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Annex 1 China

Weekly update: 13 – 22 April¹

1. Overall strategy

CONTAINMENT AND GRADUAL RETURN TO ECONOMIC ACTIVITIES – suppression of virus transmission rate and state support for businesses.

Critical point: preparedness and capacity and capability-building before the occurrence of a crisis. Swift (centralized) decision-making leveraging a strong national public health systems and a highly developed technology sector.

2. Trend

Safeguarding lives and safeguarding livelihoods – targeted and precise measures according to the specific risk level (i.e. risk assessment²) of the epidemic situation and local specifics³ – phased and cautious initiation of stabilisation and recovery with a focus on (virus) *carriers* from abroad and *asymptomatic* cases as possibly rebounding to an outbreak. Targeted containment and detecting and reinforcing areas of weakness to prevent any resurgence of infection; minimising the risk of hospital-acquired infection; improving and decreasing the cost for testing (both nucleic acid and antibody) for COVID-19 (easier-to-operate, more efficient testing equipment with greater accuracy) and expand their usage to enable more targeted containment efforts and the reopening of businesses (Ministry of Foreign Affairs, China , 2020). Targeted testing of asymptomatic cases and gradual loosening internal measures, coupled by an increase in testing capacity to ensure people can safely return to their daily routines (businesses). Keeping tight travels restrictions to and out of the country to prevent a rebound. Utilisation of modern technology and focus on research and development (vaccine and treatment).

¹ Prepared by Gergana VAKLINOVA. Based on publicly available information from online news outlets and official country sources. The current is to be regarded as part of a series of related reports on PR China response to and measures for tackling the spread of COVID-19, produced by the same author, namely: COVID-19 – The Case for China and recommendations for the Republic of Bulgaria (18 Mar 2020).

² China to adjust and optimize the criteria for determining epidemic risk levels to more accurately reflect risk exposure at the local level and better adapt to the need of regularized containment (Ministry of Foreign Affairs, China , 2020).

³ Different parts (regions) of China have experienced differently the epidemic and have been at different stages at the same time. Therefore, measures have been designed to respond to these difference: slow-down measures (testing, tracing, social distancing and patient hospitalization) were adopted in regions at early stages; shut-down measures (testing, tracing, stay-at-home order for healthy people and closing recreational sites) were adopted in regions at the progressive stage; and lockdown measures were adopted in Wuhan and other cities in Hubei to break the transmission chain (What makes a difference on COVID-19 death rate? Lessons beyond math, 2020).

