Force Health Protection Branch
NATO MilMed COE
Munich

Short Update 20b
COVID-19
Coronavirus Disease
22th of May 2020

info.dhsc@coemed.org

Branch Chief
Phone: +49 89 1249 4003
Branch Admin
Phone: +49 89 1249 4001

GLOBALLY

5 086 135
Confirmed cases
1 950 942
recovered
332 973 deaths

USA
(new cases/day 22 872)
1 573 966 →
confirmed cases
298 418 recovered
94 560 deaths

Brazil
(new cases/day 13 367)
310 554 →
confirmed cases
125 960 recovered
29 047 deaths

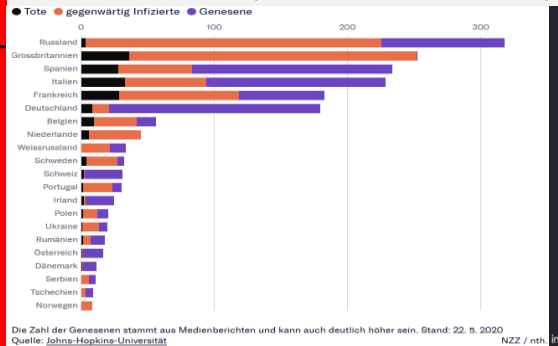
Russia
(new cases/day 9 491)
317 554 ↘
confirmed cases
92 681 recovered
3 099 deaths

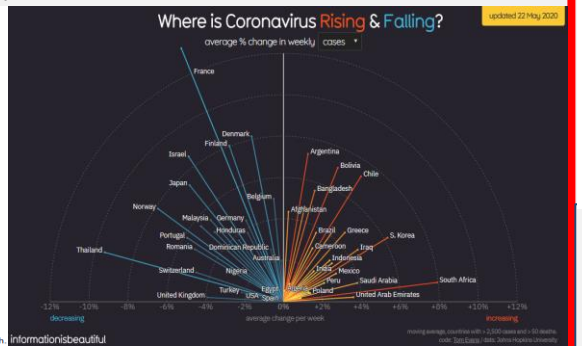
News:

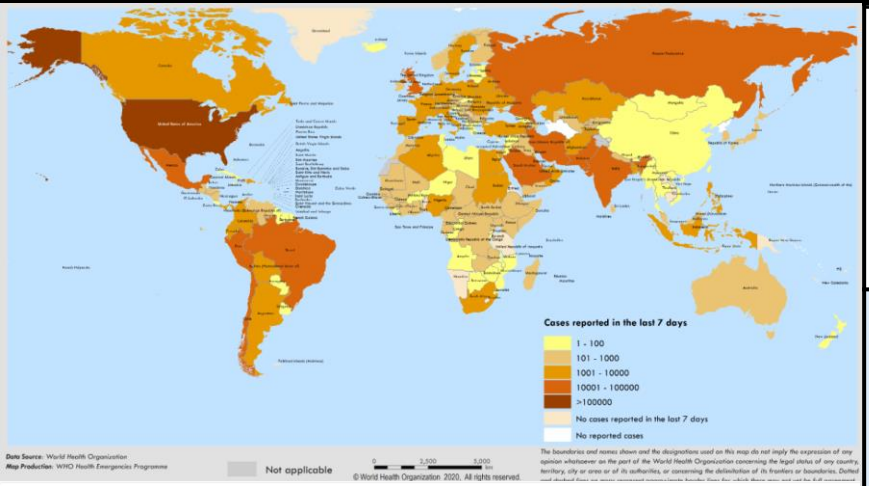
- **ECDC:** Europe should brace for second wave. “The question is when and how big, that is the question in my view,” said Dr Andrea Ammon, director of the ECDC.
- **WHO**: On Wednesday 20 May a new worldwide record number of new infections every day has been reported. "106,000 cases have been reported to WHO in the past 24 hours - the highest number in a single day since the epidemic began“. Almost two thirds of the cases reported were reported from four countries, USA, RUS, BRA, Saudi-Arabia.
- **ECDC and EASA**: published a new COVID-19 Aviation Health Safety Protocol: Guidance for the management of airline passengers in relation to the COVID-19 pandemic.
- A Swedish study showed only 7.3% of Stockholm inhabitants developed COVID-19 antibodies. The public health agency expected about 25% of the population as infected.
- **Brazil** account for up to 20.000 new cases per day during the last days including 2.000 fatalities within the last 48 hours. See subject in focus.
- **WWF**: according to the organization the deforestation is 150 percent higher than the March average of 2017 to 2019. South America shows the highest lost with 167% with an extra 55% increase in March.
- Find Articles and other materials about COVID-19 on our website here
- Please use our online observation form to report your lessons learned observations as soon as possible here

