Force Health Protection Branch
NATO MilMed COE
Munich

Short Update 18b
COVID-19
Coronavirus Disease
8th of May 2020

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GLOBALLY

3 811 688
Confirmed cases

1 286 790
recovered
269 622 deaths

USA

(x2 in 30.0 d ⟶)
1 254 559
confirmed cases
195 036 recovered
75 554 deaths

Brazil

(x2 in 11.0 d ↗)
135 773
confirmed cases
55 350 recovered
9 190 deaths

Russia

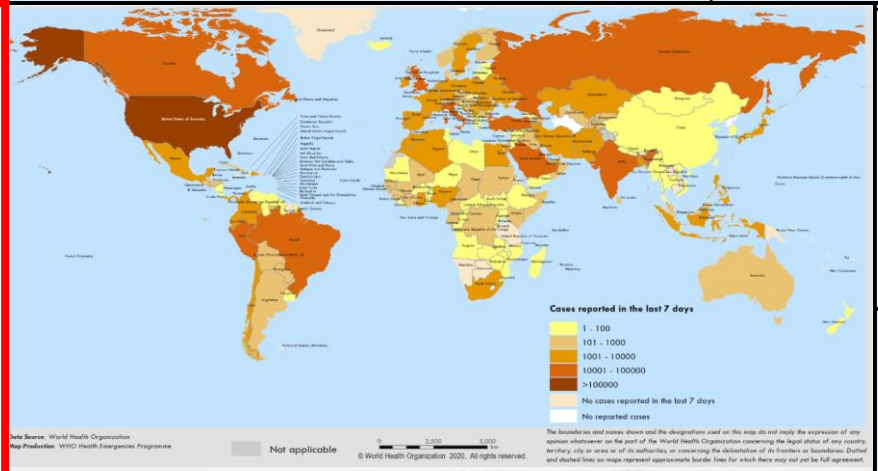
(x2 in 9.5 d ↗)
177 160
confirmed cases
23 803 recovered
1 625 deaths

News:

- **ECDC**: Published a new document on "Contact tracing for COVID-19: current evidence, options for scale-up and an assessment of resources needed" as of 5 May. The document outlines a number of resource measures including the use of well-trained non-public-health staff and volunteers; repurposing existing resources such as call centres; reducing the intensity of contact follow-up and using new technologies such as contact management software and mobile apps. You can find it here.
- **WHO, UNICEF** and the International Federation of the Red Cross have published guidance for countries on how to maintain community-based healthcare in the context of COVID-19. it complements the United Nations framework for the socio-economic response to COVID-19
- **UN**: The United Nations needs billions more to support the poorest people in the world who have been hard hit by the Corona crisis. To save millions of people from famine, the latest calculations require $ 6.7 billion (€ 6.2 billion).
- **HZI**: DEU Scientists have detected an antibody that is capable of blocking the coronavirus from entering cells, providing a much-needed shield for severely ill patients. The discovery is an initial step towards developing a fully human antibody to treat or prevent deadly respiratory disease. More find here.
- **WHO**: After becoming aware of these circumstances of a positive COVID-19 patient in FRA already in December 2019, the WHO is now calling on other countries to check similar illnesses for a coronavirus infection from the end of 2019. It is possible that even more pneumonia patients turn out to be early coronavirus cases
- Find Articles and other materials about COVID-19 on our website https://www.coemed.org/resources/COVID19
- Please use our online observation form to report your lessons learned observations as soon as possible. https://forms.office.com/Pages/ResponsePage.aspx?id=Ada59cF6jUaZ_fZxuxzAAVLXriN_74RJnkC57W6UsgRUQVhUVlk4TUUzM1lER0NDUzE1MzZSSDVOSi4u

Topics:

- Subject in Focus: How COVID-19 and related restrictions may increase self-harm
- Temporal rise in the proportion of younger adults and older adolescents among COVID-19
- WHO recommendation to ease lock-down restriction
- Conflict & Health – Burkina Faso -



