



Short Update 29a COVID-19 Coronavirus Disease 24th of JULY 2020



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GLOBAL

15 420 722

Confirmed cases
8 772 650
recovered
632 288 deaths

USA

(new cases/day 66 942)

4 019 766

confirmed cases
1 232 814 recovered
144 037 deaths

Brazil

(new cases/day 37 252)

2 287 475

confirmed cases
1 620 313 recovered
84 082 deaths

India

(new cases/day 38 560)

1 238 798

confirmed cases

News:

- Approximately one third of people in the Americas are at increased risk of developing severe COVID-19 illness due to underlying health conditions.
- WHO** published a summary of legal documents from 190 countries via its [COVID-19 Law Lab](#). This is to help countries with establishing and implementing strong legal frameworks to manage the pandemic.
- ECDC**: published a list of sources used for the production of the 14-day COVID-19 case notification rate per 100 000 map for the [EU](#) and the [World](#).
- The **African Development Bank** on Wednesday approved a \$288 million (€249 million) loan to South Africa to help the country deal with the economic fallout of the pandemic.
- WHO** include a report in their 'Subject in Focus'. It provides information on the 'Working group on SARS-COV-2 genetic sequence evolution'. [Find here](#)
- WHO, UNDP, UNAIDS and the O'Neill Institute** for National and Global Health Law at Georgetown University, have jointly launched an initiative called [COVID-19 Law Lab](#). The COVID-19 Law Lab gathers and shares legal documents related to COVID-19 from over 190 countries across the world to help countries establish and implement strong legal frameworks to manage the pandemic.
- WHO's health emergencies online learning platform: [OpenWHO.org](#).
- 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:

- Subject in Focus**: Could wastewater screening be the key factor leading to the COVID 19 vaccine?
- European Holiday Destinations as Hotspots**
- In the press**
- Timeline for **re-opening borders**

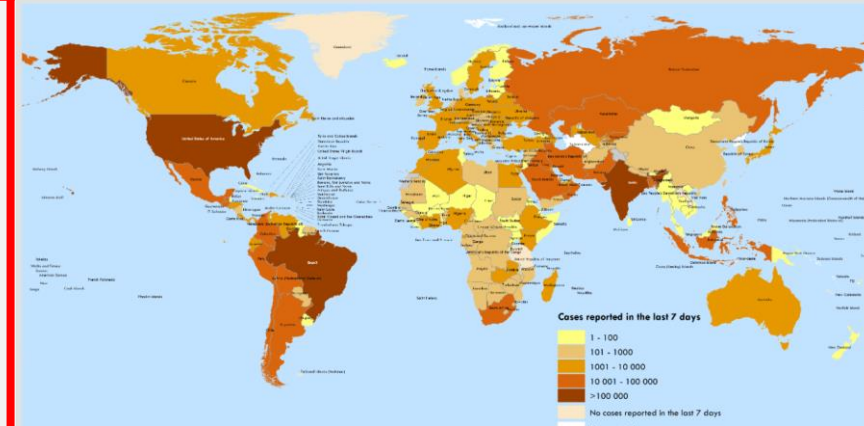
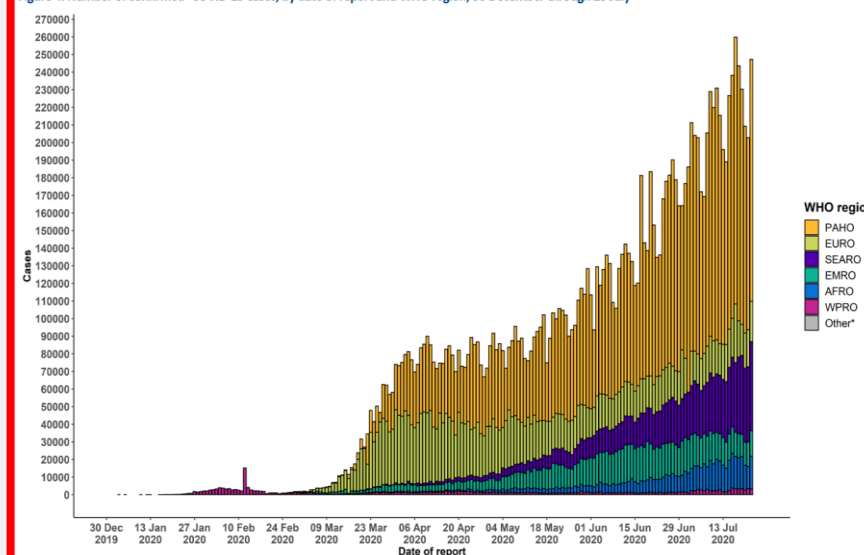