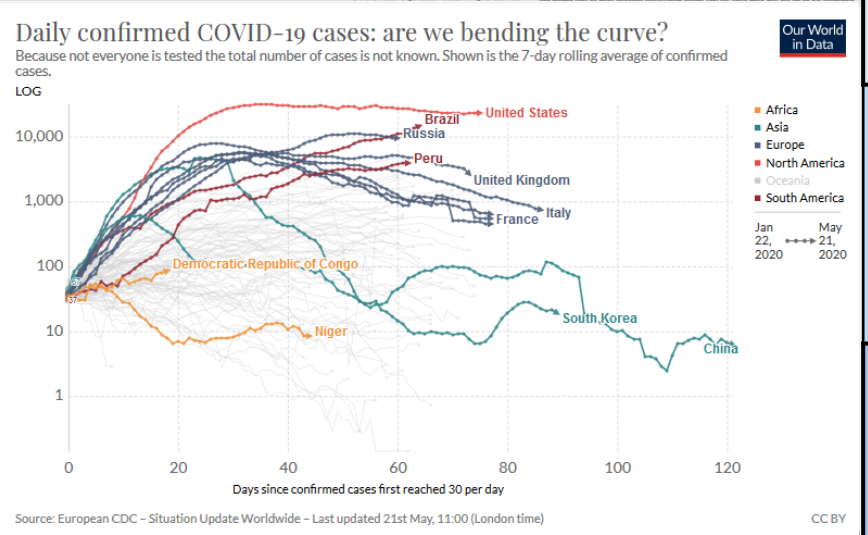
Topics:

- ECDC/EASA: COVID-19 Aviation Health Safety Protocol
- Subject in Focus - South Amerika: The new epicentre of the Pandemic
- Mental Health – sport reduce stress and depression









EUROPE
1 918 159
confirmed cases
895 064 recovered
170 925 deaths

SPAIN
(new cases/day 646)
233 037 ↘
confirmed cases
150 376 recovered
27 940 deaths

ITALY
(new cases/day 751)
228 006 ↘
confirmed cases
134 560 recovered
32 486 deaths

UK
(new cases/day 2 655)
250 908 ↘
confirmed cases
-not reported- recovered
36 042 deaths

Situation in Europe

Weekly surveillance report on COVID-19 by ECDC:

Trends in notification rates and death for the week 20 2020

Based on data available to ECDC on 20 May 2020, 29 out of 31 countries (EU/EEA countries and the UK) showed consistently decreasing trends in COVID-19 14-day case notification rates compared to peaks that were observed 13–49 days earlier. The average rate for the EU/EEA and the UK was 68% lower than at the peak on 9 April 2020. There have been slight recent increases in 14-day notification rates in two countries.

Many countries are facing challenges in collecting and submitting reliable syndromic and virological data from primary care sentinel surveillance for COVID-19 using the systems established for influenza. All countries that reported data observed decreasing trends in SARS-CoV-2 positivity among individuals with respiratory symptoms.