EUROPE

1 615 877
confirmed cases
660 572 recovered
152 081 deaths

SPAIN

(x2 in 131.5 d ↗)
221 447
confirmed cases
128 511 recovered
26 070 deaths

ITALY

(x2 in 98.5 d ↘)
215 858
confirmed cases
96 276 recovered
29 958 deaths

UK

(x2 in 26.0 d ↘)
206 715
confirmed cases
recovered not reported
30 615 deaths

Situation in Europe

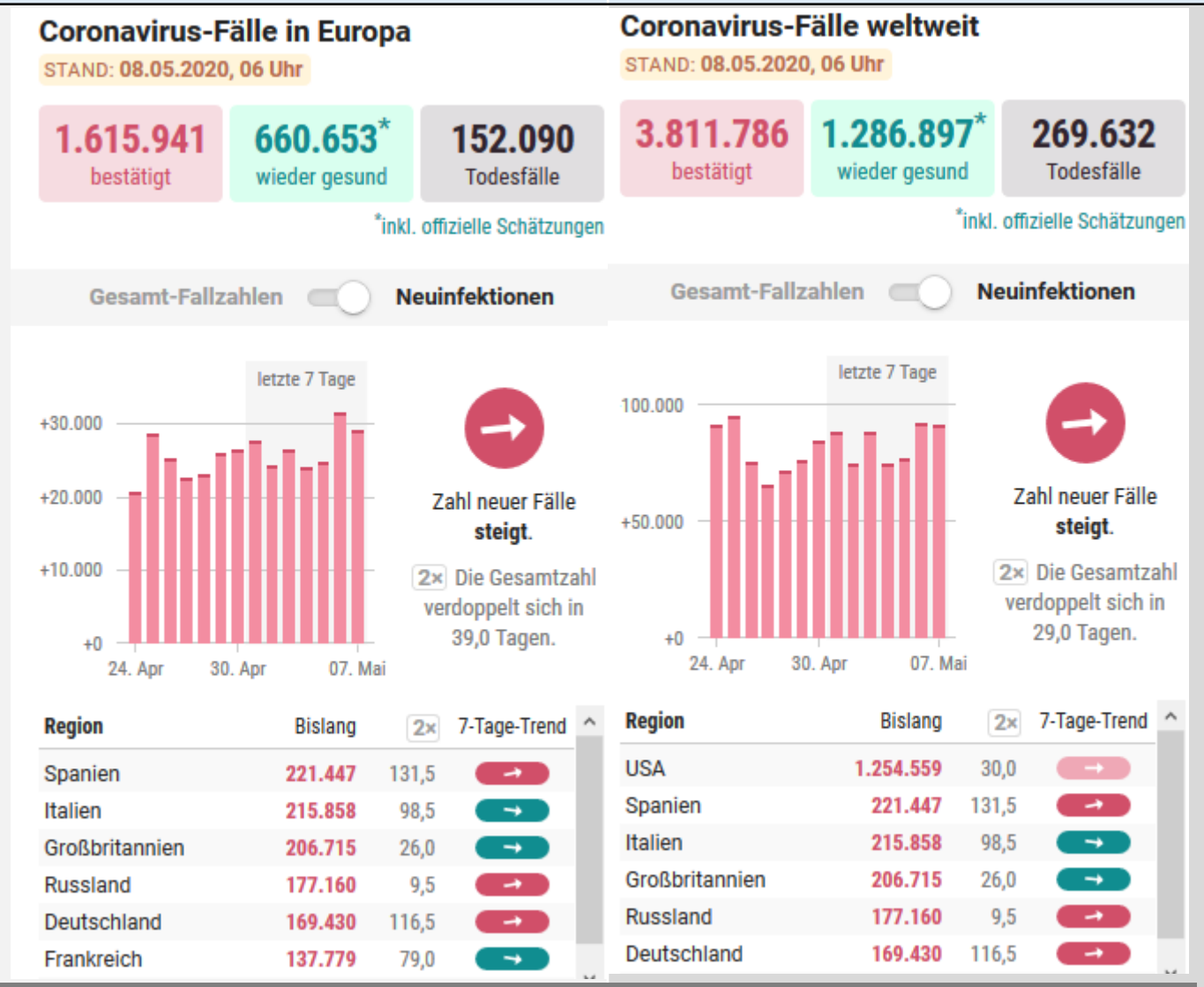
After FRA scientist acknowledge COVID-19 probably already occurred in December 2019, WHO called to check for similar cases of coronavirus infection also in other countries. That should be done retrospective since late 2019. It would therefore be possible that even more pneumonia patients turn out to be early corona cases.

The Chinese authorities informed WHO about the new lung disease for the first time on December 31, 2019. So far, it was assumed that it only spread to Europe from January. And so the first positive corona tests in France were dated January 24, 2020. However, a recent study by French scientists suggests that there may have been a case at the end of last year: samples from pneumonia patients were retested in a French hospital and it was found that a man was treated on December 27, 2019 Covid-19 had.

Discovering these cases would help the world get a “new and clearer picture” of the outbreak.

WHO said the results of the study were not surprising. Nevertheless, the picture is completely new. The findings would help to better understand the "potential circulation of Covid-19"

Global Situation



New infections in Europe (left) and globally (right) within the last 7 days. The trend is still rising. Doubling of cases in Europe is in 39 days and in 29 days globally.

UN: Emergency aid to save the poorest from starvation is in the interest of all countries, said UN emergency aid coordinator Mark Lowcock. There are already signs of growing terrorist activity in the Middle East and Sahel in Africa, he said. "It is difficult to clearly name cause and effect, but the corona crisis is preparing the ground for bigger problems.” Poverty drives people into the arms of armed terror groups who may promise family help. Poverty is also a driver of migration. Lowcock estimates the total need to protect the most needy from the worst consequences of the coronavirus pandemic at $ 90 billion. This corresponds to one percent of the sum that the rich countries have decided on as rescue packages. World Bank and International Monetary Fund (IMF) could provide two thirds of this, the rest must come from bilateral development aid.

