

Force Health Protection
Branch
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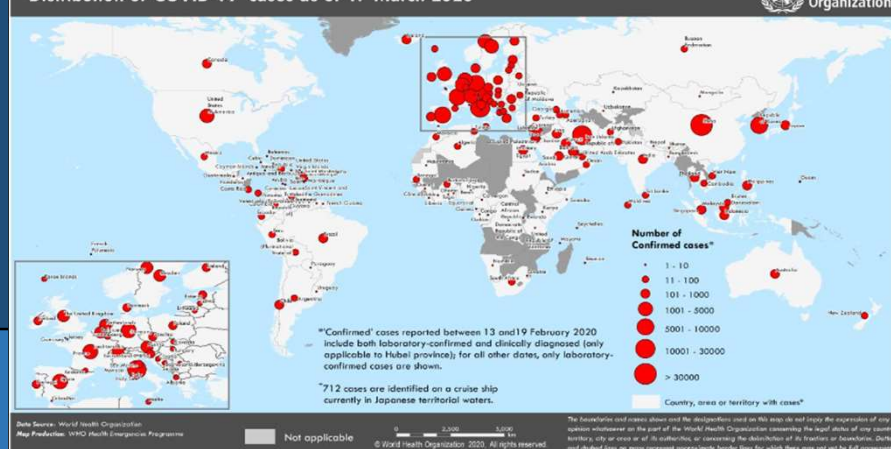
Short Update 1 COVID-19 Coronavirus Disease 18th of March 2020



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Distribution of COVID-19 cases as of 17 March 2020



News:

- The total number of cases and deaths outside China has overtaken the total number of cases in China.
- The core elements of health operations include clinical care and management, laboratory capacity strengthening, surveillance, case and contact tracing, infection prevention and control, risk communications and community engagement.
- Social distancing is an action taken to minimise contact with other individuals; measures comprise one category of non-pharmaceutical countermeasures (NPCs)1 aimed at reducing disease transmission and thereby also reducing pressure on health services. More informations can be found [here](#).

Risk Assessment

EUROPE

- * The risk for importing/exporting the virus into/from Europe is currently high.
- * The risk of severe disease associated with COVID-19 infection is currently considered moderate for the general population and high for older adults and individuals with chronic underlying conditions. In addition, the risk of milder disease, and the consequent impact on social and work-related activity, is considered high.
- * The risk of the occurrence of subnational community transmission of COVID-19 is currently considered very high.
- * The risk of occurrence of widespread national community transmission of COVID-19 in the coming weeks is high.
- * The risk of healthcare system capacity being exceeded in the coming weeks is considered high.

China/Wuhan/

- * The risk for people travelling/resident in affected provinces with ongoing community transmission is currently very high.

GLOBALLY

- * The high risk of further transmission persist.

EUROPE
77.087
confirmed
cases
3.402 death

ASIA
&
Western
Pacific Region
92.867
confirmed
cases
4.059 death

Eastern
Mediterranean
Region
18.328
confirmed
cases
1.005 death

AMERICAS
REGION
8.136
confirmed
cases
120 death

AFRICA
480 confirmed
cases
13 death

GLOBALLY

198.004
Confirmed cases

154 countries
7.948 death

Outside CHINA

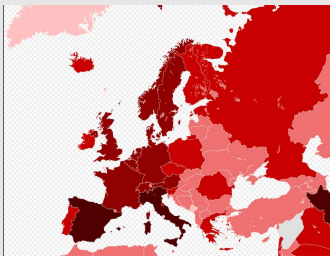
116.930
confirmed cases
3.924 death

CHINA

81.074
confirmed cases
4.707 death

Situation in Europe

Country	Confirmed case (Over 1 000 cases)	Deaths
Italy	31 506	2 503
Spain	13 716	558
Germany	9 919	26
France	7 689	148
Switzerland	2 700	27
Great Britain	1 961	73
Netherlands	1 708	43
Norway	1 486	4
Austria	1 332	4
Belgium	1 243	10
Schweden	1 196	8
Denmark	1 091	4



Source: Wikipedia

- Europe is now considered the active centre of COVID-19 according to the WHO as of 13 March 2020
- All countries within continental Europe had at least one confirmed case of COVID-19. In 18 countries was reported at least one death.
- Cases by country across Europe had doubled over periods of typically 3 to 4 days, with some countries (mostly those at earlier stages of detection) showing doubling every 2 days.
- Most European countries implemented prevention measures as border closings, border checks, limited public movement, lockdowns.
- The European Football Championship has been postpone for one year.
- EU leaders decided on an immediate travel ban into EU for 30 days for non-EU citizens as of 17 March.
- The risk for the public in the most affected areas can be considered as high, depending on regions as well as the part of the region.**