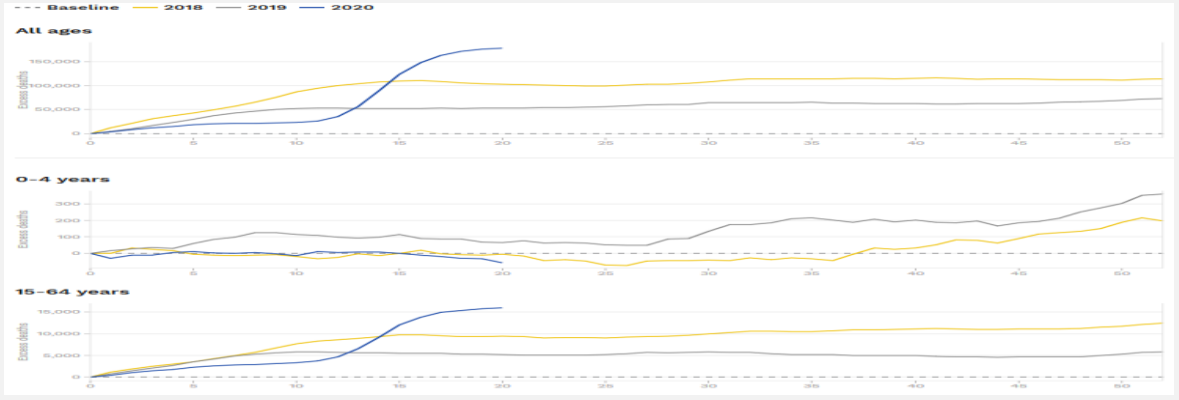
The number of countries reporting moderate to extremely high excess all-cause mortality to EuroMOMO is decreasing. All-cause excess mortality is an objective measure of the pandemic's impact, particularly during periods when competing drivers of excess mortality (influenza and high/low temperatures) are largely absent.

Risk of severe outcomes

ECDC estimate that overall 35% of COVID-19 cases to date in the EU/EEA and the UK were hospitalised. Among hospitalised patients, 9% required ICU and/or respiratory support and 21% died, although there is considerable variation between countries.

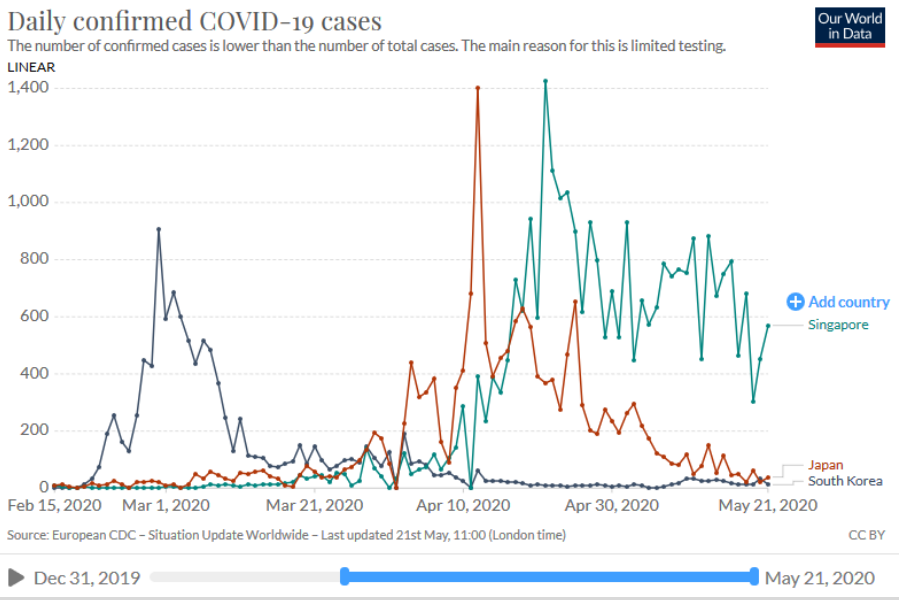
The latest pooled analysis of data from countries participating in the EuroMOMO network showed all-cause excess mortality primarily affecting people aged 65 years and above, but also those aged 15–64 years.

