Update 42 (20th of October 2020)

Information about Infection disease
COVID-19 (novel coronavirus)

Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich
20th of October 2020
email: info.dhsc@coemed.org

In December 2019, a novel coronavirus emerged in Wuhan City, China. Since then the virus spread to 65 countries including Europe and America. Since then the virus showed evidence for human-to-human transmission as well as evidence of asymptomatic transmission. At 30th January 2020 WHO declared a Public Health Emergency of International Concern. The disease was formally named COVID-19 on 11th of February. The virus itself has been named SARS-CoV-2. On 11th of March 2020 WHO characterized the disease as a pandemic.

HIGHLIGHTS/NEWS

- **Argentina** becomes the fifth country to break the **one million coronavirus** cases mark. The Ministry of Health reports 1,002,662 detected infections, including 12,982 positive test results in the past 24 hours. Another 451 people died from or with the virus. The United States, India, Brazil, and Russia also have more than a million cases.
- **EUROSTAT**: During the first corona wave from March to June, 168,000 more deaths than usual were recorded in the EU. The peak was recorded in the 14th week from March 30 to April 5: 36,000 additional deaths.
- **Unicef**: has started extensive measures to prepare for possible corona vaccination campaigns. In order to create the conditions for a quick, safe and effective delivery of a possible vaccine, Unicef is currently procuring syringes and other necessary relief supplies together with the Gavi vaccine alliance and the WHO. In 2020, 520 million syringes would be deposited in warehouses.
- **WHO**: expects vaccinations against the coronavirus to start in mid-2021. The data from the final phase 3 studies should be available at the beginning of next year. After that, the decisions about starting the vaccination could be made.
- **ECDC**: published a guideline of "COVID-19 infection prevention and control for primary care, including general practitioner practices, dental clinics and pharmacy settings" on 19 October 2020.

Find articles and other materials at the MilMed CoE homepage: click here

Please use our online observation form to report your lessons learned observations as soon as possible.
Click here to submit your lessons learned observations online

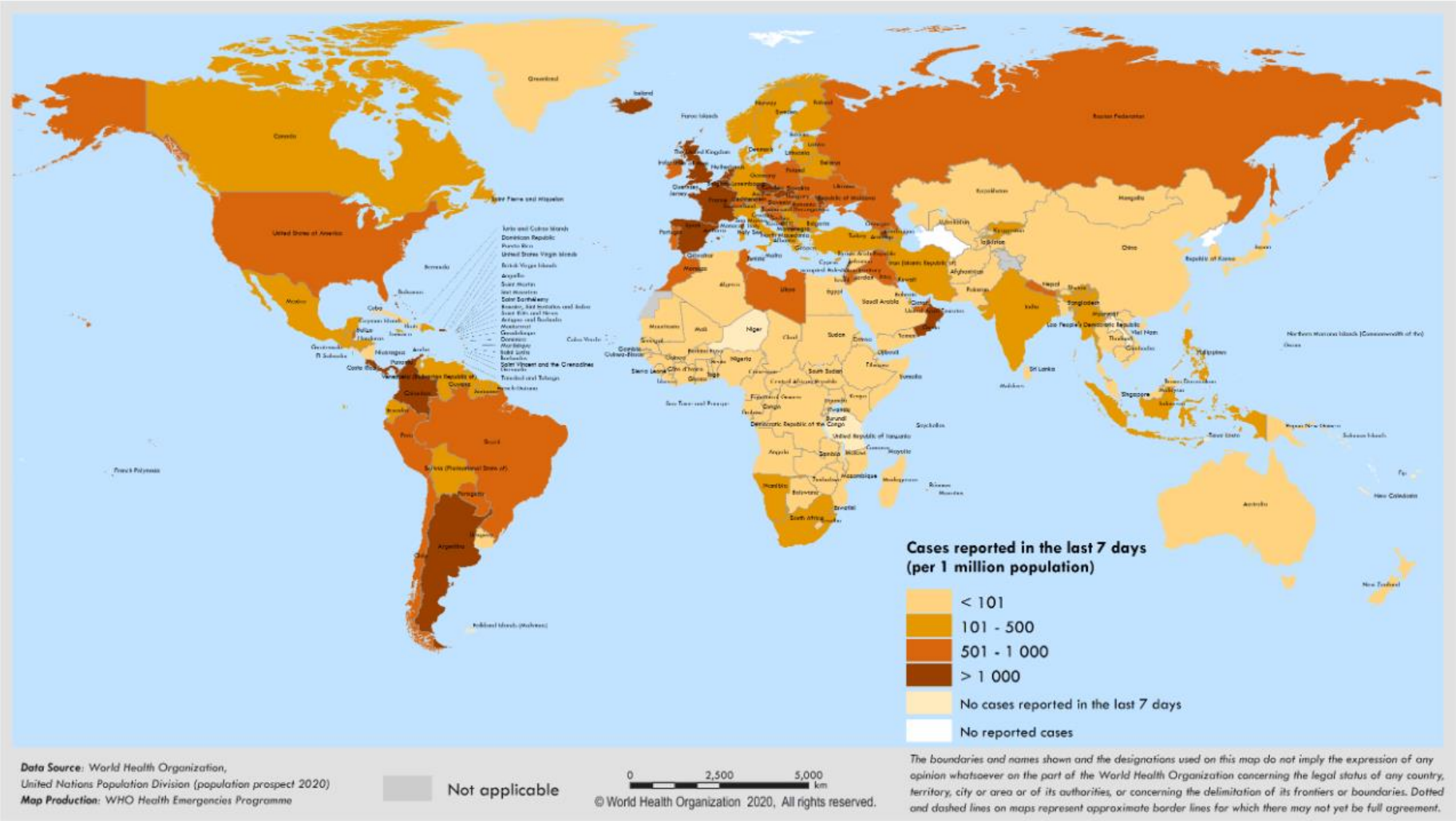
GLOBALLY ↗ 40 340 335 confirmed cases **27 649 850** recovered **1 117 821** deaths
EU/EEA and the UK ↗ **7 499 664** confirmed cases **3 178 350** recovered **250 212** deaths
USA ↗ **(new cases/day 56 449)** **8 149 702** confirmed cases **3 242 989** recovered **219 259** deaths
India ↘ **(new cases/day 55 722)** **7 550 273** confirmed cases **6 663 608** recovered **114 610** deaths
Brazil ↗ **(new cases/day 10 982)** **5 250 727** confirmed cases **4 526 393** recovered **154 176** deaths
Russia ↗ **(new cases/day 15 843)** **1 406 667** confirmed cases **1 070 920** recovered **24 205** deaths
Spain ↗ **(new cases/day 37 889)** **974 449** confirmed cases **150 376** recovered **33 992** deaths