Figure 4. Number of confirmed COVID-19 cases, by date of report and WHO region, 30 December through 23 July**



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EUROPE

2 917 584
confirmed cases

1 777 119 recovered
206 099 deaths

Russia

(new cases/day 6 015)

793 720
confirmed cases

579 295 recovered
12 873 deaths

SPAIN

(new cases/day 1 616)

270 166
confirmed cases
150 376 recovered
28 429 deaths

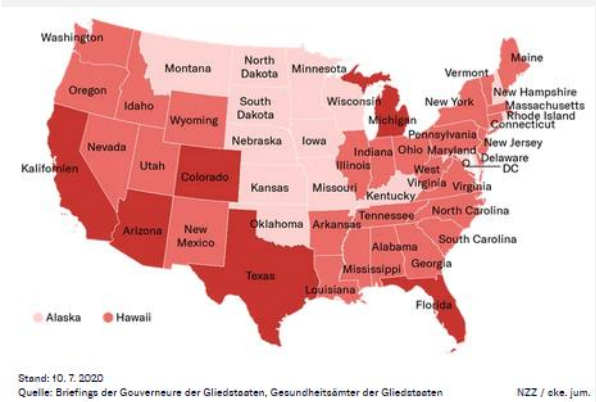
ITALY

(new cases/day 229)

245 338
confirmed cases

197 842 recovered

Global Situation



The left picture shows the restrictions taken by the different federal states of the US to respond to the Coronavirus outbreak, as of 10th July.
Light rose: All shops open, no restrictions
Light red: Shops open gradually and with restrictions
Red: Bars, fitness clubs and entertainment facilities closed again, recommendation to stay at home

DEU: At the federal and state health ministerial conference, the ministers agreed that returnees from countries with a valid travel warning will be tested for the corona virus immediately after arriving in Germany. For this purpose, test centers are to be set up at airports. Quarantine is to be avoided with the free tests.
IND: A corona antibody test commissioned by the Indian government has shown that almost every fourth person in India's capital New Delhi has antibodies in their blood. Samples from 21,387 people were examined, India's Ministry of Health wrote in a message on Tuesday. This value is significantly higher than the official figures for the known corona cases, but this is due to the very low corona test rate. India has set another daily record over the last 24 hours. Many states in India have begun reimposing lockdowns in a bid to gain control over the virus. Late Wednesday, the Himalayan region of Kashmir announced a five-day complete lockdown in areas that have been categorized as red zones. A two-day complete lockdown also started Thursday in West Bengal state.
BRA: Brazilian President Jair Bolsonaro has tested positive for the third time since July 7. According to official information, his health is developing well. His office said he would extend his two-week quarantine and suspend upcoming travel plans.
Hong Kong: reported a new record increase in new corona infections. 113 infections were found in the Chinese special administrative zone - a new high. The city has reached "the most critical point" since the pandemic began.
Thailand: The Thai government plans to extend the Corona emergency by another month until the end of August. The measure was necessary to cope with the crisis and to enforce the 14-day quarantine requirement for foreigners entering the country.
Papua New Guinea: asked the WHO for assistance after a new outbreak started spreading rapidly throughout the small Pacific island nation. Having mostly avoided the pandemic until now, the country reported that it had detected three new cases within 24 hours, bringing the total to 30, up from just 11 on Sunday. With limited testing and many of the cases being found in health workers, experts fear that the virus may be spreading beyond the confirmed cases.

COVID-19 Situation in the Region of the Americas as of July 22nd, 2020 15:00
 An additional 137,386 cases and 4,153 deaths were reported in the past 24 hours, representing a 1.76% relative increase in cases and a 1.32% relative increase in deaths, compared to the previous day. The United States of America accounts for 48.7% of all cases and 44.5% of all deaths for the Region of the Americas and Brazil accounts for 27.2% of all cases and 25.6% of all deaths. Combined, these two countries account for 75.9% of all cases and 70.1% of all deaths currently reported in the Region. **Source: PAHO**

Key Figures: The Americas' Response to COVID-19				
PAHO Response	95	15M	>116	PAHO has sent 66 PPE shipments to 26 countries and territories
	Technical guidelines and recommendations developed or adapted from WHO	COVID-19 PCR tests sent to 36 countries and territories	Virtual / in-person regional and country trainings on testing, tracking, care, and more	1.4M Gloves 3.6M Surgical & Respirator Masks 487k Gowns 105k Goggles
Regional Readiness	32/35	38/51	20/35	17/22
	# Countries with national COVID-19 Preparation and Response Plans	# Countries and territories with molecular detection capacity to diagnose COVID-19	# countries using existing SARILI surveillance systems to monitor COVID-19	# Reporting countries where at least 50% of health facilities have triage capacity
				33/35 # Reporting countries with national IPC / WASH plans for health facilities