The risk of hospitalisation increased rapidly with age (from 30 years of age); the risk of death increased from 60 years of age. Hospitalised cases aged 70 years and above were less likely to be admitted to ICU or to receive mechanical respiratory support. Older males were particularly affected, being more likely than females of the same age to be hospitalised, require ICU/respiratory support, and die. The sex-difference in these severe outcomes increased with age.



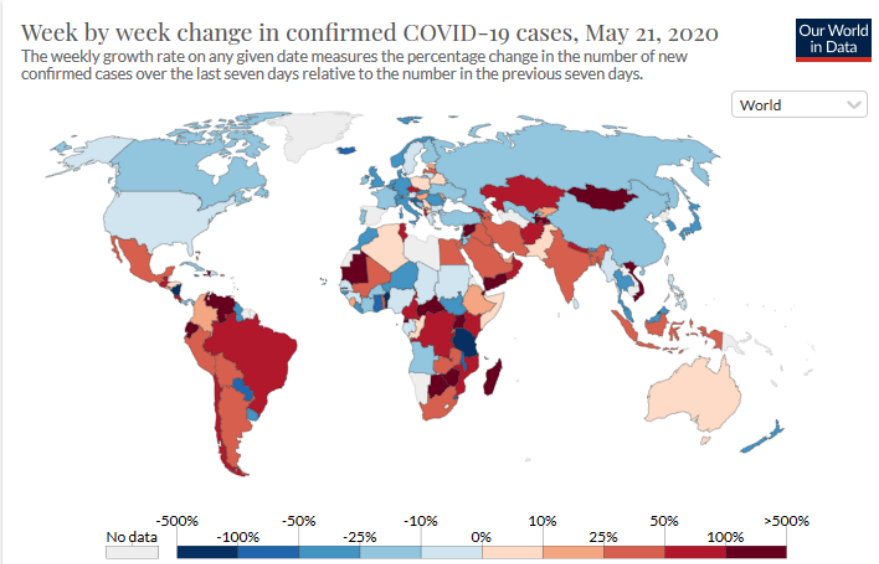
Weekly excess mortality for the past 3 years. Source: https://www.euromomo.eu/graphs-and-maps/

Global Situation



After containing their outbreaks through measures from strict lockdowns to rapid testing regimes, the Asian economies that have seen some of the most success quelling the coronavirus -- Hong Kong, South Korea, Singapore and China -- are now facing resurgences that underscore how it may be nearly impossible to eradicate it. The new infections are mostly clusters but in people with no travel history.

The WHO regional director for the western pacific stated in a briefing on Thursday "We have to find ways to live with the virus for now, and this is the new normal,". "As long as the virus is circulating in this inter-connected world, and until we have a safe and effective vaccine, everybody remains at risk."
But even as vaccines are in development globally experts made clear that it could at least take a year until one becomes available as the knowledge of the virus is still partial.
See also here.



COVID-19 Aviation Health Safety Protocol

Guidance for the management of airline passengers in relation to the COVID-19pandemic

Issue no: 01 Issue date: 20/05/2020

Principles based on best available evidence

- Access to airport terminals should be limited to passengers, crew members and staff to the extent possible
- Implementing physical distancing (1.5 metres between individuals), enhanced hygiene measures for staff and passengers and enhanced facility cleaning.
- Testing passengers in order to allow travelling/flying under “immunity passports” is not supported by the current scientific knowledge that exists on the immunological response to SARS-CoV-2 (quality, quantity and duration of human antibodies) or the available testing methods (laboratory based and point-of-care).
- Health safety promotion materials should be widely available at the airport premises.