Please click on the headlines to jump into the document

Table of Contents

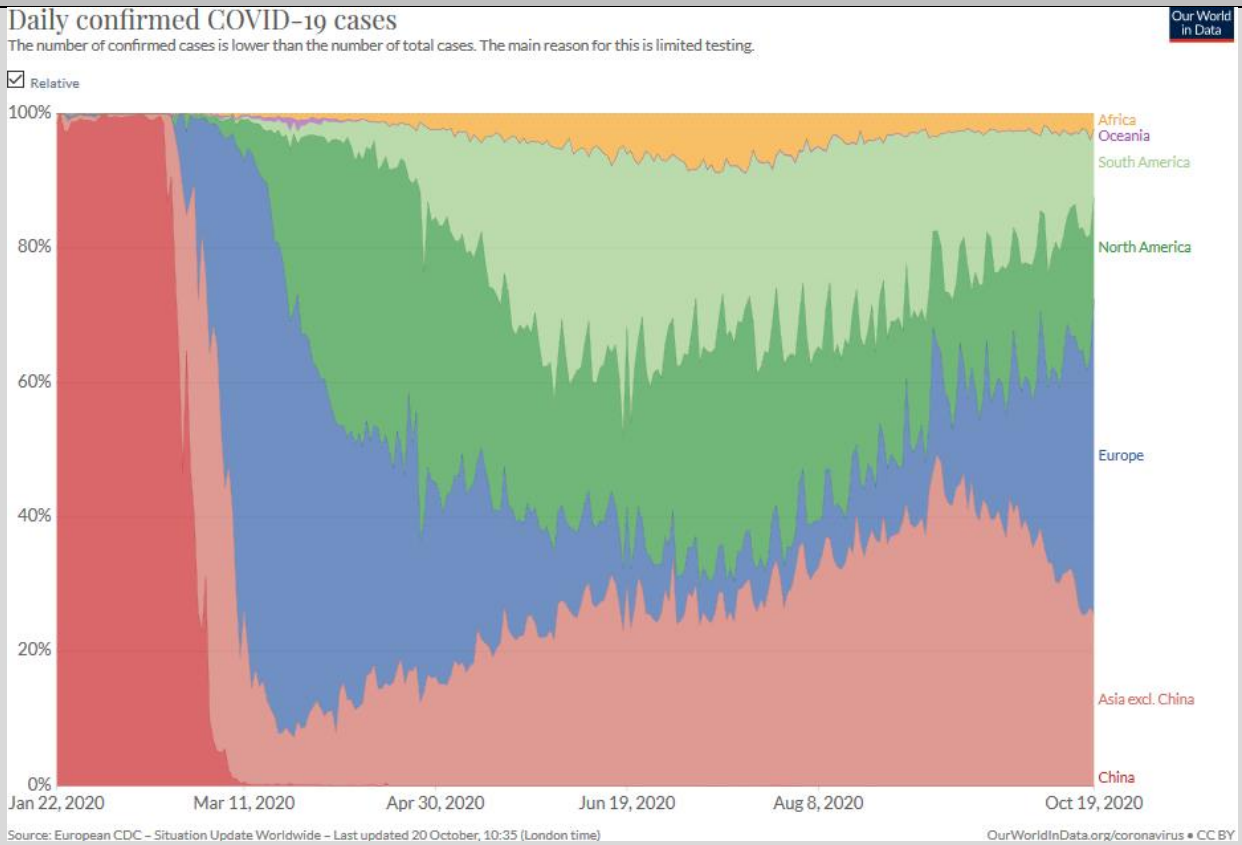
Back to Top

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



Worldwide Situation

Global Situation



WHO weekly operational update on COVID-19 as of 16th October 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.

The discussion about the "Great Barrington Declaration"

The Great Barrington Declaration is a report written by a small group of doctors at the United States Institute for Economic Research in Great Barrington, Massachusetts, and was signed on October 4, 2020, that proposes libertarian policies to counter the COVID-19 pandemic. It was initiated by Professor Martin Kulldorff, Professor Jay Bhattacharya and Professor Sunetra Gupta. The Declaration calls for quickly reaching herd immunity by letting COVID-19 spread uncontrolled among the young and healthy population while protecting the vulnerable. According to the declaration's approach, only people who have a high personal risk of dying from coronavirus disease should be protected from infection. The statement advocates what the authors call "focused protection" and argues in favor of ending domestic isolation and other mandatory restrictions on numerous activities. Instead, individuals should choose the activities and restrictions they prefer for themselves based on their own perception of their risk of contracting or dying from COVID-19.

The statement argues that lockdowns adversely affect physical and mental health, e.g. because people postpone individual health care (e.g. medical appointments). The authors of the declaration believe that herd immunity makes high-risk people less likely to be exposed to the virus.

Yet while herd immunity has some prominent supporters and the Barrington Declaration has been signed by many distinguished scientists and medical professionals, the vast majority of specialists in the field oppose this approach.

Anthony Fauci, the US' top infectious disease expert, called the herd immunity proposal being embraced by the White House "total nonsense."

Martin McKee, professor of public health at the London School of Hygiene & Tropical Medicine, compared the statement to "the messages used to undermine public health measures on harmful substances such as tobacco".

Purposely kept short "in order to make it more publicly appealing and accessible", the statement foregoes practical details about who exactly should be protected or how those that should be protected can be protected. For example, it mentions a “detailed set of measures for multigenerational households” without detailing on these measures and stresses the important role of public health in this context. The declaration advocates the resumption of "normal life" with schools and universities open for personal tuition and extracurricular activities, the reopening of offices, restaurants and other workplaces, and the resumption of mass events for cultural and sporting activities, without acknowledging that in many parts of the world public live was opened long before October (apparently long before the declaration was published).

The statement does not mention the testing strategy outside of nursing homes, does not go into contact identification, does not discuss the wearing of masks and social distancing. It also remains unclear who should care for the residents in the current nursing emergency situation if the caregiver is not yet immune to SARS-CoV-2.

It's not clear why all of these aspects are missing from the “plan” laid out in the declaration, but it could be because the measures will slow down the spread of the virus, while the statement's authors generally advocate that slowing down the spread is not necessary in less vulnerable populations, as long as vulnerable people are shielded.

In theory, an approach that sounds good at first - but the devil is in the detail.

The declaration does not provide any information about how the author’s think that low risk individuals can be infected without putting high risk individuals living in the same household at risk of dying. In fact, currently it is not known enough about COVID-19 immunity. What´s needed is natural, lasting, protective immunity to the disease, and it is not clear how effective or long-lasting people's immunity will be after they have been infected. In this context, the ability of the virus to genetically mutate and the fact that it is possible to contract the disease more than once is not necessarily a reassuring "factor X".

What is known, however, is that the disease can have serious effects on all age groups, not just on the elderly and people with certain pre-existing conditions.
David Naylor, co-chair of the Government of Canada's COVID-19 Immunity Task Force, told the National Post that the libertarian policies envisaged in the statement would result in an exponential increase in infections and a situation where "crowds of 40 - and 50 year old sick people will overrun the hospitals and deaths will skyrocket, as they did in Italy and New York ”.
Sweden's relatively casual coronavirus strategy, which appeals to the common sense of the people, hasn´t proven its worth as shown in the study "Four month into the COVID-19 pandemic Sweden's prized herd immunity is nowhere insight", which was published in August in the Journal of the Royal Society of Medicine. The desired herd immunity has not materialized, instead there were increased infection and mortality rates compared to neighboring countries.

With the prospect of a vaccine available within months, scientists question the logic of the Barrington Declaration's strategy: “**We cannot reach herd immunity without a massive loss of life or a vaccine. It's that simple**.

”In this context, there is nothing more to add to the statement by Stephen Griffin, professor at the Medical Faculty of Leeds University:“ Ethically speaking, history has taught us that the idea of separating society may itself be with good initial intentions, usually ending with suffering ”.

Sources:
https://thehill.com/policy/healthcare/521220-fauci-blasts-herd-immunity-proposal-embraced-by-white-house-as-total
https://journals.sagepub.com/doi/10.1177/0141076820945282
https://en.wikipedia.org/wiki/Great_Barrington_Declaration
https://www.wired.co.uk/article/great-barrington-declaration-herd-immunity-scientific-divide
https://nationalpost.com/health/new-declaration-calls-for-forced-protection-to-achieve-covid-19-herd-immunity-critics-say-it-would-be-deadly

Country reports:

ISR: After a month in lockdown, the first easing has come into force in Israel. Children up to the age of six were allowed to go to kindergartens and preschools again. Even institutions without public access are allowed to resume their work. The requirement that citizens are not allowed to move more than one kilometre from their home has been lifted. In addition, natural parks and beaches can be revisited and restaurants can sell pick-up meals.

AUS: In the second largest Australian city Melbourne, the lockdown has been loosened after a decrease in corona infections. The residents are allowed to leave their homes for education and leisure as long as they want. The range of motion has also been increased from 5 to 25 kilometers. Outdoor gatherings of up to ten people from two households are also permitted. Golf and tennis are again permitted.

USA: 47,035 new infections were registered within 24 hours. The death toll rose by 475. There is currently a clear upward trend in the number of new corona infections per day across the country. Regardless, Trump called on the states to open completely on Sunday.