Amid COVID-19 pandemic, thousands stranded in Bay of Bengal ‘unable to come ashore. Thousands of lives may be at stake if the stranded people are unable disembark. Those at sea include hundreds of Rohingya, ethnic communities from Western Myanmar.

Source: ttps://news.un.org/en/tags/covid-19

Subject in Focus:

How COVID-19 and related restrictions may increase self-harm

When self-harm as a subject emerges, it may seem like this problem mostly affects the civilian population, as when society thinks of military personnel, they tend to think of large units quinarene together or working in the front lines. This is not always the case. There are small units and even individual deployments that may mean a person to be left completely alone.

The effects of isolation to the human psyche is well known and documented. No wonder why specialists warn communities of a possible rise in suicide and self-harm cases around the world.

According to research, individuals who buy handguns have a 22-fold higher rate of firearm-related suicide within the first-year vs those who don't purchase a handgun. This may not be a problem in counties with stricter gun-laws, however one should keep in mind that soldiers may have easier access to firearms, and this can have devastating consequences. According to experts, during times of crisis, people with existing mental health disorders may suffer worsening symptoms, whereas others may develop new mental health problems, especially depression, anxiety, and posttraumatic stress disorder (PTSD). Some of the soldiers -now active- have already existing mental health issues such as Depression or PTSD (especially combat veterans). These can exacerbate as a response to isolation (as the person is “left alone with their thoughts”) which may or may not end in suicide or self-harm but will result in decreased performance that can result in risky behaviour/mistakes at work or workplace accidents etc.

Healthcare providers as well as unit leaders should be made aware of this issue to be able to notice the signs of mental distress.

These are unprecedented times. The pandemic will cause distress and leave many vulnerable. Mental health consequences are likely to be present for longer and peak later than the actual pandemic”
If you or someone you know is struggling with mental health or self-harm, there are resources online to speak directly with a trained professional or to find local community outreach services.

Lists of hotlines:
https://en.wikipedia.org/wiki/List_of_suicide_crisis_lines
http://www.befrienders.org

Source:
https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-ninth-update-23-april-2020.pdf

Temporal rise in the proportion of younger adults and older adolescents among coronavirus disease (COVID-19) cases following the introduction of physical distancing measures, Germany, March to April 2020

As rates of contact between individuals in different age groups under the current physical distancing measures are expected to depart considerably from the regular mixing patterns, there is uncertainty regarding the role of different age groups in propagating the SARS-CoV-2 epidemics in different countries. While disease is most severe in older age groups, a sizeable share of COVID-19-related hospitalisations in the United States and other countries occurs in individuals aged 20–55 years.

In the study, a methodology was applied to data from the Robert Koch Institute on COVID-19 cases in Germany to assess the relative roles of different age groups in SARS-CoV-2 transmission.

The scientists expect that groups that have an elevated role in propagating an epidemic will increase their share among all incident cases during the early stages of the epidemic. For example, if contact rates for one age group are less affected by physical distancing measures than for another age group because of lesser adherence, the incidence of infection in the former age group will increase relative to the latter after the physical distancing measures are implemented. In addition, if a country has regions with different growth rates for their epidemics, the age group that drives the incidence of infection in regions with faster growing and larger epidemics will increase its share among all incident cases in the country.

The temporal increase in the share of a given age group among all cases of infection can be evaluated using the relative risk (RR) statistic that estimates the ratio of the proportion of a given age group among all detected (reported) cases of COVID-19 for a later time period vs an early time period.

Discussion:

There is a great deal of uncertainty about the role of different age groups in propagating the ongoing COVID-19 epidemics in different countries. Some evidence about those relative roles can be obtained by examining temporal changes in the proportions of different age groups among detected COVID-19 cases. Further work is needed to assess the reasons behind those relative increases, including the possibility of elevated mixing because of lesser adherence to physical distancing guidelines for persons aged 15–34 years.

But it suggest that those age groups are expected to have the largest role in driving the current SARS-CoV-2 pandemic.

The scientists believe that despite the limitations named in the paper of the study, the results provide evidence about the growing role of younger adults (particularly those aged 20–24 years) and older adolescents following the introduction of physical distancing measures for the 2020 COVID-19 epidemic in Germany. Those results may be relevant to informing physical distancing efforts, particularly for younger adults and older adolescents.

Source: Eurosurveillance

Results:

Age group (years)	Week 10	Week 11	Week 12	Week 13	Week 14
10–14	21	97	234	359	111
15–19	40	163	509	897	287
20–24	70	304	1,356	2,094	585
25–29	70	510	1,889	2,489	648
30–34	69	497	1,941	2,436	656
35–39	59	523	1,668	2,202	610
40–44	80	525	1,715	2,158	633
45–49	97	701	1,979	2,655	715

The table shows, for the eight age groups included in the study, the weekly number of reported COVID-19 cases in Germany for weeks 10–14, 2020.