Wearing of face masks

- The wearing of medical face masks should be recommended for all passengers and persons within the airport and aircraft, from the moment they enter the terminal building at the departure airport until they exit the terminal building at the destination airport.
- Passengers should be reminded that typically, face masks should be replaced after being worn for 4 hours, if not advised otherwise by the mask manufacturer, or when becoming wet or soiled, and that they should ensure a sufficient supply of masks adequate for the entire duration of their journey.
- Passengers should be also instructed on the procedures for safe disposal of used face masks; no-touch bins should be available at the airport and single-use waste bags should be available on board and upon disembarking to dispose of used masks.
- The use of face masks should be considered only as a complementary measure and not as a replacement for established preventive measures, such as physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth. See ECDC´s position regarding face masks here.

EASA European Union Aviation Safety Agency

ecdc

COVID-19 Aviation Health Safety Protocol
Guidance for the management of airline passengers in relation to the COVID-19 pandemic
Issue no: 01 Issue date: 20/05/2020

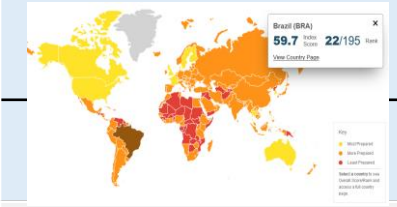
Other non-pharmaceutical measures

- Passengers should be required to observe the following measures at all times unless otherwise advised by airport staff or aircrew members like hand hygiene, respiratory etiquette and limiting the direct contact of any surfaces in the airport and on the aircraft to only when necessary.
- Passengers should be regularly instructed via visual and audio messaging, as well as other appropriate means, to adhere to the preventive measures in place in the airport and on-board the aircraft, and give proper consideration to the full suite of preventive measures. They should also be advised of the consequences of not adhering to such measures.
- Future passengers should be informed before the arrival to the airport via promotional measures of the travel restrictions and preventive measures at the airport or on the flight.
- If national policy recommends implementing thermal screening the temperature check should aim to identify passengers with skin temperature of 38°C or higher. It should be recognised that thermal screening has many limitations and little evidence of effectiveness in detecting COVID-19 cases.
- In line with applicable data protection rules, passengers should provide a statement regarding their COVID-19 status before being issued a boarding pass as part of the check-in process.

Measure	Airport operators	Aeroplane operators	Airport staff	Service providers	Crew members	Passengers
Physical distancing	Wherever possible	Wherever possible	Wherever possible	Wherever possible	Wherever possible	Wherever possible
Hand hygiene, respiratory etiquette	Yes	Yes	Yes	Yes	Yes	Yes
Face masks	Yes	Yes	Yes	Yes	Yes[23]	Yes
Health safety promotion material	Yes, in coordination, see annex 3		Yes, should adhere to the recommendations and disseminate the materials/information where required under their tasks	Yes, should adhere to the recommendations and disseminate the materials/information where required under their tasks	Yes, should adhere to the recommendations and disseminate the materials/information where required under their tasks	Yes – should read and adhere to the recommendations
Cleaning and Disinfection	Yes, see point 3.3	Yes[24]	N/A	Yes	N/A	N/A
Health statement	Yes, in electronic format. Coordinate the format and assessment.		N/A	N/A	N/A	Yes – should fill the provided statement within the 12h before the flight
Thermal screening	Yes, where required by national authorities	N/A	Possible, if airport operator did not implement a crew health monitoring programme	Possible, if the employer did not implement a crew health monitoring programme	Possible, if A/C operator did not implement a crew health monitoring programme	Yes, may be subjected where required by the airport in coordination with national authorities
Passenger assessment booths	Yes	N/A	N/A	N/A	N/A	Yes, doubtful cases should be further assessed.

- On-board service needs to bee reduced to the minimum necessary.
- If a suspected case occurs during a flight passengers who were seated 2 seats in every direction from the suspected case may be considered close contacts and will need to be interviewed by the entry country public health authorities, if the suspect case is confirmed.