THA: On Saturday, the first two locally transmitted new corona infections were registered for over a month. As the competent authority reported, there are two people who live on the border with Myanmar. The last known local case occurred in early September.

IRN: Iran has reported more corona deaths in one day than ever before. According to the Ministry of Health, 337 COVID-19 patients died within 24 hours.
According to the crisis team deployed to combat the corona pandemic in Iran, significantly more people have died in the country than officially announced. According to the crisis team, the official statistics would have to be multiplied by 2.5 to get the real numbers. According to this calculation, the daily death toll would be more than 800. The Iranian government speaks of more than 300 deaths. Yesterday the Ministry of Health reported 337 victims and thus a total of almost 30,700 corona deaths since the outbreak of the pandemic.

KOR: Tens of thousands of employees in the care and health system are to be tested from Monday. In total, tests are planned for 160,000 hospital and elderly care workers to prevent an outbreak in those facilities. South Korea has about 51 million inhabitants.

IND: The health authorities have registered 46,790 new infections with the coronavirus in the past 24 hours. That is the lowest value since July 23.

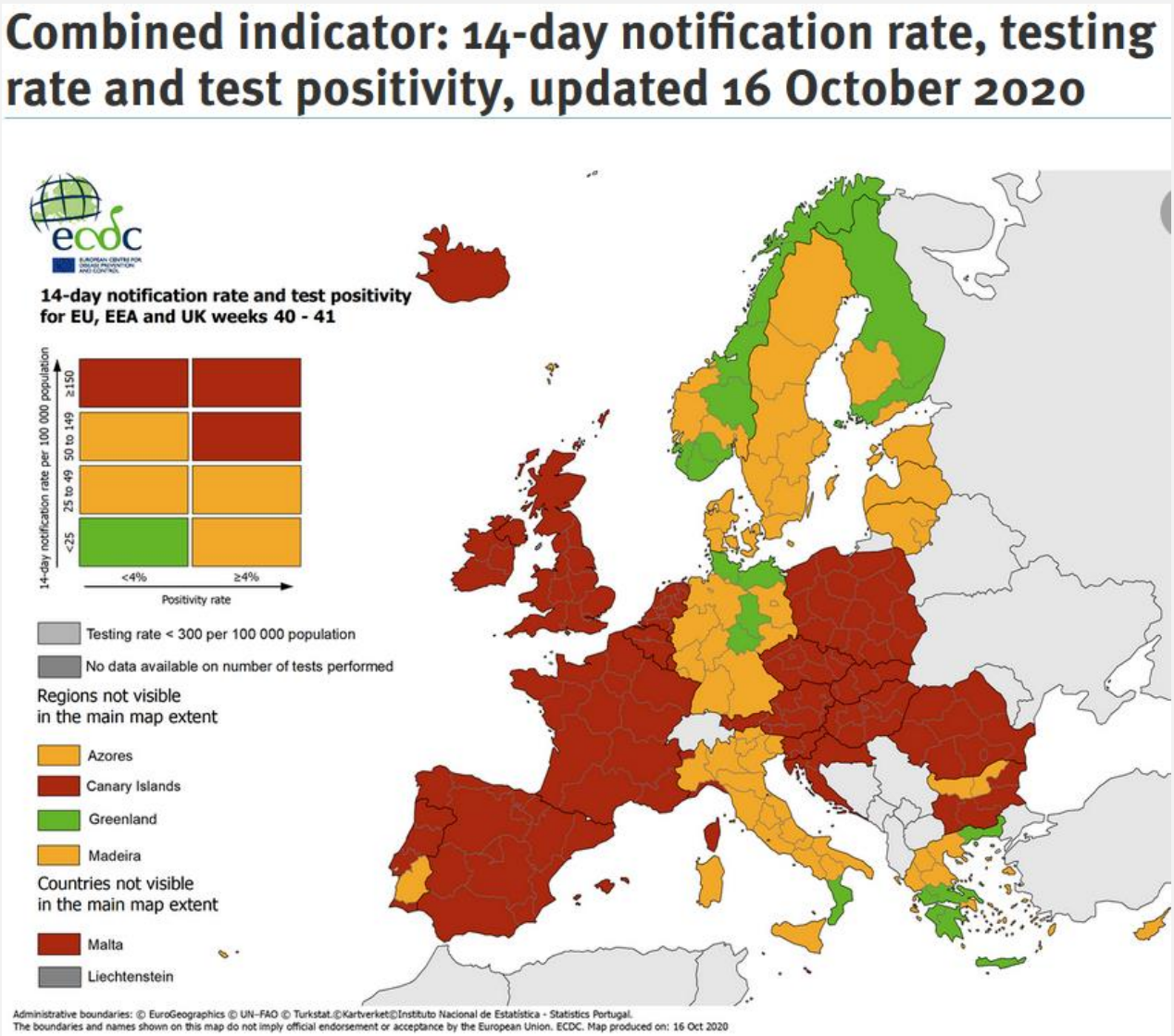
CHN: The Chinese pharmaceutical company "Sinopharm" tested a potential corona vaccine in around 60,000 test persons. The company announced that there were no serious side effects. Therefore, the Chinese government was optimistic that it would be able to produce more than a billion doses of the active ingredient in the coming year. The vaccine has not yet been officially approved.

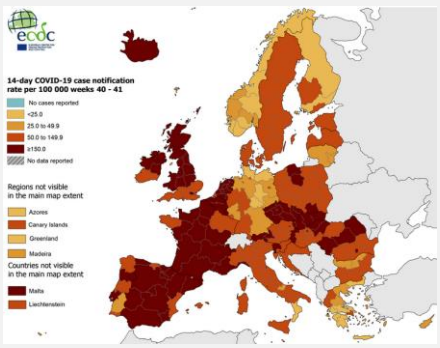
Situation in Europe

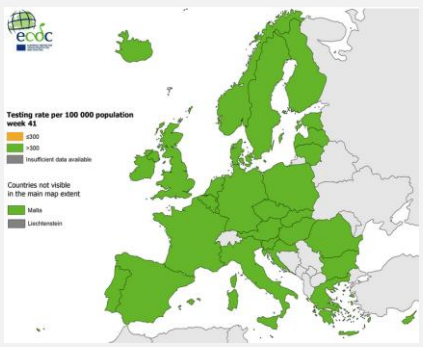
Maps in support of the Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic in the EU, as of 16 October 2020

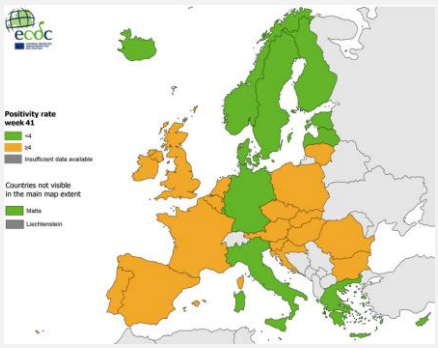
Areas are marked in the following colours:

- **green** if the 14-day notification rate is lower than 25 cases per 100 000 and the test positivity rate below 4%;
- **orange** if the 14-day notification rate is lower than 50 cases per 100 000 but the test positivity rate is 4% or higher or, if the 14-day notification rate is between 25 and 150 cases per 100 000 and the test positivity rate is below 4%;
- **red** if the 14-day notification rate is 50 cases per 100 000 or higher and the test positivity rate is 4% or higher or if the 14-day notification rate is higher than 150 cases per 100 000;
- **grey** if there is insufficient information or if the testing rate is lower than 300 cases per 100 000.




14-day case notification rate per 100 000 inhabitants


Testing rates per 100 000 inhabitants


Positivity rates

Back to Table of Contents

Back to Top

ECDC COVID-19 surveillance report Week 41, as of 15 October 2020

Weekly surveillance summary

This summary presents highlights from two separate weekly ECDC surveillance outputs, using data up to the end of the current reporting week (week 41, ending Sunday 11 October 2020).