COVID-19 Situation in the Region of Africa
 As of 15 July 2020, a total of 117 267 new confirmed COVID-19 cases (a 23% increase) was reported from 45 countries from compared to 27% increase recorded during the previous reporting period. Of the 117 267 reported new cases, the majority, 71% (83 506), were recorded in South Africa, which remains the epicentre of the COVID-19 outbreak in the region, although reported deaths are comparatively low. During this period, six countries in the region observed the highest percentage increase in incidence cases: Equatorial Guinea 125%, Gambia 106%, Zimbabwe 71%, Namibia 58%, Zambia 46% and Angola. 1 509 new COVID-19 related deaths (23% increase) were registered in 34 countries, with 68% of the deaths recorded in South Africa. This was followed by Algeria, with 4.8% deaths and then Nigeria with 3.8% of deaths. Currently the region represents 4.3% of confirmed COVID-19 cases and 1.7% of deaths reported worldwide.
 Currently, 33 countries in the region are experiencing community transmission, 10 have clusters of cases and four have sporadic cases of COVID-19. The region has also observed increased incidences of importation of cases from affected countries within the region, largely fueled by long-distance truck drivers and illicit movement through porous borders.
Source: WHO Africa

COVID-19

Coronavirus Disease 2019

WHEN RESTRICTIONS ARE RELAXED AVOID THE 3 C'S!

1
CLOSED spaces with poor ventilation

2
CROWDED places with many people nearby

3
CLOSE-CONTACT settings such as close-range conversations

The risk of infection and outbreaks increases when the 3 C's overlap.

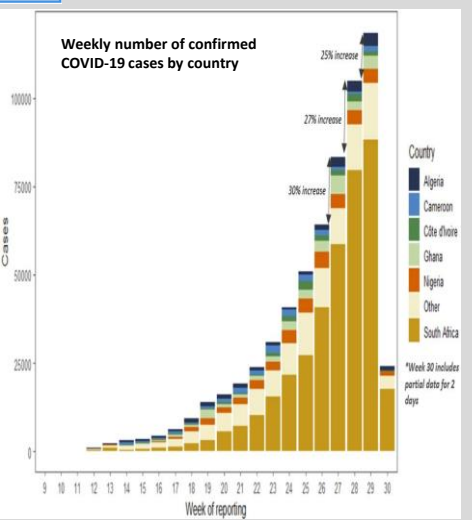
PROTECT YOURSELF AND OTHERS

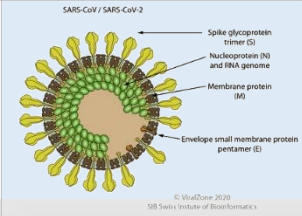
- Clean your hands frequently
- When coughing or sneezing, cover your mouth and nose with the inner crease of your elbow or with a disposable tissue
- Do not touch your mouth, nose and eyes with unclean hands
- Disinfect objects and surfaces that are used by many people
- Keep a distance of at least 1 meter from other people
- Use a face covering according to local recommendations

Stay cautious. Together we can prevent new cases and outbreaks of COVID-19.

PAHO

BE AWARE. PREPARE. ACT.



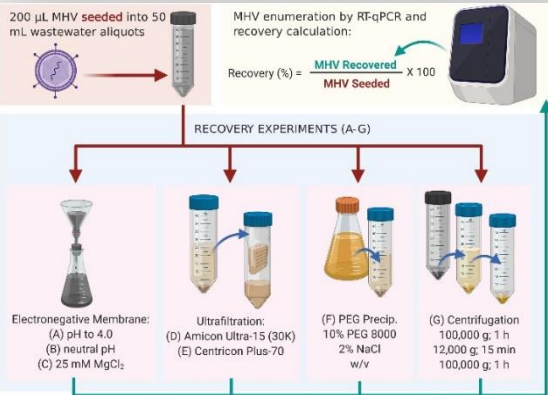


Subject in Focus

Could wastewater screening be the key factor leading to the COVID 19 vaccine?