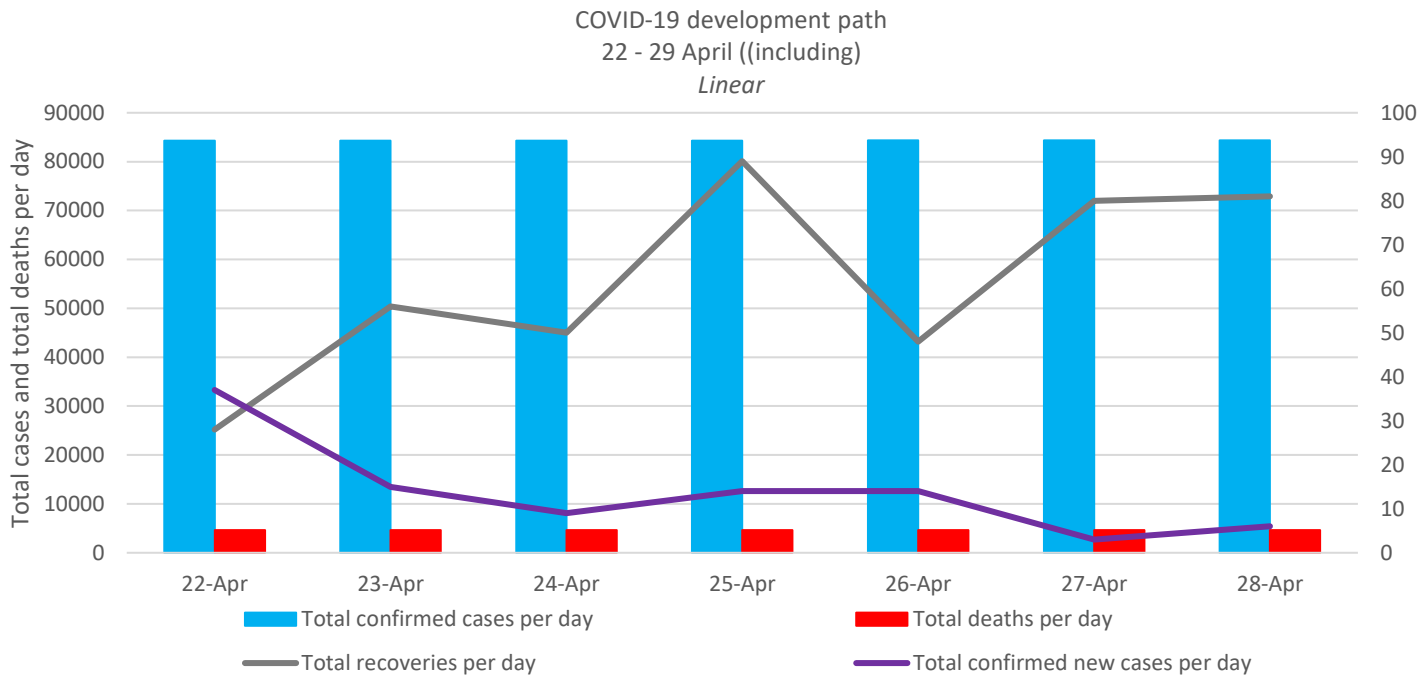


Figure 1: COVID-19 development as of last Weekly Update.

The last 12 patients were discharged from hospitals on 26 April in Wuhan bringing the existing number of COVID-19 cases in the province to zero (China's Hubei cleared of confirmed COVID-19 cases, 2020).

Since the update in deaths, which occurred on 18 April, until 29 April (including) one new death case was reported pointing to the steady COVID-19 transmission containment trend in China.