Global Situation

- As of 16 March WHO submitted two new technical guideline about „critical preparedness, readiness and response actions for [COVID-19\(SRP\)](#)“ and „risk communication and community engagement ([RCCE](#))“. Within the paper WHO pointed out again that every country should urgently take all necessary measures to slow further spread and to avoid that their health systems become overwhelmed due to seriously ill patients with COVID-19. As well as showed the importance of RCCE as an essential component of a health emergency preparedness and response action plan.
- WHO named one of the biggest challenges of this outbreak the current lack of proven therapeutics or vaccines or rapid point of care diagnostic tests for COVID-19. As well as the major research gaps in many other key research and innovation areas. Therefore they published “a coordinated Global research Roadmap”. You will find [here](#).

Country	Confirmed cases (over 1000 cases, excluding Europe)	Deaths
China	81 102	3 241
Iran	16 169	988
South Korea	8 413	84
USA	6 447	114

China: Currently more people recovered from the disease, than new infections reported. Hubei Province reported zero new suspected case for two consecutive days as well as no newly confirmed case since 17 March. A WHO report described China's response as "perhaps the most ambitious, agile and aggressive disease containment effort in history". The economy in China was very hard-hit in the first two months of 2020 due to the measures taken by the government to curtail virus spread.

Iran: Occurs as a centre of the spread of the virus after China. Over ten countries have traced their cases back to Iran by 28 February, indicating that the extent of the outbreak may be more severe than the 388 cases reported by the Iranian government by that date. On 15 March, the Iranian government reported 100 deaths in a single day, up to that point, the most ever recorded in such a time period. Preventive measures are not well implemented and not adhered to by the public.

South Korea: On March 13 the numbers of recoveries was larger than the number of newly tested positive. But still clusters recurrent occur.

USA: As of 18 March 2020, the epidemic was reported to be present in all states, plus the District of Columbia. The White House has been criticised for downplaying the threat. First used test for the virus were defective and gave inaccurate readings. As on March 14 all states were able to do testing but still numbers of available test kits remains limited. Which leads to the assumption that the true number of people currently infected with the virus is not visible in the confirmed case number. Preventive measures are well implemented.

Social Distancing



1

Avoid gatherings or meetings with many people. Use online conference facilities, VTC, conference calls, e-mail, phone calls within the same building as well as Home Office as far as possible.



2

Unavoidable personal meetings should be kept brief and take place in a sufficiently large, well-ventilated room that allows you to keep your distance. Avoid handshakes – a smile connects.



3

Cancel unnecessary travel and postpone meetings that are not essential.



4

Do not stay longer than necessary in social rooms such as kitchens or common rooms. Keep your distance from others.



5

Bring your own meals to work and eat them at your desk.



6

Avoid public transportation. Instead, walk, use the bike or your own car. Avoid the "rush hours" by starting or stopping work early.



7

Restrict your off-duty activities: e.g. no mass events, concerts, course participation, fitness studios or cinemas. Support high-risk patients in order to minimize their social contacts (shopping, etc.).

Preparedness and Response

Basic protective measures against COVID-19:

- Perform hand hygiene frequently. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled;
- Cover your nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;
- Refrain from touching mouth and nose.

See also: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

- A medical mask is **not** required if exhibiting no symptoms, as there is no evidence that wearing a mask – of any type – protects non-sick persons. If masks are to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal.
- Patients with symptoms like coughing and fever are only suspected cases after full anamnesis (travel anamnesis, contact with people coming from affected regions etc.). Please see WHO :
[https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))
- For MTFs and clinical personal handling COVID-19 patients please see here:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

- All WHO technical guidance regarding COVID-19 you can find here:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

Travel Informations

- Avoid nonessential Business travels, particularly while traveling to an Risk area (check with you national regulations).
- Check your national foreign office advices for regulations of the countries you're traveling or regulations concerning your country.
- Informations about the latest travel regulations you can find here: <https://www.iatatravelcentre.com/international-travel-document-news/1580226297.htm> and [here](#).
- WHO informations for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find here:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- 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.
- People returning from affected areas (= countries, provinces, territories or cities experiencing ongoing transmission of COVID-19, in contrast to areas reporting only imported cases) should self-monitor for symptoms for 14 days and follow national protocols of receiving countries. If symptoms occur, such as fever, or cough or difficulty breathing, persons are advised to contact local health care providers, preferably by phone, and inform them of their symptoms and their travel history.