Age group (years)	Relative risk	95% CI
10–14	0.78	0.64–0.95
15–19	1.14	0.99–1.32
20–24	1.4	1.27–1.55
25–29	1.06	0.98–1.15
30–34	1.07	0.99–1.16
35–39	0.95	0.87–1.03
40–44	0.9	0.83–0.98
45–49	0.83	0.77–0.89

The table shows the estimates for RR(g) for different age groups for the later period (weeks 13–14) vs the early period (weeks 10–11). The highest RR was estimated for individuals aged 20–24 years, followed by individuals aged 15–19, 30–34 and 25–29 years. Estimates of the RR for individuals older than 35 years and those aged 10–14 years were lower.

WHO recommendation to ease lock-down restriction
- Six criteria -

As more and more countries consider how to ease so-called lockdown restrictions, WHO reiterate the six recommended criteria for countries to consider:

First, surveillance needs to be strong, cases are declining and transmission is controlled;

Second, the health system capacities are in place to detect, isolate, test and treat every case and trace every contact;

Third, the outbreak risks are minimized in special settings like health facilities and nursing homes;

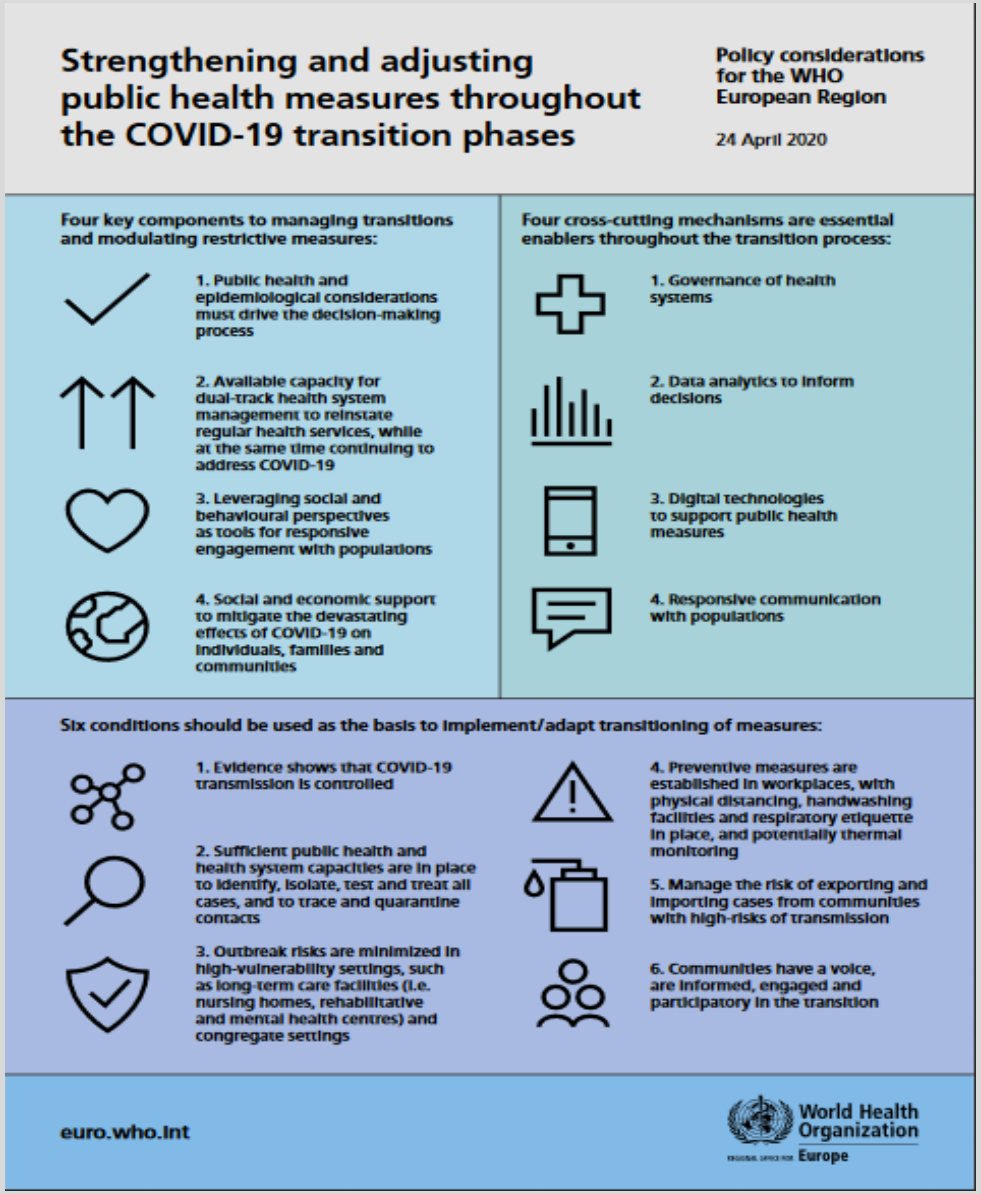
Fourth, the preventive measures are in place in workplaces, schools and other places where it's essential for people to go;

Fifth, the importation risks can be managed;

Sixth, the communities are fully educated, engaged and empowered to adjust to the "new norm".