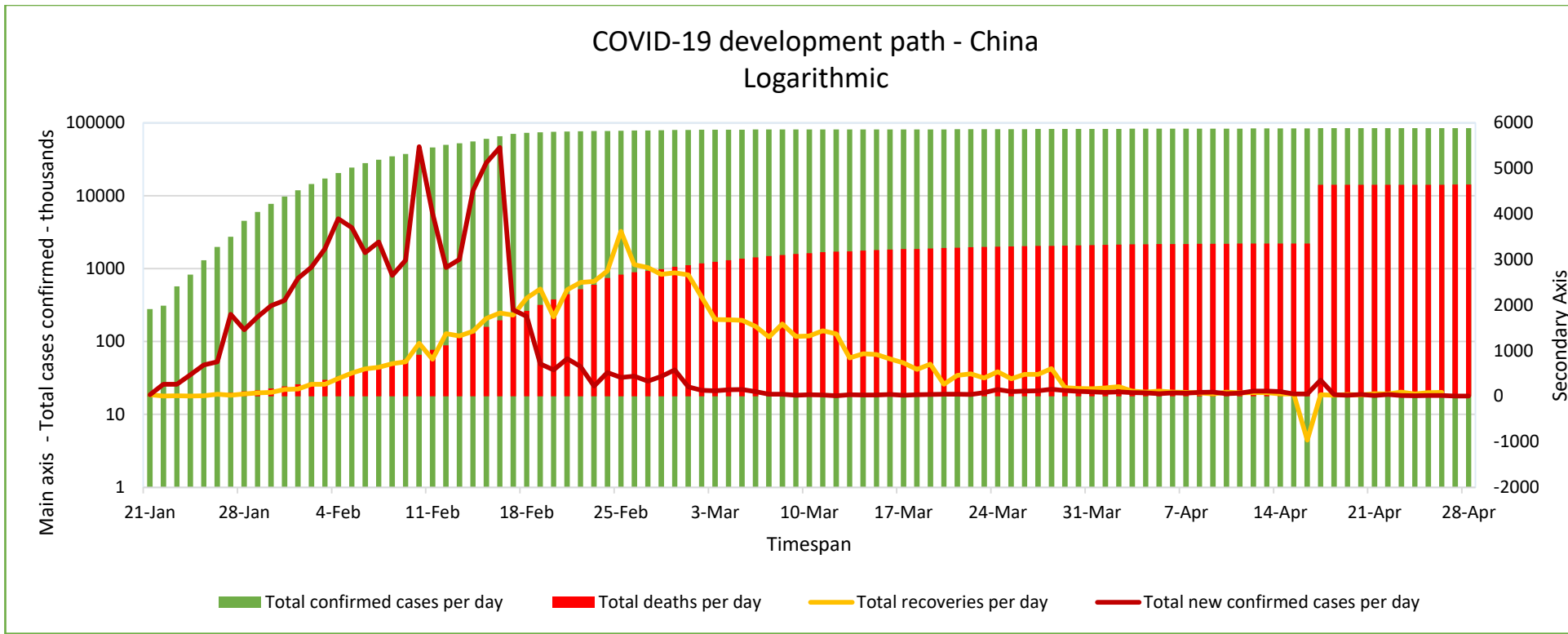


Figure 2: Covid-19 development as of onset of the disease.

COVID-19 outbreaks in Beijing have been contained. No new confirmed cases have been reported in the city over the past 12 days (Hospital that treated virus cases to close, 2020).

Economy – highly resilient - business operations now approaching or reaching normal levels and the pandemic spawning new sectors, business models and bolstering the growth of other sectors (Wei, 2020). Main efforts are exerted at boosting full-capacity production, steadily resuming consumer services and reopening schools, enabled by effective containment measures (Ministry of Foreign Affairs, China , 2020). All major enterprises have resumed work and production in the pilot free trade zone in Central China's Hubei province (Latest developments in epidemic control on April 29, 2020). A focus on supply-side structural reform and high-quality growth powered by reform and opening-up. Specific measures aim at raising the budget deficit ratio, issue special sovereign bonds and increase the scale of local government bonds. Prudent monetary policy, which to ensure adequate liquidity with the use of tools such as relending and cuts in reserve requirement ratios and interest rates (Wei, 2020).

3. Socio-economic impact of COVID-19

Restrictive measures commensurate with China’s strategy of curbing the spread of the virus through containment have led significant economic slowdown: 1. Drop in domestic demand and hence, supply (decrease in volume of production) and 2. Drop in foreign demand (decrease in export – largest trade partners not buying themselves fighting COVID-19). China’s lines of effort are focused on creating synergies and international, mostly regional, cooperation and support – China providing equipment.

4. Measures

Special attention on ever strengthening cross-sectoral information sharing and regular discussion and assessment of the epidemic trends with clear terms of reference for stakeholder involved in the coordination.⁴ Measures applied in clusters, here-below an update on measures which have reportedly enabled the realisation of China’s strategy for tackling COVID-19:

a. Physical distancing

- i. High schools in Wuhan are preparing to open for final-year students back to classes on May 6. Epidemic control and prevention drills are scheduled to test the entering to leaving the school. Classes are divided to form smaller groups of students. Teachers and staff undergo nucleic acid tests, and the students have to go through a 14-day observation before coming back to school. Once at the school premises, each student will be provided two masks daily. Students will eat their lunch in classrooms with staff delivering food. A 1.5-meter distance must be observed (SHUO, 2020). Nearly 50,000 senior students of high schools in Beijing have also returned to schools (Latest developments in epidemic control on April 28 (1), 2020).
- ii. Phased plans have been elaborated on the basis of risk levels to resume normal medical services in different areas. Online consultations and appointments have been promoted to lower the infection risk also limiting long-distance travels (China to speed up resuming normal medical services in low-risk regions, 2020).

⁴ Source: Protocol for Prevention and Control of COVID-19 (Ed..6), China CDC

b. Treatment.

