Update 36 (08th of September 2020)

Information about Infection disease
COVID-19 (novel coronavirus)

Force Health Protection Branch FHPB (former DHSC) NATO MILMED COE in Munich
08th of September 2020
email: info.dhsc@coemed.org

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

HIGHLIGHTS/NEWS

- The future corona vaccine from the pharmaceutical companies Sanofi and GSK should cost less than ten euros per vaccine dose. Since states are ready to bear the financial risks of the vaccine manufacturers, it is possible to keep prices “as low as possible”. The British-Swedish competitor AstraZeneca had announced a price of around 2.50 euros per dose for its potential vaccine.
- While the race to find safe and effective COVID-19 vaccines continues, **African** countries are signing up to a ground-breaking initiative, which aims to secure at least 220 million doses of vaccine for the continent, once licensed and approved. All 54 countries on the continent have expressed interest in COVAX, a global initiative. The European Commission has joined the COVAX Facility and contributed 400 million euros.
- The pharmaceutical company Biontech and its US partner Pfitzer are now allowed to test their corona vaccine in Germany. The Paul Ehrlich Institute has given permission for this. The study began worldwide with up to 30,000 participants at the end of July.
- **WHO**: clearly advocates a 14-day quarantine of people who are in direct contact with a infected person. "Contact persons from confirmed cases must be in quarantine for 14 days," said WHO expert Mike Ryan. This approach does not apply to travelers who come from areas with higher numbers of infections. "Travelers are not contacts."
- **Europol**: According to Europol's findings, illegal drug trafficking has not decreased due to the Corona crisis. The smuggling of cocaine from South America to Europe is even heading towards “record levels”. Corona has had no influence at all on smuggling by sea. More than 25,000 kilograms of cocaine were seized in the port of Rotterdam in the first half of 2020, more than twice as much as in the same period last year.

GLOBALLY
27 319 130 confirmed cases **18 350 850** recovered **892 799** deaths
EU/EEA and the UK
4 126 319 confirmed cases **2 325 400** recovered **217 376** deaths
USA ↘ (new cases/day 38 916)
6 262 276 confirmed cases **2 331 709** recovered **188 695** deaths
Brazil → (new cases/day 39 316)
4 147 794 confirmed cases **3 549 201** recovered **126 960** deaths
India ↗ (new cases/day 83 338)
4 280 422 confirmed cases **3 323 950** recovered **72 775** deaths
Russia → (new cases/day 4 990)
1 027 334 confirmed cases **840 997** recovered **17 818** deaths
Spain ↗ (new cases/day 8 956)
525 549 confirmed cases **150 376** recovered **29 516** deaths

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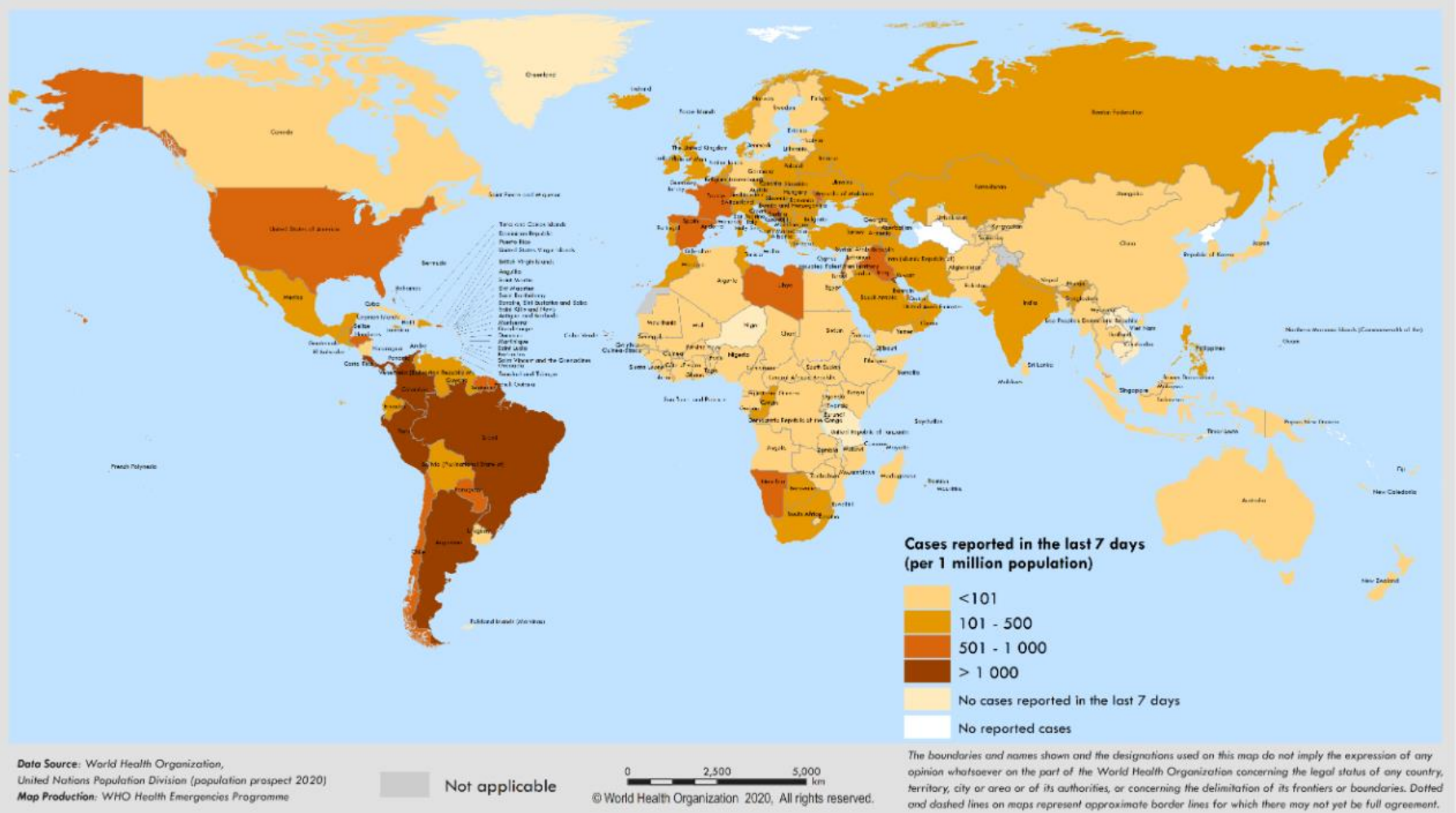
Map of countries with reported COVID-19 cases (last 7 days)



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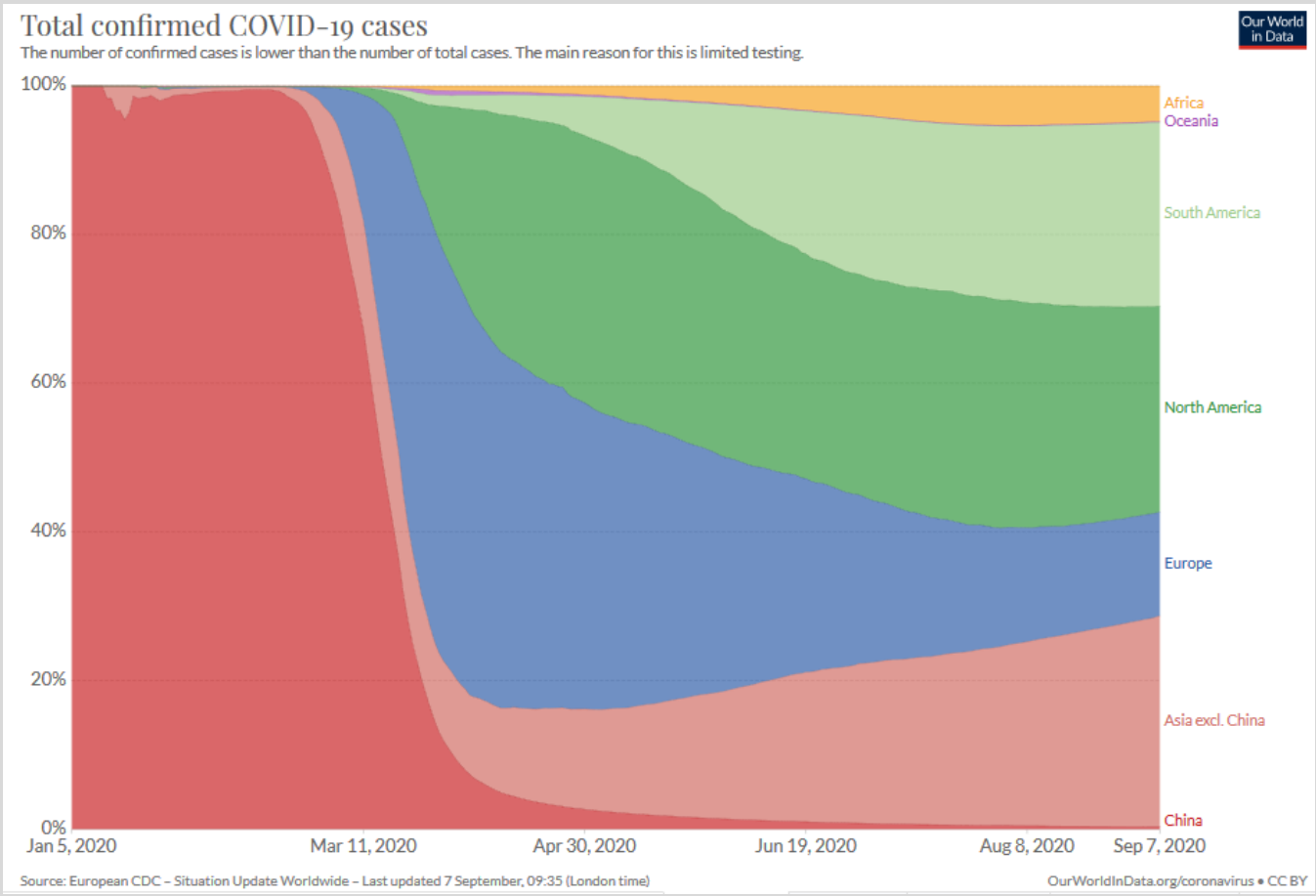
Worldwide Situation

Global Situation



WHO weekly operational update on COVID-19 as of 04 September 2020:

See information about partnership, logistics, health learning, medicines and health products, funding/donors and regional highlights in the document as well as links to Technical guidance and latest publications.
Find some selected topic out of the paper down below:

COVID-19 intra-action review (IAR) and accompanying tools
To support countries to conduct periodic review(s) of their national and subnational COVID-19 response efforts, WHO published the country COVID-19 intra-action review (IAR) and accompanying tools in late July 2020. The IAR is a country-led and facilitated process that brings together a small group of COVID-19 responders with knowledge of the public health response pillars under review through the WHO COVID-19 Strategic Preparedness and Response Plan. The plan is to encourage countries to “share best practices”.
Since the launch of the IAR guidance, a total of 5 countries have conducted a national COVID-19 IAR within 3 regions: 2 IARs in AFR (Nigeria, South Africa), 2 IARs in SEAR (Thailand and Indonesia) and 1 in EUR (Uzbekistan – facilitated by Robert Koch Institute)

WHO funding

As of 4 September 2020

Global Strategic Preparedness & Response Plan (SPRP)

WHO's total estimation needed to respond to COVID-19 across the three levels of the organization until December 2020	WHO's current funding gap against funds received stands under the updated SPRP
US$1.7 BILLION	**US$759 MILLION**

The status of funding raised for WHO against the SPRP can be found here

Global Humanitarian Response Plan (GHRP)

Amount required by UN partners and NGOs until end December 2020 due to COVID-19	WHO's financial requirement under the GHRP	WHO current funding gap
US$10.3 BILLION	**US$550 MILLION**	**US$228 MILLION**

The United Nations released the 3rd update of the Global Humanitarian Response Plan (GHRP) for COVID-19. Link

WHO Funding Mechanisms

COVID-19 Solidarity Response Fund

As of 4 September 2020, **The Solidarity Response Fund** has raised or committed

US$ 233 859 565

565,000 donors

[individuals – companies – philanthropies]

The COVID-19 Solidarity Response Fund, in partnership with the UN Foundation and Swiss Philanthropy Foundation, provides a mechanism for individuals, corporations, foundations, and other organizations around the world to directly support the work of WHO and partners to respond to the COVID-19 pandemic. For more information on this Fund and how to give directly, click here

The WHO Contingency Fund for Emergency (CFE)

US$10 Million released

WHO has released US$10 million for urgent preparedness and response COVID19 activities globally through the CFE and encourages donors to continue to replenish the CFE to allow WHO to respond to health emergencies in real time

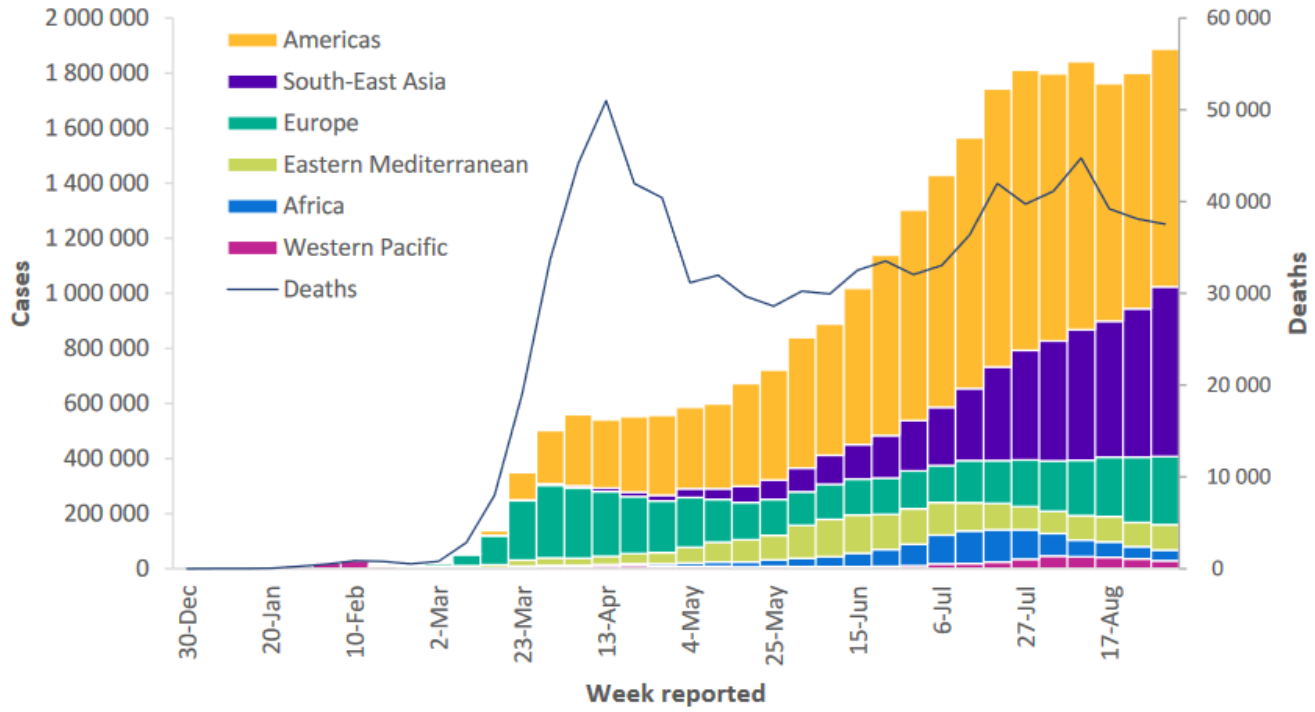
The WHO Contingency Fund for Emergencies 2019 Annual Report was published on 7 August. WHO is grateful to all donors who contributed to the fund allowing us to respond swiftly and effectively to emerging crises including COVID-19. Full report is available here.