In cooperation with Bundeswehr HQ of Military Medicine



Several virological studies, including from Australia, France, Spain, Italy and the Netherlands (sources 1 -5). have shown that genome components of SARS-CoV-2 pathogens can be detected in the wastewater from sewage treatment plants, since the pathogen is almost always excreted via the intestine when infected. This particular type of pathogen surveillance has not only been known since COVID-19, but has not yet been widely used or spread. The method was used even less frequently to monitor the spread of infectious diseases than to control drugs and intoxicants.

The previous studies with COVID-19 showed the increase in the detectable amount of SARS-CoV-2 in the wastewater during the outbreak rather retrospectively as an indication of the dynamics. However, in the investigations, corresponding outbreaks could be recognized even before the increase in the number of cases (1 to 4 days) due to an increased detection rate in the wastewater. Although a relatively high dilution is naturally expected in the wastewater, which may also exceed the sensitivity of the PCR detection method used, the asymptomatic, non-infected people can also be included in the wastewater. There is (so far) no general, internationally accepted standard of how the waste water samples obtained are to be processed, but in addition to some previous studies on other pathogens (see sources), several research projects are currently underway on this topic (including the above-mentioned Eawag for Switzerland , or in Germany with the Helmholtz Center for Environmental Research (UFZ) in Leipzig and the TU Dresden). In publications, suggestions for process control with comparative pathogens have been presented, which can control the respective extraction efficiency (see picture, Murines Hepatitis Virus - MHV, source 6).

So far, however, the studies have caused a sensation, in part because months before the first recognized COVID-19 cases, the pathogen SARS-CoV-2 was already detectable in the sewage system and thus a circulation and undetected spread within the population took place.

In Italy, the pathogen was already found in wastewater samples from December 2019, several weeks before the first diagnosed patient. An undetected SARS-CoV-2 circulation in Barcelona was also detected in Spain. Outbreak-related studies in the Netherlands, France (Paris) and Australia show a good correlation between the amount of pathogens found in the wastewater and the number of people diagnosed with it. This method of infection control is now becoming increasingly popular in many countries. So starts e.g. the city of Cologne will soon be launching a corresponding project and such a check can also be useful for smaller municipalities in order to be able to recognize new events in decent time. In other areas, this could also be an interesting addition to regular verification checks for employees, students and patients. Appropriate regular wastewater tests by so-called community facilities (e.g. kindergartens, schools, hospitals, old people's and nursing homes, but also asylum accommodation) could provide information about the presence of an infection in a facility before symptoms of the disease occur. This can then lead to extensive but more targeted testing of people in the respective areas. The disadvantages of such a monitoring and control approach include not only the dilution effect and the amount of wastewater for the investigation, but also possible restrictions of further molecular genetic studies. Genomic characterizations, including overall genome determinations, require a certain amount of genetic material, which is often not available in wastewater samples (see picture, CT values above 34).

However, regular dressing tests also have certain disadvantages: the influence of the extraction technology and the extraction location is subject to fluctuations and, if necessary, the compliance of the examined persons in a e.g. weekly check-up.

Which strategy is now the most successful and sensible should therefore urgently be further examined in studies. The results will not only be an important factor in containing the current pandemic, but will also provide valuable insights for future outbreaks of infection by other pathogens (for a review, see source 7).

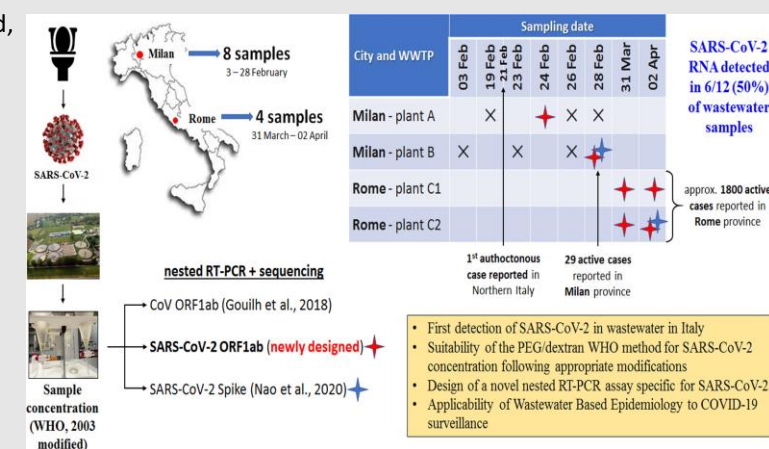
Conclusion:

It will be another 1 to 2 years before an effective vaccine can be used across most country. Until then, an attempt must be made to contain the pandemic in such a way that it remains medically, economically and thus socially controllable.

The decisive factor here is the timely detection of infections and the consistent, rapid detection and follow-up of outbreaks.