Reduced crew – passenger interaction	N/A	Yes. Essential services only. Avoid lavatory queuing. Designate crew lavatory	N/A	N/A	Yes	Yes – should adhere to the recommendations
Special disembarking procedure	Yes, in coordination with the local public health authorities.		Yes, where applicable enforce the instructions received from the public health authorities	Yes, where applicable enforce the instructions received from the public health authorities	Yes, enforce the instructions received from the public health authorities	Yes, follow the instructions of the crew and ground personnel



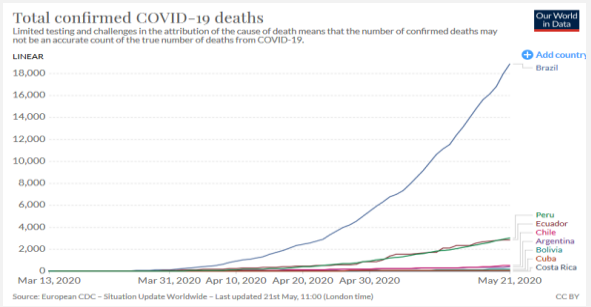
Subject in Focus

South America: The new epicentre of the Pandemic

South America becomes the epicenter of the pandemic. Despite lockdown, many people have to work to survive. A look at the trouble spots.

Brazil:

The country could become the state “with the most coronavirus cases in the world. The curve with the new cases has been rising steeply since mid-April. The number of people infected with COVID-19 is approaching 300,000, and the death toll is expected to reach 29,000 this week. Since the last update Brazil reported 12 000 death in 48h.



In many cities, such as Manaus, Fortaleza, Recife, Belém and Rio de Janeiro, the health system is already overloaded or at the limit. There are several reasons why Brazil is hit so hard.

The governors of the 26 states introduced quarantine measures in March when the first corona cases appeared in São Paulo and Rio. Because the number of cases did not increase very much afterwards, false security spread.

Many people had no choice. Many people wondered what the whole thing was about and became careless. COVID-19 remained abstract, and life picked up speed again, especially in the poor neighbourhoods, suburbs and many provincial towns. This is now taking revenge.

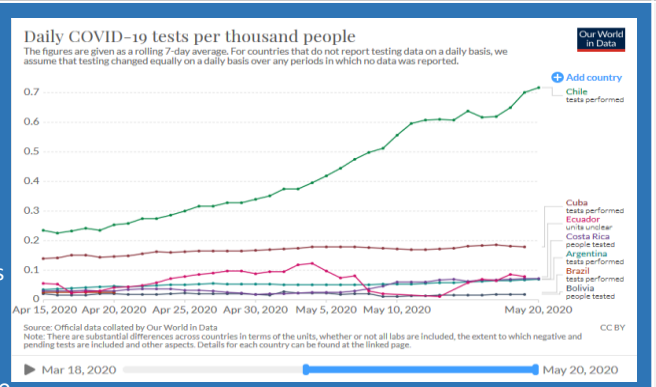
However, many people had no choice but to work. At least 40 million Brazilians (out of 210 million) work in the informal sector. They depend on selling something on the street every day, cleaning, or doing help.

The government is now paying them the equivalent of € 100 corona aid for three months, but the payment was and is accompanied by many breakdowns and has already led to enormous queues at the banks.