- i. Convalescent plasma transfusion, stem cell therapy, and monoclonal antibodies are being tested as potential treatments COVID-19. Around 600 to 700 patients have received plasma transfusions and seen their symptoms improve (China Daily , 2020).
- ii. Stem cells have been used to repair a patient's tissues and ease inflammation in over 200 patients (China Daily , 2020).
- iii. China's approach to treatment (NHC, 2020):
 - i. Integration of preclinical medicine and clinical medicine. Pathological examinations to locate the elements of the body most affected by the virus to determine the direction of treatment.
 - ii. Integration of frontline medical resources and telemedicine. To mobilize medical forces across the country, tele-consultations held by both frontline medical staff in critical care medicine, respiratory and circulatory medicine and local experts from various disciplines including hematogenic immunity medicine.
 - iii. Integration of medical treatment and nursing, critical to seriously ill patients. Holistic professional physical and psychological care provided to enhance effectiveness of treatment.
 - iv. Integration of medical care and management. A complete set of standard process and evaluation systems established to guarantee homogeneous treatment at the national level.

c. Vaccine.

Three vaccines - one adenovirus vector and two inactivated - have entered phase two of clinical trials in China, however, more research is needed to evaluate their safety and efficacy (Three vaccines enter 2nd phase of trials in China, 2020).

d. Travel.

- i. Travel restrictions to and through the country remain strict. A 14-day mandatory quarantine of arrivals who are from or have been to the Chinese mainland, Macao and Taiwan in the past two weeks has been extended until June 7 (originally 7 May). The extended arrangement will not apply to cross-boundary students and their accompanied carers; to people involved in manufacturing operations, business activities, or professional services, whose traveling is considered to be in Hong Kong's interests or beneficial to its economic development; to persons such as drivers of cross-boundary goods delivery vehicles, crew members of arriving passenger and cargo planes, and crew members of cargo ships and fishing boats.

The detailed application procedures to seek exemption are still under discussion (Zhang, 2020).

- ii. The National Immigration Administration (NIA) has established information sharing mechanisms and held more than 200 bilateral talks and meetings via video link and other channels with neighbouring countries to build stronger synergy in the fight against COVID-19 and ramp up border inspection at points of exit and entry. NIA has set up a coordinated mechanism for fast-track verification and repatriation of illegal crossers (Ministry of Foreign Affairs⁵). Focus on facilitating customs clearance for items for foreign assistance or export.

e. Science and Technology

- i. Chinese scientists have conducted an aerodynamic analysis of the COVID-19-laden aerosols, confirming the virus may have the potential to be transmitted via aerosols. This study, led by Wuhan University investigated the aerodynamic nature of COVID-19 by measuring viral RNA in aerosols in different areas in Wuhan during the COVID-19 outbreak in February and March. The team also found the virus-laden aerosols descended to the ground or human clothes before carried away by humans and re-suspended to the air. Study results have indicated that room ventilation, open spaces, sanitization of protective apparel, and proper use and disinfection of toilet areas can effectively limit the concentration of COVID-19 in aerosols (China Daily , 2020).

f. Legal changes

- i. A number of bills related to public health will be reviewed to improve the prevention and control systems for new and emergent major infectious diseases. A draft biosecurity law, a draft revision to the law on animal epidemic prevention⁶ and a draft revision to the law on the prevention and control of environmental pollution by solid waste will be deliberated (Lawmakers to review several public health bills, 2020).

g. Economy.

Tax reduction policies are in place for medical personnel, medical material suppliers and donors during the COVID-19 pandemic. Exemptions from value-added tax include the transporting of key materials for pandemic prevention and control, and the provision of essential daily supplies and express delivery services during the outbreak. Additionally, cash and articles donated by enterprises and individuals during the outbreak can be deducted in the calculation of taxable income. Newly-purchased equipment for the purpose of expanding the production capacity of key medical material-producing enterprises can be counted one-time in the current expenses and included in pre-tax deductible items. The import of materials directly used for the prevention

⁵ Available at : https://www.fmprc.gov.cn/mfa_eng/topics_665678/kjgzbdffyq/t1774311.shtml

⁶ To strengthen accountability in animal epidemic prevention by clarifying the responsibilities of businesses, regulators and local governments.

and control of the disease organized by health authorities should be exempted from customs duties. The maximum carryover period was extended from 5 years to 8 years for enterprises greatly affected by the pandemic and that suffered losses this year and the monthly basic endowment, unemployment, and work-related injury insurance that enterprises should pay can be exempted for 5 months (the para is based on (Yi & Kun, 2020)).

h. Social.