Regular wastewater tests on SARS-CoV-2 have the potential to support or supplement PCR screening procedures for certain groups of people and institutions, regionally and locally, in a meaningful way. This could even contribute to a certain better economy and acceptance of the anti-epidemic measures.

- <https://doi.org/10.1016/j.scitotenv.2020.138764>
- <https://doi.org/10.1101/2020.04.12.20062679>
- <https://doi.org/10.1101/2020.06.13.20129627>
- <https://doi.org/10.1016/j.scitotenv.2020.139652>
- [https://doi.org/10.1016/S2468-1253\(20\)30087-X](https://doi.org/10.1016/S2468-1253(20)30087-X)
- <https://doi.org/10.1016/j.scitotenv.2020.139960>
- <https://doi.org/10.1016/j.scitotenv.2020.139631>



European Holiday Destinations as Hotspots

CROATIA & GREECE

The first case of corona infection in Croatia was confirmed on February 25, 2020, almost a month later than in Italy and the UK. It was a man who had been in Milan 6 days earlier because of the football game between Atalanta and Valencia football clubs. The game has been linked to one of the largest outbreaks of an infectious disease in Italian history, namely in the Lombardy city of Bergamo, where Club Atalanta is based. After the first case became known in Croatia, only 6 more cases were added until the end of February. Only from around mid-March did the number of cases increase significantly, so that the number of infected was 867 at the end of March, including 6 deaths. The cumulative number of cases was 2,076 at the end of April, including 69 fatalities, while the infection and death rates rose only slightly in May to 2,246 cases or 103. This level was maintained until about June 20, before the number of infected people rose significantly again and the rate of newly confirmed infections experienced daily increases of between 2 and 4 percent. According to press reports from Croatia on July 10th, 2020, the country experienced the highest point of what had been perceived locally as the second corona wave. The national crisis team confirmed in a press release that day 116 new infections with the novel corona virus. This is the highest number of new infections in Croatia since the outbreak of the corona crisis on February 25. The previous maximum was 96 (April 1 and July 3). As of July 22, the number of active cases was 1 127.

1279 people were tested in the last 24 hours on SARS-CoV-2 on July 22. Cumulatively, 4,530 infections have occurred since the outbreak of the epidemic in Croatia. 125 people have died of the infectious disease COVID-19 so far. At this point, 143 people were in hospital treatment, 9 patients were ventilated.

Greece and Croatia acted quickly, but still have to worry about their summer earnings

In both Greece and Croatia, tourism contributes at least a fifth of the income to the respective economy. But the corona virus is now threatening to ruin the summer season, which is so indispensable for both countries. This is despite the fact that both countries tried very early to put anti-epidemic measures into effect. The Institute of Public Health in Croatia published anti-epidemic recommendations immediately after the outbreak in China became known, even before the first travelers from Wuhan arrived in the country in late January.

With the announcement of the first case in Croatia, entering the country became much more difficult. However, despite being a member of the EU, Croatia is not a member of the Schengen Agreement. Despite violent protests on the Slovenian side, security checkpoints were set up at the border crossings. At the end of February, freight traffic on the Slovenian side dammed for miles into the hinterland.

In the following two weeks there were further entry restrictions. In mid-March, most of the country's business and cultural activities were restricted due to restrictions. From March 23, there was a quasi-curfew and residents were only allowed to move within their immediate vicinity, provided they did not have an "e-passport" that allowed more freedom of movement. With the measures, which were similarly strict for Greece, both countries succeeded in curbing the spread of the virus in such a way that corona-related mortality is currently only 29 in Croatia and only 18 in Greece per 1 million citizens in Greece lies. With the number of new infections declining in April, the Croatian government decided to gradually relax the restrictions in early May. The problem of keeping travelers out of the country no longer existed, but the question was how to get them back into the country.

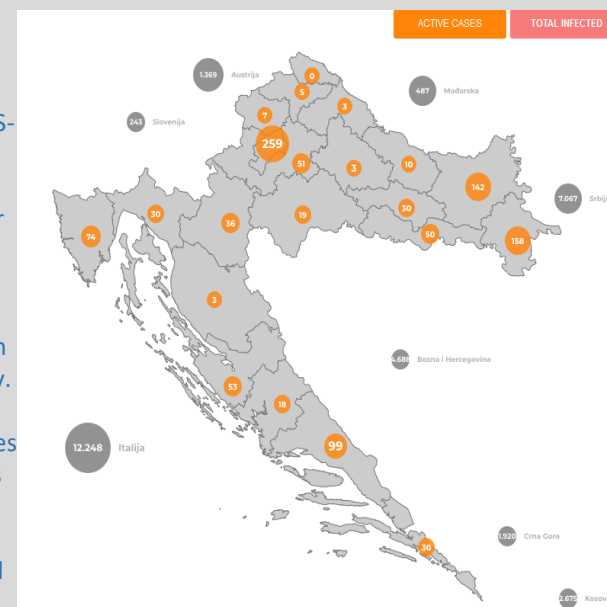
About half of the approximately 20 million tourists visit Croatia in July and August, which is why this period gives the country a significant share of its tourism turnover.