WHO weekly epidemiological report, 07 September 2020

Global epidemiological situation

Cumulatively, nearly 27 million COVID-19 cases and 900 000 deaths have been reported to WHO to date. Over 1.8 million new cases and 37 000 new deaths were reported for the week ending 6 September, a 5% increase in the number of cases and a 2% decrease in the number of deaths compared to the previous week (24 to 30 August) (Figure below).

Figure 1: Number of COVID-19 cases reported weekly by WHO region, and total deaths, 30 December to 6 September 2020**



The WHO **South-East Asia Region** continued to show the highest increase in new COVID-19 cases in the past week, compared to the previous week, with over 600 000 new cases reported.

A weekly increase in the number of new reported cases was seen in the **European** and **Eastern Mediterranean Regions**, while the **African** and **Western Pacific Regions** declined in both cases and deaths compared with last week.

The Region of the **Americas** has seen a 1% increase in reported cases, but a 4% decrease in deaths, and continues to carry the highest burden of the disease globally, accounting for nearly half of all new cases reported in the past seven days.

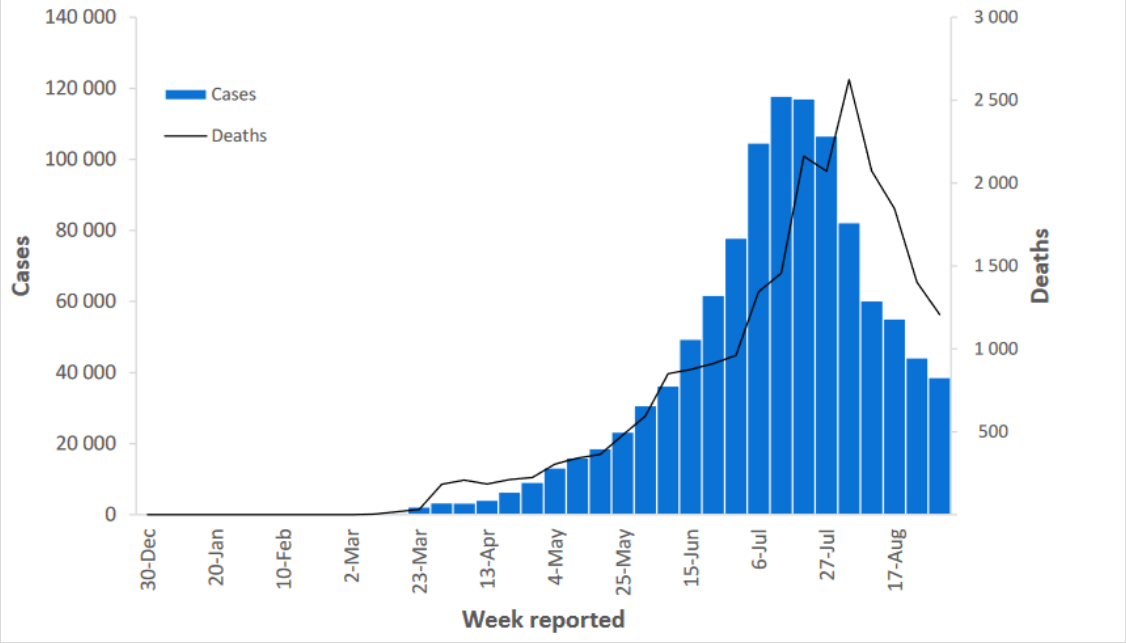
African Region

While cases in **South Africa** have declined this week, the country continues to report the highest number of cases in the region, accounting for 37% of all new cases.

Other countries reporting a high number of cases include **Ethiopia, Algeria, Namibia** and **Kenya**.

While cases in **Nigeria** have declined by 35% this week, compared to the previous week, the number of reported deaths increased by 200%

Figure 3: Number of COVID-19 cases and deaths reported weekly by the WHO African Region, data as of 6 September 2020**



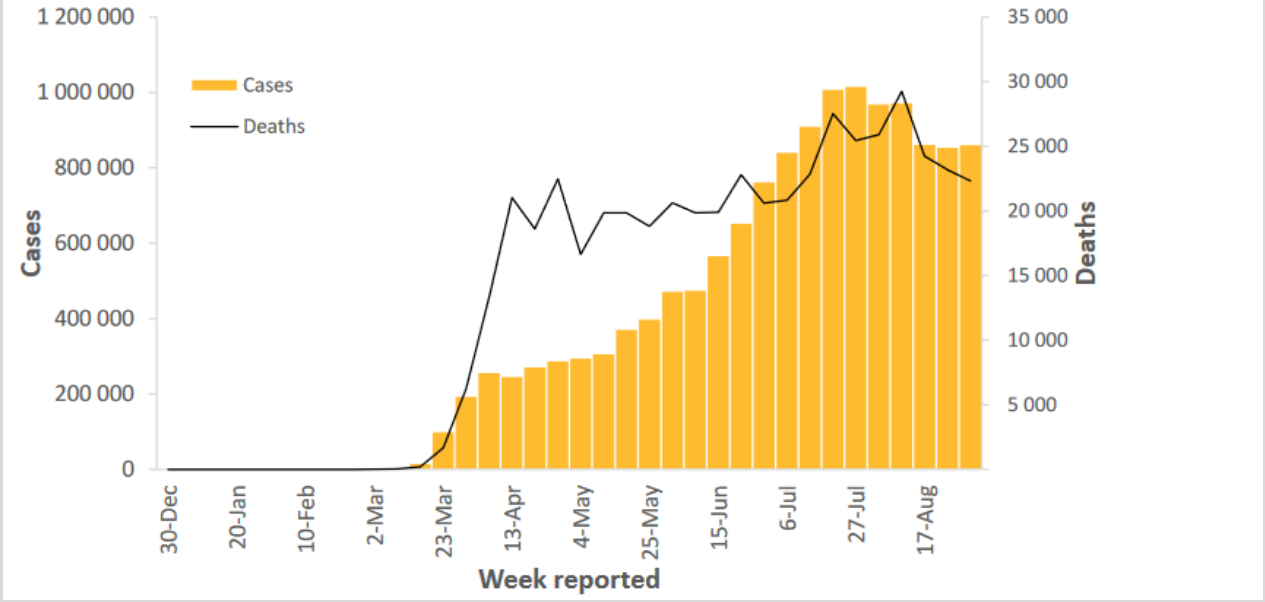
Region of the Americas

The **USA** and **Brazil** account for nearly three quarters of all COVID-19 cases in the Americas.

Argentina, Colombia, and **Peru** account for the next largest proportion in new cases in the region.

In the **Bahamas**, public health and social measures have been extended from mid-August as the island continues to experience an increase in cases (18%) and deaths (15%).

Figure 4: Number of COVID-19 cases and deaths reported weekly by Region of the Americas, data as of 6 September 2020**



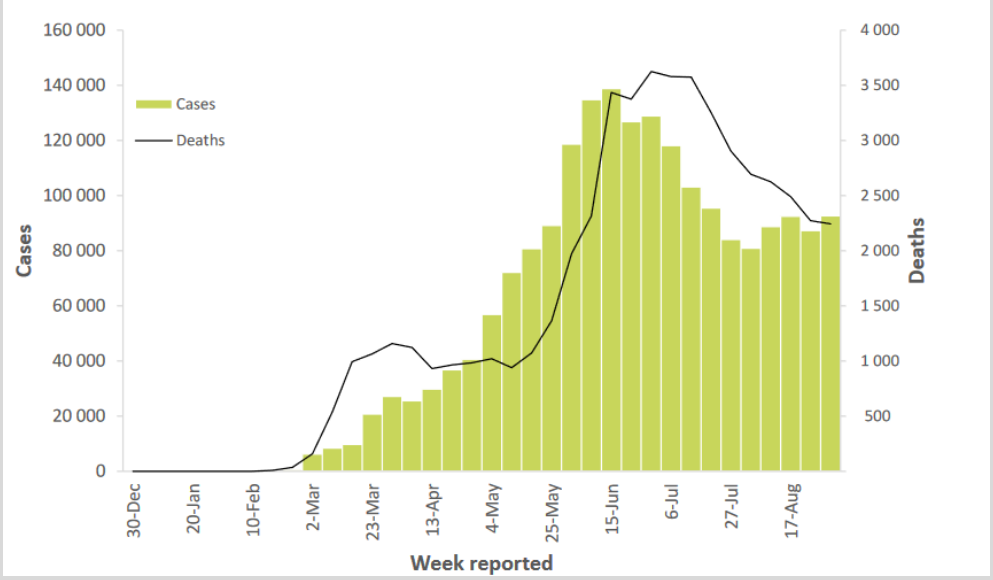
Eastern Mediterranean Region

The highest numbers of new cases in the region have been seen in **Iraq, Iran, Morocco, Saudi Arabia** and **Kuwait**, and **Iraq** continues to report the highest number of new COVID-19 cases.

In **Afghanistan**, cases have increased by 77% this week compared to last week, although new deaths are down by 33% as compared to last week.

In **Bahrain**, cases have increased by nearly 44% in the past seven days as have cases in **Tunisia** where trends show an increase in cases since the country reopened its borders at the end of June.

Figure 5: Number of COVID-19 cases and deaths reported weekly by Eastern Mediterranean Region, data as of 6 September 2020**



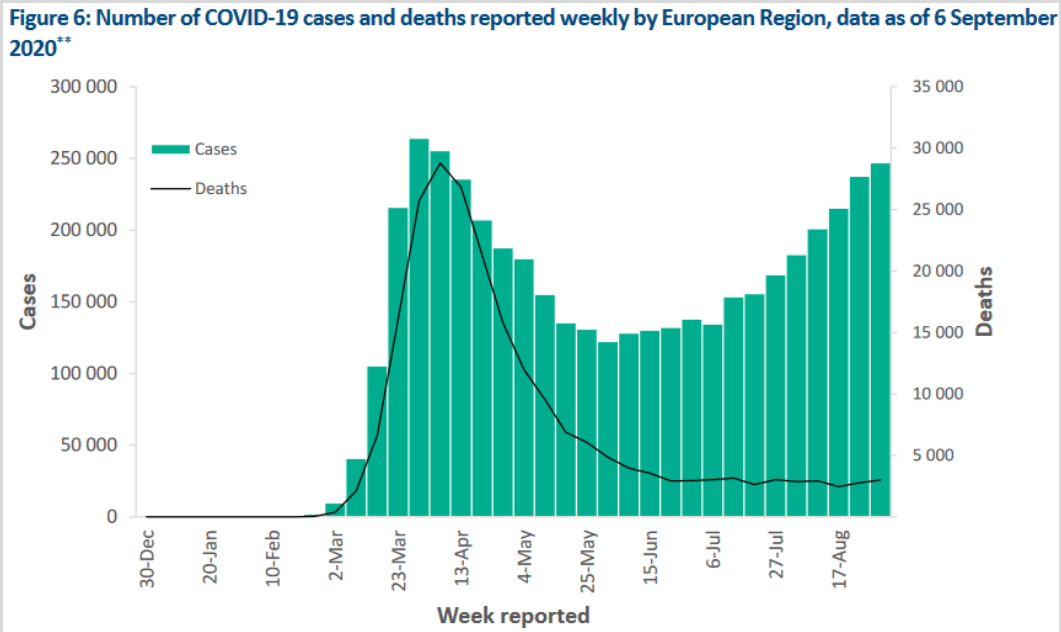
European Region

In the European Region, **France** reported the highest number of new cases in the past seven days with nearly 44 000 cases followed closely by **Spain** at just over 40 000.

Russia and **Ukraine** also continue to report a high number of cases. In Ukraine, cases are continuing to rise, with a 19% increase in the past seven days. The government has extended the public health and social measures until the end of October.

While cases in **Italy** have continued to show an increase, this week's 9% increase was substantially lower than last week's nearly 85% increase.