- i. As of 1 June, not wearing masks when sick or not covering mouth and nose when coughing or sneezing in public spaces, eating on the subway or spitting will be treated as *uncivilized* and will be a subject to penalties under a new regulation passed on 24 April (Wen, 2020). In addition, stricter bans on the illegal consumption or trade of wild animals and their products were introduced in the regulation.
- ii. Each city and prefecture in Central China's Hubei province will open at least one psychological counselling hotline to help the public cope with post-epidemic trauma. The focus of psychological assistance to be shifted from designated hospitals, makeshift hospitals, and quarantine sites to normal residents, particularly patients discharged from hospital after recovery and their families (Hubei expands psychological counseling services as epidemic subdues, 2020)
- iii. A survey on public awareness of immunization released on April 25 showed that merely 22 percent of Chinese people polled knew that women need to take vaccines⁷ and therefore, Chinese medical experts called on adults, particularly women as well as middle-aged and senior people, to get themselves immunized against vaccine-preventable diseases.

5. Conclusions

China's case study reveals that containing an epidemic is highly contingent upon the implementation of epidemic control measures by the central government, local governments and people (China Daily Global , 2020). Key factors in this regard are the mobilisation of national resources and people's cooperation, hence – the strength of collective targeted efforts.

In terms of COVID-19 spread, scientists remark that the number of COVID-19 cases is not likely to drop significantly in the summer worldwide and new outbreaks are possible in the autumn (Expert: Summer unlikely to see drop in COVID-19 cases, 2020). Therefore, stronger and unified global efforts would be key in future suppression of the transmission.

China's experience with 2003 SARS epidemic allows conclusions about significant difference between the two virus, for instance, people infected by SARS develop high fever whereas COVID-19 cases may be asymptomatic or only exhibit very mild symptoms, meaning that a large group of people could go undiagnosed. Such developments do not allow categorical

⁷ The issue here is not so much awareness, however, but rather other underlying social structures which assign particular roles, and thereafter value and expectations and routines, for women which could result in a lack of access to education, especially in rural areas, and hence – lack of awareness for prevention.

conclusions about the full containment (elimination) of COVID-19, particularly minding the lack of a vaccine for mass use, meaning that the virus would coexist with humans for a long period of time. The latter requires preparedness and prevention at levels commensurate with local specificities and global demands..

Annex 2 Taiwan

Weekly update: 23– 29 April⁸

1. Overall strategy

CONTAINMENT AND GRADUAL RETURN TO ECONOMIC ACTIVITIES – suppression of COVID-19 transmission rate and state support for businesses leveraging on resilient systems (i.e. healthcare) and society. Focus on coordination and interagency cooperation – communication. Leveraging a strong national public health systems and a highly developed technology sector. Less strict measure of physical distancing as compared to China of a recommended character, including for mass gatherings. Stable fiscal position. Sustaining a high degree of trust in governmental institutions through, for instance, transparent and timely risk communication.