Why Croatia has to open its borders

Croatia is economically dependent on its neighbouring countries, especially Slovenia. Slovenia is only surpassed by Germany in terms of the number of overnight stays in Croatia. Coming from northern Europe, Slovenia must be passed on the trip to Croatia if you want to get to the beaches of Istria, Dalmatia and the Kvarner Bay. The Ministers of Tourism of Slovenia and Croatia met in early May to discuss how Slovenes could return to Croatia from the end of May and how entry for other nationalities should be regulated from June. Czech travel agencies vigorously advocated the establishment of a “Corona corridor” to enable Czech tourists to travel to the Croatian coast without quarantine. Just like to Greece, the air traffic to Croatia is currently still limited, which is why both countries are particularly on the lookout for tourists who arrive by car or bus. At the beginning of the season, Croatia and Greece had to put up with the fact that they could at best serve domestic tourism. Tourists from neighbouring countries then followed with a time lag, while tourists from more distant countries have only recently been welcomed in south-east Europe.

Infection risk in Croatia

For the "usual" tourists from e.g. Austria and Germany shows a closer look at the transmission activity in Croatia that there is currently no higher risk of infection from SARS-CoV-2, especially since the infection numbers in Germany and Austria have increased slightly in recent weeks. In contrast, the Croatian monastery Đakovo, which is popular with tourists, has become a hotspot and starting point for infections after two nuns returning from Kosovo had introduced the virus. In the monastery, these infected at least ten other sisters. A total of over 100 new infections in the city have been linked to the outbreak in the monastery. Further outbreaks of COVID-19 became known from the night club scene in Zagreb, where a total of at least 21 cases were documented. The cause of the outbreaks in Zagreb is blamed for not adhering to adequate distances and disregarding the maximum number of night club visitors allowed. So far, only verbal warnings have been issued and fines have been temporarily waived. Against this background, however, it seems doubtful to continue to accept bookings for the club scene on the island of Pag if the mainly young visitors to the Zrce party district are not likely to adhere to the hygiene regulations and distance rules once they get into the party mood.



Source: <https://www.sea-help.eu/en/news-general/croatia-holiday-covid-19-sure/>
<https://www.sea-help.eu/en/news-general/covid-19-corona-croatia-actual/>
<https://www.koronavirus.hr/en>



The perfect wave – why masks are still important



NEW STUDY ON MOUTH NOSE PROTECTION AND SOCIAL DISTANCING

Unfortunately, in the epicenter of the new hot spots areas often enough people are seen who do not adhere to the still valid protective regulations such as social distancing and the correct wearing of a nose and mouth protection. It could be as simple as that - [new studies](#) show that these two measures make a significant contribution to reducing the probability of transmission.

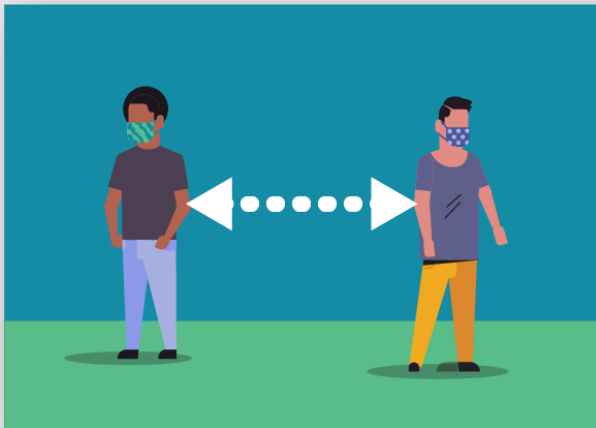
In the case of protective masks with an advertised protective effect in connection with SARS-CoV-2, depending on the intended purpose, a distinction is made between two types:

Medical face masks (MNS; surgical (surgical) masks); are primarily used for third-party protection and protect the person against the exposure of potentially infectious droplets of the person wearing the face mask. Corresponding MNS protect the wearer of the mask if the fit is tight, but this is not the primary purpose of MNS. This is e.g. used to prevent droplets from the patient's breathing air from getting into open wounds of a patient. Since, depending on the fit of the medical face mask, the wearer not only breathes in through the filter fleece, but the breathing air is drawn in as a leakage current past the edges of the MNS, medical face masks generally offer the wearer little protection against aerosols containing excitation. However, you can protect the mouth and nose area of the wearer from the direct impact of exhaled droplets from the other person as well as from pathogen transmission through direct contact with the hands.