Figure 6: Number of COVID-19 cases and deaths reported weekly by European Region, data as of 6 September 2020**

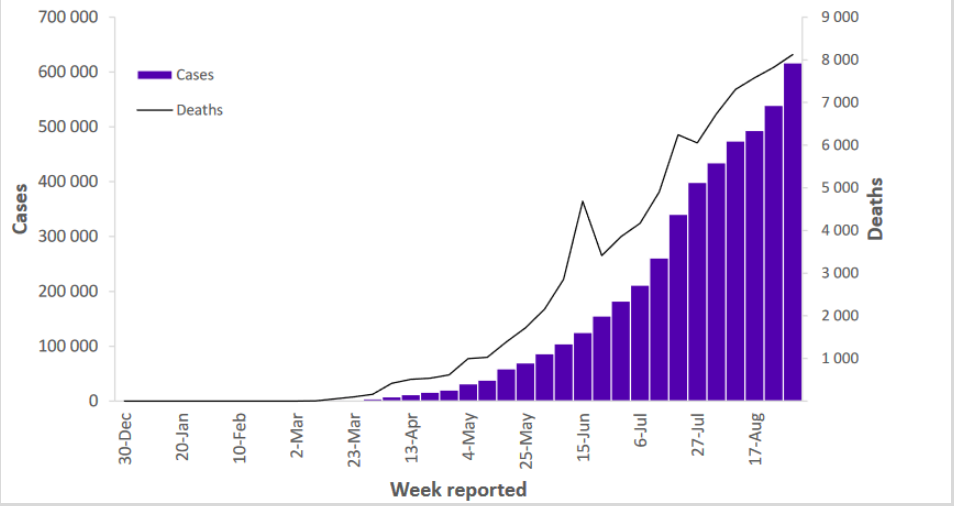


South-East Asia Region

India continues to report a very high number of new cases, reaching nearly 600 000 new cases in the past seven days, with an average of approximately 81 582 cases per day, the highest numbers of daily new cases in the past week.

In **Myanmar**, cases have shown a marked increase of nearly 87% in the past seven days.

Figure 7: Number of COVID-19 cases and deaths reported weekly by South-East Asia Region, data as of 6 September 2020**

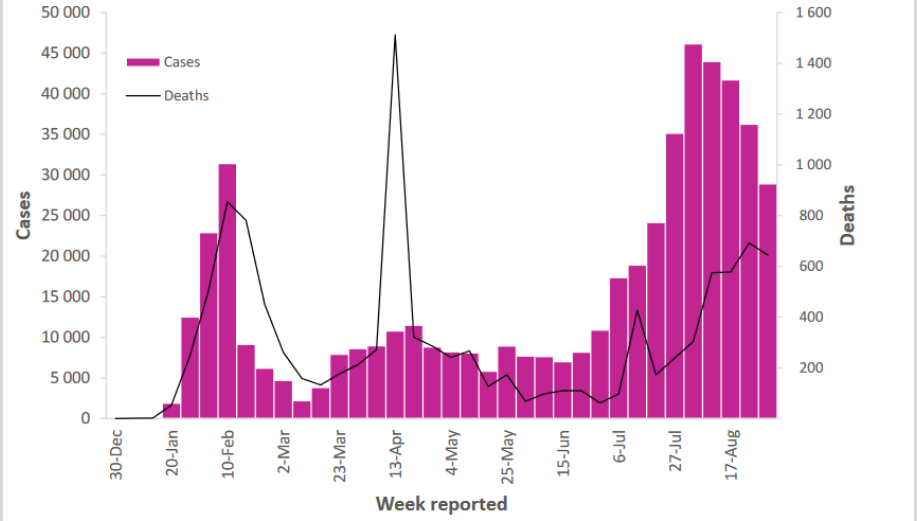


Western Pacific Region

The three countries reporting the highest number of new cases in the Western Pacific Region are the **Philippines, Japan** and **Republic of Korea**. However, the **Philippines** have seen a decrease in new cases in the past week compared to the previous week.

French Polynesia has seen an increase of just over 29% in cases in the past seven days; while stricter containment rules were imposed last month, both the government and the French High Commission ruled out more stringent public health and social measures, with schools set to reopen on 7 September.

Figure 8: Number of COVID-19 cases and deaths reported weekly by Western Pacific Region, data as of 6 September 2020**

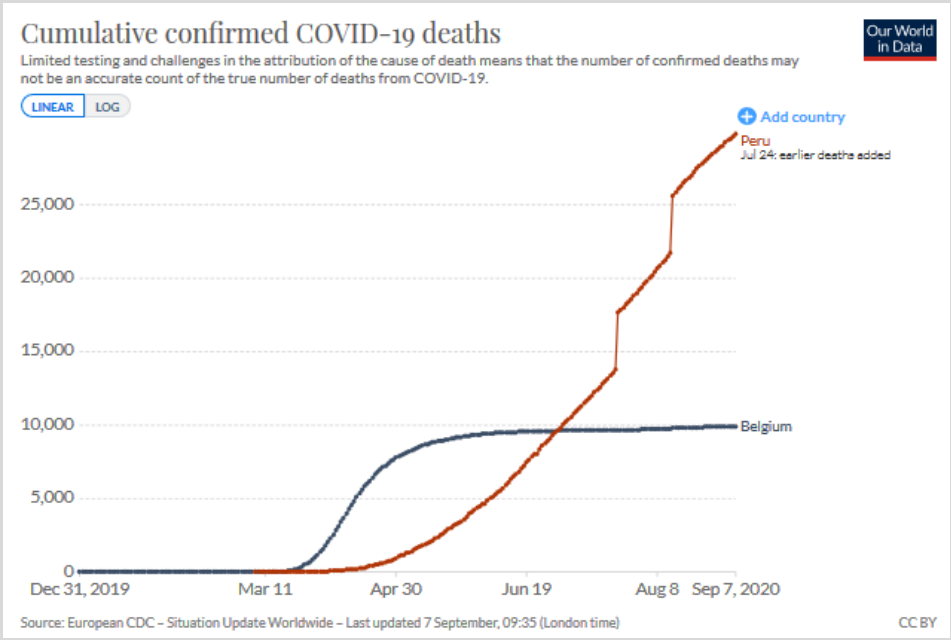


Updates from WHO regional offices:

WHO AFRO - WHO PAHO
WHO EMRO - WHO SEARO
WHO EURO - WHO WPRO

Peru – Highest Death rate in the world

The Andean country with its 32.6 million inhabitants has overtaken Belgium at the top of the list of the highest death rate of corona patients. Peru has 856 deaths per million inhabitants, the virus continues to spread rapidly. Within less than a month, the number of registered infections in Peru has doubled to more than 600,000, with a high number of unreported cases being assumed. In Latin America, only Brazil, which is much more populous, has more cases. Around two hundred Peruvians die from the virus every day. In purely mathematical terms, the number of deaths could soon exceed 30,000, although a possible excess mortality of around 10,000 people suspected of having coronavirus is not yet counted in the statistics.



Peru was one of the first countries in Latin America to impose rigorous measures. There has been a strict lockdown since March, and in May certain economic activities were allowed again after the number of infections had stabilized. Now many restrictions have to be reintroduced, there is a curfew on Sundays, family gatherings are prohibited until further notice. The observation that there is currently a marked increase in the number of cases among children and adolescents must be seen as a special feature. These spread the virus within families and among friends, which leads to an increased risk for the elderly and risk groups.

The reasons for the continued spread in Peru are varied. On the one hand, around seventy percent of working Peruvians do not have a regular job, which means that they cannot afford to adhere to the quarantine. Then there is the precarious health system. Not only does the country have a very low capacity for intensive care beds, but it is also struggling with supply problems, most notably an acute shortage of medical oxygen needed to treat corona patients.

Given the situation, PER, like other Latin American countries, has decided to conduct clinical trials of vaccines; Studies with two vaccines from the Chinese company Sinopharm will start soon. However, a few more months must be expected before a vaccination is available. While the mining sector, which is important for the country, was able to maintain its production halfway, the service sector, from which countless Peruvians live, has collapsed dramatically. In the second quarter alone, the economy plummeted 30% in the worst crisis of the century. Last week parliament approved a law that allows Peruvians to withdraw some of their savings from the state pension fund to make ends meet; releasing the pensions could cost the state around $ 3.7 billion. The pandemic and the economic crisis triggered by it are thus fueling a political and institutional crisis that has lasted for a long time in Peru, which has permanently damaged the population's trust in politics and will probably continue to shake it.

Source: https://www.faz.net/aktuell/politik/ausland/peru-hat-jetzt-weltweit-die-hoechste-corona-sterberate-16932597.html?utm_source=pocket-newtab-global-de-DE

GAZA - quarantine and isolation are not enough

The Gaza Strip is on the verge of collapse even without Corona. The UN warned five years ago that the Gaza Strip would no longer be habitable from 2020: 14 years of economic blockade and isolation, three wars with Israel and internal Palestinian conflicts have brought the region into this humanitarian catastrophe. It is populated by about 1.9 million people, of which 1.4 million are Palestinian refugees. They live on 365 square kilometers, which means about 6000 people per square kilometer, making it one of the most densely populated areas in the world. In particular, the Jabalia refugee camp with more than 120,000 refugees on 1.4 square kilometers has a population density of just under 80,000 people on one square kilometer.

The 60-70 ventilators are spread over 70-100 intensive care beds. After the UN coordination office for the occupied Palestinian territories calculated at the beginning of April that there are only 1,000 throat swabs and 500 corona tests available in Gaza, over 13,000 tests have since been carried out. Several isolation centers have been set up, six of which are currently in operation. Everyone who enters the Gaza Strip must undergo a 21-day quarantine until the end of 2020. The strict closure measures (mosques, markets, playgrounds, evening curfew, etc.) that were imposed in spring have been relaxed again due to the positive development.

Even though the Gaza Strip was protected by its involuntary isolation, the first community spread occurred about two weeks ago and yesterday an additional 182 new cases outside the isolation centers were reported in one day, which is about a fifth of the total number of cases. The recommended preventive measures to prevent the spread do not find fertile soil in the Gaza Strip, as there is hardly any drinking water available and hardly any hygiene and disinfectants are available. The population density and the living conditions, especially in the 5 refugee camps, allow almost no effective "social distancing" measures. One negative effect of the outbreak measures revealed by the effect is the very limited medical treatment, especially outside the Gaza Strip. Thousands of particularly chronically ill patients cannot be cared for at all or only to a limited extent.

So far, the Gaza Strip has managed to control COVID 19 with internal quarantine measures, involuntary external isolation, expanded testing facilities and other public health measures. In this way, another humanitarian catastrophe that has probably hardly existed before has been avoided. How long this “happy” state will last in an “unhappy” overall situation is very uncertain. The Gaza Strip is now presumably at the start of the next humanitarian catastrophe after the first community spread and the rapid increase in new cases.

Sources: https://www.jpost.com/breaking-news/182-new-coronavirus-cases-reported-in-gaza-strip-641350
https://reliefweb.int/report/occupied-palestinian-territory/gaza-thousands-lives-chronic-disease-patients-risk-during
https://www.br.de/nachrichten/deutschland-welt/gazastreifen-vom-virus-verschont-von-der-welt-vergessen,S54IHdL
http://www.emro.who.int/in-press/commentaries/covid-19-in-gaza-a-pandemic-spreading-in-a-place-already-under-protracted-lockdown.html
https://www.crisisgroup.org/middle-east-north-africa/eastern-mediterranean/israelpalestine/b75-gaza-strip-and-covid-19-preparing-worst
https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_33-en.pdf
http://www.emro.who.int/images/stories/palestine/documents/who_right_to_health_2018_web-final.pdf?ua=1
https://de.reuters.com/article/health-coronavirus-gaza-idINL8N2FQ4WM

USA: Checks signed by US President Donald Trump to combat the economic consequences of the Corona crisis have also been sent to Europeans who may have temporarily lived in the US in the past. According to the Austrian press, more than 100 such checks for 1200 dollars each (around 1000 euros) have now been cashed at banks.
The reason for the cash blessing could be a data breach with the American authorities. The US government had issued checks to aid in the coronavirus crisis. US citizens with an annual salary of up to $ 75,000 received checks for $ 1,200, while working couples with salaries up to $ 150,000 received $ 2,400.

	Payments to more than a million dead were also mistakenly received. Apparently, the Ministry of Finance and the tax authorities had not compared their data with the deceased reports from the social security authority before sending the aid checks. --- **IRN**: At the start of the new school year, the country is relying on particularly strict containment measures. Not all schools will open at the same time, parents can decide whether they want their children to take part in lessons via online seminars for the time being. In addition, strict rules regarding disinfection, compliance with minimum distances and a general mask requirement will apply in class. --- **IDN**: On the popular Indonesian holiday island of Bali, the number of confirmed corona infections has doubled since it was opened to local tourism at the end of July. On Tuesday alone, the island with around 4.2 million inhabitants reported 164 new cases. In the past five weeks, the death toll related to Covid-19 has also increased from 48 to 128. The regional government decided at the end of July to at least revive local tourism. Foreign guests will continue to be banned from traveling until at least the beginning of 2021. --- **ISR:** The number of new corona infections in Israel has reached a new high. The Ministry of Health announced on Tuesday that 3392 new cases had been registered the day before. This is the highest one-day figure in the country since the outbreak of the pandemic. The previous record came from September 2 with 3,173 new corona cases. --- **JAP**: The economy in Japan suffered an even more drastic record slump than previously expected in the wake of the Corona crisis. The gross domestic product (GDP) of the third largest economy in the world fell in the second quarter of this year - extrapolated to the year - by 28.1 percent in real terms, as the Tokyo government announced on Tuesday based on revised data. --- **LYB**: More than a thousand new cases of corona infection have been reported within a day, the highest number since the epidemic broke out in the North African country in March. 1080 of the almost 4,300 tests carried out on Sunday were positive, the health authority NCDC informed the UN-recognized government in Tripoli on Monday. ---

Situation in Europe

ECDC COVID-19 surveillance report Week 35, as of 4 September 2020

Weekly surveillance summary

This summary presents highlights from two separate weekly ECDC surveillance outputs, which have been streamlined to avoid overlaps.