2. Trend

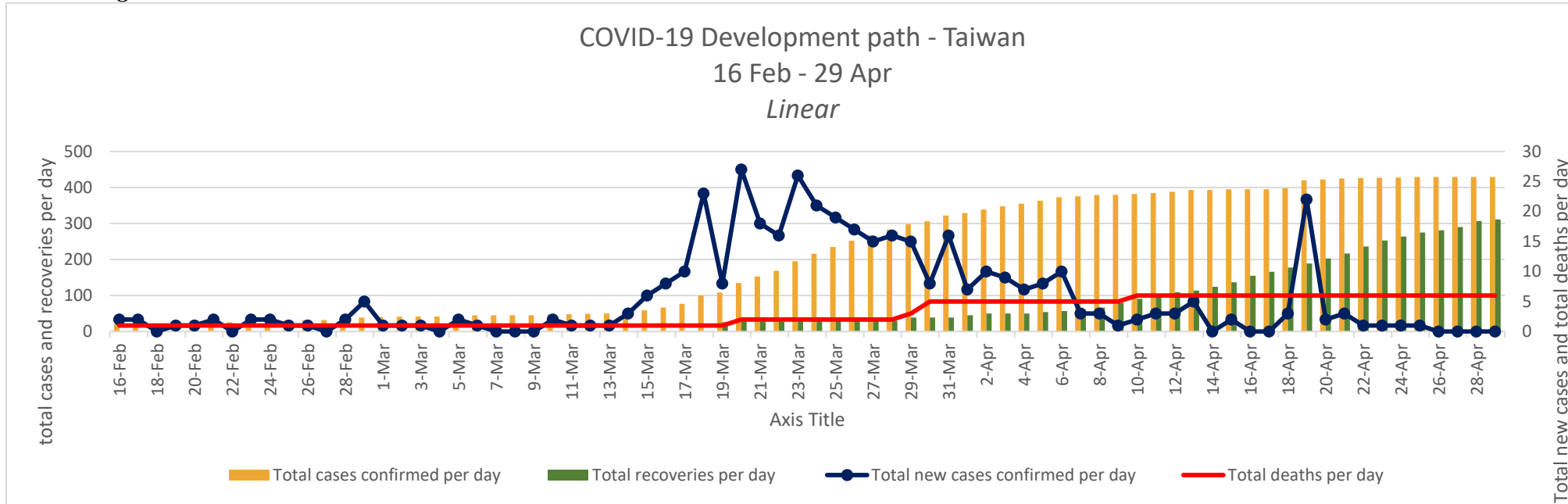
Stabilisation and recovery – two imperative: safeguarding lives and safeguarding livelihoods – targeted and precise measures according to the specific risk level (i.e. risk assessment) of the epidemic situation – phased and cautious initiation of stabilisation and recovery – focus on (virus) *carriers* from abroad and *asymptomatic* cases as possibly rebounding to an outbreak, therefore – travel restrictions and border controls (medical checks). Focus on targeted (cluster) testing and testing of asymptomatic cases. A tendency for stricter distancing measures and bans on mass gatherings. Figure 1 and 2 below trace COVID -19 development path as of outbreak monitoring (16 February) until the current weekly update – 29 April 2020. It is evident that Taiwan is moving with a steady pace on the virus’ curve – 5 consecutive days with no new confirmed cases, keeping a total of 429; 6 deaths and a continuously increasing number of recoveries; 15th consecutive day with no local transmissions of the disease reported (Taiwan CDC cited in Yen, 2020). A case of special attention is the cluster from a three-ship Navy flotilla, which is still being investigated to determine whether these are local or imported infections. As of 27 April, 1,916 people have been listed as having been in contact with the 31 confirmed cases in the Navy cluster, and 585 of them are in home isolation (Taiwan CDC cited in Yen, 2020).

These results are exemplary given the country’s population (approx. 24 millions) and geographical proximity to, and economic and social relations with the epicentre of the disease.

⁸ Prepared by Gergana VAKLINOVA. Based on publicly available information from online news outlets and official country sources. The current is to be regarded as part of a series of related reports on RC Taiwan response to and measures for tackling the spread of COVID-19, produced by the same author.