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

What's new

- In the past two weeks, three new tabs have been added to the country sections of the country overview, covering weekly data completeness in TESSy, an expanded visualisation of the start and end dates of the public response measures and the testing strategies in place in each country. As such, the visualisation of response measures previously shown on the first tab for each country has been removed.
- An additional class break has been added to the maps in Sections 2.5 and 3.4 to distinguish countries and regions with case notification rates of 240 per 100 000 population or higher.

Trends in reported cases and testing

- By the end of week 41 (11 October 2020), the 14-day case notification rate for the EU/EEA and the UK, based on data collected by ECDC from official national sources from 31 countries, was 172.9 (country range: 34.1–469.4) per 100 000 population. The rate has been increasing for 84 days.
- High levels (at least 60 per 100 000) or sustained increases (for at least seven days) in the 14-day COVID-19 case notification rates compared with the previous week have been observed in 28 countries (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK).
- Based on data reported to TESSy from 18 countries, among people over 65 years of age, high levels (at least 60 per 100 000) or sustained increases in the 14-day COVID-19 case notification rates compared to last week have been observed in 13 countries (Austria, Croatia, Hungary, Ireland, Latvia, Luxembourg, the Netherlands, Portugal, Romania, Slovenia, Spain, Sweden and the UK).
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 41, available for 25 countries, varied from 429 to 6 453 tests per 100 000 population. Luxembourg had the highest testing rate for week 41, followed by Malta, the UK, Belgium and Cyprus.
- Weekly test positivity was high (at least 3%) or had increased against the previous week in 19 countries (Belgium, Bulgaria, Croatia, Czechia, France, Greece, Hungary, Ireland, Italy, Lithuania, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and the UK).

Primary care

- In the six countries that reported data from primary care sentinel surveillance for COVID-19 up to week 41, using the systems established for influenza, five detections of SARS-CoV-2 were reported among the 92 patients tested.
- Among 13 countries that reported influenza-like illness (ILI) and/or acute respiratory infection (ARI) syndromic surveillance data up to week 41, using the systems established for influenza, only Ireland had observed recent increases in consultation rates to levels higher than those reported during the same period for the last two years.

Hospitalisation

- Hospital and/or ICU occupancy and/or new admissions due to COVID-19 were high (at least 25% of the peak level during the pandemic) or had increased compared to the previous week in 20 countries (Austria, Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia, France, Greece, Hungary, Ireland, Italy, Latvia, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia and the UK). No other increases have been observed, although data availability varies.
- Based on surveillance data reported to TESSy by 22 countries to date, we estimate that 19% (country range: 4–70%) of reported COVID-19 cases have been hospitalised. Data from 15 countries show that in total 8% (country range: 0–61%) of hospitalised patients required ICU and/or respiratory support. However, these proportions vary considerably by age and sex and may be influenced by national policies and practices.

Mortality

- The 14-day COVID-19 death rate for the EU/EEA and the UK, based on data collected by ECDC from official national sources from 31 countries, was 12.7 (country range: 0.0–36.2) per million population. The rate has been increasing for 30 days.
- High levels (at least 10 per million) or sustained increases (for at least seven days) in the 14-day COVID-19 death rates compared to those reported seven days ago are currently being observed in 17 countries (Austria, Belgium, Bulgaria, Croatia, Czechia, Estonia, France, Hungary, Italy, Lithuania, Malta, the Netherlands, Poland, Portugal, Romania, Spain and the UK).
- Overall pooled estimates of all-cause mortality reported by EuroMOMO for week 41 show a low level of excess mortality for the participating countries, confined to a few countries.

COVID-19 situation update for the WHO European Region (05 – 11 October 2020 Epi week 41)

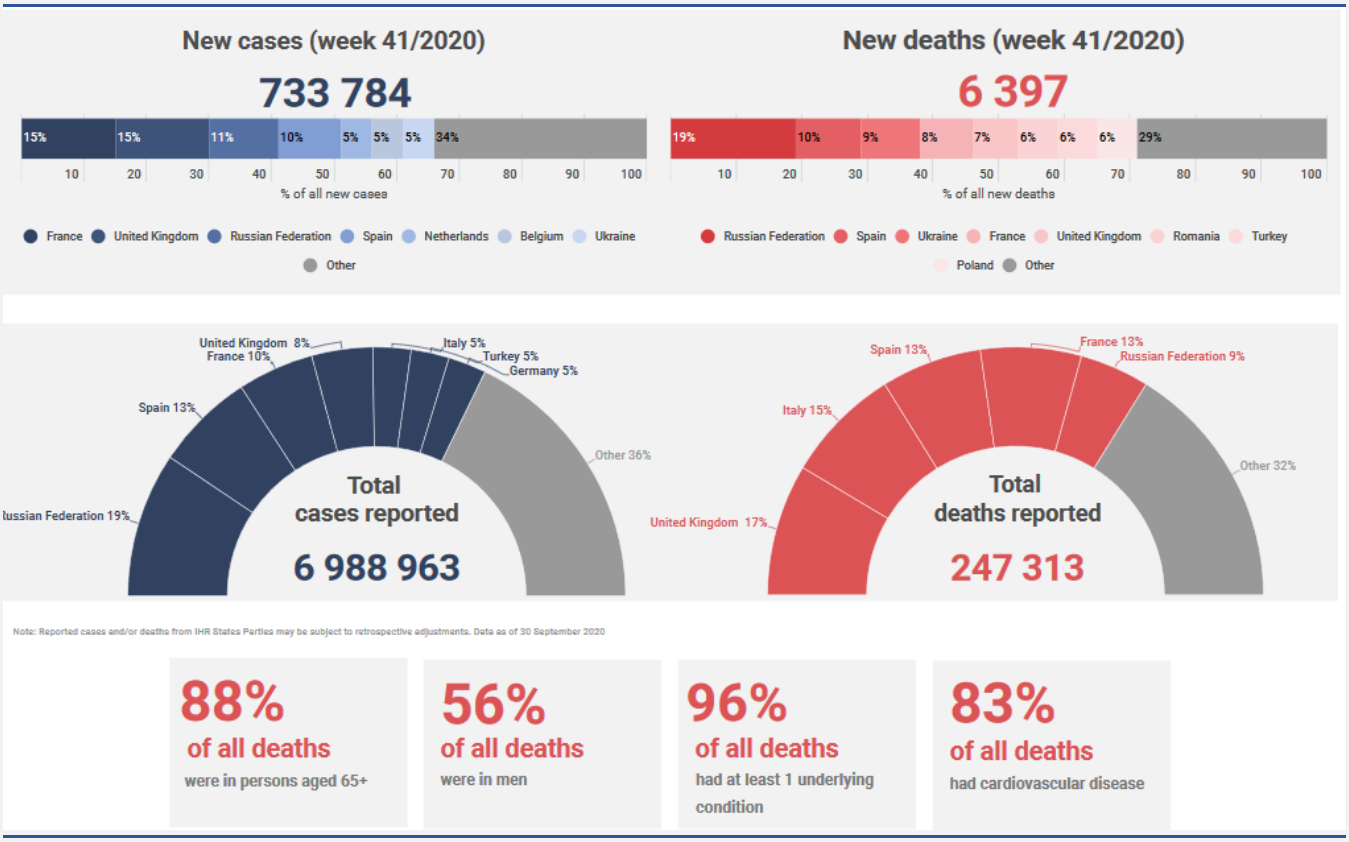
Key points

Week 41/2020 (5 -11 Oct 2020)