Particle-filtering half masks (FFP masks); are objects of personal protective equipment (PPE) in the context of occupational safety and are intended to protect the wearer of the mask from particles, droplets and aerosols. The design of the particle-filtering half masks is different. There are masks without an exhalation valve and masks with an exhalation valve. Masks without a valve filter both the inhaled air and the exhaled air and therefore offer both internal and external protection, although they are primarily designed for internal protection only. Masks with valves only filter the inhaled air and therefore **offer no external protection!!!**

As a large number of unrecognized people move around in public spaces without symptoms, mouth and nose protection protects other people, thereby reducing the spread of the infection and thus indirectly reducing the risk of becoming infected

			
	Mouth and nose protection	FFP2/FFP3 mask without valve	FFP2/FFP3 mask with valve
Protects wearer of mask			
Protects periphery			



Due to the occasion, it should be pointed out again and again, also by executives, that the correct way of wearing the mask is essential to achieve maximum protection. The mask wrong, e.g. for example, wearing it under the nose means accepting a possible infection of others.

FFP2 / 3 masks are still considered deficient equipment and should be kept available for healthcare workers and emergency services.

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.

DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.

DON'T wear your facemask on your head.

DON'T wear your facemask around your neck.

DON'T wear your facemask around your arm.

Using Personal Protective Equipment (PPE) when caring for Patients with confirmed or suspected COVID-19

Who needs PPE:

Patients with confirmed or possible SARS-CoV-2 infection should wear a facemask when being evaluated medically

Healthcare personnel should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection. Recommended PPE is described in the

Infection Control Guidance.

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE
- Demonstrate competency in performing appropriate infection control practices and procedures

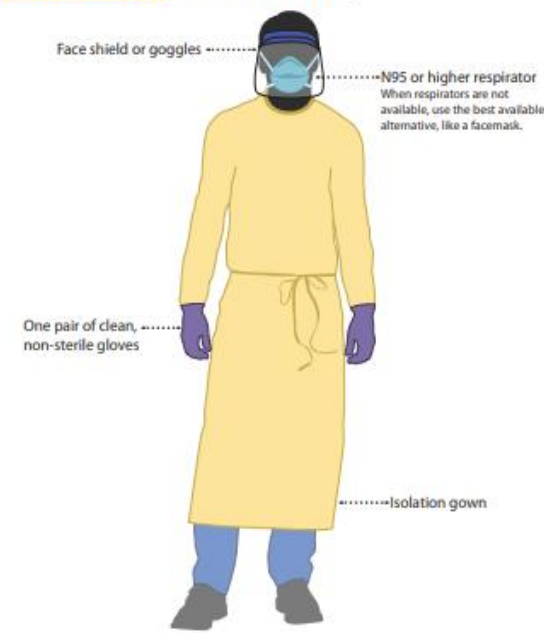
Remember:

- PPE must be donned correctly before entering the patient area
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas
- PPE should not be adjusted during patient care and
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination

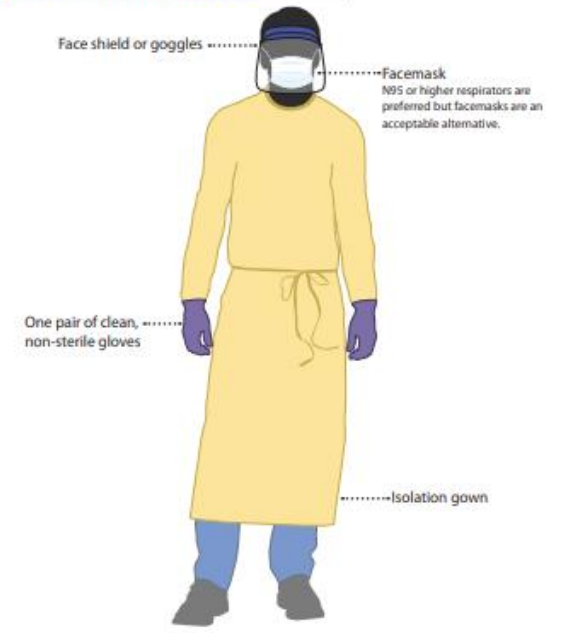
Donning (putting on the gear):