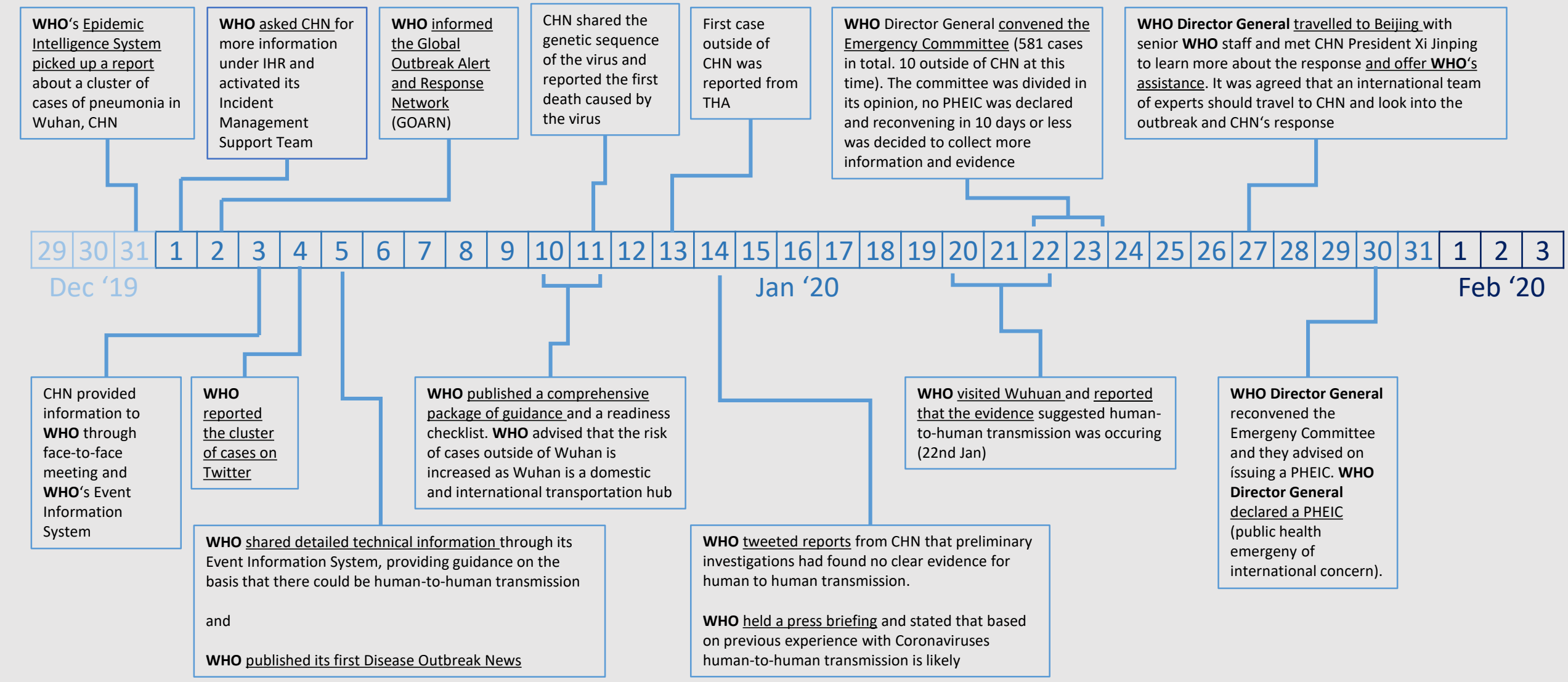
The risk of returning to lockdown remains very real if countries do not manage the transition extremely carefully, and in a phased approach.