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

Trends in reported cases and testing

- As of 2 September 2020, the 14-day case notification rate for the EU/EEA and the UK was 55 (country range: 4–213) per 100 000 population. The rate has been increasing for 45 days.
- Increases in the 14-day COVID-19 case notification rates compared to the previous week have been observed in 12 countries (Croatia, Czechia, Estonia, France, Hungary, Italy, Lithuania, Portugal, Slovakia, Slovenia, Spain and the United Kingdom). Rates in these countries have been increasing for between two and 56 days.
- Notification rates are highly dependent on several factors, one of which is the testing rate. Weekly testing rates for week 35, available for 25 countries, varied from 318 to 6 167 tests per 100 000 population. Luxembourg had the highest testing rate for week 35, followed by Denmark, Malta, Cyprus and Lithuania.
- Five countries (Croatia, Czechia, France, Poland and Romania) had a weekly test positivity of 3% or higher and one country (Croatia) had a weekly test positivity that had increased compared to last week.

Primary care

- In the four countries that reported data up to week 35 from primary care sentinel surveillance for COVID-19, using the systems established for influenza, there were no detections of SARS-CoV-2 among the 132 patients tested.
- All countries that reported influenza-like illness (ILI) and/or acute respiratory infection (ARI) syndromic surveillance data up to week 35, using the systems established for influenza, have observed consultation rates that remain similar to or lower than those reported during the same period in the last two years.

Hospitalisation

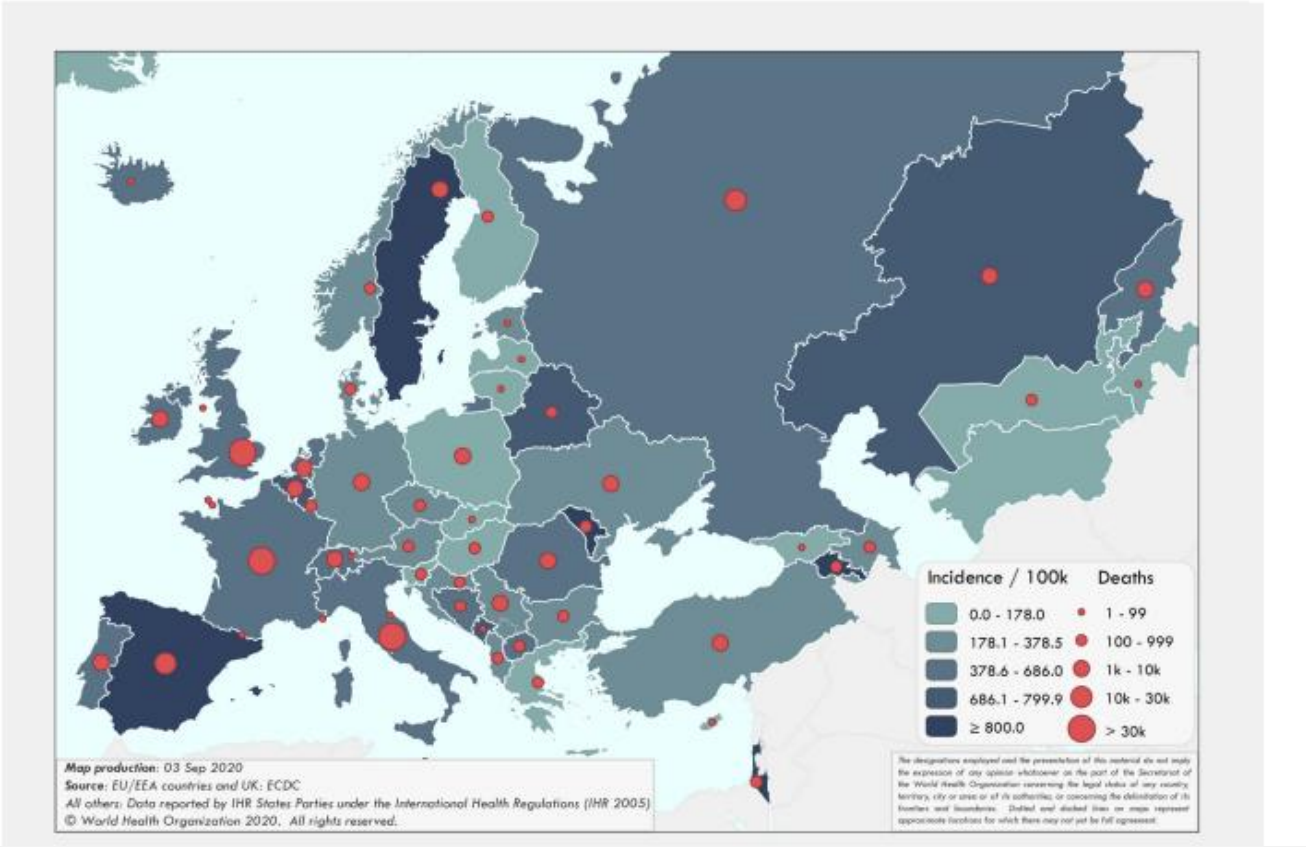
- Hospital and/or ICU occupancies and/or new admissions due to COVID-19 have recently increased in Croatia, Czechia, Greece, Poland, Romania and Slovakia. No other increases have been observed, although data availability varies.
- Based on data reported to date by 22 countries, we estimate that 25% (country range: 9–60%) of reported COVID-19 cases have been hospitalised. Data from 17 countries show that a total of 10% (country range: 0–62%) of hospitalised patients required ICU and/or respiratory support. These proportions vary considerably by age and sex.

Mortality

- The 14-day COVID-19 death notification rate for the EU/EEA and the UK was four (country range: 0–31) per million population. The rate has been stable for 61 days.
- Increases in the 14-day COVID-19 death notification rates compared to those reported seven days ago have been observed in two countries (Croatia and Malta). Rates in these countries have been increasing for between one and two days.
- Overall pooled estimates of all-cause mortality reported by EuroMOMO show normal levels for the participating countries. In some countries, however, there seems to be a small excess mortality, which could be related to local heat waves.

COVID-19 situation update for the WHO European Region (24 – 30 August 2020 Epi week 35)

Figure 2B. COVID-19 cumulative incidence per 100,000 population and number of deaths by country



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Key points

Week 35/2020 (24 - 30 Aug 2020)

- The number of cases reported in the Region increased 10% to 239,454 in week 35/2020 compared to the previous week (216,862 cases in week 34/2020), and increased 95% compared with week 23/2020 (1-7 Jun; 123,096 cases) when the lowest number of cases per week were reported. The number of deaths in the Region in week 35/2020 increased 4% to 2,721 compared to the previous week (2,612 deaths in week 34/2020) (Figure 1)
- 56% (135,126) of the cases reported in week 35/2020 were reported from four countries: Spain (22%; 52,905), France (14%; 34,528), the Russian Federation (14%; 33,577) and Ukraine (6%; 14,116). The remaining cases (44%; 104,328) were reported by 52 countries and territories; each accounted for <5% of the total cases reported in week 35/2020
- Seven countries had a crude incidence of ≥60 per 100,000 in week 35/2020: Andorra, Israel, Malta, Montenegro, Republic of Moldova, Spain and the United Kingdom. The crude incidence continues to vary across the region with a range from 1.5 per 100,000 population in Georgia to 134 per 100,000 population in Israel (Figure 2A)
- The 14-day cumulative incidence increased by ≥10% in week 35/2020 in 27 countries and territories in the Region, however for some countries data was retro-adjusted by national authorities: Andorra, Austria, Belarus, Croatia, Czech Republic, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Ireland, Italy, Liechtenstein, Lithuania, Monaco, Portugal, Republic of Moldova, San Marino, Slovakia, Slovenia, Spain, Switzerland, Turkey, Ukraine, and the United Kingdom (see EURO COVID-19 Dashboard for recent trends)
- 59% (1,634) of the deaths reported in week 35/2020 were reported by the Russian Federation (26%; 710), Romania (11%; 306), Ukraine (9%; 256), Turkey (7%; 182) and Spain (6%; 180). The remaining deaths (41%; 1,087) were reported from 30 countries and territories; each accounted for <5% of the total deaths reported in week 35/2020
- The proportion of reported cases that died was 1.1% in week 35/2020
- Community-transmission was reported by 30 countries and territories, 23 countries and territories reported cluster transmission, while 5 countries and territories reported sporadic transmission in week 35/2020 (see EURO COVID-19 Dashboard)
- For a subnational view of the COVID-19 situation in the WHO-EURO Region see the WHO-EURO COVID19 Subnational Explorer

Summary overview

- The cumulative cases across the Region increased 6% to 4,244,840 cases in week 35/2020 (from 4,005,386 cases in week 34/2020) and cumulative deaths increased by 1.3% to 219,455 deaths (from 216,734 deaths in week 34/2020). Note the decrease in the total number of deaths due to retrospective reclassification of the COVID-19 deaths in some countries
- As of 11 August 2020, nine countries in the Region had an effective reproductive number significantly over 1: Austria, Croatia, Ireland, Italy, Lithuania, Monaco, Slovakia, Slovenia and Switzerland (See EpiForecasts and the CMMID COVID working group COVID-19 Global Summary for latest estimates)
- Nine countries in the Region each reported a cumulative incidence of ≥800 cases per 100,000 population: Andorra, Armenia, Israel, Luxembourg, Republic of Moldova, San Marino, Spain, Sweden and the United Kingdom (Figure 2B)
- As of week 35/2020, 67% (2,830,198) of cumulative cases were reported from the Russian Federation (23%; 990,326), Spain (11%, 458,902), the United Kingdom (8%; 332,752), France (6%; 272,530), Turkey (6%; 267,064), Italy (6%; 266,853) and Germany (6%; 241,771). The remaining cases (33%; 1,414,642) were reported by 54 countries and territories; each accounted for <5% of the total cases reported until week 35/2020
- As of week 35/2020, 70% of cumulative deaths (153,762) were reported from the United Kingdom (19%; 41,498), Italy (16%; 35,473), France (14%; 30,602), Spain (13%; 29,096) and the Russian Federation (8%; 17,093). The remaining deaths (30%; 65,693) were reported by 52 countries and territories; each accounted for <5% of the total cases reported until week 35/2020
- 88% of all deaths with information available were in persons aged ≥65 years and 58% of all deaths were in men (Table 1)
- 95% of all deaths with information available had at least one underlying condition, with cardiovascular disease the leading comorbidity (76%) (Table 1)
- 14% of cases were in persons aged ≥65 years in week 35/2020, a decrease from 38% in week 14/2020, while the percentage of fatal cases aged ≥65 years was 70% in week 35/2020 (compared to 91% in week 14/2020) (Figure 3)
- Pooled estimates of all-cause mortality for 24 countries in the EuroMOMO network show a low level of excess mortality for the participating countries, but confined to a few countries. This excess mortality could be explained by local heat waves as well as COVID-19 transmission
- In week 35/2020, four countries reported 181 tests and no SARS-CoV-2 detections in persons with influenza-like illness (ILI) in primary care sentinel surveillance. The highest positivity in the ILI sentinel surveillance was 14.6%, seen in week 15/2020 (Figure 4)
- Overall, there were 99,854 (5.7%) COVID-19 cases among the total of 1,747,070 tests reported to have been performed in 17 countries in week 35/2020 (Figure 5)