- The number of cases reported in the Region increased 42% to 733 784 in week 41/2020 compared to the previous week (518 517 cases in week 40/2020)
- 66% (482 888) of the cases reported in week 41/2020 were reported from seven countries: France (15%; 112 248), United Kingdom (15%; 110 827), Russian Federation (11%; 83 717), Spain (10%; 69 792), Netherlands (5%; 36 333), Belgium (5%; 35 399) and Ukraine (5%; 34 572). The remaining cases (34%; 250 896) were reported by 53 countries and territories; each accounted for <5% of the total cases reported in week 41/2020
- The crude incidence continues to vary across the region with a range from 3.1 per 100,000 population in Tajikistan to 760 per 100,000 population in Andorra in week 41/2020
- Six countries had a crude incidence of ≥200 per 100 000 population in week 41/2020: Andorra (760), Israel (315), Belgium (307), Montenegro (276), Czech Republic (269), and the Netherlands (213) (Figure 2A). 16 countries had a crude incidence of ≥100 per 100 000 population in week 41/2020, up from ten in week 40/2020
- The 14-day cumulative incidence increased by ≥10% in week 41/2020 in 42 countries and territories in the Region; an increase of ≥50% was observed in 31 of these countries and territories: Andorra, Armenia, Belarus, Belgium, Bulgaria, Cyprus, Czech Republic, Finland, Georgia, Germany, Gibraltar, Iceland, Ireland, Isle of Man, Italy, Jersey, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Netherlands, North Macedonia, Poland, Romania, Russian Federation, San Marino, Slovakia, Slovenia, Sweden, Switzerland and the United Kingdom (see EURO COVID-19 Dashboard for recent trends)
- The number of deaths in the Region in week 41/2020 increased 17% to 6 397 compared to the previous week (5 460 deaths in week 40/2020) (Figure 1). The proportion of reported cases that died was 0.9% in week 41/2020
- 71% (4 566) of the deaths reported in week 41/2020 were reported by the Russian Federation (19%; 1 239), Spain (10%; 650), Ukraine (9%; 575), France (8%; 486), United Kingdom (7%; 443), Romania (6%; 411), Turkey (6%; 394) and Poland (6%; 368). The remaining deaths (29%; 1 831) were reported from 41 countries and territories; each accounted for <5% of the total deaths reported in week 41/2020
- Community-transmission was reported by 33 countries and territories, 21 countries and territories reported cluster transmission, while 4 countries and territories reported sporadic transmission in week 41/2020
- For an interactive subnational view of the recent COVID-19 situation in the WHO-EURO Region see the WHO-EURO COVID19 Subnational Explorer

Summary overview

- The cumulative cases across the Region increased 11.7% to 6 988 963 cases in week 41/2020 (from 6 255 179 cases in week 40/2020) and cumulative deaths increased by 2.7% to 247 313 deaths (from 240 916 deaths in week 40/2020)
- As of 29 September 2020, 22 countries and territories in the Region had an effective reproductive number significantly over 1: Armenia, Belarus, Belgium, Bulgaria, Croatia, Czech Republic, Finland, Germany, Ireland, Italy, Jersey, Kyrgyzstan, Latvia, Liechtenstein, Netherlands, Norway, Romania, Russian Federation, Serbia, Slovakia, Slovenia and the United Kingdom (See EpiForecasts and the CMMID COVID working group COVID-19 Global Summary for latest estimates)
- Ten countries in the Region each reported a cumulative incidence of ≥1300 cases per 100,000 population: Andorra (3495), Israel (3394), San Marino (2262), Montenegro (2227), Armenia (1909), Spain (1895), Republic of Moldova (1528), Luxembourg (1520), Holy See (1471) and Belgium (1472) (Figure 2B)
- As of week 41/2020, 64% (4 500 507) of cumulative cases were reported from the Russian Federation (19%; 1 298 718), Spain (13%, 885 683), France (10%; 718 873), United Kingdom (8%; 590 844), Italy (5%; 349 494), Turkey (5%; 334 031) and Germany (5%; 322 864). The remaining cases (36%; 2 488 456) were reported by 54 countries and territories; each accounted for <5% of the total cases reported until week 41/2020
- As of week 41/2020, 68% of cumulative deaths (167 359) were reported from the United Kingdom (17%; 42 760), Italy (15%; 36 140), Spain (13%; 33 178), France (13%; 32 684) and the Russian Federation (9%; 22 597). The remaining deaths (32%; 79 954) were reported by 52 countries and territories; each accounted for <5% of the total cases reported until week 41/2020
- 13.3% of cases were in persons aged ≥65 years in week 41/2020, a decrease from 38% in week 14/2020, while the percentage of fatal cases aged ≥65 years was 70.5% in week 41/2020 (compared to 91% in week 14/2020) (Figure 3)
- 88% of all deaths with information available were in persons aged ≥65 years and 56% 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 (83%) (Table 1)
- 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
- In week 41/2020, six countries reported a total of 318 tests and 14 detections of SARS-CoV-2 in persons with influenza-like illness (ILI) in primary care sentinel surveillance (Figure 4)
- Overall, there were 381 475 COVID-19 cases among the total of 2 577 477 tests reported to have been performed in 20 countries in week 41/2020 (Figure 5)



Back to Table of Contents

Back to Top

Country Reports:

EU: On Monday, the update to version 1.5 for the current Corona Warning apps from DEU, IRL and ITA was released in the Google and Apple app stores, as announced. This means that contacts with users of the official Corona apps in other countries can now also be determined when determining the risk. With the update, the apps from Germany, Ireland and Italy exchange warnings in the first step. Other countries, including Denmark, Latvia and Spain, are to follow shortly afterwards, with countries such as the Netherlands, Austria, Poland and the Czech Republic expected in November. Up to 16 national apps could be linked to one another by the end of the year. France will not be there for technical reasons.

……

According to a report by Wirtschaftswoche, the European Commission is releasing around 13 million euros from the ESI emergency fund to set up an EU-wide corona warning platform. The platform is intended to make it possible to use the national corona warning apps, which have previously been strictly separate, across borders. According to this, seven million euros will flow to the companies SAP and Deutsche Telekom for development and installation by the beginning of 2021, around three million euros are earmarked for maintenance by the end of 2021. An additional three million euros are available in the pot as development grants for EU countries that want to connect their apps to the warning platform.

……

In the dispute over the EU budget, the leader of the European People's Party in the EU Parliament has announced a further blockade of the planned 750-billion-euro corona aid if the payment is not linked to a rule of law mechanism. Only those EU countries "in which the rule of law works" should receive money from the aid pot.

GBR: According to official information, 18,804 new corona cases were recorded in the last 24 hours. To significantly slow the spread of the coronavirus and prevent a collapse in medical care, the government of Wales has announced a two-week lockdown starting Friday 1800.

IRL: Is drastically tightening its measures in the fight against the corona pandemic. The Irish government announced that the highest of five levels will come into force next Wednesday. A six-week lockdown applies from Wednesday at midnight. Non-essential shops will then remain closed, restaurants can only offer take-away food and citizens are only allowed to be within a five-kilometer radius of their place of residence. In contrast to the first lockdown at the beginning of the outbreak, however, schools and important trades such as construction remained open. The measures should apply until December 1st. According to the Irish Ministry of Health, 1,031 people were last infected with the corona virus within 24 hours. A total of almost 51,000 infections have been registered in Ireland so far. The country has just under five million inhabitants.

BEL: Has recorded more than 12,000 new infections in a single day. To contain the corona pandemic, a night curfew came into force in Belgium on Monday. People are not allowed to leave their homes between midnight and 5 a.m. After 8 p.m. the sale of alcohol is also prohibited.
After the Brussels region ordered the closure of all cafes and restaurants the week before last, this will now apply nationwide for at least four weeks. People in Belgium are only allowed to have close contact without a mask with a maximum of one person outside their household.

ITA: On Sunday, 11,705 new infections were recorded within 24 hours. Therefore, the corona rules are being tightened further. Bars and restaurants will have to close at midnight in future. A maximum of six guests are allowed to sit in the bars per table. From 6 p.m. onwards, food and drinks may only be consumed at the table and no longer standing. In addition, the possibilities for teleworking are to be expanded.

CHE: To contain the coronavirus, Switzerland has tightened security requirements. From Monday onwards, gatherings with more than 15 people in public spaces are prohibited. Private meetings are to be restricted. The mask requirement has also been tightened. It used to apply to public transport and has now been expanded to include publicly accessible spaces such as shops, restaurants and museums. Mask requirements are now also required at train stations, airports and bus stops. In

addition, the government advised companies to let employees work from home in order to reduce social contacts.