Source: https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---6-may-2020



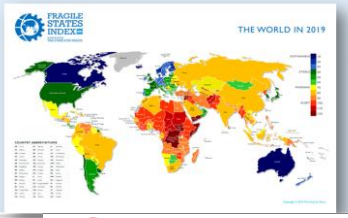
WHO's response during the early stage of the COVID-19 outbreak

According to: https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---29-april-2020



In cooperation with Bundeswehr HQ of Military Medicine
Translated by FHPB NATO MILMED COE

Conflict & Health
BURKINA FASO



Burkina Faso

30.1 Index Score 145/195

	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	**18.0**	**34.8**
Antimicrobial resistance (AMR)	0	42.4
Zoonotic disease	18	27.1
Biosecurity	0	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	90.4	85.0
DETECTION AND REPORTING	**33.3**	**41.9**
Laboratory systems	58.3	54.4
Real-time surveillance and reporting	20	39.1
Epidemiology workforce	50	42.3
Data integration between human/animal/environmental health sectors	0	29.7
RAPID RESPONSE	**38.0**	**38.4**
Emergency preparedness and response planning	12.5	16.9
Exercising response plans	50	16.2
Emergency response operation	33.3	23.6
Linking public health and security authorities	0	22.6
Risk communication	25	39.4
Access to communications infrastructure	65.6	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
HEALTH SYSTEM	**5.6**	**26.4**
Health capacity in clinics, hospitals and community care centers	1.1	24.4
Medical countermeasures and personnel deployment	0	21.2
Healthcare access	29.4	38.4
Communications with healthcare workers during a public health emergency	0	15.1
Infection control practices and availability of equipment	0	20.8
Capacity to test and approve new medical countermeasures	0	42.2
COMPLIANCE WITH INTERNATIONAL NORMS	**44.8**	**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	78.1	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	**42.6**	**55.0**
Political and security risks	42.9	60.4
Socio-economic resilience	53.1	66.1
Infrastructure adequacy	33.3	49.0
Environmental risks	75.6	52.9
Public health vulnerabilities	13.7	46.9

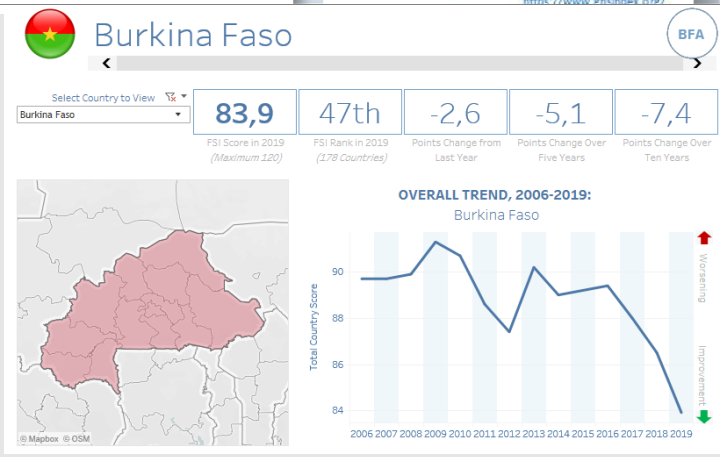
*Average: all 195 countries
Scores are normalized (0–100; where 100 = most favorable)