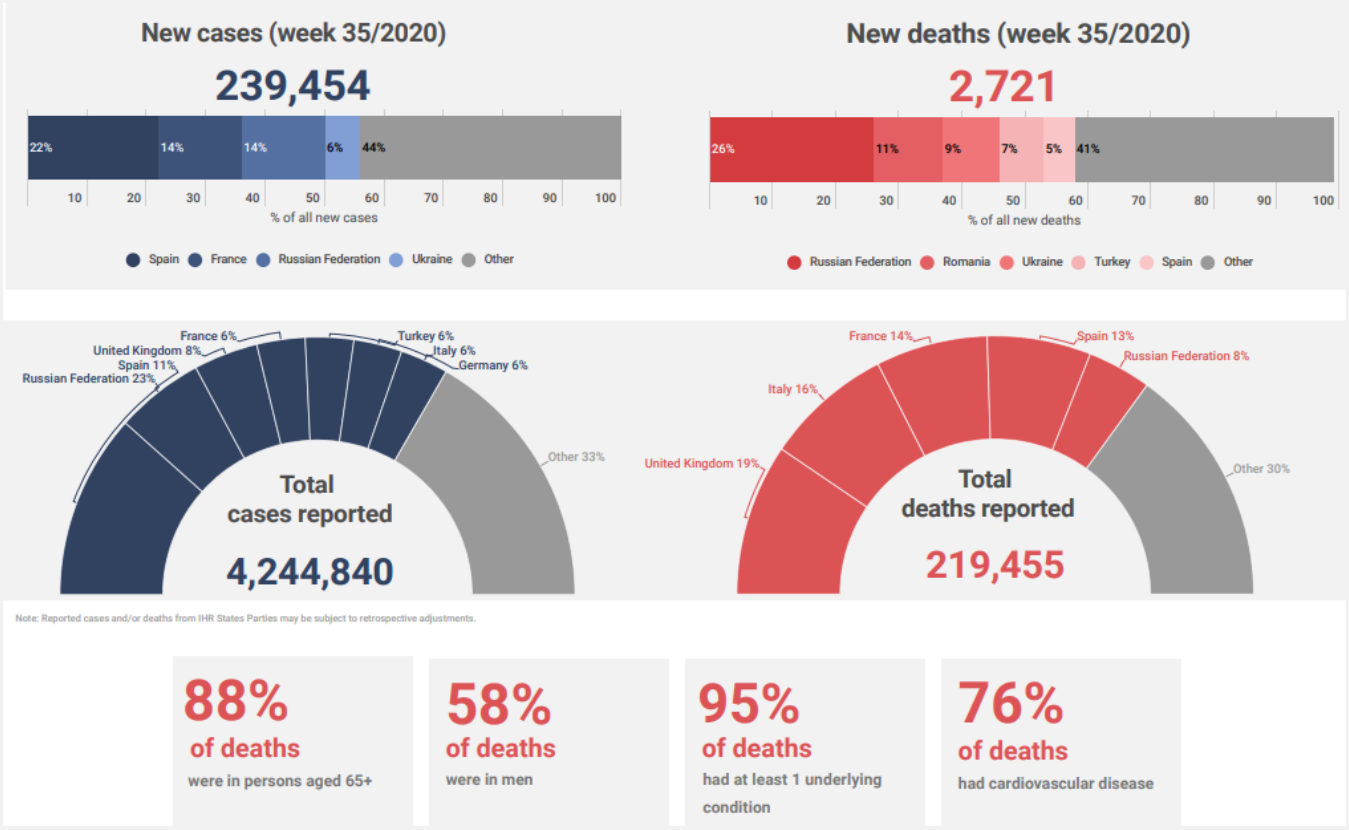

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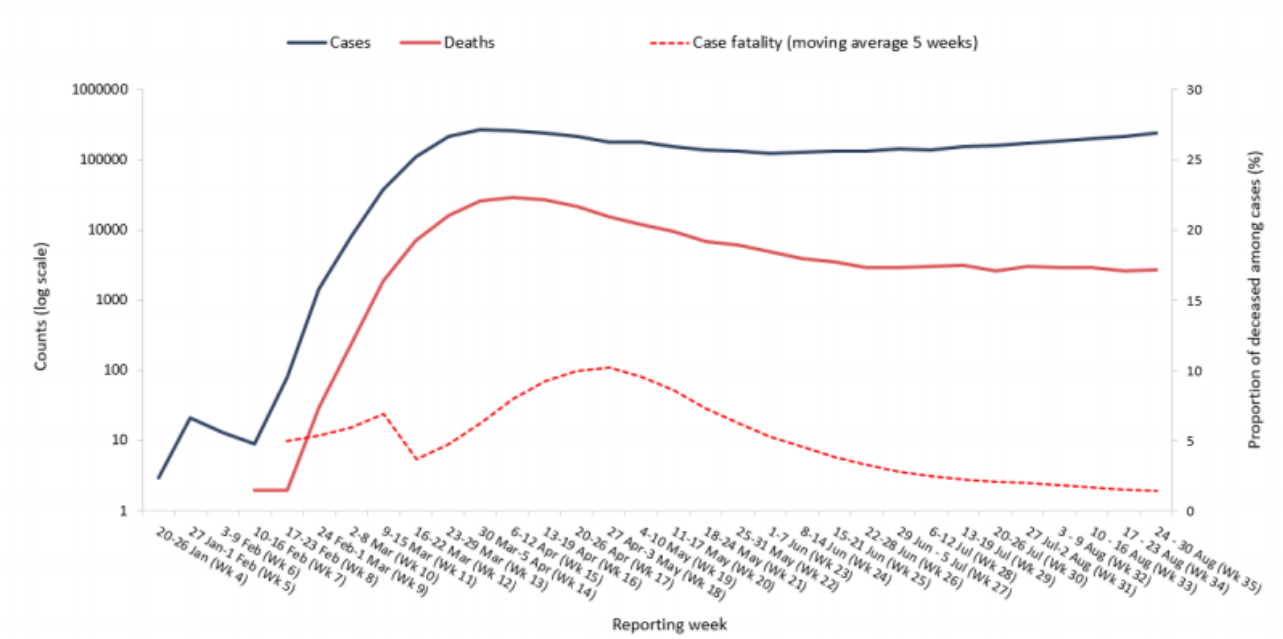
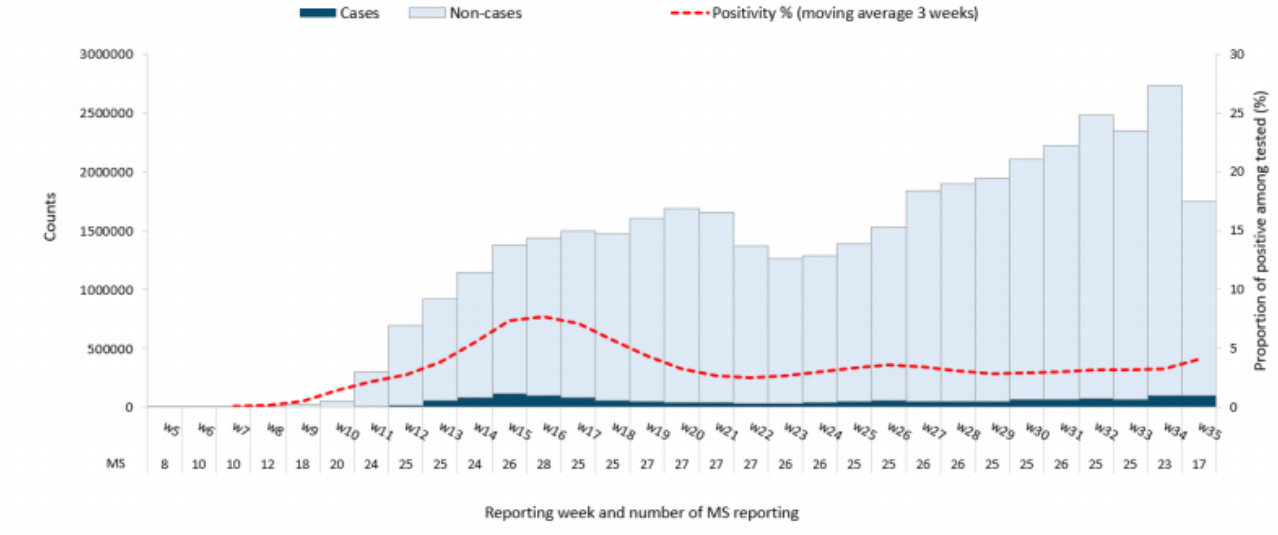
Figure 1: Number of COVID-19 cases (N=4,244,840) and deaths (N=219,455) by reporting week



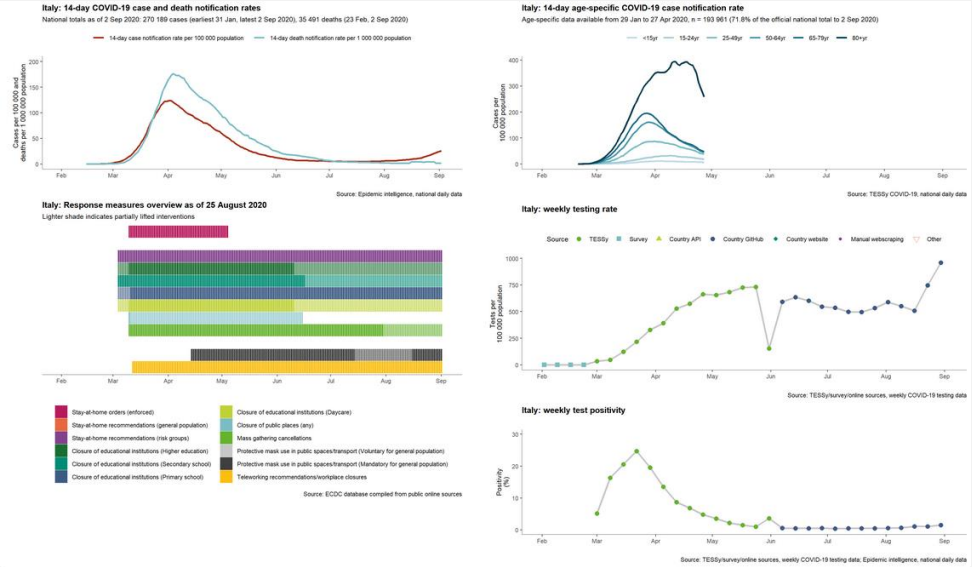
Source: IHR reports

Figure 5. Percentage positive for COVID-19 among all tested by reporting week

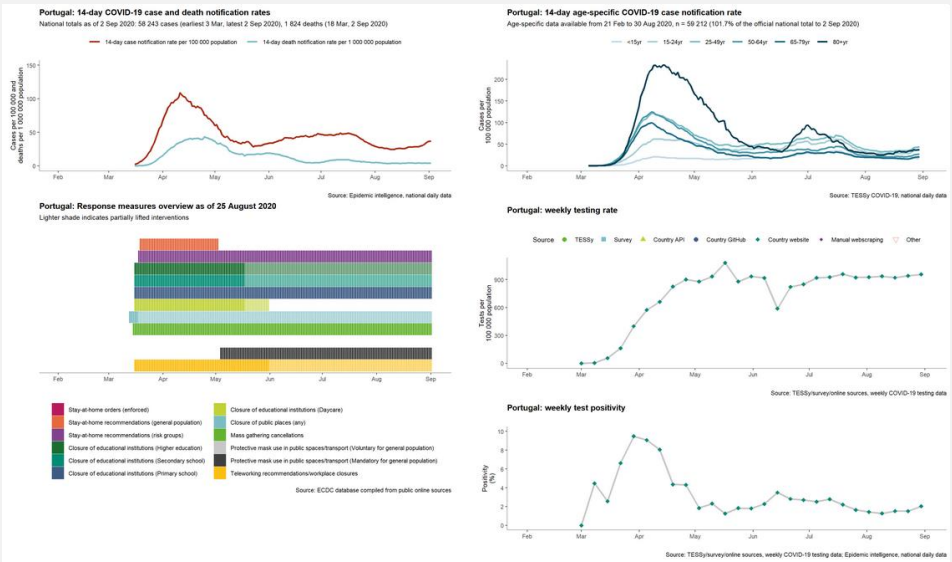


Source: Aggregate data from WHO Xmart and TESSy. Note: Member States that report cases only (no testing data) are not included. MS: Member State

ITA: The measures to contain the corona virus in Italy, such as mask requirements and distance rules, will remain in force for another month. The rules now apply until October 7th. Accordingly, there is still the obligation to wear mouth and nose protection in public buildings and means of transport. People should keep a distance of at least one meter. Larger gatherings are still prohibited, stadiums and discos remain closed. The restrictions for travelers from Croatia, Greece, Spain and Malta also continue to apply. You must show a negative corona test. On the other hand, the situation is simplified for international couples where one of the partners lives in a country from which entry to Italy has not yet been easily possible. They can now enter the country with a corresponding declaration.



PRT: reports the highest number of new infections since the containment measures were eased in May. By the end of September, tightening of the restrictions should stop further spread.



FRA: The number of new corona infections in France was last at 4203 within 24 hours. 25 more people died as a result of COVID-19.

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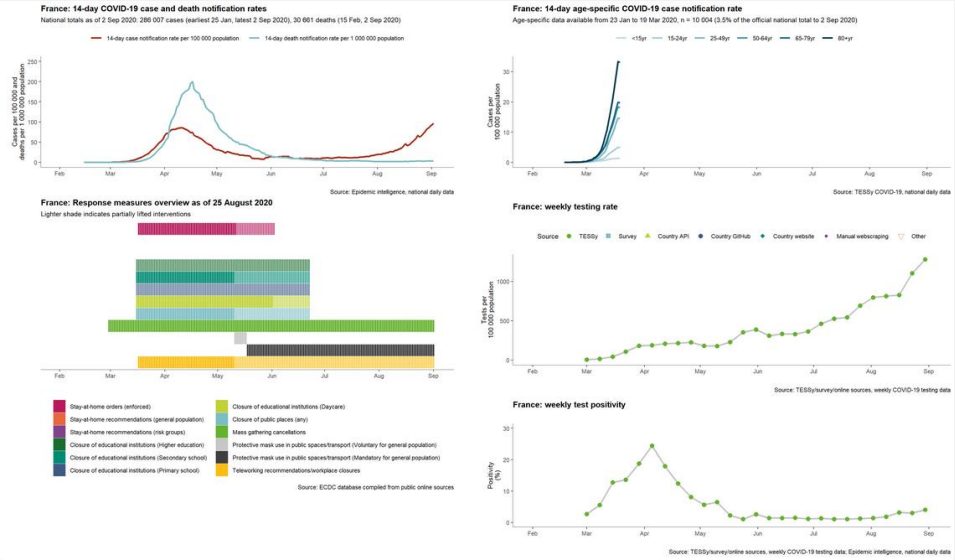
France has identified seven new corona risk areas. According to the government, 28 of the 100 French departments are now considered “red zones” where the virus “actively circulates”. The classification enables the authorities to tighten the corona measures. Newly affecter are, the four departments of Nord, Bas-Rhin, Seine-Maritime and Côte-d'Or with large cities such as Lille, Rouen, Le Havre, Strasbourg and Dijon, the two administrative districts on the Mediterranean island of Corsica and the overseas department on the island Reunion Island in the Indian Ocean. First, in August, the greater Paris area and parts of the Mediterranean coast were declared as risk areas.

……..

FRA wants to reduce the quarantine time for infected people and their contacts from the current 14 to seven days. The government's scientific advisory board has already approved the shortening. A shortening is currently also being discussed in Germany.

With the shortening, the government wants to achieve a better acceptance of self-isolation.



DEU: In Germany, there has never been so few hours worked in a quarter since reunification as in the second quarter of 2020. This was determined by the Nuremberg Institute for Employment Research. "Working hours have decreased mainly due to short-time work, the reduction of time credits on the working time accounts, leave of absence and less overtime," said the head of the research department for forecasts and macroeconomic analyzes. “The decline in the number of people in employment, however, was limited in view of the immense economic shock”.