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct.
2. **Perform hand hygiene using hand sanitizer**
3. **Put on isolation gown.** Assistance may be needed by other HCP
4. **Put on NIOSH-approved N95 filtering facepiece respirator of higher (use a facemask if a respirator is not available).**
 - **Respirator** straps should be placed on crown of head and base of neck. Perform a user seal check each time you put on the respirator.
 - **Facemask** should be secured on crown of head and base of neck. If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.**
6. **Put on gloves**
7. **HCP may now enter patient room**

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



Doffing (taking off the gear):

1. **Remove gloves.** Ensure gloves removal does not cause additional contamination of hands.
2. **Remove gown.** Untie all ties. Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body.
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grasping the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator.** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head and then pull the respirator away from the face without touching the front of the respirator or facemask.
7. **Perform hand hygiene after removing the respirator/facemask**

Use of gloves in in the context of the COVID-19 pandemic



Recommendations for the use of gloves to prevent SARS-CoV-2 transmission by community setting

Activity	Non-sterile gloves (without EN standards)	Non-sterile gloves ^a	Sterile gloves ^a	Gloves used in microbiological and biochemical laboratories ^b
Community				
Visiting busy closed spaces such as grocery stores, shopping centers.	no	no	no	no
Leisure activities.	no	no	no	no
Using public transport.	no	no	no	no
Workplaces and professions that involve physical proximity to many people, that did not wear gloves for occupational reasons prior to the COVID-19 pandemic, e.g. cashiers in shops and supermarkets.	no	no	no	no
People in occupations that wore gloves prior to COVID-19, such as environmental cleaners and the police.	yes/no ^c	yes/no ^c	no	no
Healthcare setting (e.g. acute care hospitals, general practices, long-term care facilities)				
Aseptic procedures, e.g. surgical operations, central venous catheter insertion.	n/a	n/a	yes	no
Activities with a risk of contamination of healthcare workers' hands, including contamination with body fluids, or contact with mucous membranes and non-intact skin, e.g. peripheral venous catheter insertion/removal, intubation, cleaning spills of body fluids, emptying emesis basins, handling/cleaning used instruments, handling waste.	yes	yes	no	no
Procedures not included in the two previous examples.	no	no	no	no
Specific laboratory work.	no	no	no	yes

^a - European Standard EN 455 on medical gloves for single use, as stipulated in the Council Directive 93/42/EEC

^b - Standards and specifics for the gloves used in microbiological and biochemical laboratories are described in the European Standard EN ISO 374

^c - Dependent on occupation specific guidance applicable to the setting and/or applicable national guidelines /legislation

n/a - not applicable

Source: <https://www.ecdc.europa.eu/sites/default/files/documents/Use-of-gloves-within-COVID-19.pdf>



#COVID19

ecdc.europa.eu

In the press

This section aims at summarizing trending headlines with regards to COVID-19. The collection does not aim at being comprehensive and we would like to point out that headlines and linked articles are no scientific material and for information purposes only. The headlines and linked articles do not reflect NATO's or NATO MilMed COE FHPB's view. Feedback is welcome!

22nd July 2020

The Guardian

New antibody mix could form 'very potent' Covid-19 treatment, say scientists

<https://www.theguardian.com/science/2020/jul/22/antibody-mix-trialled-as-potential-coronavirus-treatment>

23rd July 2020

Aljazeera

Pakistan denies reports funds for fighting COVID-19 misused

<https://www.aljazeera.com/news/2020/07/pakistan-denies-reports-funds-fighting-covid-19-misused-200723124119182.html>

22nd July 2020

DW

Bangladeshi migrants in Italy stigmatized over coronavirus certificate scam

<https://www.dw.com/en/bangladeshi-migrants-in-italy-stigmatized-over-coronavirus-certificate-scam/a-54265320>

23rd July 2020

Aljazeera

Covid-19 kills scores of health workers in war-torn Yemen

<https://www.theguardian.com/world/2020/jul/23/covid-19-has-killed-least-health-workers-yemen-report-says>

22nd July 2020

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Coronavirus: Madagascar hospitals 'overwhelmed'

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Can you get coronavirus twice? Doctors are unsure even as anecdotal reports mount.

<https://www.washingtonpost.com/health/2020/07/22/can-you-get-coronavirus-twice/>

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Sing into the funnel please: inside the Covid-19 lab hoping to declare singing safe

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A new Covid-19 AI tool from Tencent could tell doctors if patients are likely to become severely ill

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