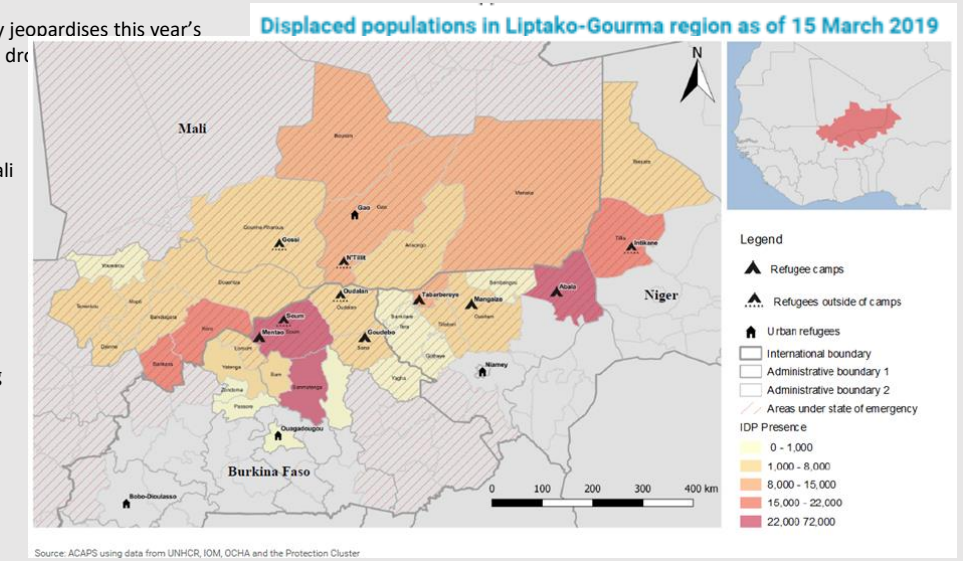
www.ghsindex.org

2019 GHS Index Country Profile for Burkina Faso

Background of the conflict: Burkina Faso was considered a stable state within the crisis ridden region of Western Africa. In 2014 Burkina Faso was shocked by protests and President Blaise Compaoré was overthrown after ruling for 27 years.
After the historic demonstrations in 2014 a civil-military transitional government was appointed to stabilize the country. However, a coup d'état against this interim government took place. Only after an intervention by the African Union (AU) and the Economic Community of West African States (ECOWAS) elections were held an President Marc Roch Kaboré (former prime minister of president Blaise Compaoré between 1994 and 1996 and president of parliament between 2002 and 2012) was elected. Even though president Kaboré pledged to increase the population's quality of life, his political agenda was adversely affected by economic constraints and terrorism. The government lost control over several important parts of its territory, especially in the northern, north-western and the eastern areas.
High poverty within the population, transnational organized crime, arms smuggling from Libya and a non-functioning security system led to a wide destabilisation of the country
The conflict in Burkina Faso intensified in 2019. Attacks at civilians by armed groups increased and led to displacements. The number of people bein displaced internally rose from 90,000 in January 2019 to over 760,000 by the mid of February 2020 (according to UNHCR). Internally displaced people fleeing the conflict hit regions are mainly living in the Centre-Nord Region and the Sahel Region, but increasingly they also live in the Nord Region and the eastern part of the country.
In addition, the country was hit by a severe flood on 19th April 2020 which massively jeopardises this year's harvest, while people in other parts of the country are facing shortage of water and dr

Conflict and Health: The country's instability has limited the access to health services, as travelling long distances is very dangerous, especially for women and children. The situation is worsened by the prohibition of the usage of trucks and motorbikes which was implemented as part of the state of emergency in central Mali and some areas in Niger and Burkina Faso, where Motorbikes were transported by armed groups in order to conduct attacks. But Motorbikes were also used by health services to deliver drugs and support.
Health infrastructure in certain areas in the region of Liptako, the centre of the refugee movement has collapsed. A clear overview of the situation is impaired by access restrictions and a lack of data.
In the most severely affected regions of the conflict, many specialists fled the violence. 80 % of the specialists that remained are paid by international aid, making Burkina Faso highly dependent on international financing (according to the International Peace institute on 31/01/2019).
In Burkina Faso until now at least four central health facilities were closed in the Sahel Region, while 17 are still providing reduced services in the Sahel Region and Nord Region, which affects the access to health services for more than 120,000 people (according to OCHA 13/03/2019). According to the latest assessment conducted in the Soum Province, 40% of the displaced households stated that at least one family member became sick during the displacement. Most of them reported cases of Malaria, cough and diarrhoea (according to UNHCR 27/02/2019). Trauma and psychosocial consequences are expected during conflicts, especially in groups that have been repeatedly displaced. Nevertheless, data is missing and possible reactions are limited. The local population lives in constant fear of being attacked at any time.





Source: ACAPS using data from UNHCR, IOM, OCHA and the Protection Cluster

The country reported 729 cases of COVID-19 including 48 fatalities (as of 07/05/2020). Because of limited testing capacities and incomplete contact tracing the number of unreported cases is expected to be notably higher. In Burkina Faso only 11 ventilators are available for the whole country, additional intensive care capacities for treating COVID-19 patients are basically not existing. The gaps within the health system are growing from day to day during the pandemic.

In cooperation with Bundeswehr HQ of Military Medicine
Translated by FHPB NATO MILMED COE