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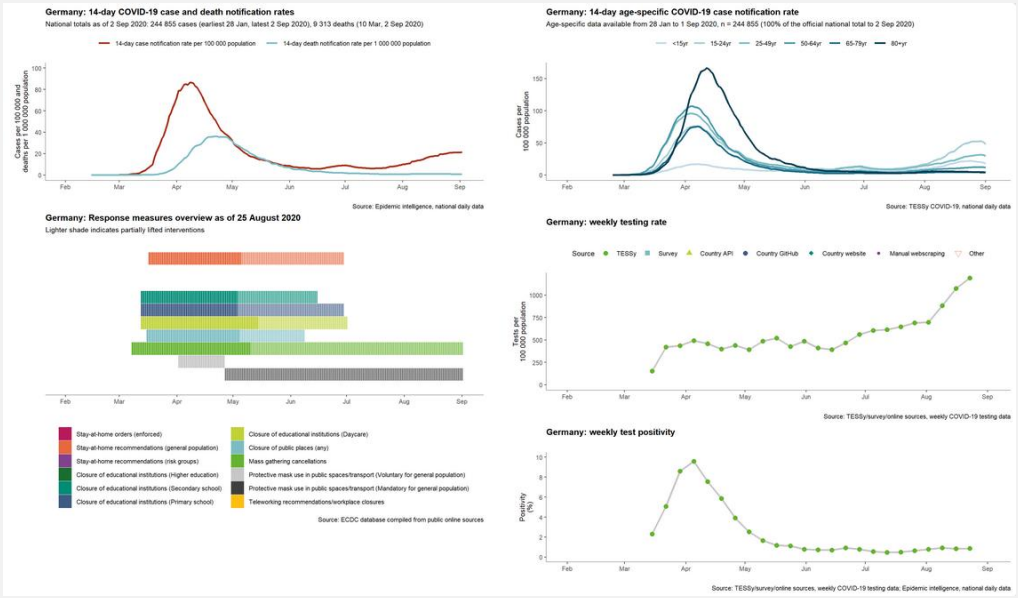
As a lesson from the pandemic, Germany wants to invest in the health system in order to better meet the next challenge of this kind. As a consequence of the ongoing corona pandemic, the federal and state governments want to create at least 5,000 new and permanent full-time positions in the public health service by the end of 2022.



ESP: The number of confirmed corona cases has risen to more than half a million. The Ministry of Health has reported 26,560 new cases since Friday. So far, no country in Western Europe had exceeded the threshold of 500,000 registered infections.

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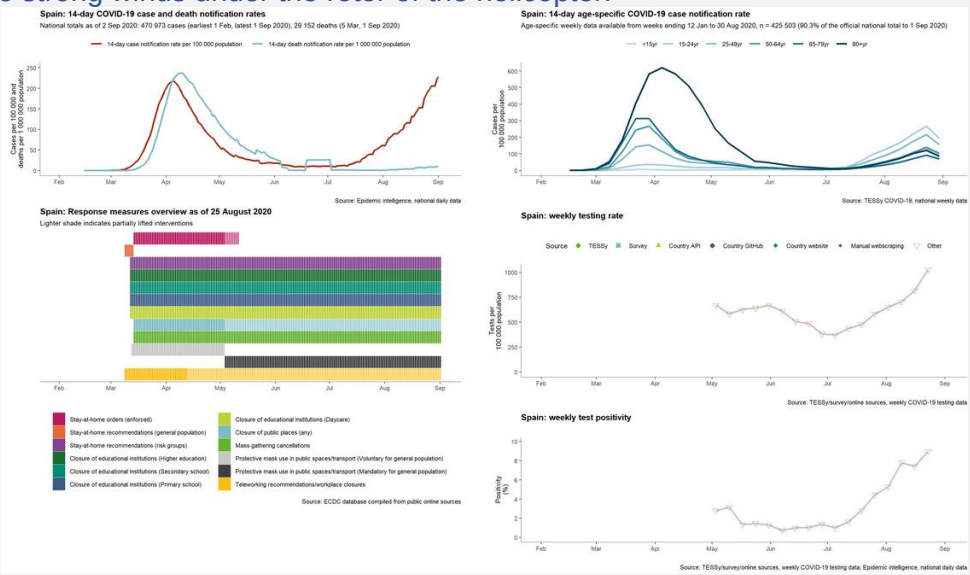
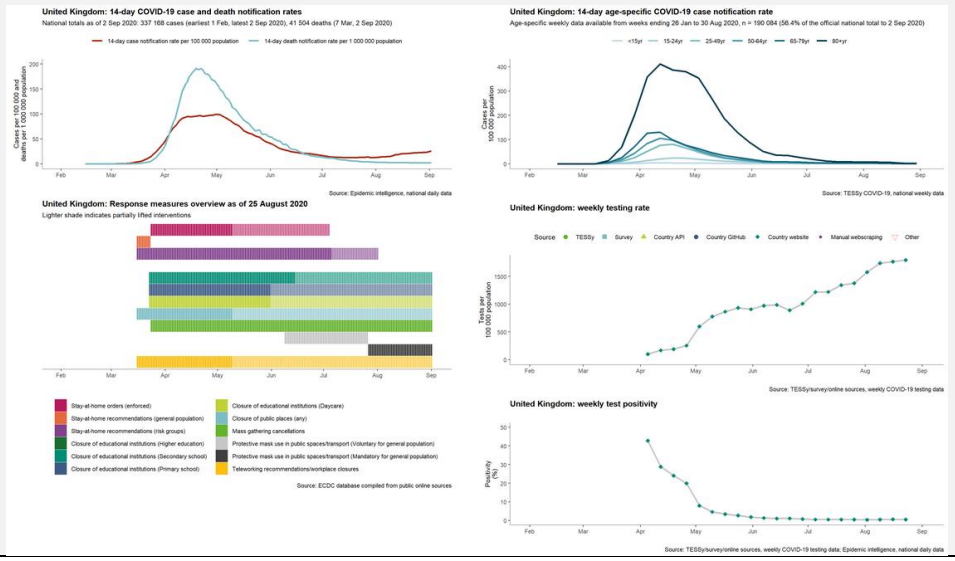
The police in Mallorca are now using a helicopter to implement corona measures and to send bathers from the beaches after the ordered closure at 9 p.m. That reported the newspaper "Diario de Mallorca". Accordingly, the machine flew low over the beaches at the weekend and asked the bathers to evacuate them. Video footage showed how bathers fled from the beach towards the promenade in view of the volume and the strong winds under the rotor of the helicopter.



GBR: The British government has added seven Greek islands to its quarantine list. That means travelers traveling to the UK from these islands will have to go into a two-week quarantine. The regulation applies from Wednesday. The islands of Lesbos, Tinos, Serifos, Mykonos, Crete, Santorini and Zakynthos are affected. Violations can result in heavy fines.



Subject in Focus

Air Pollution: The silent killer

On 7 September the world marks the **International Day of Clean Air for blue skies** for the first time ever. Adopted by a UN General Assembly Resolution in 2019, the International Day of Clean Air for blue skies – whose observance is facilitated by the UN Environment Progamme (UNEP) – stresses the importance of and urgent need to raise public awareness at all levels and to promote and facilitate actions to improve air quality.

From smog hanging over cities to smoke inside the home, air pollution poses a major threat to health and climate. The combined effects of ambient (outdoor) and household air pollution cause about 7 million premature deaths every year. More than 80% of people living in urban areas that monitor air pollution are exposed to air quality levels that exceed the WHO guideline level of 10µg/m_3, with low- and middle-income countries suffering from the highest exposures.

The major outdoor pollution sources include vehicles, power generation, building heating systems, agriculture/waste incineration and industry. In addition, more than 3 billion people worldwide rely on polluting technologies and fuels (including biomass, coal and kerosene) for household cooking, heating and lighting, releasing smoke into the home and leaching pollutants outdoors.

Air quality is closely linked to earth's climate and ecosystems globally. Many of the drivers of air pollution (i.e. combustion of fossil fuels) are also sources of high CO_2 emissions. Some air pollutants such as ozone and black carbon are short-lived climate pollutants that greatly contribute to climate change and affect agricultural productivity. Policies to reduce air pollution, therefore, offer a "win-win" strategy for both climate and health, lowering the burden of disease attributable to air pollution, as well as contributing to the near- and long-term mitigation of climate change.

Air pollution can be significantly reduced by expanding access to clean household fuels and technologies, as well as prioritizing: rapid urban transit, walking and cycling networks; energy-efficient buildings and urban design; improved waste management; and electricity production from renewable power sources.

Health impacts:
Ambient (outdoor air pollution) is a major cause of death and disease globally. The health effects range from increased hospital admissions and emergency room visits, to increased risk of premature death.
An estimated **4.2 million premature deaths globally are linked to ambient air pollution**, mainly from heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, and acute respiratory infections in children.

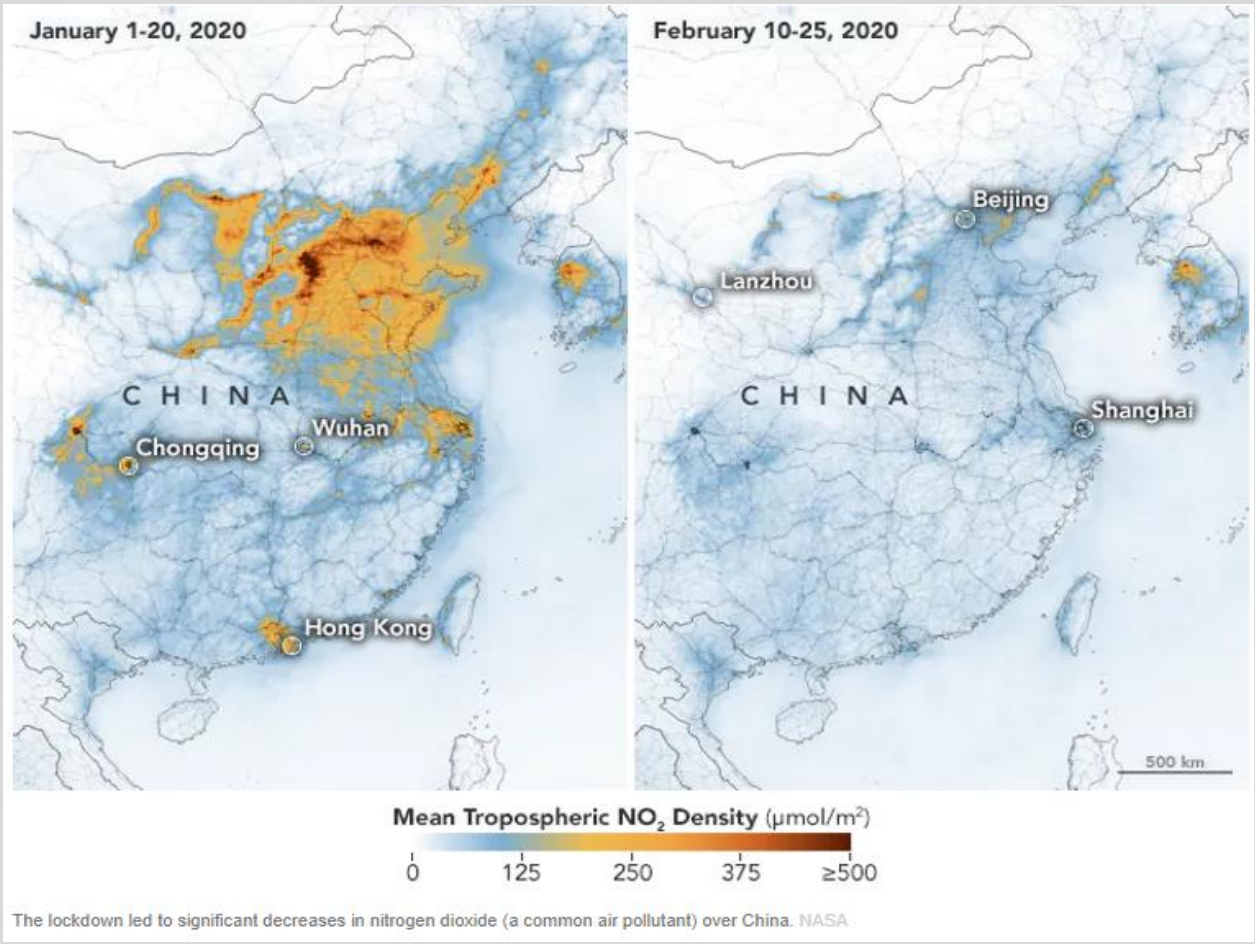
Worldwide ambient air pollution accounts for:

- 29% of all deaths and disease from lung cancer
- 17% of all deaths and disease from acute lower respiratory infection
- 24% of all deaths from stroke
- 25% of all deaths and disease from ischaemic heart disease
- 43% of all deaths and disease from chronic obstructive pulmonary disease

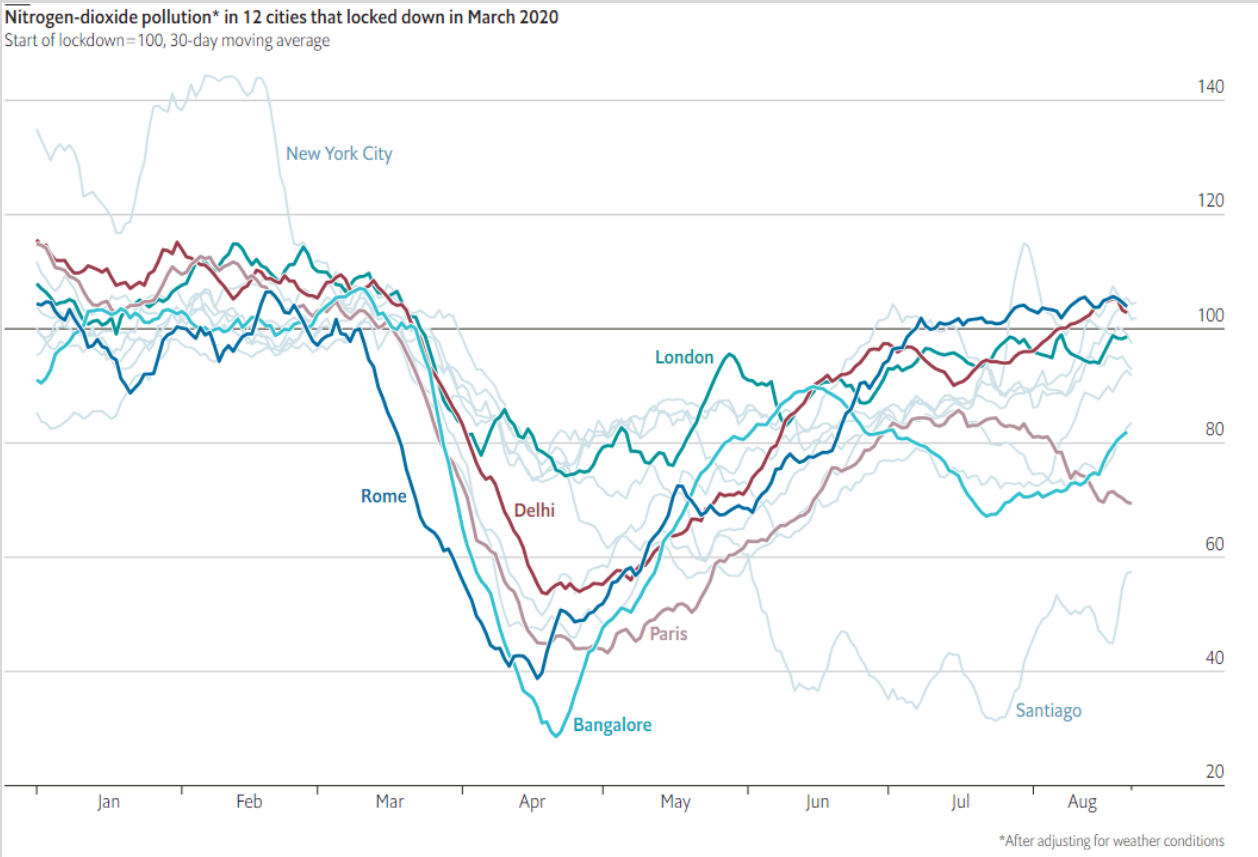
Pollutants with the strongest evidence for public health concern, include particulate matter (PM), ozone (O_3), nitrogen dioxide (NO_2) and sulphur dioxide (SO_2).
The health risks associated with particulate matter of less than 10 and 2.5 microns in diameter (PM_{10} and $PM_{2.5}$) are especially well documented. PM is capable of penetrating deep into lung passageways and entering the bloodstream causing cardiovascular, cerebrovascular and respiratory impacts. In 2013, it was classified as a cause of lung cancer by WHO's International Agency for Research on Cancer (IARC). It is also the most widely used indicator to assess the health effects from exposure to ambient air pollution.
In children and adults, both short- and long-term exposure to ambient air pollution can lead to reduced lung function, respiratory infections and aggravated asthma. Maternal exposure to ambient air pollution is associated with adverse birth outcomes, such as low birth weight, pre-term birth and small gestational age births. Emerging evidence also suggests ambient air pollution may affect diabetes and neurological development in children. Considering the precise death and disability toll from many of the conditions mentioned are not currently quantified in current estimates, with growing evidence, the burden of disease from ambient air pollution is expected to greatly increase.

What does air pollution have to do with COVID-19?
As more and more countries around the world move towards lifting of COVID-19 lockdowns and people resume work and normal lives, cleaner air has been a common observation. Some jokingly call it a psychological impact of post-lockdown freedoms, but unintended pollution declines are the fact of the matter.
According to recent studies on global air quality, cities worldwide have been reporting reduced pollution levels as compared to pre-pandemic figures. Washington, D.C. is reportedly to experience the cleanest spring air in 25 years, and Los Angeles, one of the severely polluted U.S. cities, has lately witnessed great improvement in air quality.


In China, where air quality remains an important issue, the COVID-19 outbreak has led to lower pollution levels. According to data released by China's Ministry of Ecology and Environment, PM2.5 levels decreased by more than 20 percent during January and April in 337 cities compared to previous months. Experts say decreased industrial activity and reduced vehicular emissions are the major reasons behind the temporarily cleaned air.



The lockdown led to significant decreases in nitrogen dioxide (a common air pollutant) over China. NASA



A scientific research published in *The Lancet* shows that clearer air might avoid over 8,000 cases of air pollution-related deaths in China.

Long-term exposure to air pollution may increase the risk of death from Covid-19, according to a large study by the Office for National Statistics.
It analysed more than 46,000 coronavirus deaths in England and showed that a small, single-unit increase in people's exposure to small-particle pollution over the previous decade may increase the death rate by up to 6%. A single-unit increase in nitrogen dioxide, which is at illegal levels in most urban areas, was linked to a 2% increase in death rates.
These increases are smaller than found in other research; a US study found an 8% increase and an analysis of the Netherlands found a 15% rise. This may be because those studies assessed earlier stages of the pandemic when the virus was mostly spreading in cities.

Lessons learned on air pollution during the COVID-19 pandemic:
If lockdowns that continued for a few months could bring such a big positive change in air quality, what can we do to turn this "temporary change" into a usual occurrence?
Governments around the world have already introduced new regulations against air pollution in the past decade. When following these regulations, one can make some smart choices at an individual level to help maintain clearer air:

1. Energy conservation: More energy means more industrial activity leading to more emissions.
2. Pick public transport: Use public transportation instead of private cars. Riding green bikes or walking are the two best options.
3. Replace your old dirty woodstove with a cleaner and more efficient heating alternative such as gas, oil, propane, or electric heat.
4. Consider purchasing environmental-friendly gadgets for home and work.

Source: https://www.who.int/airpollution/ambient/health-impacts/en/
https://www.who.int/airpollution/ambient/en/
https://news.cgtn.com/news/2020-07-05/Before-and-after-Air-quality-amid-COVID-19-pandemic-RSriPIvBSM/index.html
https://link.springer.com/article/10.1007/s11869-020-00842-6
https://www.theguardian.com/world/2020/aug/13/study-of-covid-deaths-in-england-is-latest-to-find-air-pollution-link
https://www.economist.com/graphic-detail/2020/09/05/air-pollution-is-returning-to-pre-covid-levels

Conflict and Health

COVID-19 Crisis in Sudan

In cooperation with Bundeswehr HQ of Military Medicine

SUDAN

Area:	1 861 484 km^2
Population:	43120 843
Capital:	Khartoum
Age structure:	
0-14 years:	43.07%
15-24 years:	20.22%
25-54 years:	29.80%
55-64 years:	3.93%
65 years and over:	2.98%

Source: Wikipedia; Indexmundi.com

CONFLICT:

The state in Northeast Africa is influenced by multiple sources of conflict. Regardless of which factors are measured, the country ranks last in every possible ranking. According to the Fragile State Index, Sudan is one of the most unstable countries in the world; the mixture of geostrategic relevance and various political interests forms an extremely volatile situation.

A wide variety of factors play a role here: The population of Sudan is divided religiously, ethnically and culturally. Mainly the two factions of the Arab-Islamic elite in the north face one another (National Congress Party), as well as the ethnic groups in the south that are culturally influenced by Sub-Saharan Africa (Sudanese People's Liberation Movement). Belonging to the group also has an impact on the social status of the individual. The geographical location also fuels the situation: Sudan acts as a bridge between the Horn of Africa and the Red Sea, the sub-Saharan states and the Arab-dominated North Africa as a central hub for trade and transport. Mineral resources also play an important role; each of the conflicting parties is trying to incorporate the rich deposits of oil, iron, gold, uranium and marble into their sphere of influence. With the help of the proceeds from these raw material deposits, the parties finance the military conflict, the public or the population in no way benefit from the exploitation of the country.

The history of Sudan is marked by civil war and military coups, until 2019 the dictator Umar al-Bashir ruled, who reintroduced the Islamic Sharia as the first legal basis of the state. The worst reported incidents occurred during his reign: crimes against humanity, the slave trade, recruitment of child soldiers, mass rape as a means of warfare, the war crimes and subsequent famine in the Darfur region.

In the middle of last year, al-Bashir was overthrown by his own military, and the ruling military council and the civil opposition agreed on a transitional government. Many sides have expressed the hope that this is the first step on the way to democratic transition.

HEALTH:

The decade-long civil war has massively hindered the development of a functioning public infrastructure in many regions. While the health system of Sudan is comparable to that of other Sub-Saharan countries, the situation of civil war refugees and chronic poverty within the population are to be seen as the greatest challenges for health care. The distribution of medical resources between rural and urban areas shows a

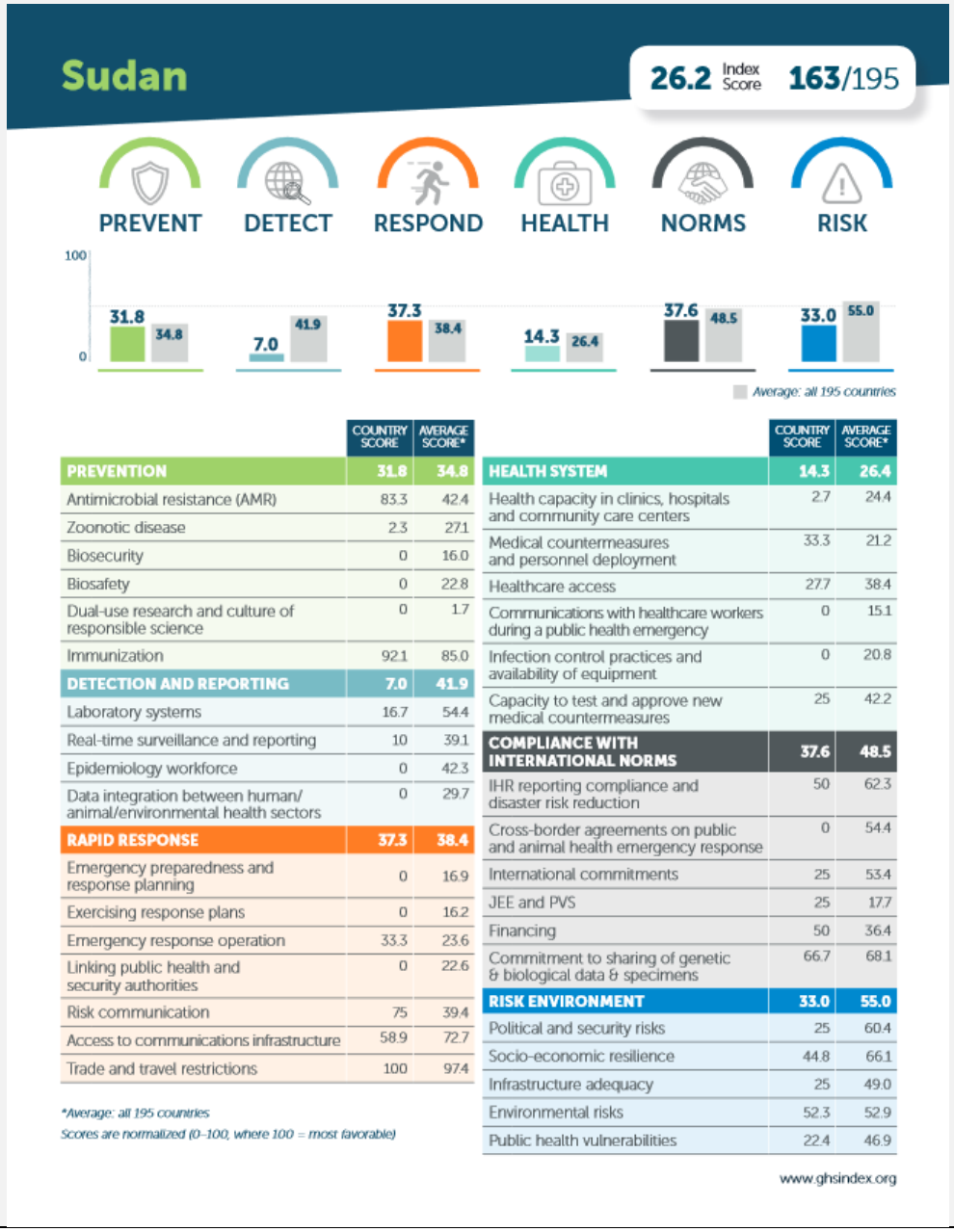
massive imbalance in favor of urban areas; a large part of the rural population does not have sufficient access to medical care. In addition to malaria, tuberculosis and cardiovascular diseases, malnutrition and deficiency symptoms still play an important role, especially in children <5 years.

The global COVID-19 pandemic naturally affects this country as well, with cases reported in all 18 provinces. Although the official figures are still in the low four-digit range, the health system only has extremely limited test capacities, which is why a high number of unreported cases can be assumed. In addition, very few patients with a SARS-CoV-2 infection are likely to be recognized and diagnosed as such, as respiratory diseases are widespread.

CONCLUSION:

The Food and Agriculture Organization of the UN assumes that the combined effects of the pandemic in Sudan will have a clear, negative effect on the food situation, which is already difficult, as the necessary measures to contain both the availability and access to food , as well as reduce distribution and public stability. At the same time, the country is hit by a plague of locusts.

It is positive that the government is endeavouring to work constructively and closely with the UN and non-state aid partners and is implementing a nationwide emergency plan together with these institutions. In addition to economic measures such as tax exemptions and transitional payments for all citizens, this also includes a strengthening of the health system in terms of parameters such as test capacities, contact tracing and risk communication.



	COUNTRY SCORE	AVERAGE SCORE*
PREVENTION	**31.8**	**34.8**
Antimicrobial resistance (AMR)	83.3	42.4
Zoonotic disease	2.3	27.1
Biosecurity	0	16.0
Biosafety	0	22.8
Dual-use research and culture of responsible science	0	1.7
Immunization	92.1	85.0
DETECTION AND REPORTING	**7.0**	**41.9**
Laboratory systems	16.7	54.4
Real-time surveillance and reporting	10	39.1
Epidemiology workforce	0	42.3
Data integration between human/ animal/environmental health sectors	0	29.7
RAPID RESPONSE	**37.3**	**38.4**
Emergency preparedness and response planning	0	16.9
Exercising response plans	0	16.2
Emergency response operation	33.3	23.6
Linking public health and security authorities	0	22.6
Risk communication	75	39.4
Access to communications infrastructure	58.9	72.7
Trade and travel restrictions	100	97.4

	COUNTRY SCORE	AVERAGE SCORE*
HEALTH SYSTEM	**14.3**	**26.4**
Health capacity in clinics, hospitals and community care centers	2.7	24.4
Medical countermeasures and personnel deployment	33.3	21.2
Healthcare access	27.7	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	25	42.2
COMPLIANCE WITH INTERNATIONAL NORMS	**37.6**	**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	25	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	**33.0**	**55.0**
Political and security risks	25	60.4
Socio-economic resilience	44.8	66.1
Infrastructure adequacy	25	49.0
Environmental risks	52.3	52.9
Public health vulnerabilities	22.4	46.9

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

www.ghsindex.org

MilMed CoE VTC COVID-19 response

Topic	The NATO Centre of Excellence for Military Medicine is putting its expertise and manpower to aid in any way possible during the pandemic. The VTC is for interested participants (experts) to exchange experiences, management regulations and restrictions due to COVID-19. We would like to propose just one of the most important topics in the next iteration. We will have some experts giving a short briefing and then afterward we will have time for questions and experiences as well as a fruitful discussion. **Topics former VTCs:** • Regulations on the public, military and missions abroad. Medical Treatment Facilities: how equipped they are, is there pooling / isolation of COVID-19 patients in separate facilities. • Testing strategies • Aeromedical evacuation • De-escalation strategy and measures • Collateral damage of COVID-19 emphasing Mental Health Aspects and other non COVID related diseases • Immunity map, national strategies to measure and evaluate the immunity level" • Mental Health • Treatment of mild symptomatic cases of COVID-19 • Transition home office back to the office • COVID-19 Second Wave prediction and preparedness based on facts/experiences, modelling and simulation • Perspectives of the current COVID-19 vaccine development Next VTC will be on Thursday 10th of September with the topic "National overview on current COVID-19 situation"

Recommendations

Recommendation for international business travellers	Many countries have halted some or all international travel since the onset of the COVID-19 pandemic but now have plans to re-open travel. This document outlines key considerations for national health authorities when considering or implementing the gradual return to international travel operations. The decision-making process should be multisectoral and ensure coordination of the measures implemented by national and international transport authorities and other relevant sectors and be aligned with the overall national strategies for adjusting public health and social measures. WHO Public health considerations while resuming international travel. **Travel has been shown to facilitate the spread of COVID-19 from affected to unaffected areas. Travel and trade restrictions during a public health event of international concern (PHEIC) are regulated under the International Health Regulations (IHR), part III.** The majority of measures taken by WHO Member States relate to the denial of entry of passengers from countries experiencing outbreaks, followed by flight suspensions, visa restrictions, border closures, and quarantine measures. Currently there are exceptions foreseen for travellers with an essential function or need. **In the case of non-deferrable trips, please note the following** • Many airlines have suspended inbound and outbound flights to affected countries. Contact the relevant airline for up-to-date information on flight schedules. • Check your national foreign office advices for regulations of the countries you´re traveling or regulations concerning your country. • Information's about the latest travel regulations and De-escalation strategy measures you can find at IATA and International SOS. For Europe you will find more information here. **Most countries implemented strikt rules of contact reduction:** • Everyone is urged to reduce contacts with other people outside the members of their own household to an absolutely necessary minimum. • In public, a minimum distance of 1.5 m must be maintained wherever possible. • Staying in the public space is only permitted alone, with another person not living in the household or in the company of members of the own household (for most countries, please check bevor traveling). • Follow the instructions of the local authorities. **Risk of infection when travelling by plane:** The risk of being infected on an airplane cannot be excluded, but is currently considered to be low for an individual traveller. The risk of being infected in an airport is similar to that of any other place where many people gather. If it is established that a COVID-19 case has been on an airplane, other passengers who were at risk (as defined by how near they were seated to the infected passenger) will be contacted by public health authorities. Should you have questions about a flight you have taken, please contact your local health authority for advice. **General recommendations for personal hygiene**, cough etiquette and keeping a distance of at least one metre from persons showing symptoms remain particularly important for all travellers. These include: • Perform hand hygiene frequently. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; wash hands with soap and water when they are visibly soiled; • Cover your nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene; • Refrain from touching mouth and nose; See also: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public • If masks are to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal.

- WHO information for people who are in or have recently visited (past 14 days) areas where COVID-19 is spreading, you will find here.

Travellers who develop any symptoms during or after travel should self-isolate; those developing acute respiratory symptoms within 14 days upon return should be advised to seek immediate medical advice, ideally by phone first to their national healthcare provider.
Source: WHO and ECDC

European Commission:
The coronavirus outbreak is a serious threat to public health. Lockdowns and other coordinated restrictive measures are necessary to save lives. However, these measures may also severely slow down our economies and can delay the deliveries of critical goods and services. The European Commission has taken measures to ensure continued and uninterrupted land, waterborne and air cargo services. These services are of crucial importance for the functioning of the EU's internal market and its effective response to the current public health crisis.

On 13 May, the European Commission presented guidelines and recommendations to help Member States gradually lift travel restrictions, with all the necessary safety and precautionary means in place. Measures intended to enable citizens to travel again after months of confinement include, but are not limited to:

Re-open EU – new web platform to help travellers and tourists
On 15 June, the European Commission launched 'Re-open EU', a web platform that contains essential information allowing a safe relaunch of free movement and tourism across Europe. To help people confidently plan their travels and holidays during the summer and beyond, the platform will provide real-time information on borders, available means of transport, travel restrictions, public health and safety measures such as on physical distancing or wearing of facemasks, as well as other practical information for travellers.
Re-open EU will act as a key point of reference for anyone travelling in the EU as it centralises up-to-date information from the Commission and the Member States in one place. It will allow people to browse country-specific information for each EU Member State through an interactive map, offering updates on applicable national measures as well as practical advice for visitors in the country. Available in the 24 official EU languages.

Travel advice and Border measures
Travel advice is a national competence and you should check if your national authority, e.g. the Ministry of Foreign Affairs, has issued an official travel warning concerning your planned destination. Travel advice is continuously updated as the situation evolves.

Lifting of travel restrictions: Council reviews the list of third countries
Following a review under the recommendation on the gradual lifting of the temporary restrictions on non-essential travel into the EU, the Council updated the list of countries for which travel restrictions should be lifted. As stipulated in the Council recommendation, this list will continue to be reviewed regularly and updated.
Based on the criteria and conditions set out in the recommendation, as from 8 August member states should **gradually lift the travel restrictions at the external borders for residents of the following third countries**:

- Australia
- Canada
- Georgia
- Japan
- New Zealand
- Rwanda
- South Korea
- Thailand
- Tunisia
- Uruguay
- China, subject to confirmation of reciprocity

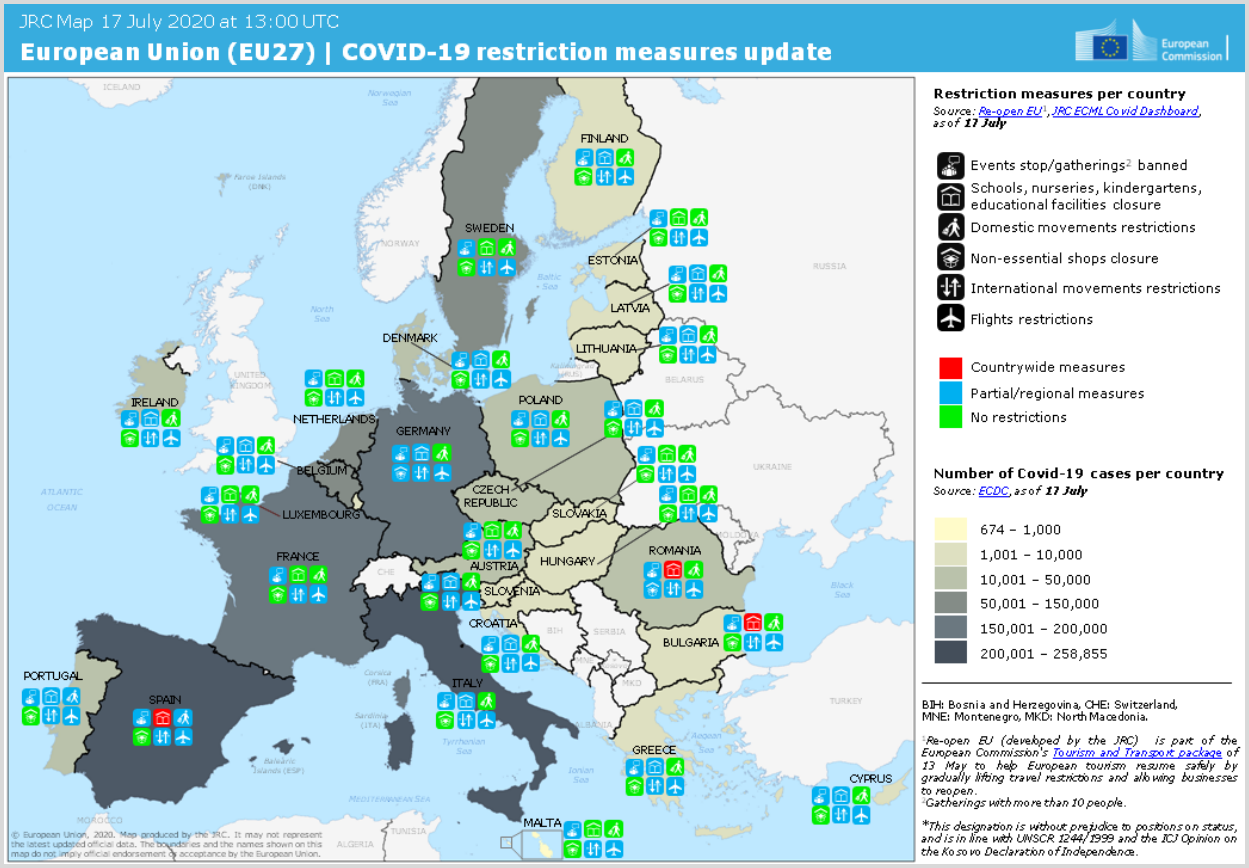
Residents of Andorra, Monaco, San Marino and the Vatican should be considered as EU residents for the purpose of this recommendation.
The **criteria** to determine the third countries for which the current travel restriction should be lifted cover in particular the epidemiological situation and containment measures, including physical distancing, as well as economic and social considerations. They are applied cumulatively.

Regarding the **epidemiological situation**, third countries listed should meet the following criteria, in particular:

- number of new COVID-19 cases over the last 14 days and per 100 000 inhabitants close to or below the EU average (as it stood on 15 June 2020)
- stable or decreasing trend of new cases over this period in comparison to the previous 14 days
- overall response to COVID-19 taking into account available information, including on aspects such as testing, surveillance, contact tracing, containment, treatment and reporting, as well as the reliability of the information and, if needed, the total average score for International Health Regulations (IHR). Information provided by EU delegations on these aspects should also be taken into account.

Reciprocity should also be taken into account regularly and on a case-by-case basis.
For countries **where travel restrictions continue to apply**, the following **categories of people should be exempted** from the restrictions**:**

- EU citizens and their family members
- long-term EU residents and their family members
- travellers with an essential function or need, as listed in the Recommendation.
- Schengen associated countries (Iceland, Lichtenstein, Norway, Switzerland) also take part in this recommendation.



Source: https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/travel-and-transportation-during-coronavirus-pandemic_en

Risk Assessment	
Global	• Because of global spread and the human-to-human transmission the **moderate to high** risk of further transmission persists. • Travellers are at risk of getting infected worldwide. It is highly recommended to avoid all unnecessary travel for the next weeks. • Individual risk is dependent on exposure. • National regulation regarding travel restrictions, flight operation and screening for single countries you will find here. • Official IATA changed their travel documents with new travel restrictions. You will find the documents here. • Public health and healthcare systems are in high vulnerability as they already become overloaded in some areas with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed. • Appropriate to the global trend of transmission of SARS-CoV-2 an extensive circulation of the virus is expectable. At this moment of time, asymptomatic persons as well as infected but not sickened persons could be a source of spreading the virus. Therefore, no certain disease-free area could be named globally.
Europe	ECDC assessment for EU/EEA, UK as of 10 August 2020 (still valid): **Risk of COVID-19 across all EU/EEA countries and the UK:** • The risk of further escalation of COVID-19 is **moderate** for countries that continue to implement and enforce multiple measures, including physical distancing, and have sufficient contact tracing and testing capacity. • The risk of further escalation of COVID-19 is **very high** for countries that do not implement of enforce multiple measures, including physical distancing, and have sufficient contact tracing and testing capacity. **Risk of COVID-19 in the countries that have reported a recent increase of cases:** • The risk of further escalation of COVID-19 is **high** in countries that have also had an increase in hospitalisations, providing a strong indication that there is a genuine increase in transmission occurring. For these countries, the overall risk of escalation is **very high** if they do not implement or reinforce multiple measures, including physical distancing measures and contact tracing, and have sufficient testing capacity. • The risk of further escalation of COVID-19 is **high** for the countries reporting no increase in hospitalisations but having seen an increase in test positivity (if testing capacity is sufficient and intensity has remained stable), suggesting increasing levels of transmission. For these countries, the overall risk of escalation is **very high** if they do not implement or reinforce multiple measures, including physical distancing measures and contact tracing. • The risk of further escalation of COVID-19 is **moderate to high** for those countries reporting no increase in hospitalisations or test positivity (if testing capacity is sufficient and intensity has remained stable), The countries that have multiple physical distancing measures in place should conduct local risk assessments to better understand the groups or settings driving the increase in cases and to determine which measures should be in place or strengthened.

References:

- European Centre for Disease Prevention and Control www.ecdc.europe.eu
- World Health Organization WHO; www.who.int
- Centres for Disease Control and Prevention CDC; www.cdc.gov
- Our World in Data; https://ourworldindata.org/coronavirus
- Morgenpost; https://interaktiv.morgenpost.de/corona-virus-karte-infektionen-deutschland-weltweit/

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