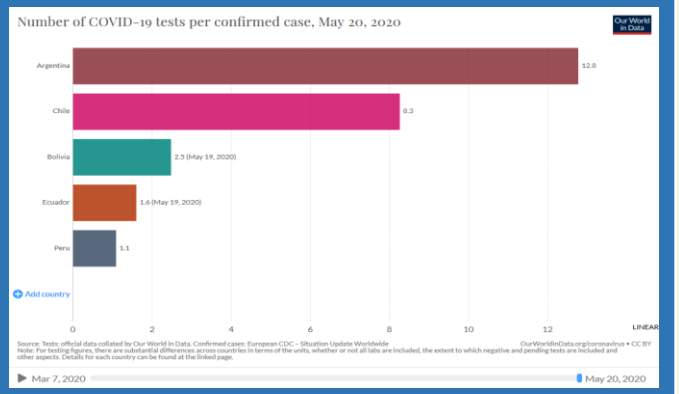
Testing

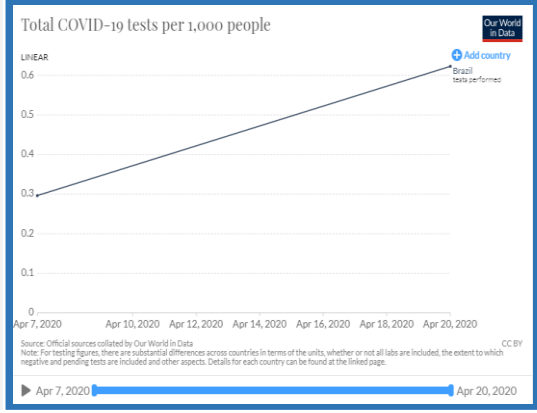
Testing is our window onto the pandemic and how it is spreading. Without data on who is infected by the virus we have no way of understanding the pandemic. Without this data we can not know which countries are doing well, and which are just underreporting cases and deaths.

In order to properly monitor the spread of the virus, countries with more widespread outbreaks need to do more testing.



So if we want to understand how sufficient a country’s level of testing may be, we need to bring together the data on testing with the data on confirmed cases.





The Ministry of Health Brazil press releases published on its website intermittently include figures for the number of tests carried out for a range of respiratory infections, further specifying the figures carried out for the ‘specific investigation of COVID-19’. The releases note that ‘Tests for coronavirus began to be carried out from February 16 in public and private laboratories’. More recently, the Ministry of Health has begun reporting figures for the number of PCR and ‘rapid tests’ on a dashboard

However, the one who is most difficult to provide a coherent response to the pandemic is Brazil's President Jair Bolsonaro. He encourages people to go back to work and recommends the use of the controversial malaria drug hydroxychloroquine.

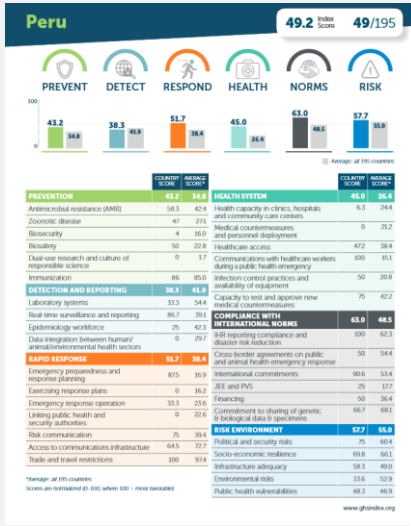
Brazil's second health minister in the midst of the pandemic, Nelson Teich, resigned after only 27 days last week. The office is now held by an army general. A dozen other posts in the Ministry of Health were filled with military personnel, with lack of expertise in the field.

Peru:

The first COVID-19 case was detected in Peru on March 6, in a traveller from Europe, almost six weeks after the first case in Germany. Unlike in Brazil, a state of emergency and a nationwide quarantine was imposed early on March 16, and President Martín Vizcarra has now extended it to May 24.

Flights and long-distance bus services were discontinued, borders closed; and a complete curfew applies from 6 p.m. to 4 a.m. The first loosening has occurred since May 4, children are allowed out once a day, restaurants can deliver food to their homes, mining and the textile industry gradually resume production.

After Brazil, Peru is the second most affected country in South America after the pandemic.



According to the Ministry of Health Peru, at least 3024 patients have died in connection with the lung disease COVID-19.