FRA: Reported around 30,000 new infections within 24 hours, that is the highest value since the beginning of the pandemic. The number of people in intensive care units has also increased significantly. Currently 2090 intensive care beds are occupied due to Corona patients - 1441 more than a week ag. In the past 24 hours, 146 people died as a result of corona disease.

Ukraine: Recorded a record number of 6410 new corona infections on Saturday. Since yesterday, 113 people who have been proven to be infected with the corona virus have officially died. According to the state authorities, this is the highest number of suspected corona deaths within 24 hours since the outbreak of the pandemic.

CZE: The Czech army has started building a temporary hospital in the Prague exhibition halls. A first convoy with 29 vehicles and around 165 tons of medical supplies arrived in the capital today. More transports are to follow throughout the week, as the Ministry of Defense announced in Prague. The auxiliary hospital with a capacity of 500 beds is intended to serve as a reserve in case the health system is overloaded with COVID-19 patients. The field hospital of the Czech Army has, among other things, an operating room, an intensive care unit, a pharmacy, a laboratory and X-ray machines.

RUS: Mass vaccinations against the corona virus are to begin in Moscow in the next few months. The vaccination campaign should begin between December and January. The first major shipments of the first Russian vaccine are expected to arrive next month.

POL: For fear of overloading the health system in view of the rising coronavirus numbers, Poland is planning to set up a special hospital in the national stadium in Warsaw, according to government information. The football arena conference rooms are to be converted into a hospital with around 500 beds for COVID-19 patients.

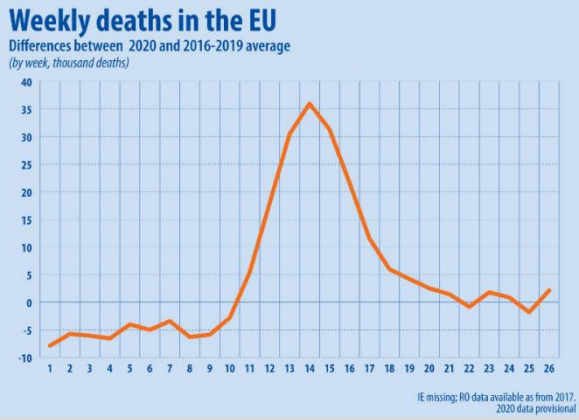
SVN: Due to the rapidly increasing number of infections with the coronavirus, Slovenia has declared a 30-day pandemic emergency again. This was reported by the Slovenian news agency STA. This step has no immediate consequences for the time being. However, it forms the basis for the authorities to be able to order locally graduated new measures and restrictions. A first corona emergency was imposed in the EU country from March 12 to the end of May. A partial lockdown has been in place since last Friday. In nine out of twelve regions, residents are not allowed to leave their respective region. However, there are exceptions, such as trips to work. In addition, a plan came into effect on Monday that students from the 6th grade would only be taught distance learning. In Slovenia, 726 new infections with the coronavirus became known on Sunday and 897 the day before. The number of active cases in the country with two million inhabitants has almost doubled within a week.

Subject in Focus

The Impact of COVID-19 on the death statistic in Europe

Eurostat weekly deaths statistics - March to June 2020, as of 19 October

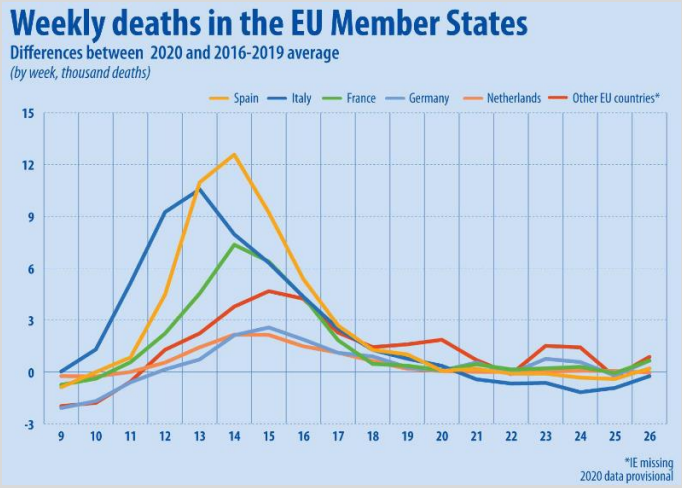
Preliminary data from 31 European countries show that in 2020, among the 26 EU Member States for which data are available, there were 168,000 more deaths during weeks 10-26 (March – June) than the average number of deaths during the same period over the four years 2016 to 2019.These data include all deaths, irrespective of their causes, but can be useful for assessing the direct and indirect effects of the COVID-19 pandemic on the European population.



In week 14 (end March –beginning April) the peak of 36,000 additional deaths compared to the four-year average was reported. From week 19 (beginning of May), there were under 5,000 additional deaths each week compared with the four year average. And in week 25 (just after mid-June), 2,200 fewer deaths were recorded in 2020.

Worst hit countries

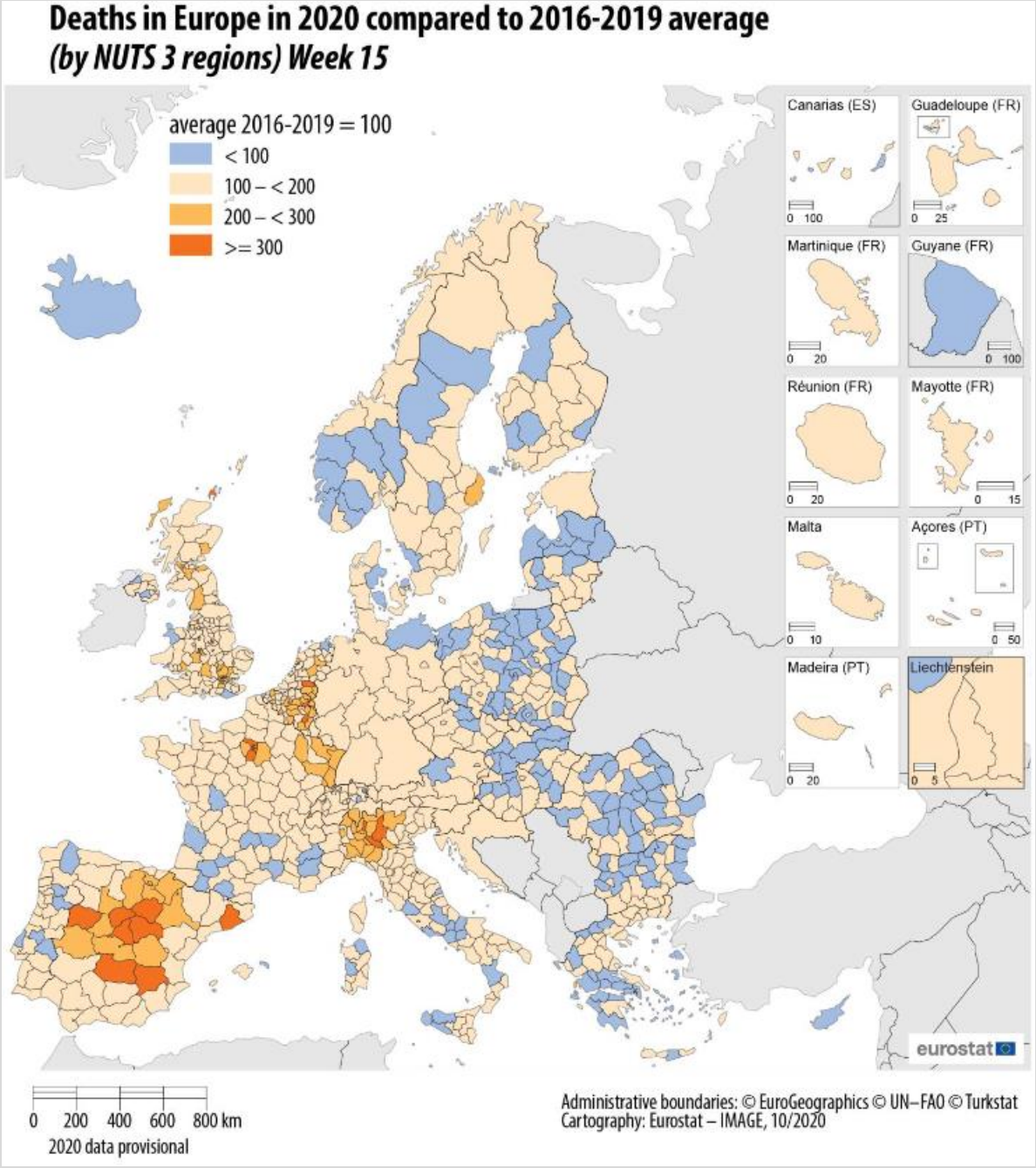
Among the EU Member States, for which data is available, the highest number of additional deaths in 2020 during weeks 10-26 compared to the four year average (2016 to 2019) was recorded in **Spain** (48,000) followed closely by **Italy** (46,000), **France** (30,000), **Germany** and the **Netherlands** (each around 10,000). The remaining 21 Member States accounted together for 25,000 additional deaths in the same period.



