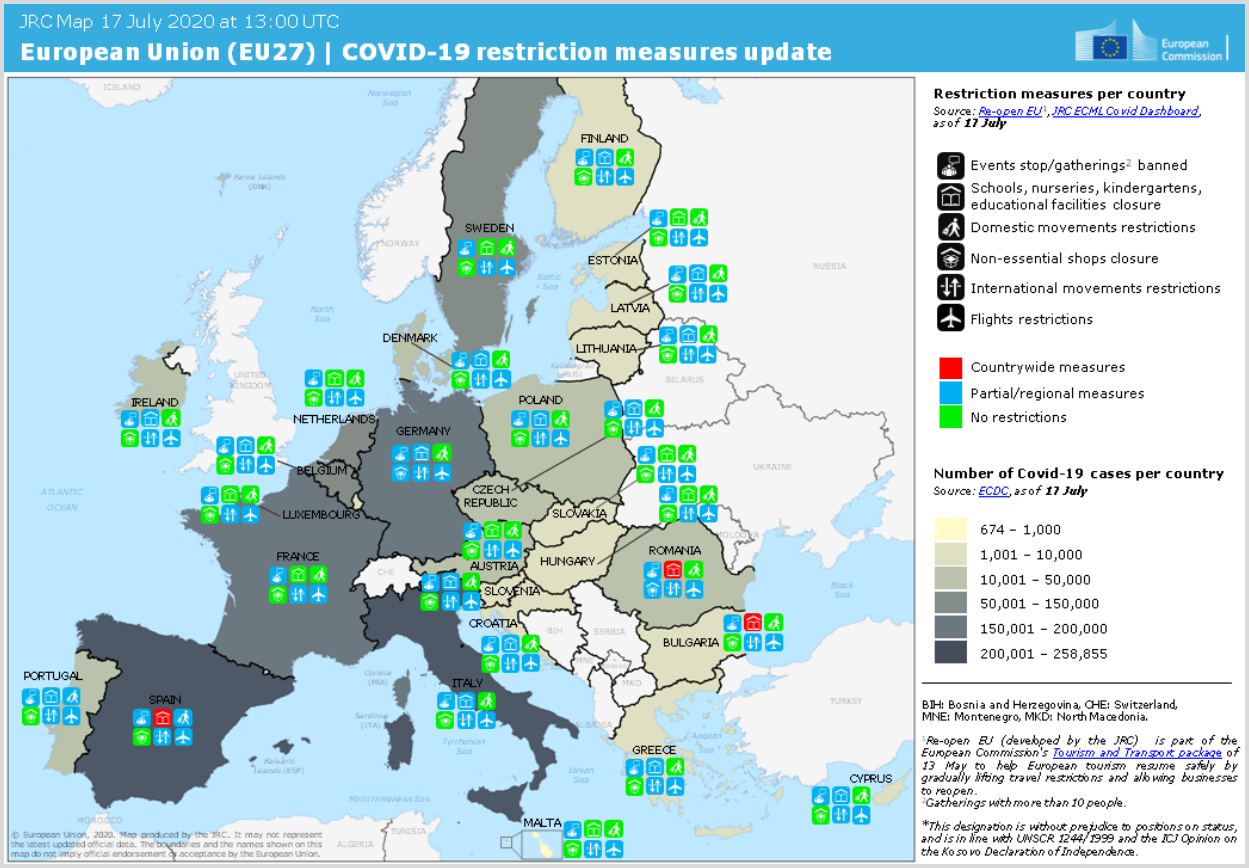
Residents of Andorra, Monaco, San Marino and the Vatican should be considered as EU residents for the purpose of this recommendation.
The **criteria** to determine the third countries for which the current travel restriction should be lifted cover in particular the epidemiological situation and containment measures, including physical distancing, as well as economic and social considerations. They are applied cumulatively.

Regarding the **epidemiological situation**, third countries listed should meet the following criteria, in particular:

- number of new COVID-19 cases over the last 14 days and per 100 000 inhabitants close to or below the EU average (as it stood on 15 June 2020)
- stable or decreasing trend of new cases over this period in comparison to the previous 14 days
- overall response to COVID-19 taking into account available information, including on aspects such as testing, surveillance, contact tracing, containment, treatment and reporting, as well as the reliability of the information and, if needed, the total average score for International Health Regulations (IHR). Information provided by EU delegations on these aspects should also be taken into account.

Reciprocity should also be taken into account regularly and on a case-by-case basis.
For countries **where travel restrictions continue to apply**, the following **categories of people should be exempted** from the restrictions**:**

- EU citizens and their family members
- long-term EU residents and their family members
- travellers with an essential function or need, as listed in the Recommendation.
- Schengen associated countries (Iceland, Lichtenstein, Norway, Switzerland) also take part in this recommendation.



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

Risk Assessment	
Global	• 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	ECDC assessment for EU/EEA, UK as of 10 August 2020 (still valid): **Risk of COVID-19 across all EU/EEA countries and the UK:** • The risk of further escalation of COVID-19 is **moderate** for countries that continue to implement and enforce multiple measures, including physical distancing, and have sufficient contact tracing and testing capacity. • The risk of further escalation of COVID-19 is **very high** for countries that do not implement of enforce multiple measures, including physical distancing, and have sufficient contact tracing and testing capacity. **Risk of COVID-19 in the countries that have reported a recent increase of cases:** • The risk of further escalation of COVID-19 is **high** in countries that have also had an increase in hospitalisations, providing a strong indication that there is a genuine increase in transmission occurring. For these countries, the overall risk of escalation is **very high** if they do not implement or reinforce multiple measures, including physical distancing measures and contact tracing, and have sufficient testing capacity. • The risk of further escalation of COVID-19 is **high** for the countries reporting no increase in hospitalisations but having seen an increase in test positivity (if testing capacity is sufficient and intensity has remained stable), suggesting increasing levels of transmission. For these countries, the overall risk of escalation is **very high** if they do not implement or reinforce multiple measures, including physical distancing measures and contact tracing. • The risk of further escalation of COVID-19 is **moderate to high** for those countries reporting no increase in hospitalisations or test positivity (if testing capacity is sufficient and intensity has remained stable), The countries that have multiple physical distancing measures in place should conduct local risk assessments to better understand the groups or settings driving the increase in cases and to determine which measures should be in place or strengthened.

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
- Morgenpost; https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-weltweit/

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