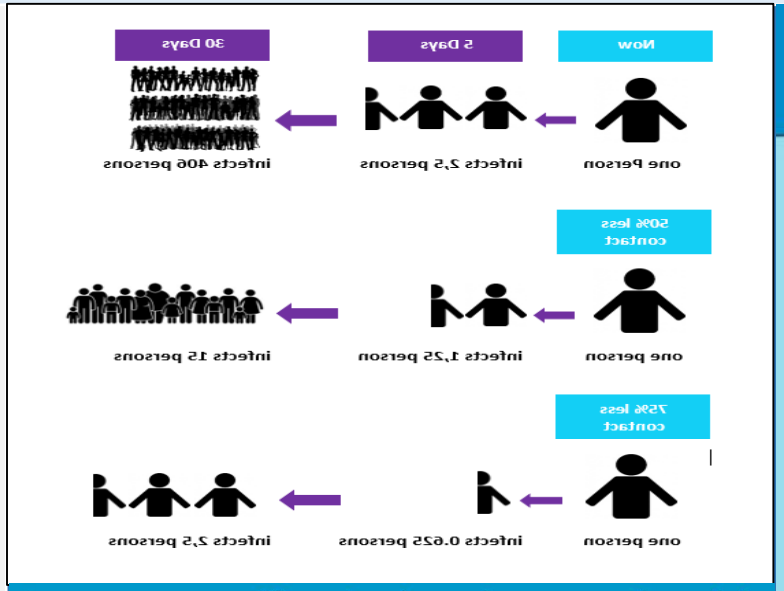
China as one of Peru's most important trading partners - as first measure sent over 330,000 rapid corona tests and hundreds of thousands of protective masks.

Source: www.ghsindex.org
https://ourworldindata.org/
www.tagesspiegel.de

Friendly Reminder

You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
  Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 metre (3 feet) distance between yourself and others.
  Why? When someone coughs, sneezes, or speaks they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person has the disease.
- Avoid going to crowded places.
  Why? Where people come together in crowds, you are more likely to come into close contact with someone that has COIVD-19 and it is more difficult to maintain physical distance of 1 metre (3 feet).
- Avoid touching eyes, nose and mouth.
  Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
  Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. Have someone bring you supplies. If you need to leave your house, wear a mask to avoid infecting others.
  Why? Avoiding contact with others will protect them from possible COVID-19 and other viruses.
- If you have a fever, cough and difficulty breathing, seek medical attention, but call by telephone in advance if possible and follow the directions of your local health authority.
  Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.



Protect yourself and others from getting sick

Wash your hands

- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste

World Health Organization

Mental Health

Sports reduce stress and depression

Source: https://www.healthinsider.org/12-no-equipment-abs-workout/

Mental health is the level of psychological well-being or an absence of mental Illness. It is the state of someone who is "functioning at a satisfactory level of emotional and behavioral adjustment".[1] From the perspectives of positive psychology or of holism, mental health may include an individual's ability to enjoy life and to create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO), mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others". The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work, and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how one defines "mental health".

Sports reduce stress and depression
Exercise reduces the levels of stress hormones in your body. At the same time, it stimulates production of endorphins. These are natural mood lifters that can keep stress and depression at bay. Endorphins may even leave you feeling more relaxed and optimistic after a hard workout.

Improves mood and **mental** health.
Exercise promotes chemicals in the brain that improve your mood and make you more relaxed. Specifically, the brain releases feel-good chemicals called endorphins throughout the body. **Physical activity** reduces anxiety and depressed mood, and enhances self-esteem.

How do sports help your brain?
Research shows that playing **sports** boosts blood flow to **your brain**. This enables **your** body to build more connections between nerves within the **brain**. This improves memory, stimulates creativity, and **helps your brain** develop better problem-solving skills. One study found that playing **sports** can improve **brain** function.

Mental Health Benefits Of Exercise
Reduce Stress. Rough day at the office? ...
Improve Self-Confidence. ...
Enjoy The Great Outdoors. ...
Prevent Cognitive Decline. ...
Alleviate Anxiety. ...
Boost Brainpower. ...
Sharpen Memory.

A **good walk** can do wonders for your **mental** wellbeing.
Being active has a whole range of **benefits** when it comes to **mental** wellbeing. It **improves** self-perception and self-esteem, mood and sleep quality, and it reduces stress, anxiety and fatigue.

Source: https://www.acefitness.org/certifiednewsarticle/2698/off-the-floor-training-for-the-core