In **Spain**, compared to the average number of deaths for years 2016-2019 more than double the number of deaths were recorded during weeks 13-15. **Belgium** followed in week 15. **Italy** recorded more than 40% additional deaths over weeks 11-15 in **Spain** in weeks 12 and 16, in Belgium weeks 13-14 and 16-17, in the **Netherlands** weeks 13-17, in **France** weeks 14-15, in **Luxembourg** week 15, in **Sweden** weeks 15-16 and in **Cyprus** weeks 20-21.

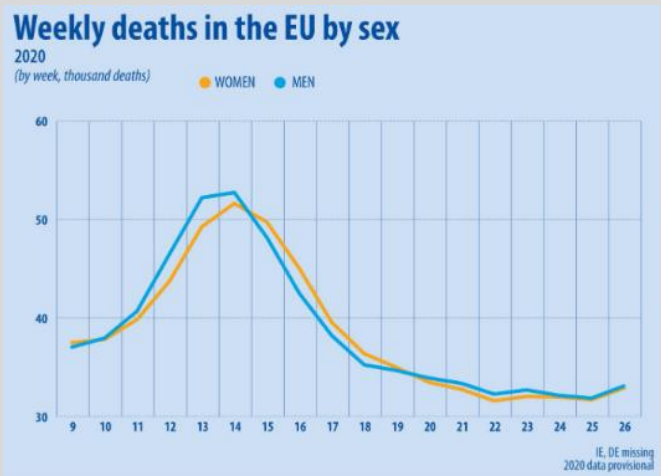
Additional death rate

Countries and regions were hit differently. In some parts of Europe, the difference compared to previous years was exceptionally high, while other areas were less severely affected. Analysis of weeks 10 to 26 (March-June) at regional level across Europe show that the highest rates of additional deaths occurred in areas in **Central Spain** and **Northern Italy**. The biggest increase on county level, in the number of deaths was noticed in **Bergamo** (Northern Italy) with a peak in week 12 of 895% increase followed by **Segovia** in Spain (634%) in week 13, compared to the average number of deaths for years 2016 to 2019.



Gender mostly infected

Increases in mortality in the weeks 10 to 26 in 2020 affected men and women differently. For the 26 Member States with available data, there occurred more deaths of men than of women in March (weeks 12 to 14) and end May- early June (weeks 20 to 23). More deaths of women than of men were recorded in April and early May (weeks 15 to 19). At the beginning of June (from week 24 onwards) the numbers of deaths for men and women converged and were at approx. 32,000 deaths per week per gender.

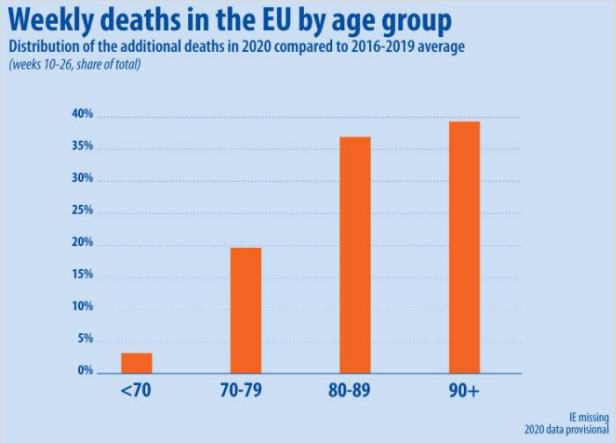


Back to Table of Contents

Back to Top

Most affected age

Those aged 70 years and over were most affected. During weeks 10 to 26 in 2020, in the 26 Member States with available data, those aged 70 years and over accounted for 161,000 or 96% of the 168,000 additional deaths compared to the four-year average 2016-2019. During the same period, this age group represented 76% of all deaths in the population in 2016-2019 and 78% of all deaths in 2020.



Source:

- https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Weekly_death_statistics&stable
- https://ec.europa.eu/eurostat/documents/2995521/11438257/3-19102020-BP-EN.pdf

MilMed CoE VTC COVID-19 response

Topic	The NATO Centre of Excellence for Military Medicine is putting its expertise and manpower to aid in any way possible during the pandemic. The VTC is for interested participants (experts) to exchange experiences, management regulations and restrictions due to COVID-19. We would like to propose just one of the most important topics in the next iteration. We will have some experts giving a short briefing and then afterward we will have time for questions and experiences as well as a fruitful discussion. **Topics former VTCs:** • Regulations on the public, military and missions abroad. Medical Treatment Facilities: how equipped they are, is there pooling / isolation of COVID-19 patients in separate facilities. • Testing strategies • Aeromedical evacuation • De-escalation strategy and measures • Collateral damage of COVID-19 emphasing Mental Health Aspects and other non COVID related diseases • Immunity map, national strategies to measure and evaluate the immunity level" • Mental Health • Treatment of mild symptomatic cases of COVID-19 • Transition home office back to the office • COVID-19 Second Wave prediction and preparedness based on facts/experiences, modelling and simulation • Perspectives of the current COVID-19 vaccine development • National overview on current COVID-19 situation • Long term effects of COVID-19 and the impact on force capability • Overview on current COVID-19 situation in Missions
Overview on current COVID-19 situation in Missions	Briefer from UK PJHQ, Belgium, ACT and European External Action Service (EEAS) reported. ACT Briefer gave us an outline to the work ACT is doing in response to the COVID Crisis. ACT Programme of Work is 1. Compare national responses to the Global COVID-19 pandemic THIS STUDY 2. Compare and contrast the experiences of the global COVID19 pandemic and large-scale warfighting interventions 3. Identify salient lessons and required capabilities for future conceptual and capability developmental activities for military medical services --- The Belgium briefer talked about small outbreaks during exercises on board off a frigate and of an outbreak in a contingent deployed in Maradi (Niger). They had some small limited outbreaks during exercises in Belgium as well. Since August they have a national military tracing center with direct access to the reference laboratories. This center look for all contacts within Defense. --- The Briefer from EEAS talked about the current status of the COVID-19 situation (case numbers and testing strategy) in EUTM Mali. Next VTC will be on Wednesday 21st of October with the topic "**Civil – military cooperation in view of COVID-19"**

Recommendations

Recommendation for international business travellers As of 19th October 2020	Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have re-open travel some already closed public-travel again. 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:

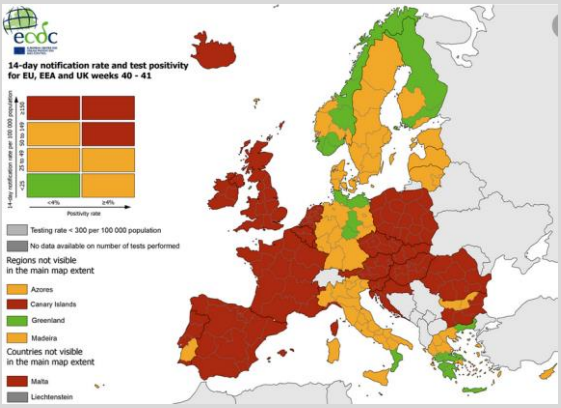
On 13 May, the European Commission presented guidelines and recommendations to help Member States gradually lift travel restrictions, with all the necessary safety and precautionary means in place.