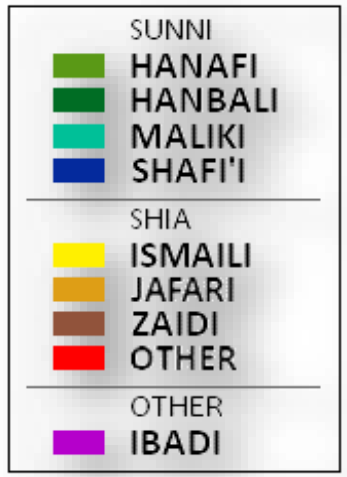
Ramadan and COVID-19

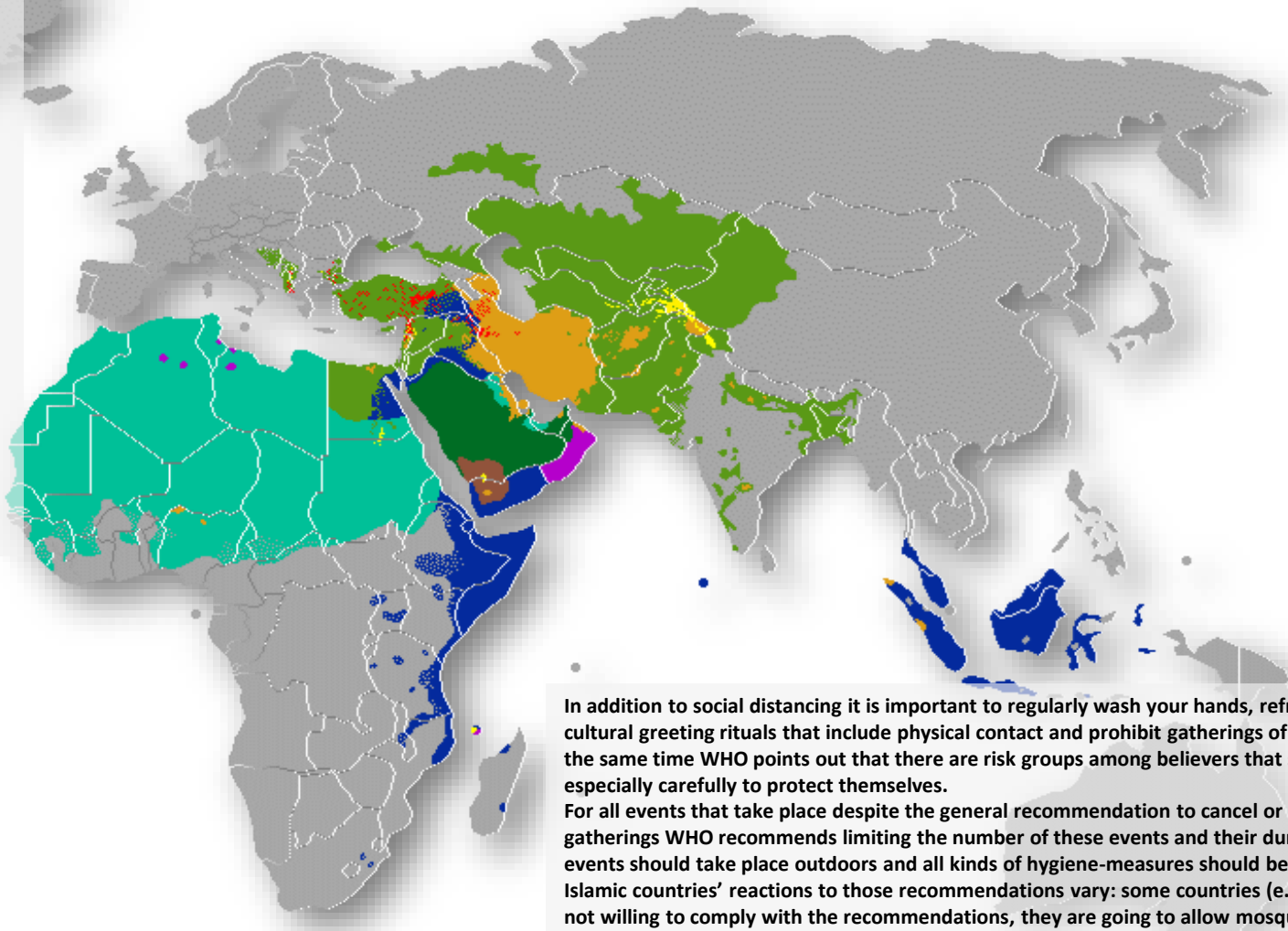
Ramadan:

The Ramadan, the month of fasting for the Muslims and the subsequent Fast-Breaking ("Iftar") are two important events in the Islamic calendar. As one of the five pillars of Islam fasting during Ramadan is conducted by 1.8 billion people (approx. ¼ of global population). Like many other cultural and religious festivities and events worldwide, the Ramadan, starting at the end of April and lasting until the end of May is affected by the pandemic. During Ramadan/fasting numerous social and physical contacts take place for religious reasons (e.g. increased and intensive visits to the mosques, pilgrimages and celebrations with the family). The usual way of conducting these activities are often not compliant with the rules of social distancing and other prevention measures. Therefore, WHO has published recommendations for celebrating a safe Ramadan. These recommendations should enable believers to fulfil their religious duties while at the same time complying with medical and epidemiological prevention measures to contain the deadly virus.

The most effective measures are the postponement or cancellation of social and religious gatherings, as recommended by the WHO whenever possible. It is recommended to use all available virtual/digital ways of communication to replace physical gatherings for religious interaction to the maximum possible extent.

A strong communication strategy has to be implemented by the authorities (especially national health authorities) to make believers understand, accept and comply with the necessary measures. In order to protect yourself and other from infection WHO still recommends the following:





In addition to social distancing it is important to regularly wash your hands, refrain from cultural greeting rituals that include physical contact and prohibit gatherings of large groups. At the same time WHO points out that there are risk groups among believers that should act especially carefully to protect themselves.

For all events that take place despite the general recommendation to cancel or postpone large gatherings WHO recommends limiting the number of these events and their duration. Such events should take place outdoors and all kinds of hygiene-measures should be implemented. Islamic countries' reactions to those recommendations vary: some countries (e.g. Pakistan) are not willing to comply with the recommendations, they are going to allow mosques to open and large events as well as voyages/pilgrimages of millions of believers will be allowed during Ramadan. In contrast to that, other countries decided to loosen the strict duty of fasting for medical personnel. The epidemiologic situation is likely to look very different among the respective Islamic countries.

https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf