

**CRISIS MANAGEMENT AND DISASTER RESPONSE CENTRE OF
EXCELLENCE**

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COVID-19

PART 26

(19 November – 02 December 2020)

LESSONS FOR MANAGING COVID-19 FROM THE HIV/AIDS PANDEMIC

This report represents a summary of open source information, accumulated between 19 November and 02 December 2020, and was assembled on 03 December 2020. All views and opinions expressed are solely those of the author, unless otherwise stated and do not necessarily represent the official position of the CMDR COE or any government and non-government organization or other group. The author does not bear responsibility for incomplete or incorrect facts cited or referred to herein. The majority of reference materials include official documents published by the World Health Organization, governmental pages, and online statistical databases.

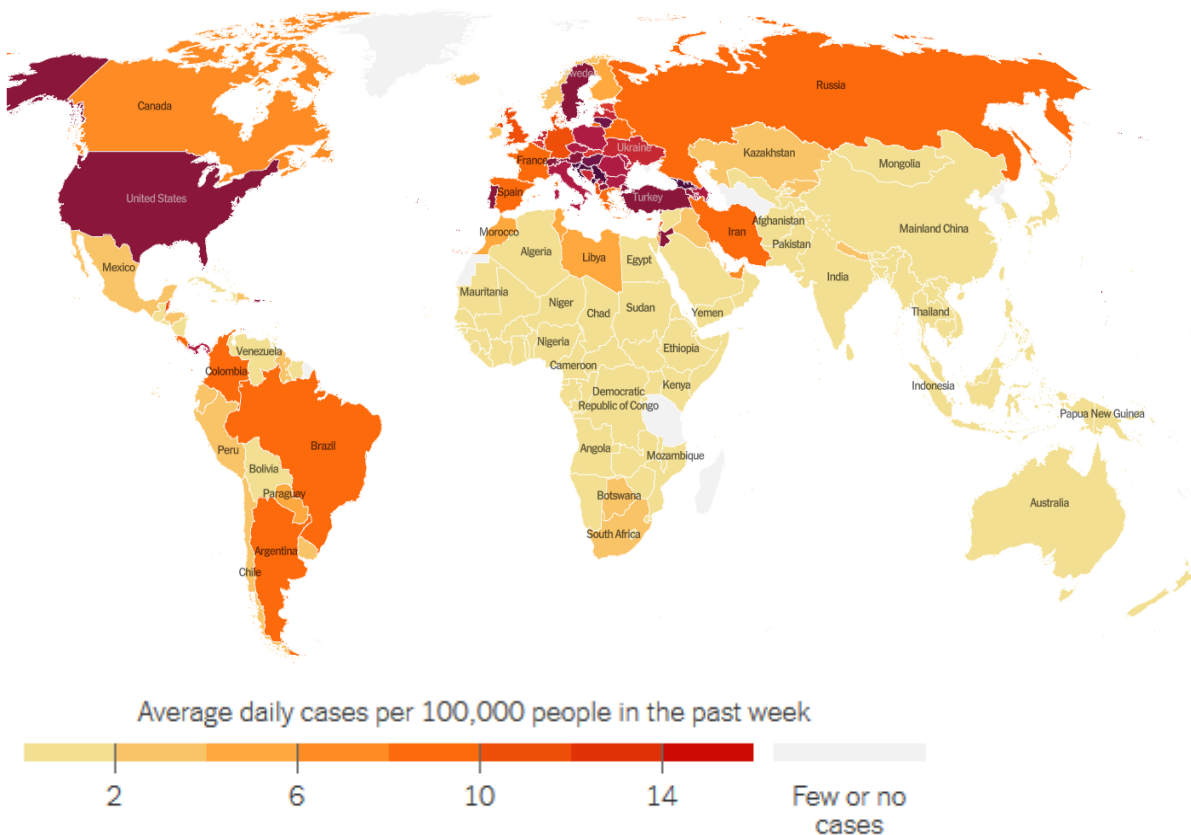
TABLE OF CONTENTS

OVERAL SITUATION ON THE WORLD.....	3
LESSONS FOR MANAGING COVID-19 FROM THE HIV/AIDS PANDEMIC	5
MONITORING	7
1. ARGENTINA.....	7
2. BELGIUM	9
3. BRAZIL.....	10
4. CHINA	12
5. COLUMBIA.....	14
6. DENMARK.....	15
7. FINLAND	16
8. GERMANY.....	18
9. INDIA.....	20
10. ITALY	21
11. MEXICO.....	22
12. POLAND.....	22
13. RUSSIA	26
14. SPAIN.....	27
15. UNITED KINGDOM	28
16. USA	30
17. EU.....	31
CONCLUSIONS.....	32
RECOMMENDATION (for improvement of emergency situation SOPs)	33

OVERALL SITUATION ON THE WORLD

COVID-19 cases are crossed 64-million mark globally during last two weeks, with USA, India, Brazil, Russia and France occupying top five worst affected countries on the world respectively. Number of deaths crossed 1,47 million with USA, Brazil, India, Mexico, and UK among top five countries on the world.

The **African Region** reported about 48 000 new cases and just under 1000 new deaths last week; a 3% and -10% change from the previous week, respectively. The highest number of new cases and deaths were reported from South Africa (19 730 new cases, 333 new cases per 1 million), Algeria (7438 new cases, 170 new cases per 1 million), Kenya (6201 new cases, 115 new cases per 1 million), Ethiopia (3578 new cases, 31 new cases per 1 million), and Uganda (2277 new cases, 50 new cases per 1 million), which collectively account for 81% of all new cases in the Region.



The **Region of the Americas** reported over 1.6 million new cases and 22 000 new deaths, a small increase of 3% and 2%, respectively. The highest number of new cases and deaths were reported from the United States of America (1.15 million new cases, 3476 new cases per 1 million), Brazil (218 000 new cases, 1026 new cases per 1 million), Mexico (64 000 new cases, 502 new cases per 1 million), Colombia (57 000 new cases, 1122 new cases per 1 million), and Argentina (48 000 new cases, 1067 new cases per 1 million). These five countries account for 93% of all new cases

in the Region.

After fifteen weeks of steady increases in weekly cases, both new cases (248 000) and new deaths (5800) have shown a slight reduction in the **Eastern Mediterranean Region**, of 1% and 8% respectively compared to the previous week. The highest number of new cases were reported from the Islamic Republic of Iran (94 500 new cases, 1125 new cases per 1 million), Jordan (32 500 new cases, 3200 new cases per 1 million), Morocco (29 000 new cases, 780 new cases per 1 million), Pakistan (21 000 new cases, 94 new cases per 1 million), and Iraq (15 000 new cases, 380 new cases per 1 million).

In **the European Region**, the number of new cases has been decreasing for three consecutive weeks, since its peak in the first week of November. In the past week, the number of new cases reported declined by 13% to over 1.5 million. Despite this reduction, the Region still accounts for 40% of new global cases and 50% of new global deaths as almost half of the countries within the region continue to show an increasing trend. Last week alone, over 35 000 new deaths were reported from the Region, bringing cumulative deaths to 412 000. The highest number of new cases were reported from Italy (184 000 new cases, 3000 new cases per 1 million), Russian Federation (180 000 new cases, 1200 new cases per 1 million), Poland (130 000 new cases, 3438 new cases per 1 million), Germany (124 000 new cases, 1500 new cases per 1 million), and the United Kingdom (112 000 new cases, 1647 new cases per 1 million).

In **the South-East Asia Region**, new weekly cases remained at similar levels as the previous four weeks with 371 180 cases reported in the past week. The trend in cases is largely driven by the number of cases in India, which reported 80% of new weekly cases in the Region. A decrease in new weekly cases was observed in Myanmar, Sri Lanka and the Maldives, whereas an increase was reported from Indonesia, Nepal, Thailand and Bhutan. There were 4888 deaths reported from seven countries in the past week, a 4% increase compared to the previous week. The highest number of new cases were reported from India (297 000 new cases, 215 new cases per 1 million), Indonesia (35 000 new cases, 127 new cases per 1 million), Bangladesh (15 000 new cases, 93 new cases per 1 million), Nepal (12 000 new cases, 415 new cases per 1 million) and Myanmar (8 800 new cases, 161 new cases per 1 million).

In the past weeks, the number of new cases reported in **the Western Pacific Region** increased by 12% with 40 550 cases, continuing the increase since the beginning of November. The number of weekly cases is lower than the highest peak observed in the Region in the week commencing 3 August. The number of deaths in the past week remained at similar levels compared to the previous two weeks with 445 deaths reported from eight countries including the Philippines and Japan which together comprised 87% of all deaths. The highest number of new cases were reported from Japan (14 500 new cases, 114 new cases per 1 million), Philippines (11 000 new cases, 100 new cases per 1 million), Malaysia (9500 new cases, 293 new cases per 1 million), Republic of Korea (3000

new cases, 60 new cases per 1 million) and French Polynesia (1100 new cases, 4000 new cases per 1 million).

LESSONS FOR MANAGING COVID-19 FROM THE HIV/AIDS PANDEMIC¹

Around 32.7 million people have died from AIDS-related illnesses in the last 40 years, so far COVID-19 has claimed the lives of 1.4 million people.

The global response to HIV and AIDS is an example of what can be achieved when countries and people work together.

AIDS-related deaths have declined worldwide by 39% since 2010.

World AIDS Day this year finds us still deep amid another pandemic – COVID-19.

The highly infectious novel coronavirus has swept across the world, devastating health systems and laying waste to economies as governments introduced drastic measures to contain the spread. Not since the HIV/AIDS pandemic of the 1990s have countries faced such a common health threat. This explains why UNAIDS has selected the theme “Global Solidarity, Shared Responsibility” for this year’s World AIDS Day.

Infectious diseases such as these remain a major threat to human health and prosperity. Around 32.7 million people have died from AIDS-related illnesses in the last 40 years. At the time of writing, 1.4 million people had already died from COVID-19 in just one year.

These diseases take incredible expertise, collaboration and dedication from all levels of society to track, understand, treat and prevent.

The HIV/AIDS response played out over a much longer trajectory than COVID-19. But it is, in some respects, a shining example of what can be achieved when countries and people work together. The work of organisations such as the World Health Organisation, UNAIDS and the International AIDS Society help to coordinate rapid sharing of information and resources between healthcare providers and communities.

The Global Fund and PEPFAR have mobilised resources that have helped to reduce morbidity and mortality in low- and middle-income regions. AIDS-related deaths have declined worldwide by 39% since 2010.

These and other groups have also fought against high drug prices that would render medication inaccessible to many in the developing world. In South Africa, the epicentre of the HIV epidemic, a day’s supply of the simplest antiretrovirals cost about R250 in 2002. Today easier, more palatable treatment taken once per day costs a few rands.

¹ <https://www.weforum.org/agenda/2020/11/hiv-aids-covid-19-coronavirus-health-pandemc-lessons/>

Collaboration and coordination has also meant that medications have been developed and tested in populations across the world. And once available, global guidelines and training opportunities ensure that healthcare provision and quality is standardised.

Many of these achievements did not come without a fight. Dedicated and sustained activism, at a political and community level were required to drive down drug pricing for the global South and is constantly required to ensure inclusive distribution of resources.

The corollary is also true – areas where the world continues to struggle arise predominantly where there's a lack of solidarity and agreement. These include a lack of political support to implement evidence-based protection mechanisms for vulnerable or stigmatised populations. For example the legalisation of homosexuality. This results in continued but avoidable HIV infection and related mortality.

These lessons need to be taken on board as the world prepares for the next phase of managing COVID-19. All the interventions that helped contain and manage HIV and AIDS are critical in ensuring that no country, regardless of developmental status, and no population, especially those that face stigma and battle to access healthcare services, are left behind.

Building on existing systems

The lessons learnt from HIV and AIDS can be used to inform the COVID-19 response as the challenges are similar.

Many of the ongoing COVID-19 vaccine trials are taking place in multiple countries, including South Africa. The capacity to conduct these studies, including the clinical staff and trial sites, are well established as a result of decades of HIV/AIDS research. There are fears that developing nations might be excluded from accessing an effective COVID-19 vaccine. But global mechanisms are now in place to avoid this and to, instead, encourage and enable global solidarity, some of which were championed by the HIV/AIDS response.

The Access to COVID-9 Tools (ACT)-Accelerator, established by the World Health Organisation in April 2020 in collaboration with many other global organisations, governments, civil society and industry, have committed through the pillar known as Covax, to equitable distribution of a COVID-19 vaccine as well as diagnostic tests and treatments. These global institutions and mechanisms require continued support.

With the deployment of an effective vaccine, an end to COVID-19 might soon be in sight. For HIV, vaccine development has been more complex and disappointing. The global community needs to remain committed to promoting access and support for the many incredible prevention and treatment options that are available. The unprecedented effort on the part of private industry in the COVID-19 vaccine response shines a light on what can be achieved when all interested parties engage. The HIV and TB vaccine endeavours need a similar effort.

These are not the only pandemics the world will face. In fact, there are strong predictions that the emergence of new pandemics will increase in the future. This is due to the effects of globalisation, climate change and proximity to wildlife.

The best hope for humanity is to not lose sight of what these pandemics cost us in terms of loved ones, in terms of freedom and economically. We must prepare now collectively across countries and across all levels of society. These preparations need to be grounded in the lessons learnt from HIV/AIDS and re-learnt from COVID-19.

Social solidarity

The success of the global response to current and emerging pandemics will rely on the ability of the less vulnerable to acknowledge their shared responsibility and respond to those calls.

An important truth of the HIV epidemic is that it doesn't discriminate. No infectious disease acknowledges political borders and everybody is at risk of being infected or affected. If nothing else, because of this we need to continue to work together on a global scale knowing that "no one is safe, until everyone is safe".

MONITORING

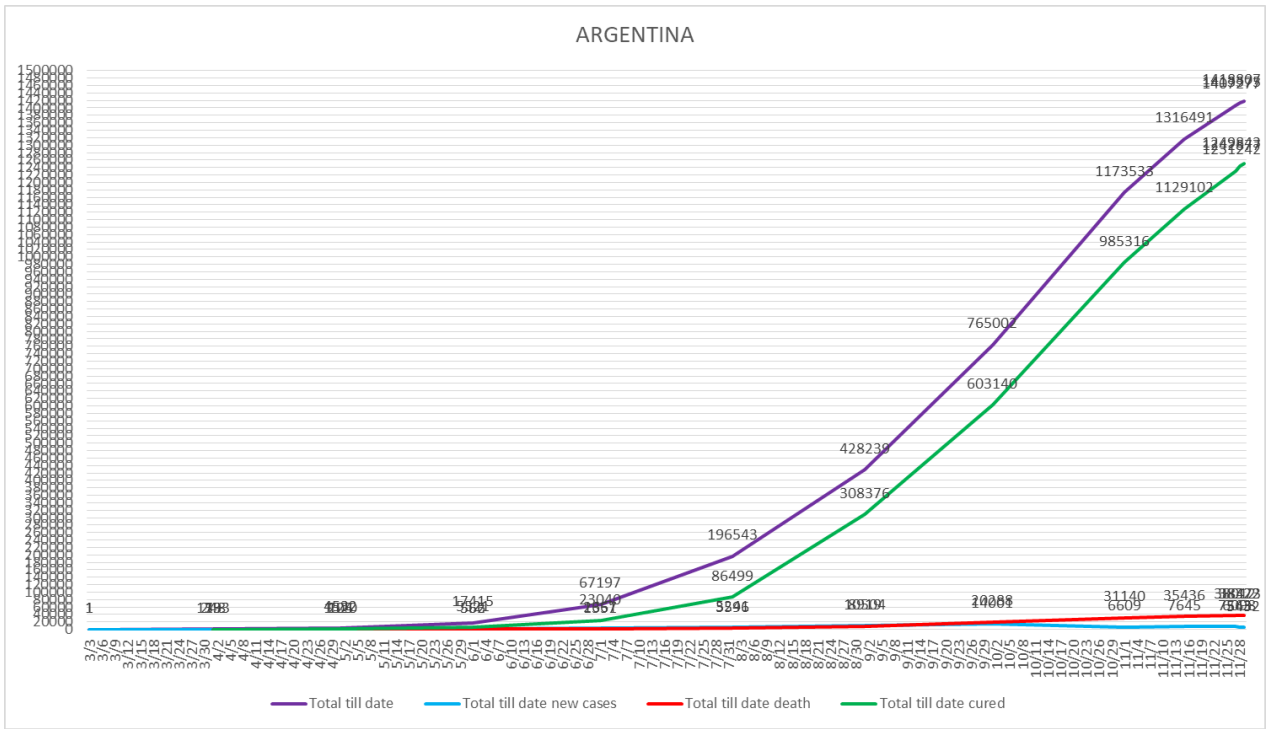
1. ARGENTINA

1. Defining Patient 0.

A first case of the COVID-19 was confirmed in Buenos Aires on 3 March, in a 43-year-old man who had arrived two days earlier from Milan, Italy.

2. The total number of infected, deaths, new cases and recoveries is as follows:

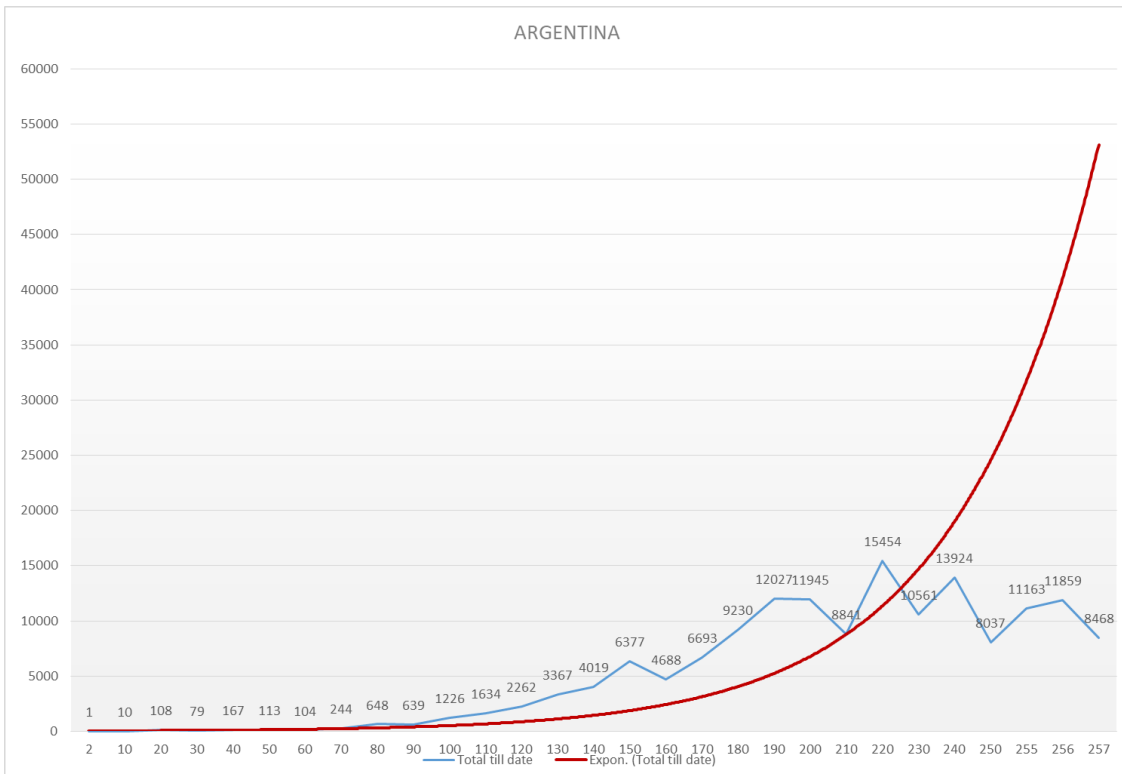
- Infected – 1,418,807 (Ninth in the World);
- Coronavirus deaths – 38,473 (2,7 %);
- New cases for the last 24 hours as of 30.11.2020 – 5432;
- Recovered after illness – 1,249,843 (88 %);



• Cases per 1 M of the population – 31274.

3. Trends.

The number of new cases is growing exponentially and uncontrollably at the moment.



It can be assumed that the peak of new cases of COVID - 19 was reached around 08.10.2020 - 15454 cases. Since then, there has been a relative downward trend in the number of new cases, although the number of cases continues to grow exponentially.

4. Measures taken.

No changes in already established measures.

The situation to date shows the ineffectiveness of the measures. The negative tendencies continue.

5. Measures that could be implemented effectively in Bulgaria.

Given the different approaches of the governments of Argentina and Bulgaria, in response to the developing pandemic, measures applicable in Bulgaria to deal with the spreading exponential contagion cannot be determined.

2. BELGIUM

Belgium has officially entered into the list of the top 10 European countries with the best handle on coronavirus infections, official figures have shown. According to the European Centre for Disease Prevention and Control (ECDC), Belgium’s 315 new confirmed cases per 100,000 give it the 9th best infection rate in Europe for data of the past 2 weeks. This news comes in stark contrast with last month, when Belgium achieved the worst infection rate. As of 30 NOV 2020, the new COVID-19 cases in Belgium are 2 151, figure 1.



Figure 1

Last four weeks Belgium has been pulled into complete lockdown – closing all but essential businesses, limiting contacts to a minimum and seemingly seeing a result. As of 01 DEC 2020 a collective easing of some rules will go into force.

Belgium has managed to reverse a very dangerous trend. Prime Minister Alexander De Croo cautiously acknowledged the positive trend this week. In accordance with

the national authorities, it is time for persevering, and continuing the efforts of the last four weeks.

Because the circulation of the virus is still too widespread, Belgium has implemented measures to reduce the spread of the virus and allow Belgium's healthcare system to continue to respond to cases of COVID-19. These measures are set to last until February 1, 2021, with an evaluation on January 15. Non-essential shops, including museums, may be open under strict sanitary conditions. Schools have restricted the level of in-person study allowed based on the student's age. Teleworking is mandatory for jobs when it is possible. Bars and restaurants are closed, though takeaway service may be an option. In hotels, food must be taken in-room. Receiving visitors at home is restricted to one close contact, or two if single. Face masks and social distancing are obligatory. A curfew is in effect from 12:00-5:00 am in Flanders and 10:00 pm – 6:00 am for Wallonia and the Brussels Capital Region.

The Minister for Public Health decided to adapt a new testing strategy. As a result of optimization the PCR testing capacity in Belgium, from 23TH November Belgium started to test all asymptomatic high-risk contacts via PCR tests.

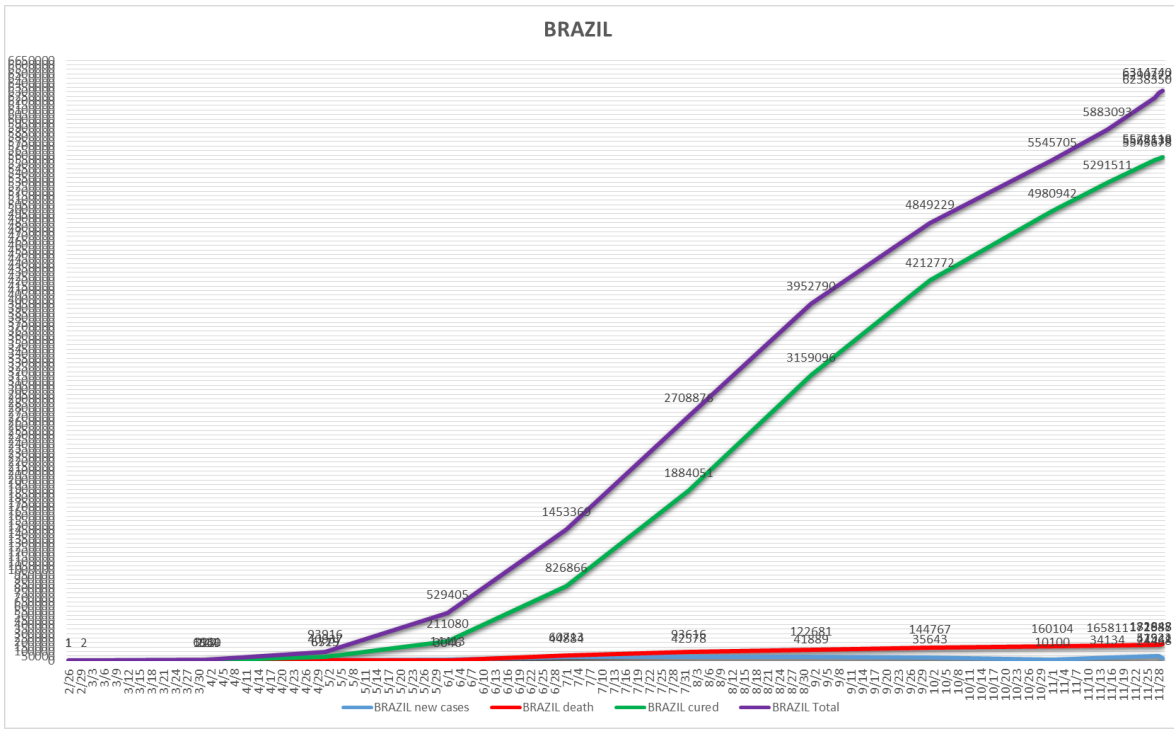
3. BRAZIL

1. Defining Patient 0.

The coronavirus pandemic was confirmed to have spread to Brazil on February 25, 2020 after a 61-year-old man from São Paulo, who returned from Lombardy, Italy, tested positive.

2. The total number of infected, deaths, new cases and recoveries is as follows:

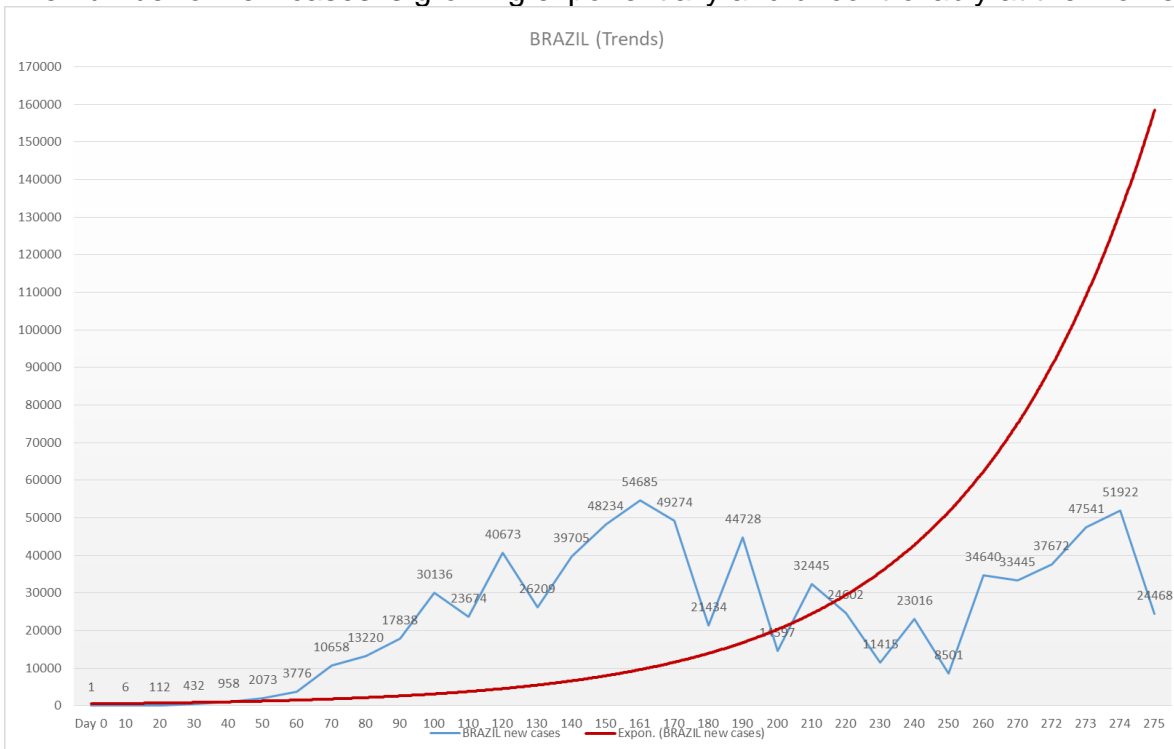
- Infected – 6,314,740 (Third in the World);
- Coronavirus deaths – 172,848 (2.8 %);
- New cases for the last 24 hours as of 30.11.2020 – 24,468;
- Recovered after illness – 5,578,118 (88 %);



• Cases per 1 M of the population – 29,621.

3. Trends.

The number of new cases is growing exponentially and uncontrollably at the moment.



It can be assumed that the peak of new cases of COVID - 19 was reached around 13.08.2020 - 59 147 cases. Since then, there has been a relative downward trend in the number of new cases, although the number of cases continues to grow exponentially.

4. Measures taken.

No changes in already established measures.

The situation to date shows the ineffectiveness of the measures. The negative tendencies continue.

5. Measures that could be implemented effectively in Bulgaria.

Given the different approaches of the governments of Brazil and Bulgaria, in response to the developing pandemic, measures applicable in Bulgaria to deal with the spreading exponential contagion cannot be determined.

4. CHINA

The trend for China within the 17 – 29 NOV 2020 period remains stable with effective control of cluster cases in households and work places, and relatively small number of sporadic and asymptomatic cases. The main transmission containment focus is placed on imported cases with a well-maintained control over domestic transmission. Since 17 AUG, when WHO introduced weekly instead of daily epidemiological reports, and up until 29 NOV 2020 the average number confirmed daily new COVID-19 cases in China is 238. For the same period, the total number of recorded COVID-19 related deaths amounts to a total of 32, within a total of 3568 confirmed cases. The last weekly epidemiological report from WHO shows an almost three-fold spike in new confirmed cases as compared to previous weekly updates. Notwithstanding, the situation as reported and compared to other countries with significantly smaller populaces, particularly if compared with development trends in the European Union (EU) or the USA, points to a well-managed containment strategy premised on systematic coordinated between different sectors of society. The Chinese approach is characterised by a centralised epidemic control system, social discipline and collective respect for prevention and protection measures. Institutional as well as collective memory of previous highly infectious diseases (i.e. SARS-CoV) also serve to enable the viability of the current response. The latter is also marked by high levels of interagency (inter and intra-sectorial) coordination and systems integration (i.e. health care system).

Cultural specificities make it less common, compared to countries in the EU for instance, for elderly people to reside in care homes, which have been major sources of infection. China has implemented a series of transmission control measures including targeted (partial or phased) or total city lockdowns; health R&D² (i.e. vaccine) and mass testing (whole cities, millions of people, i.e. Wuhan) coupled with effective contact tracing system (leveraging IT) and ramped up local production of protective gear and masks; construction of field hospitals (i.e. Wuhan); population movement restrictions (i.e. travel restrictions, family outdoor restrictions), public spaces restrictions (i.e. closing of schools).

² At present 5 Chinese COVID-19 vaccine candidates are in phase III clinical trials in foreign countries. See more: http://en.nhc.gov.cn/2020-11/19/c_82191.htm

China is reportedly not experience a so-called “second wave”³ of the novel corona virus, or rebound to marks before March 2020 as the country’s preventive measures and targeted disease control approach reportedly enables prediction and containment. It should be noted that any country example in terms of COVID-19 reaction is to be analysed against specific socio-economic and political characteristics.

Stringent monitoring of cross-border logistics and cold-food chains is implemented as the latter have been identified sources of infection⁴. The level of risk for transmission is continuously adjusted in conjunction with extant rules and procedures, with control measures tailored accordingly⁵.

Traditional Chinese Medicine (TCM) continues to yield positive results in the treatment of COVID-19 patients. Asymptomatic cases and those with mild symptoms are mainly treated with TCM, and severe and critical COVID-19 patients are treated with joint consultation and combination of medicaments including TCM.

Figure 1: Development path - as of first confirmed cases until 29 NOV 2020.

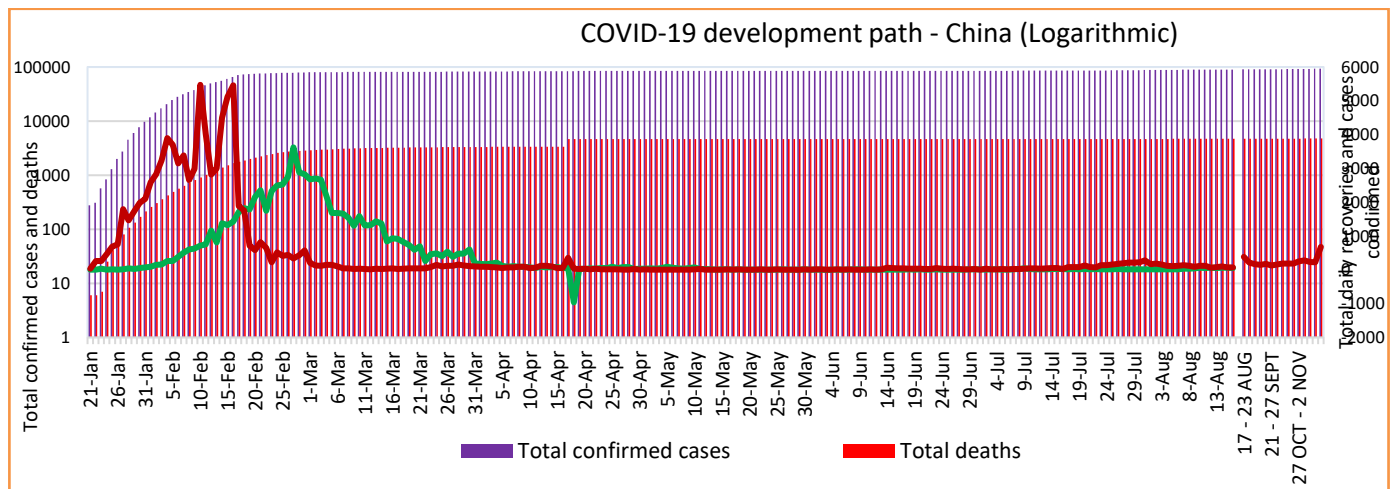
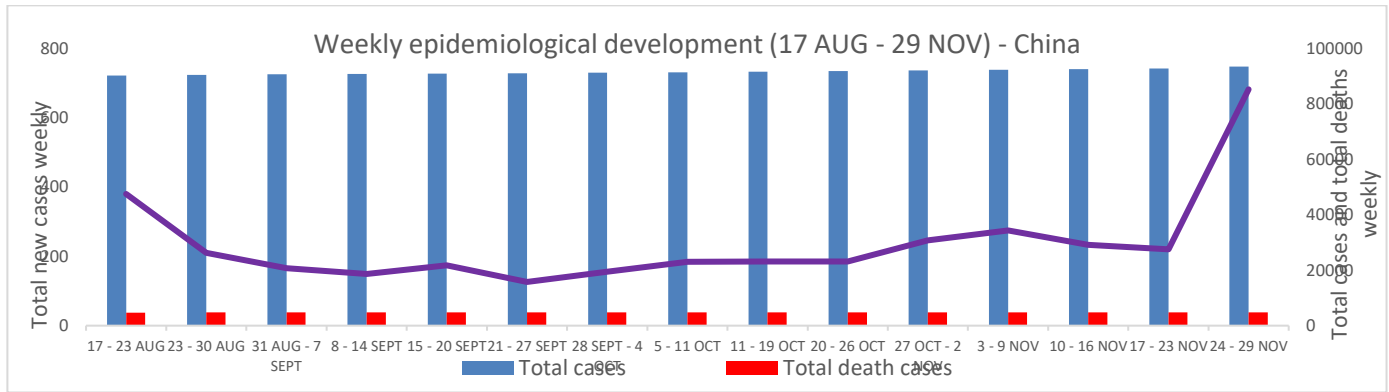


Figure 2: Weekly development (as per WHO weekly reports 17 AUG – 29 NOV)

³ The author of this analysis neither supports nor opposes / disproves the widely circulated notion of a “second wave” of the novel corona virus as there is a lack of conclusive scientific data either confirming or dismissing such a notion. In itself, the latter represents an avenue for future research.

⁴ More on frozen food chains (imports) here: http://en.nhc.gov.cn/2020-11/19/c_82189.htm; http://en.nhc.gov.cn/2020-11/19/c_82187.htm; http://en.nhc.gov.cn/2020-11/23/c_82239.htm; http://en.nhc.gov.cn/2020-11/26/c_82271.htm

⁵ Example of recently raised alert levels: http://en.nhc.gov.cn/2020-11/23/c_82236.htm



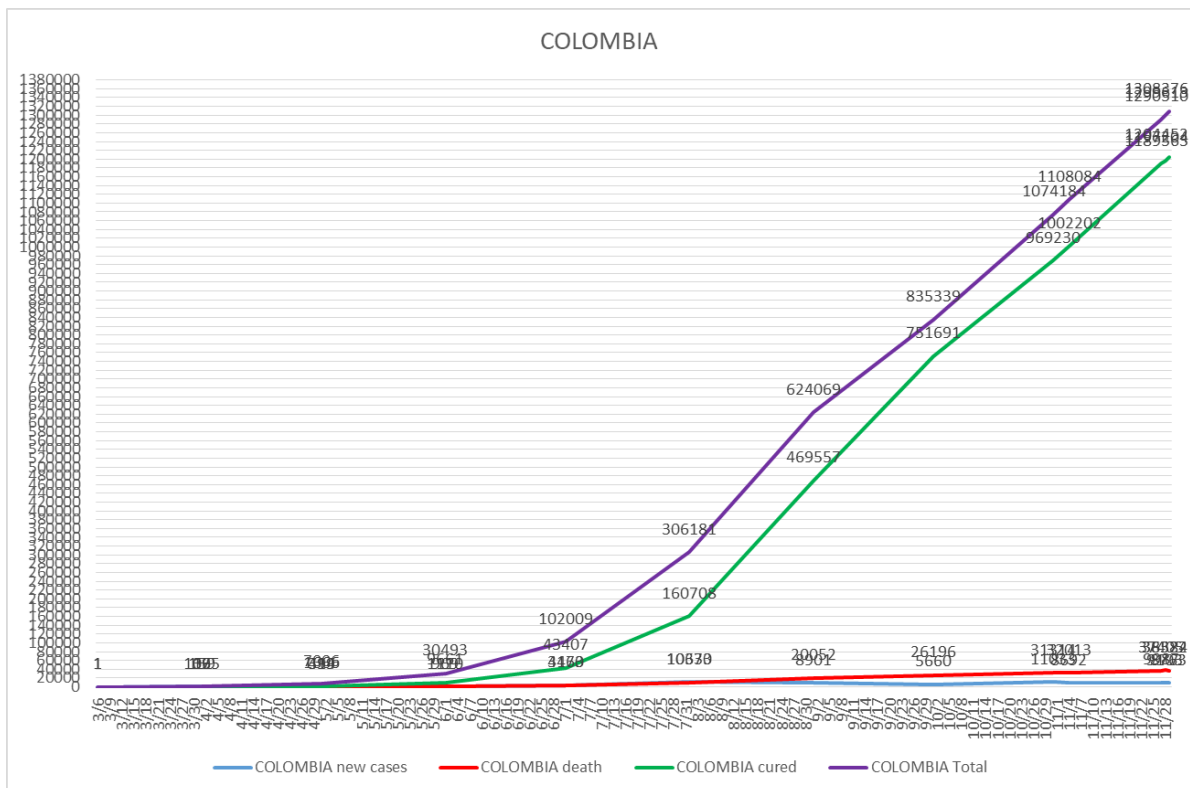
5. COLUMBIA

1. Defining Patient 0.

On 6 March, the Ministry of Health and Social Protection confirmed Colombia's first case of coronavirus, a 19-year-old female patient who recently travelled to Milan, Italy.

2. The total number of infected, deaths, new cases and recoveries is as follows:

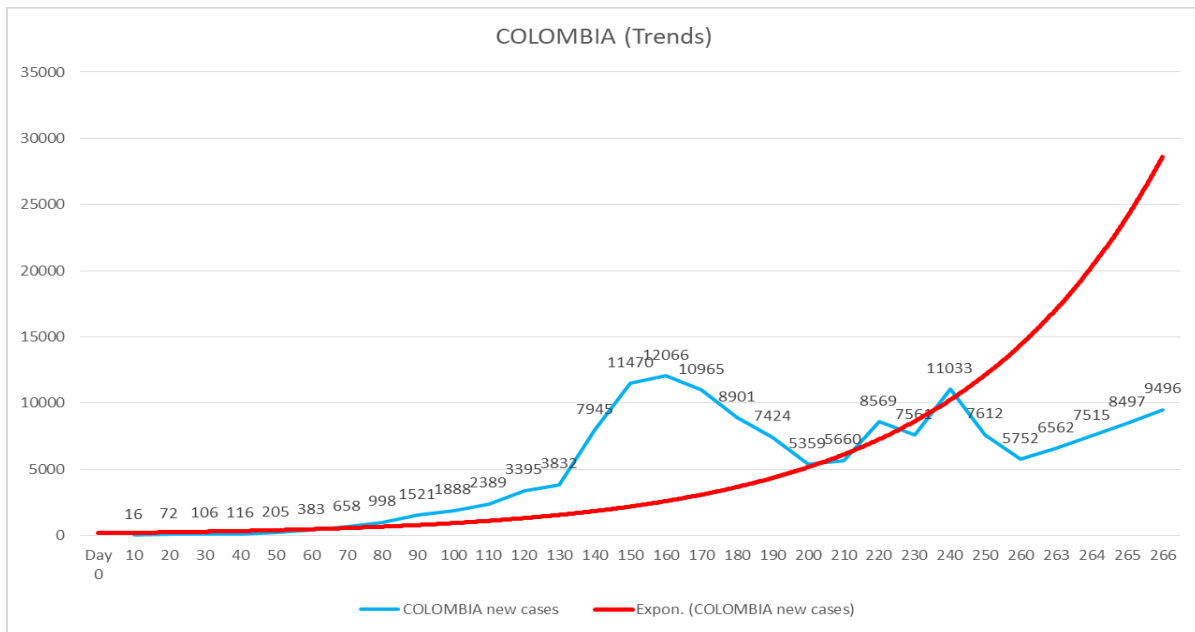
- Infected – 1,308,376 (tenth in the World);
- Coronavirus deaths – 36,584 (2.8 %);
- New cases for the last 24 hours as of 30.11.2020 – 8,763;
- Recovered after illness – 1,204,452 (92 %);



- Cases per 1 M of the population – 25,601.

3. Trends.

The number of new cases is growing exponentially and uncontrollably at the moment.



It can be assumed that the peak of new cases of COVID - 19 was reached around 11.08.2020 - 12830 cases. Since then, there has been a relative downward trend in the number of new cases, although the number of cases continues to grow exponentially.

4. Measures taken.

No changes in already established measures.

The situation to date shows the ineffectiveness of the measures. The negative tendencies continue.

5. Measures that could be implemented effectively in Bulgaria.

Given the different approaches of the governments of Colombia and Bulgaria, in response to the developing pandemic, measures applicable in Bulgaria to deal with the spreading exponential contagion cannot be determined.

6. DENMARK

Denmark presents COVID-19 vaccination Plan: first vaccines could be offered in December⁶. People in risk groups for serious illness with the virus will be given first priority once a coronavirus vaccination is available.

The Danish Health Authority expects the country’s vaccination programme to commence at the beginning of 2021, with some optimism the very first vaccines could be given in December 2020. According to the plan, vaccination will initially be offered to persons in specified risk groups and to selected key workers in the health, elderly and social care sectors.

No vaccine has been approved by the Danish Medicines Agency, but the country has pre-purchase agreements with five medical companies which are developing vaccines.

⁶ [Denmark presents Covid-19 vaccination plan: first vaccines could be offered in December - The Local](#)

All residents in Denmark, Greenland and the Faroe Islands will be offered a vaccine under the national vaccination plan.

The plan presented by authorities separates the vaccination programme into two main phases 1 and 2, which are further divided into two subsets, A and B.

During Phase 1A, described as the “limited vaccine supply” phase, people at risk of serious illness from Covid-19 infection will be offered the vaccine along with workers in the health and elderly care sectors and some social care staff.

In Phase 1B, supply is described as “extended vaccine supply for smaller groups”. Here, remaining people at risk of more serious illness with Covid-19 will be offered the vaccine, as will the same groups of key workers as in Phase 1A.

Phase 2A requires “vaccine supply for larger groups”. Here, “segmented” vaccination to the general population will become available in accordance with criteria such as age.

The final phase, 2B, will provide vaccines according to demand, with no limit on availability.

A time scale for the plan was estimated at “most of a year” by Danish Medicines Agency director.

The health authority director said In the meantime, social distancing requirements and other measures used to reduce virus spread will remain in place because “The vaccine doesn’t remove everything. They will be maintaining our recommendations. Including for vaccinated people.

Locations currently used as Covid-19 test centres will initially be used as vaccination centres, he also said.

7. FINLAND

Of the Nordic countries, Sweden is usually held up as a role model. But in these times it's worth taking a look at Finland. The coronavirus infection rates are lower than in the rest of Europe.

Finland currently belongs to the countries around the world which is coping best with the coronavirus pandemic. No other European country has lower rates. So what is Finland doing differently?⁷

Finland reacted swiftly

Back in Spring, as the number of infections skyrocketed around the world, the Finnish government reacted promptly and imposed a two-month long lockdown. Travel to and from Helsinki and the surrounding areas was banned. Schools and other institutions were closed, quickly followed by restaurants.

⁷ [Why is Finland coping so well with the coronavirus crisis? | Europe | News and current affairs from around the continent | DW | 19.11.2020](#)

"Finland moved relatively quickly and comprehensively to introduce curbs on public life. It did so around two weeks earlier than other Scandinavian countries like Norway and Denmark, not to mention Sweden," The lockdown, helped to slow down the spread of the virus.

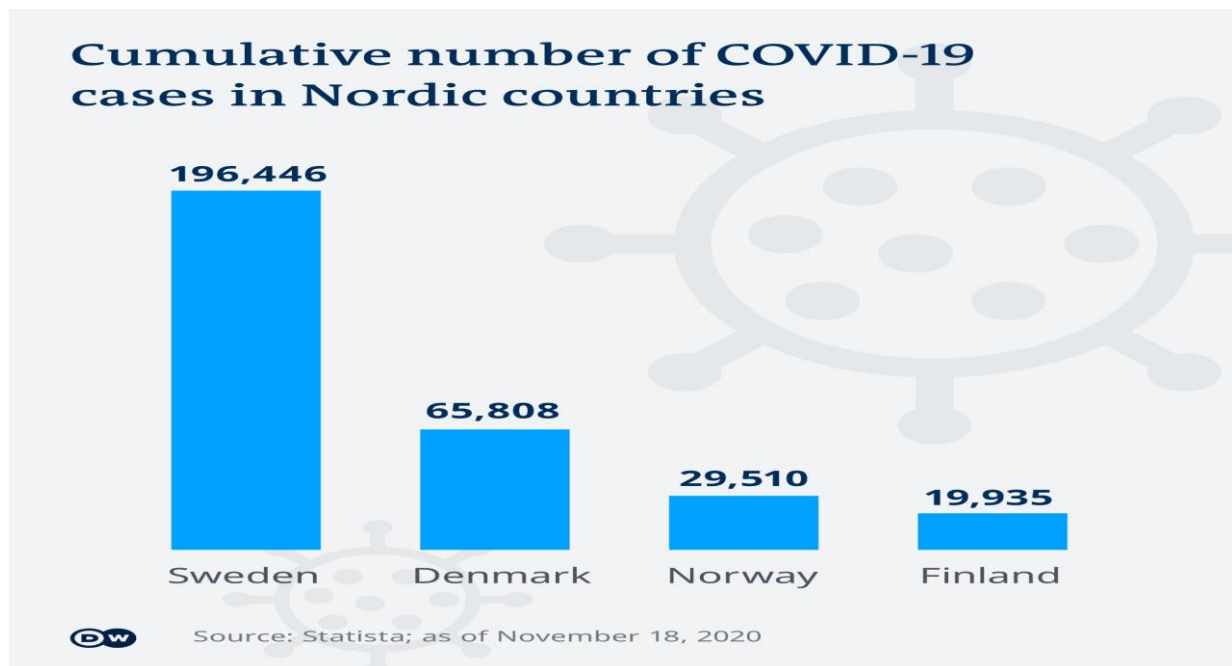
Coronavirus app was widely accepted

Finland relies on the capability to swiftly trace people who have been in contact with those who tested positive. To that end, an app was introduced, similar to the one used in Germany. The track and trace app "Corona Flash" was downloaded by almost every other person.

Trust is key

People simply take the virus seriously, trust in what the Finnish government is doing is relatively high. There's been very little opposition against the measures, even during the lockdown earlier this year. 73% of people said they were coping well with the restrictions. - "We're trying to stick to the government's rules and regulations.

Another helping factor is the relatively robust state of the Finnish economy. While economic output fell by 14% on average in the EU, Finland's only dropped by 6.4%, leaving it in a relatively stable position.



Technological advantages

The transition to working from home and home schooling has also been much smoother thanks to Finland's high digitalization standards. Having a laptop at their disposal is a given for the country's pupils.

No parties? No problem!

Stay At Home And Embrace The Couch Potato concept. That obviously doesn't come easily to many people. However Finland, yet again, appears to be bucking the trend.

23% of Finns say their lives had improved noticeably as a result of the lockdown earlier this year.

Another factor that may play a role is the **personal comfort zone** — how close you want to get to another person. "It may well be that the Finnish comfort zone is slightly bigger than in other European countries," they like to keep 3 feet distance between them and the next person. Otherwise they feel uncomfortable."

8. GERMANY

As of 29 November, Germany has the 12th most coronavirus confirmed cases worldwide, than the 14th two weeks ago. As of the same date the total numbers are: Surpassed 1 million (1,042,700) confirmed cases, 16,123 COVID-19 related deaths with a fatality rate of 1,55% while approximately 722,300 people have recovered from their virus infection.

In the past few weeks, the number of districts that have not submitted any COVID-19 cases over a period of 7 days has increased continuously. In parallel, the COVID-19 incidence has stabilized in all federal states.

In the past 14 days, there have been 252,197 newly registered virus infections throughout Germany, similar to the previous two weeks (with 257,573).

On 20 November, daily reported cases reached the maximum since the start of the pandemic with 23,648 new cases and furthermore on 27 November a daily record of 426 deaths.

The cumulative nationwide incidence over the past 7 days was 136.0 cases (while 143.0 the previous week) per 100,000 inhabitants. Since the beginning of September, the proportion of cases in older age groups has been increasing again. The 7-day incidence of people ≥ 60 years is currently 114.0 cases/100,000 population (from 103.0 the previous week).

Since mid of October, the number of COVID-19 patients requiring intensive care, has strongly increased, from 655 patients on October 15 to 3,385 patients on November 15. Since then, the increase has slowed down slightly, with 3,901 cases on November 28.

Currently, COVID-19-related outbreaks occur in various settings with numerous clusters in households, but also in community institutions, nursing and long-term care homes, as well as in occupational settings or related to religious events. For a large proportion of cases the transmission setting remains unclear.

It should be mentioned that on the contrary with the overall development globally, the situation in Germany seems to be better. On balance, Germany has dealt with its coronavirus outbreak much better than most nations around the world.

According to the Deep Knowledge Group (DKG) evaluation report Germany is ranked in the 2nd place of the safest countries in terms of covid outbreak overall management. Similarly, It is ranked in the 1st place of the most supportive governments during the Covid- 19 pandemic. The main reasons for that is its properly funded health system, decisive leadership and technological edge.

On October 28 the Federal Government decided that across Germany, leisure facilities and restaurants are to be closed, entertainment events banned and contact with the public and parties in squares and flats restricted. The measures are to come into force from 2 November and will apply until the end of the month.

On November 25 German Chancellor Angela Merkel confirmed that Germany's partial lockdown will not be lifted until December 20 (from Nov 30) at the earliest, and may be extended until the beginning of January. Extra restrictions include the wearing of masks in some situations in schools and the limit for meetings reduced from 10 people to 5 people from two households. Travel for holidays, in particular ski vacations, are strongly discouraged until at least January 10.

German authorities intensify their efforts in order to cope with the running second wave of Covid-19 infection. Their intention is to avoid a further worsening of the situation at all costs. To this end, they seek to pass the message that the country will success to counter the pandemic only if the entire population continues to be committed, by consistently observing rules of distance and hygiene.

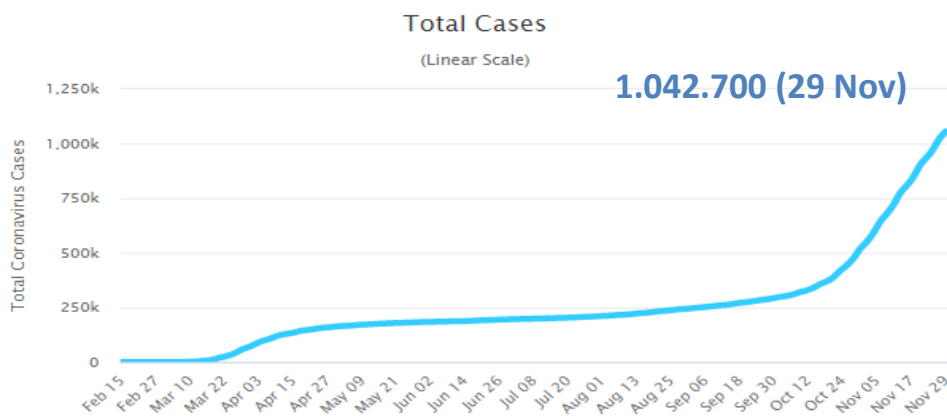


Figure 1: COVID-19 total confirmed cases in Germany (29/11/2020)

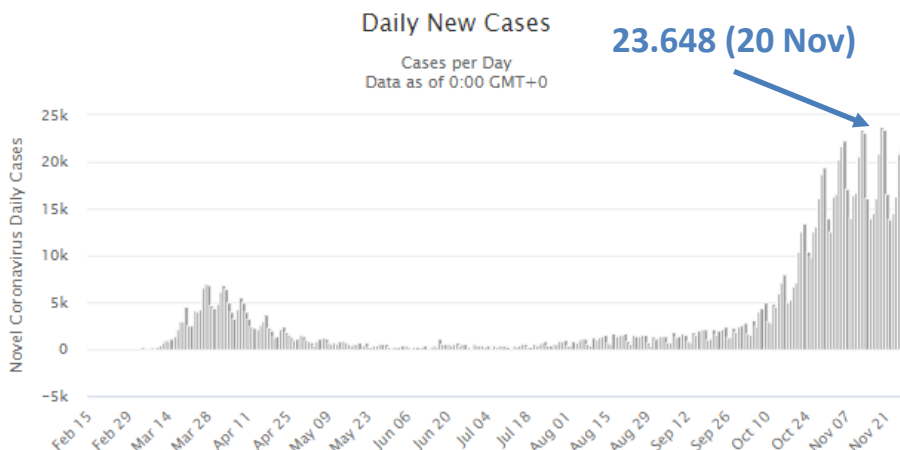


Figure 2: COVID-19 daily new cases in Germany (29/11/2020)

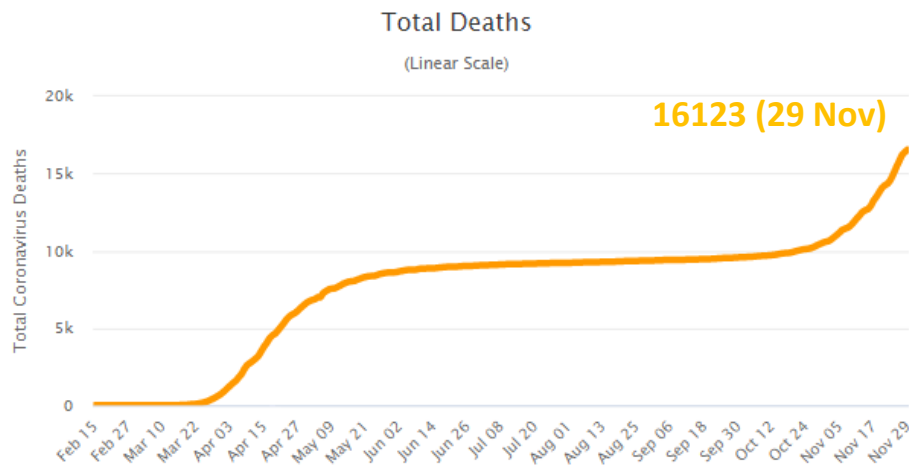


Figure 3: COVID-19 total deaths in Germany (29/11/2020)

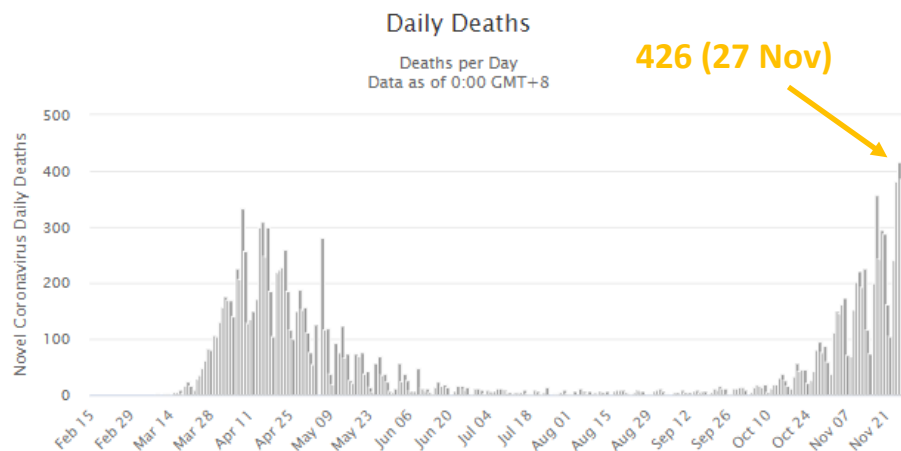


Figure 4: COVID-19 daily deaths in Germany (29/11/2020)

9. INDIA

The COVID19 crisis in India remains serious and the country remains the second worst affected country in the world by the COVID19 pandemic. On 19 November the country crossed the benchmark of 9 000 000 infections and as of 02 December 2020, it has totally 9,432,075 registered COVID19 cases, 448,585 of them active and 137,177 deaths. After the second peak of the

pandemic in September 2020 and the positive trend in October and early November, which led to decrease in the daily new cases, active cases and daily deaths almost in half, the figures in the COVID19 statistics for India stabilized. Throughout November 2020 and especially in the last 2 weeks, India registered between 40,000 and 50,000 daily new cases, the active cases remained just below 500,000 and the COVID19 related deaths fluctuated around 500 per day⁸.

It was feared by many experts that the continuous governmental policy of lifting pandemic-related restrictions combined with the festival season and air pollution has a potential to worsen the COVID19 crisis again, even to cause a new strong COVID wave. For the moment this is not happening, even after the reopening of the schools and universities in November. As the current policy is providing positive economic and social results without worsening the pandemic, central government is not introducing new measures. Instead it is insisting on the compliance with the basic requirements for hygiene, wearing of masks and social distancing. The government is also monitoring the specific places, like big marketplaces and local metro/rail stops, and is introducing preventive measures to contain the spread of COVID-19 there. Further to that the government is encouraging the online shopping and home deliveries and is releasing Lockdown guidelines and Standard Operating Procedures (SOPs), e.g. SOP for supply of essential goods, SOP for social distancing at workplace, etc.⁹

10. ITALY

As of 30 NOV 2020, Italy is still on 8th position in the world in terms of number of total confirmed cases which has reached the number of almost 1 600 000 since the beginning of the pandemic. In a week period there are about 200 000 new active cases, the same trend as the last week. The deaths rate tends to scale up between 550 and 850 deaths per day within the period, which shows a slight increase in this criterion.

Health Minister Roberto Speranza has signed two new Ordinances aimed at countering the spread of the virus.

The first Ordinance, signed on November 27, provides for the passage in the orange area for the Regions of Calabria, Lombardy and Piedmont and in the yellow area for the Regions of Liguria and Sicily. The provision came into force on 29 November.

The second Ordinance, also signed on November 27, renews the restrictive measures in force arranged with the provision of November 13 for the Regions of Emilia Romagna, Friuli Venezia Giulia and Marche, which remain in the orange zone, and for the Regions of Campania and

⁸ <https://www.worldometers.info/coronavirus/country/india/>, data to 02 Dec 2020

⁹ www.thehindu.com

Tuscany, which remain in the red zone.

The Ordinances remain in force until 3 December 2020.

Overall, therefore, the breakdown of the Regions in the different areas is currently as follows:

- Yellow area: Lazio, Liguria, Molise, Autonomous Province of Trento, Sardinia, Sicily, Veneto;
- Orange area: Basilicata, Calabria, Emilia Romagna, Friuli Venezia Giulia, Lombardy, Marche, Piedmont, Puglia, Umbria;
- Red area: Abruzzo, Campania, Tuscany, Valle d'Aosta, Autonomous Province of Bolzano.

11. MEXICO

Mexico's Health Ministry on 27 November reported 12,081 additional cases of the novel coronavirus, a new daily record since the pandemic began.

Health authorities have said the real number of infections is likely to be significantly higher than the officially reported. Early in the pandemic, Mexico's government suggested cases are eight times higher than those being reported because of a lack of testing in the country.

Mexico City continues to record the majority of cases accumulated in the country and represents 18% of all cases registered.

Regarding deaths, Mexico City, the State of Mexico, Veracruz, Puebla, Jalisco, Nuevo León, Baja California, Sinaloa, Guanajuato, and Sonora are the 10 entities that have registered the highest number of cases and that together represent more than half (61.6%) of all those in the country. Mexico City alone accumulates 16.6% of all deaths being reported by COVID-19 nationwide.

Of the 28,864 general care beds nationwide, 17,845 (62%) are reported available and 11,019 (38%) occupied. The three states with the highest occupation are: Durango, Mexico City, Nuevo León, and Coahuila.

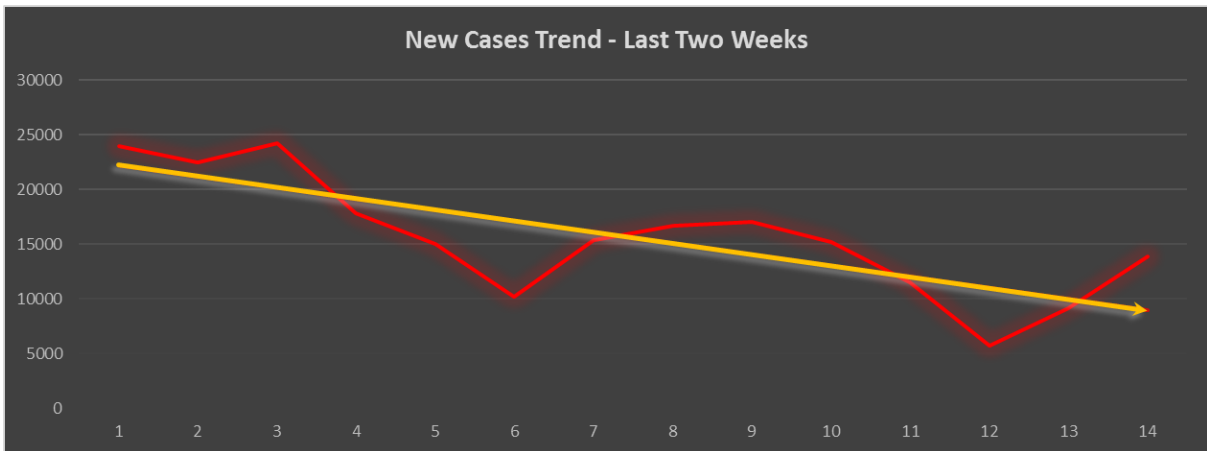
Of the 10,495 ventilator beds used to care for critically ill COVID-19 patients, it is reported nationwide that there are 7,142 (68%) available and 3,353 (32%) occupied. Mexico City leads the highest amount of occupancy, registering 62 percent.¹⁰

12. POLAND

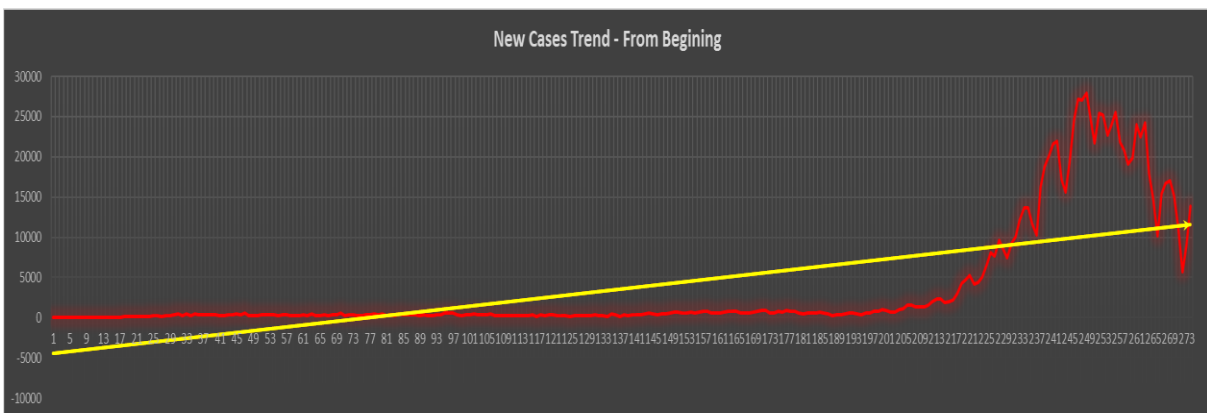
From the beginning of pandemic number of infected people has grown and reached 1 013 529 (+ 240 706 during last two weeks), disease trend rate showing decreasing tendency comparing to previous period, however still keeps high daily number of new cases. Currently

¹⁰ <https://www.vallartadaily.com/mexico-reaches-new-record-high-of-covid-19-cases-in-a-day/>

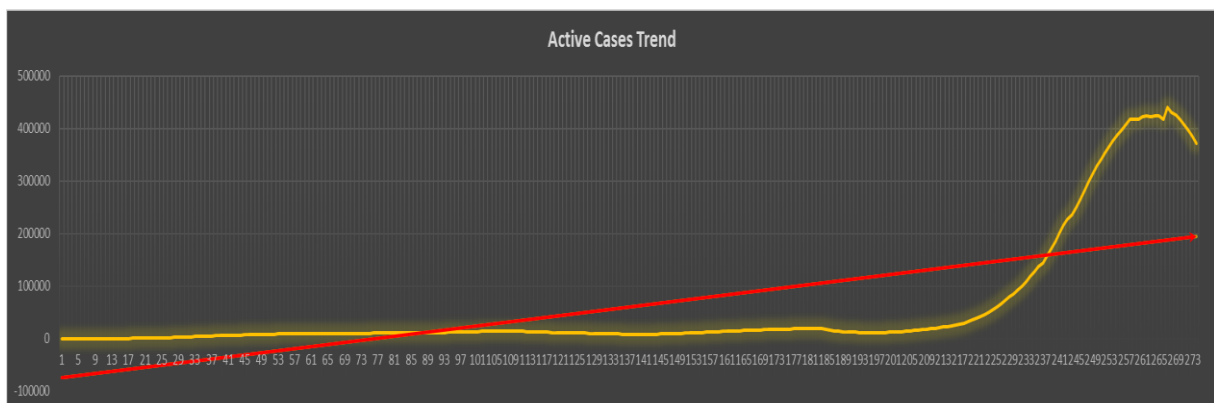
average number of infected is 15 579 (recently 23 806) people a day during last two weeks, which placed Poland on 4th place in Europe and 8th on the world.



Now number of new cases is showing decreasing tendency but is still on high daily level around 15 000 per day.



Number of active cases trend line started to going down, and now is close to 370 000 cases, but is still above overall trendiness.



Number of tests done so far is 6 317 532 / +573 304 from last report. Reported number of people cured from coronavirus so far – 622 980 / +280 097 from last report. 18 208 (+6 757) people died so far, which is the highest number from the begging.

Morbidity rate by district in Poland

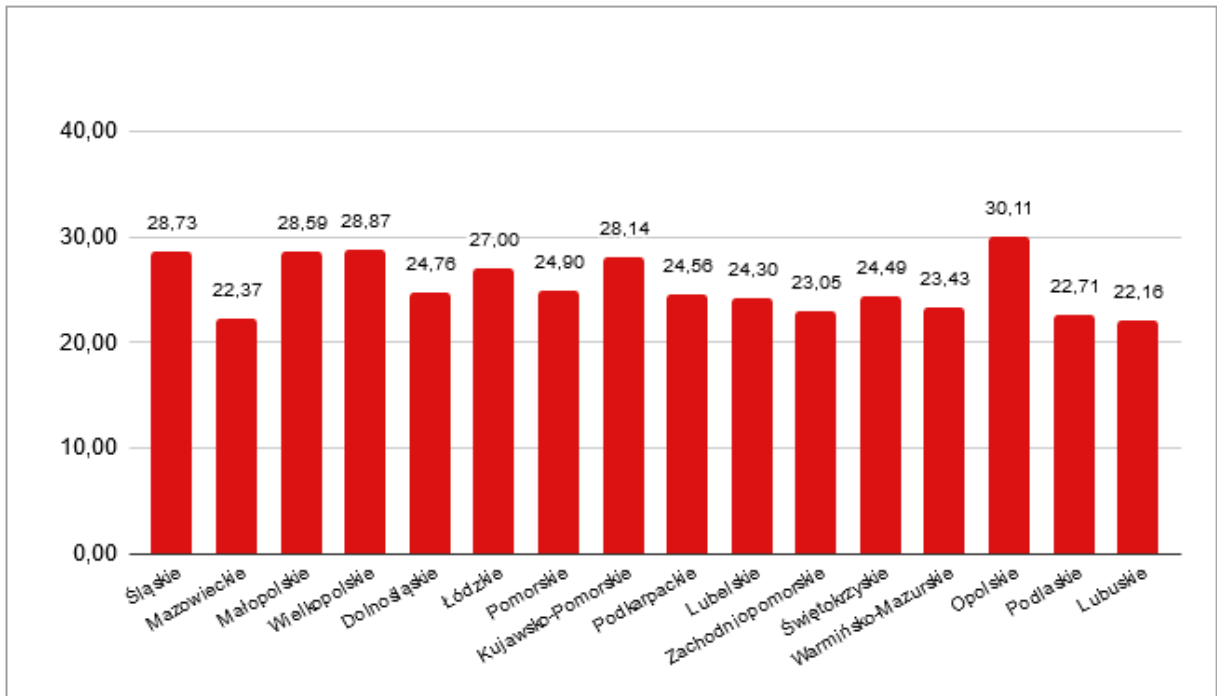


Chart above presents morbidity rate divided by district. This rate is much higher than previously and leading district now (Opolskie) is a bit over 30, which means that there are 30 infected people per each 1 thousand of inhabitant

Active cases per 1k inhabitants



On December 02, 2020 Poland crossed 1 million of cases which situating Poland on 7th place in Europe, after Russia, France, Spain, UK, Italy and Germany.

On November 27, 2020, the Ministry of Health informed that data from recent days allow for a slight optimism. Not only are the statistics of daily infections decreasing, but also the number of occupied beds and respirators. This means that the vision of a "national quarantine" is receding. However, Polish women and men still have to take into account limitations, especially during the holiday season. There is also growing concern that failure to prepare for distance learning will break the lives of a whole generation of students from less affluent families.

The government's decision to take an almost one-month break in schools for students is also constantly controversial. The holiday break will start on December 23 and will last until January 17, menas until the end of the holiday season, which this year is blocked on one period for all provinces. The government hopes to be able to slowly return to school in mid-January, but no one wonders what will happen to the children during such a long break.

The longer online learning takes and the longer children have gaps from school, the faster the inequality between those who have parental support and those who are left to their own, will grow. This division is strictly class-related, related to the economic and cultural background of families.

Research done by Alison Andrew from the British Institute for Fiscal Studies shows that some of these backlogs, will not be possible to catch up until the end of education. Just the number of hours devoted to study makes the difference.

Moreover, affluent parents more often declare that their children have access to interactive sources of remote education, such as online classes or individual video meetings with teachers or tutors. At the same time, more than a half of primary school students from poor families declare that there is no possibility of finding a place to study at home. Finally, in wealthy homes, parents more often declare that they feel capable of helping their children learn.

This means that the generation of missed opportunities is growing, which in recent months has not received sufficient system support.

13. RUSSIA

The number of coronavirus-related fatalities in Russia went up by 569 as on 01 December. This is the highest daily tally since the beginning of the pandemic. The total death toll currently stands at 40,464. The conditional fatality rate remains at 1.74%.¹¹

In all, Russia’s coronavirus infections soared by 26,402 to 2,322,056 as on the same date. In particular, 3,697 coronavirus cases were confirmed in St. Petersburg, 1,104 - in the Moscow Region, 462 - in the Nizhny Novgorod Region, 427 - in the Karelia Region and 387 - in the Arkhangelsk Region.

According to the Russian’s crisis center, the coronavirus growth rate has been at or below 1.2% for four days. The rate is the lowest in the Altai Region and the Nenets Autonomous Region (0.5%), the Khanty-Mansiysk Autonomous Region and Dagestan (0.6%) and the Tuva, Karachay-Circassian, Kabardino-Balkaria, Mari El and Krasnodar regions (0.7%).

There are currently 478,125 active coronavirus cases in Russia.

The share of recoveries to date has increased from 77.5% to 77.7% of the total COVID-19 case tally in Russia.

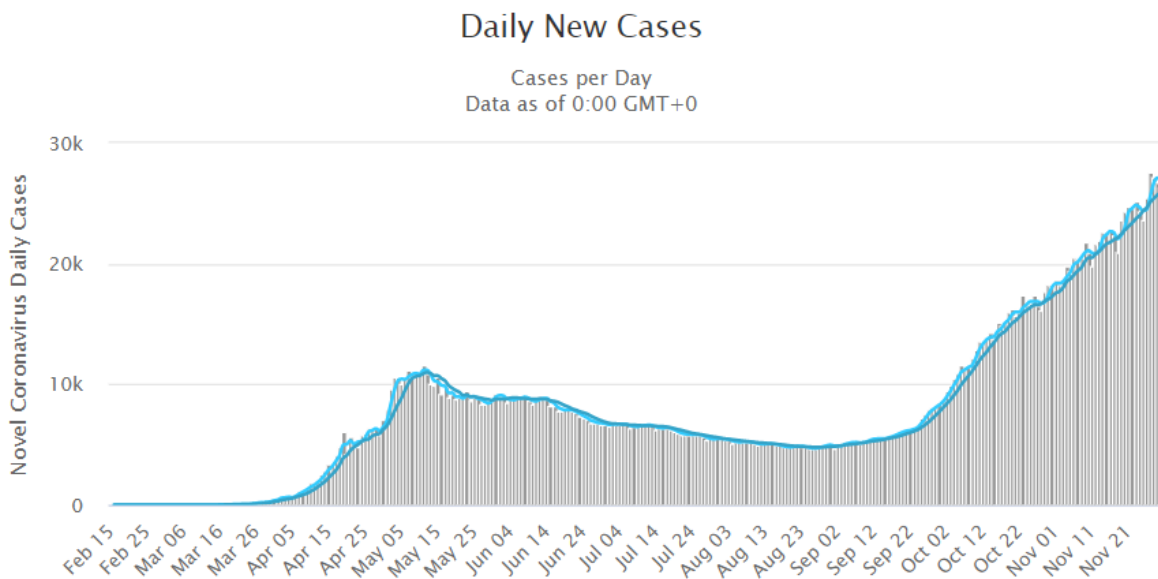


Figure 3 <https://www.worldometers.info/coronavirus/country/russia/>

On 30 November, Russian’s Science and Higher Education Minister announced that in order to prevent the spread of coronavirus Universities in Moscow and St. Petersburg will switch students to remote learning until early of February 2021.

¹¹ <https://tass.com/society/1229841>

Russia's military has started a mass coronavirus vaccination campaign which aims to inoculate more than 400,000 servicemen¹². Russian's Defence Minister announced on 27 November that over 2,500 soldiers had already been vaccinated, adding that by the end of the year the number is expected to reach 80,000. It was mentioned that more than 4,100 servicemen have tested positive for coronavirus since the onset of the pandemic.

14. SPAIN

Spanish government announced on November 22, that the first coronavirus vaccine or vaccines that are approved and arrive in Spain will be administered in 13,000 different points across the country.

These vaccination points coincide with the number of healthcare centers and clinics that are currently available in Spain's regions. The primary healthcare network will be in charge of administering the first vaccines that arrive in Spain.

This strategy differs from that announced by Germany, where each federal state, or *länder*, will have infrastructure that is separate from the healthcare system to begin the vaccinations. Berlin, for example, will use a velodrome, an airport hangar and a stadium, among other sites.

The Spanish vaccination strategy will be "unique," as the Spanish prime minister stated. The government's plan involves starting the vaccination program in January. It will be agreed on with the Interterritorial Council of the National Health System, which groups together all of Spain's regional healthcare chiefs and the national Health Ministry. The government will guarantee fair access to the vaccine or vaccines.

The European Union has signed five contracts to acquire 1.2 billion doses of the vaccine, and that Spain will be assigned 10% of the doses given the size of its population. Nevertheless the Interterritorial Council is working on recommendations for the festive season, which to be "different but safe" as stated in the government announcement. The upcoming Christmas holidays are going to be different from those that we have always known. Spaniards are going to have to stay at a distance. The priority must be avoiding a third wave.

On what restrictions will be in place over the Christmas holiday period, it will be up to the regions to decide what measures to introduce. This is the statement of the health ministry. It is added that these measures should be adapted to the epidemiological situation the regions find themselves in at the time. In general, health experts in Spain are not completely opposed to the idea of testing everyone who returns home over the festive season, but the Health Ministry's policy is to carry out "targeted" testing.

The authorities of Spain said last week that the usefulness of PCR and antigen tests depended on

¹² <https://medicalxpress.com/news/2020-11-russian-army-mass-coronavirus-vaccination.html>

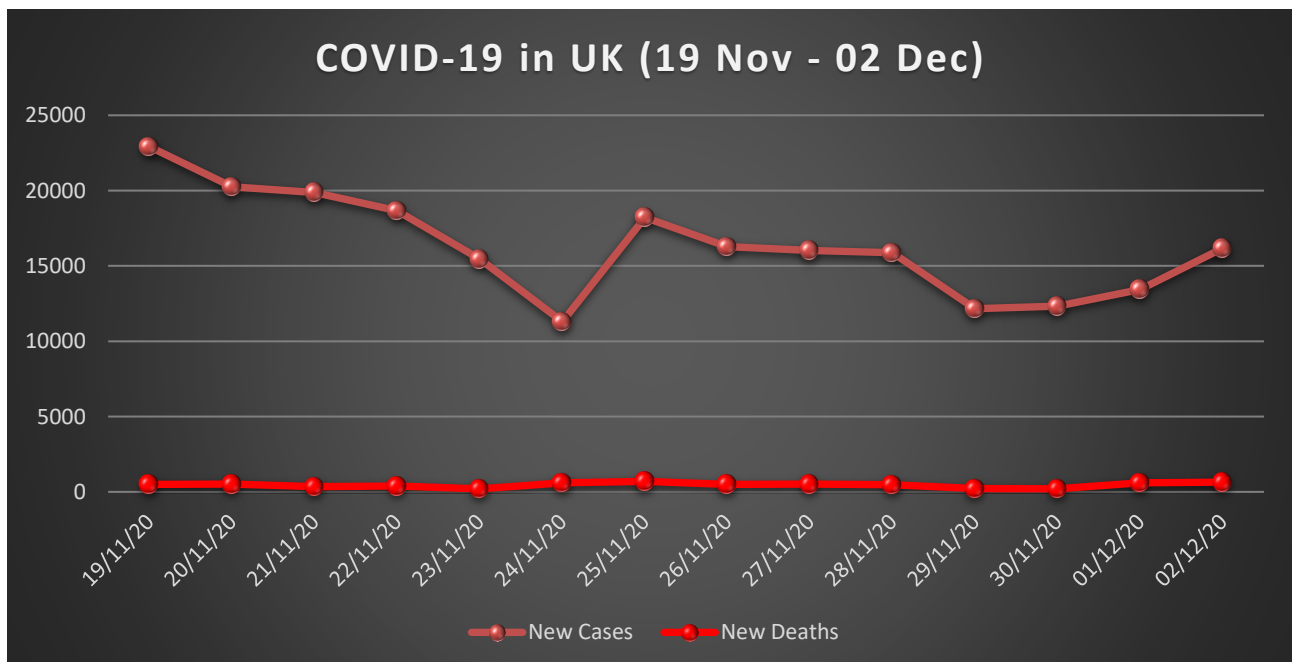
the context, meaning it was important to be “careful” with large-scale testing. In example, antigen tests are not recommended in mass testing campaigns.

Meanwhile the rates continue to fall across Spain. The latest Health Ministry report, released on November 26, shows the 12-week cumulative number of cases per 100,000 inhabitants stands at 325. As this rate has dropped, the pressure on Spain’s hospitals has also eased, with the occupancy rate of coronavirus patients slowly falling.

Despite this improvement, all key indicators continue to be very high. Spain is still far from reaching the goal of 25 cases per 100,000 inhabitants, a status that health authorities consider as having the epidemic under control.

15. UNITED KINGDOM

As of 02 December, the total cases in UK are more than 1.6M and the death cases are close to 60K, counting only the dead within 28 days of testing positive for COVID-19. The number of people tested positive reduced with 18% in comparison to the previous week and the death cases in the last 7 days had also decreased with 3% on weekly basis. The number of patients admitted to hospitals also dropped with 14% since the last week. Currently UK is conducting approximately 300k daily tests. This week the R number is estimated to 0.9 to 1.0 which means that the spread out is getting under control.



In the last week of November the Government introduced their new COVID-19 Winter Plan. This plan is the governmental programme for suppressing the virus, protecting the NHS and the vulnerable, keeping education and the economy going and providing a route back to normality. The centre of the government’s plan are Vaccines, Effective treatments for COVID-19 and Community mass testing. In accordance with this plan England will move back into a regional, tiered approach.

On 2 December, across all of England, regardless of tier:

- The stay at home requirement will end, with travel being permitted again subject to guidance in each tier
- Shops, personal care, gyms and the wider leisure sector will reopen
- Collective worship, weddings and outdoor sports can resume
- People will no longer be limited to seeing only one other person in outdoor public spaces - the rule of 6 will now apply outdoors as it did in the previous set of tiers

However, Government warns the population that the virus is still present and if they aren't careful it could quickly get out of control again before vaccines and community testing can have an effect. The festive period is an important time for many people of all faiths and none who come together over the holidays. The UK Government and Devolved Administrations recognise that people will want to be with their friends and family over Christmas, particularly after an incredibly difficult year. For this reason, the government is changing some social contact restrictions between 23 and 27 December:

- You can form an exclusive 'Christmas bubble' composed of people from no more than three households
 - You can only be in one Christmas bubble
 - You cannot change your Christmas bubble
 - You can travel between tiers and UK nations for the purposes of meeting your Christmas bubble
- You can only meet your Christmas bubble in private homes or in your garden, places of worship, or public outdoor spaces
 - You can continue to meet people who are not in your Christmas bubble outside your home according to the rules in the tier you are meeting in
 - If you form a Christmas bubble, you should not meet socially with friends and family that you do not live with in your home or garden unless they are part of your Christmas bubble

A fixed bubble is a sensible and proportionate way to balance the desire to spend time with others over the Christmas period, while limiting the risk of spreading infection.

On 2 December, the United Kingdom has become the first Western nation to authorize a COVID-19 vaccine, a landmark moment in the coronavirus pandemic that paves the way for the first doses to be rolled out across the country next week. UK regulators granted emergency authorization for a vaccine made by US pharmaceutical giant Pfizer and its German partner BioNTech. The UK has ordered 40 million doses of the vaccine. The initial 800,000 doses would be delivered from Pfizer's facilities in Belgium to the UK next week, and several millions before the end of the year. Elderly people in care homes, those who care for them, health workers and other vulnerable people will be top of the priority list.

16. USA

As of December 1, more than 13,447,300 people in the United States have been infected with the coronavirus and at least 266,700 have died.

Case numbers are spiking across most of the United States, leading to dire warnings about full hospitals, exhausted health care workers and expanding lockdowns.

As conditions worsened and winter approached, the governors of Iowa and North Dakota ordered residents to wear masks. State leaders have imposed curfews in Ohio and most of California. And with more than 1.2 million cases announced in a one-week stretch, officials worried aloud about the impact Thanksgiving gatherings could have on the weeks ahead.

Several states, including Michigan, North Dakota and Washington, imposed new restrictions on public gatherings and indoor dining to try to slow the spread of the virus.

Deaths are rising quickly toward their spring peaks, surpassing more than 2,000 in a day for the first time since early May.

The United States recorded its biggest weekly rise in COVID-19 deaths since August, increasing 32% from the previous week to average about 1,500 people per day.

The number of new cases have increased by 10.6% in the past week, or an average of more than 168,000 per day and there are currently more than 88,000 people hospitalized across the country. The U.S. is continuing to shatter its own records in cases and hospitalizations as it heads into the holiday season. The next couple of weeks is likely to get worse.

Ahead of the Thanksgiving holiday this Thursday, at least 23 states have announced new restrictions to try to slow the spread of the virus but so far only New Mexico has issued a stay-at-home order.

Cases rose by 90% in New Mexico last week, the biggest percentage increase in the country, followed by Virginia at 62% and Arizona with a 50% increase.

In North Dakota, the hardest hit state on a per capita basis, nearly 73,400 tests have come back positive for the new coronavirus since the beginning of the outbreak. That is equivalent to 9.6% of the state's population. North Dakota mandated masks starting Nov. 14 but another 14 states still do not require them.

Iowa, Kansas and South Dakota all had positive test rates over 50%. The World Health Organization considers rates above 5% concerning because it suggests there are more cases in the community that have not yet been uncovered.

Pfizer and Moderna announced that they have applied for an Emergency Use Authorization (EUA) from the Food and Drug Administration. An emergency use authorization is permission granted to unapproved medical products to be used in emergencies, such as in a deadly pandemic.

U.S. Food and Drug Administration (FDA) would likely grant approval in mid-December for distribution of the vaccine produced by Pfizer Inc and German partner BioNTech. COVID-19 shots could reach first Americans by mid-December, top health official says. Some 70% of the U.S. population of 330 million would need to be inoculated to achieve “herd” immunity from the virus. As the virus continues to circulate widely within the United States and thousands of new cases are still being identified each day true normalcy remains a distant vision.

USA | Most recent numbers

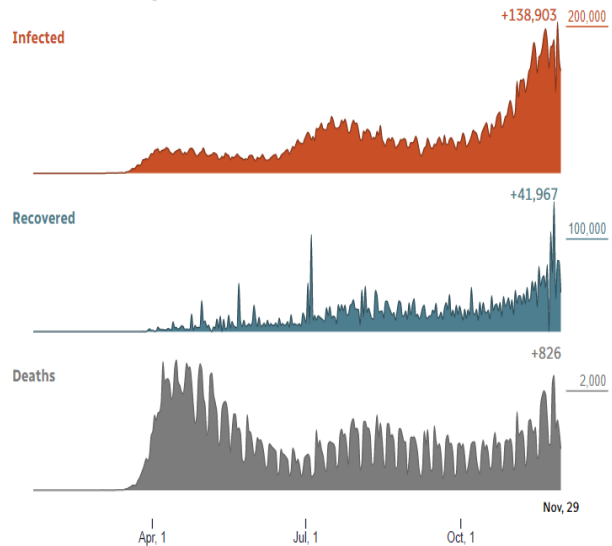
REPORTED CASES	COMPARED TO PREVIOUS DAY	
Infected	13,383,320	+ 138,903
Active*	8,051,417	+ 96,110
Recov.	5,065,030	+ 41,967
Deaths	266,873	+ 826

*infected people who have neither died nor been officially considered recovered

TESTS
This province or territory does not publish historical daily number of tests performed in its jurisdiction.

USA | Reported daily cases

Cumulative Logarithmic



17. EU.

25 November 2020 - The Commission adopted a Pharmaceutical Strategy for Europe to ensure that everyone will have access to innovative and affordable medicines while supporting competitiveness, innovation and sustainability of the EU’s pharmaceutical industry. The Strategy will allow Europe to cover its pharmaceutical needs through robust supply chains and will help establish a future-proof and crisis-resilient EU pharmaceutical system. Although the Strategy is much more than a crisis-response instrument, it draws lessons from the initial response to the COVID-19 pandemic, and makes Europe’s pharmaceutical sector better prepared and more resilient. The Strategy is a cornerstone of the European Health Union.

CONCLUSIONS

1. The second COVID19 wave is now ongoing across Europe and around the World.
2. Many countries imposed partial or complete lockdown in order to reduce the spread of the infection until the onset of immunization.
3. The positive effect of the imposed lockdownnc have started to yield results.
4. Last week, for the first time since September, were registered a reduction in the incidence of COVID-19 worldwide, attributing this to the effectiveness of restrictive measures in Europe.
5. The number of confirmed COVID-19 cases across the planet has raised to 64 million, more than 1.48 million deaths and more than 18 million active cases.
6. Around 44 million people recovered from the disease.
7. Worldwide, deaths toll keeps stable but high numbers in recent weeks to about 10,500 a day.
8. The U.S. has the highest case tally in the world at 13.7 million and the highest death toll at 270,691, or more than a fifth of the global total.
9. Brazil has the second highest death toll at 173,817 and is third by cases at 6.4 million.
10. India is second worldwide in cases with 9.49 million, and third in deaths at 138,122.
11. Mexico has the fourth highest death toll at 106,765 and 11th highest case tally at 1.12 million.
12. The U.K has 59,148 deaths, the highest in Europe and fifth highest in the world, and 1.65 million cases, or seventh highest in the world.
13. Some of the measures imposed are expected to ease during the Christmas and New Year holidays, which could lead to a third wave.
14. This past two weeks, the global acceleration in case incidence has slowed down in new cases reported, however, death rates continue to increase in new deaths reported.
15. In the most affected countries the spreading of the virus is due to the community transmission.
16. To a significant number of people, COVID-19 poses a range of serious long-term effects, and post COVID19 symptoms and complications have been reported in both non-hospitalized and hospitalized patients.
17. The new measures have being taken all over the world in stopping COVID-19 from overwhelming its hospitals. Those include new requirements on mask-wearing, closing

- schools, closing restaurants and bars, implementing a curfew and having targeted lockdowns in some parts of the world.
18. Cases of the disease are continuing to surge in many countries. Some that had apparent success in suppressing initial outbreaks have seen infections rise again.
 19. In the Region of the Americas, the weekly incidence of new cases reached over 1.6 million this week with over 22 000 new deaths reported, accounting for 11% and 15% relative increases when compared to the previous week.
 20. USA, India, Brazil, Russia, and France remain in the top 5 countries with the highest number of new cases per day.
 21. Several vaccines are now in final phase three trials.
 22. For the time being, there are three main challenges related to vaccination process, namely the preparation of a feasible vaccination plan, the readiness and willingness of human to be vaccinated and, last but not least, the duration of the effect of the vaccine.
 23. The price of the tests should be unified in a certain extent. It is not appropriate to cost between 60 and 80 EUR for a single test. In vast majority of Western Europe countries it is no more than 15 EUR even it is free of charge for socially disadvantaged people. This leads to hidden untraceable morbidity, due to the fact that certain sectors of society cannot afford the luxury of taking a test. Greece for example might serve as a role model, where the final price is fixed and it is not higher more than 30 EUR.
 24. The global COVID-19 outbreak led to an acute shortage of essential supplies. At the request of the United Nations Secretary-General and WHO Director-General and in support of the UN Crisis Management Team, a Supply Chain Task Force was convened to oversee the establishment of the COVID-19 Supply Chain System.
 25. The upcoming holiday period should make people think carefully about how to spend the holidays during the pandemic. It is highly recommended support bubble approach. It counts as one household, which means for the Christmas period that bubble can join with two other households.

RECOMMENDATION (for improvement of emergency situation SOPs)

According to the latest decision of the Bulgarian Council of Ministers and Ministry of Health the following temporary anti-epidemic measures have been introduced on the territory of the Republic of Bulgaria as of 11.30 pm on 27.11.2020 until 21.12.2020:

- Grocery stores organize their work, not allowing people under the age of 65 in the respective sites between 8.30 and 10.30.

- Attended classes (including internships, internships, outsourced classes, exams, dual system of education, etc.) in schools and personal development support centers are suspended;
- The present learning process in the higher schools is terminated;
- Attended group classes in language centers, educational centers and other training centers and schools organized by legal entities and individuals are suspended;
- Visits to kindergartens and nurseries, as well as to children's centers, clubs and others providing organized group services for children are suspended;
- The holding of congress-conference events, seminars, competitions, trainings, team building, exhibitions and other public events in the form of attendance is suspended;
- All cultural and entertainment events (cinemas, museums, galleries, stage events, concerts, dance, creative and musical art and others) are suspended. An exception is allowed with regard to the theaters, if the seats are occupied up to 30% of their total capacity, observance of a physical distance of at least 1.5 m. and mandatory placement of protective face masks;
- It is not allowed to organize and hold gatherings and celebrations of a private nature (weddings, baptisms, funerals, etc.) with the presence of more than 15 people;
- All collective and individual sports events of a training and competitive nature for persons under 18 years of age are suspended, with the exception of international sports competitions, which have started on the date of entry into force of this order. All sports events of a training and competitive nature for persons over 18 years of age and international sports competitions for persons under 18 years of age are held without an audience;
- Visits to fitness centers and group exercise halls are suspended;
- Visits to all food and entertainment establishments are suspended;
- Visits to gambling halls and casinos are suspended;
- Visits to shopping centers (representing one or more buildings in which shops, restaurants and other commercial sites are located) and Mall-type shopping centers are suspended, with the exception of grocery stores, hospitals, pharmacies, drugstores, opticians, pet stores, banks, insurers, payment service providers, telecommunications operators' offices and other communications service providers therein;
- The group tourist trips (excursions) with organized transport in the country and abroad and group visits to tourist sites are suspended in the country;
- All individuals and legal entities that own or manage commercial, administrative or other sites, create an organization to control the number of customers in the site, not allowing more than 1 person per 3 square meters;

- In all markets and bazaars, an organization is created for one-way traffic and providing a distance of at least 1.5 m between visitors. Workers and visitors are required to wear a face mask;
- Employers to organize the work process of employees in remote form (teleworking / home work), where possible, allowing the present work of a maximum of 50% of staff.

During the regular COVID19 research and analysis of the CMDR COE, experts from the center noticed that the way in which the Bulgarian health system is reacting to possible new COVID19 cases remains the same, as it would react to any other illness experienced by Bulgarian citizens. The Bulgarian citizens or country's guests who want to be tested for coronavirus, because of various reasons (work, travel, COVID19 symptoms, etc.) have few different options:

- Go to certified laboratory and pay for the test;
- Get a referral for free medical examination from the Regional Health Inspectorates (RHI) (given that certain conditions are met);
- As of today, the Bulgarian citizens also can get a referral for free medical examination from their personal General Practitioner (GP) (if the doctor believes that they may be infected, given the patient's symptoms).

CMDR COE is offering the following recommendation to be considered by the respective decision makers:

If somebody is experiencing medical conditions, which can lead to the conclusion that one is infected with coronavirus (based on the well-known COVID19 symptoms, GP's advice can be sought via phone) he/she should be handled in a similar way as the patients requiring emergency healthcare assistance. Namely, the patient should stay at home (not exposing others, his GP included, to risk), should call 112, explain his symptoms and wait for a specialized, adequately equipped and trained team of experienced medics to arrive and check his condition and do the COVID19 test (as necessary) on the spot. If additional medical tests, that require hospitalization, are necessary, the patient still can be safely transported to a suitable healthcare facility without endangering the health of the other unaware and improperly protected people. In this way, the unnecessary personal contacts will be avoided or at least reduced and the RHIs will have better visibility on the spread of the pandemic.