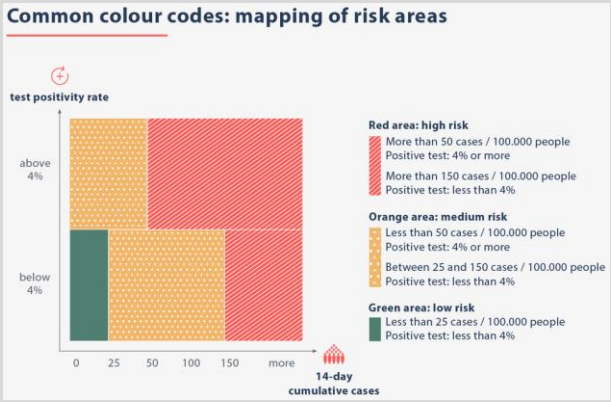
On 13 October, EU Member States adopted a Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic.
To limit the spread of the coronavirus outbreak, the EU's 27 Member States have adopted various measures. To assure a well-coordinated, predictable and transparent approach to the adoption of restrictions on freedom of movement to prevent the spread of the virus, safeguard the health of citizens as well as maintain free movement within the Union, under safe conditions the member states adopted a recommendation set with four key areas where they coordinate their efforts.

1. Common criteria

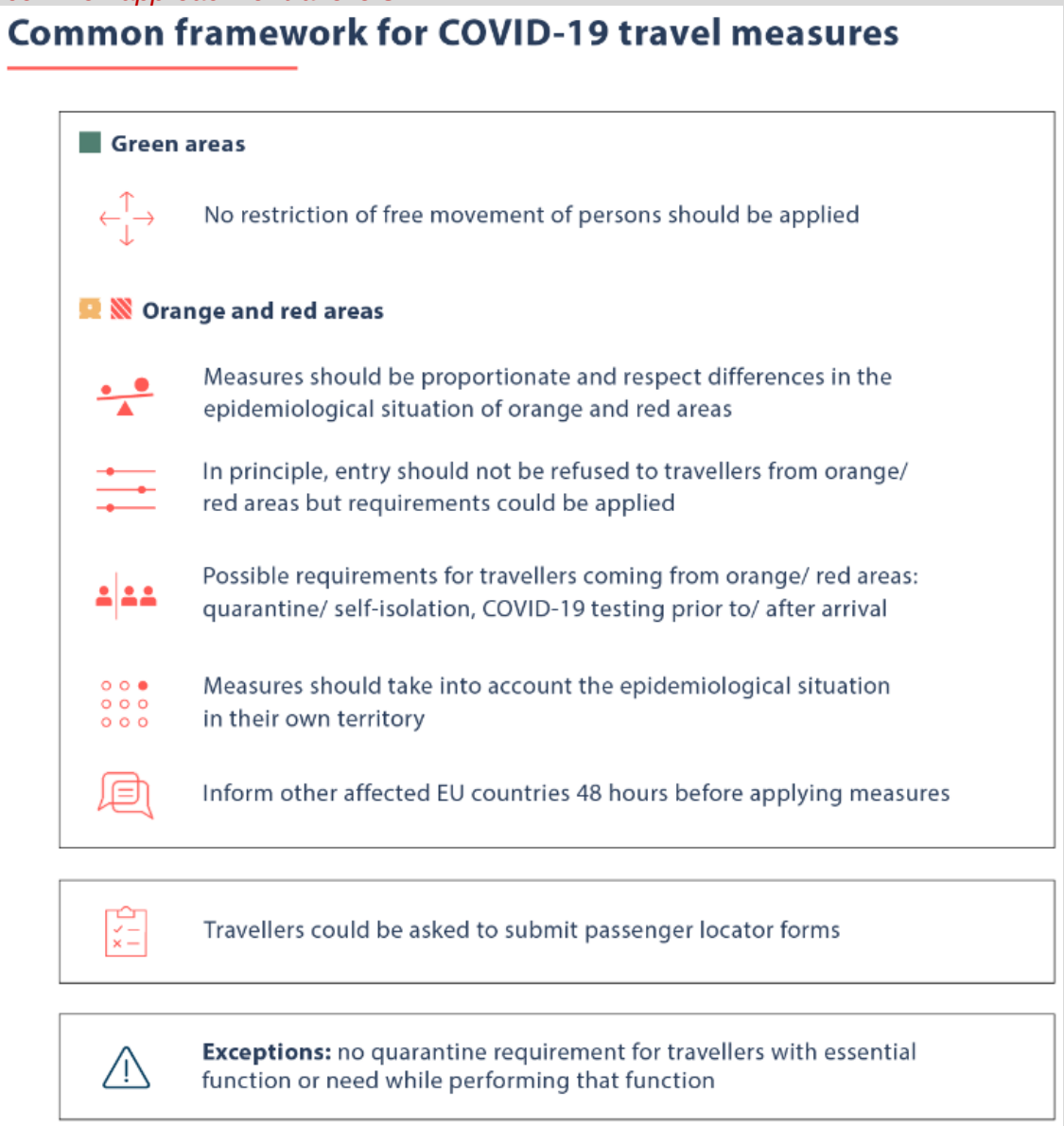
- **the notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in *the last 14* days at regional level)
- **the test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- **the testing rate** (the number of tests for COVID-19 infection per 100 000 population carried out during the *last week*)

2. A common map
The ECDC will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. See also "Situation in Europe".





3. A common approach for travellers



4. Clear and timely information to the public about any restriction

As a general rule, information on new measures will be published 24 hours before they come into effect.

All information should also be made available on Re-open EU, which should contain a cross-reference to the map published regularly by the European Centre for Disease Prevention and Control.

More information about traveling in the EU by the European Commission you will find here:
https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
https://www.consilium.europa.eu/en/policies/coronavirus/covid-19-travel-and-transport/

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. • 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 As of 25th of September 2020	ECDC assessment for EU/EEA, UK as of 25 September 2020: **Risk in countries observing stable and low notification rates, and low test positivity**: • The risk of COVID-19 for the general population and for healthcare provision is **low**, based on a low probability of infection and low impact of the disease. • The overall risk for vulnerable individuals is **moderate** based on a low probability of infection and very high impact of the disease. **Risk in countries observing high or sustained increase in notification rates, or high test positivity, but with high testing rates and transmission occurring primarily in young individuals:** • The risk of COVID-19 is **moderate** for the general population and for healthcare provision, based on a very high probability of infection and low impact of the disease. • The risk of COVID-19 for vulnerable individuals is **very high**, based on a very high probability of infection and very high impact of the disease. **The risk in countries observing high or sustained increase in notification rates, or high test positivity, and an increasing proportion of older cases, and/or high or increasing COVID-19 mortality:** • The risk of COVID-19 is **high** for the general population, based on a very high probability of infection and moderate impact of the disease. • The risk of COVID-19 for vulnerable individuals is **very high**, based on a very high probability of infection and very high impact of the disease.

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
- European Commission; https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en
- Our World in Data; https://ourworldindata.org/coronavirus
- Morgenpost; https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-weltweit/

Disclaimer:

All information is provided in good faith, however, the NATO MILMed COE makes no representation or warranty of any kind, express or implied, regarding the accuracy, adequacy, validity, reliability, availability or completeness of any information.

The information published on this website is not intended to substitute professional medical advice, diagnosis or treatment.

The NATO MILMED COE disclaim any liability in connection with the use of this information.