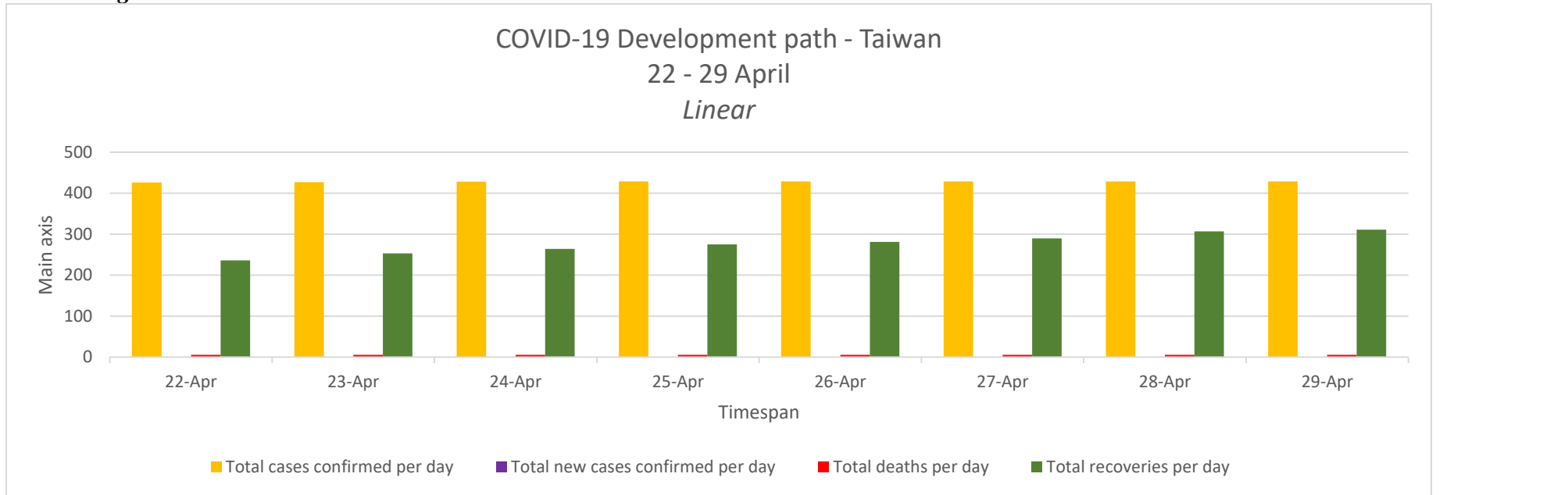
Figure

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Figure

3



3. Socio-economic impact of COVID-19

Restrictive measures gradually tightening: phase one: less restrictive measure focus on case detection, contact tracing and quarantine – reliance on public understanding of the situation. Phase two – risk of rebounding after containment of transmission rate achieved – more restrictive measures – including ban on public gatherings. Slowdown in economy and production, less than in the case of China and potentially due to the less restrictive (and gradually tightening) measures for distancing, the stable fiscal position of the country and its well-developed tech sector.

4. Measures

Measures applied in clusters, here-below some examples of measures which have reportedly enabled the realisation of Taiwan's strategy for tackling COVID-19:

a. Travel.

The suspension of flights between Taiwan and most of China, initially implemented from February Feb. 10 to April 29, will be extended to an indefinite date, depending on how the pandemic situation develops (Taiwan CDC in (Kao, 2020)).

Currently, Taiwan allows cross-strait flights to and from only five destinations in China - Beijing; Pudong and Hongqiao in Shanghai; Xiamen in Fujian; and Chengdu in Sichuan.

b. Testing.

A research team has developed a key reagent for a pioneering rapid screening test for the COVID-19 disease which will be able to provide test results in 15 minutes. The team synthesized monoclonal antibodies that can identify the protein of SARS-CoV-2, the virus that causes COVID-19. Trial production of the testing kits has already been initiated, however, the new product requires certification and approval from the Taiwanese Food and Drug Administration before reaching the market (Hsin-yun & Kao, 2020). Academia Sinica, the home institution of the research team, has announced plans to set up an infectious disease research facility under its Biomedical Translation Research Centre. The latter will focus on the development of rapid testing kits and the research and development of therapeutic antibodies, antiviral drugs and vaccines, and the education of biotechnology professionals for infectious disease prevention and control (the whole para based on (Hsin-yun & Kao, 2020)).

c. Economy.

- i. Government special funds supporting the recovery of local businesses (i.e. manufacturers and small businesses) and other entities and providing relief to self-employed workers (subsidized loans to workers and supplement the living expenses of the self-employed and those who do not have fixed employment); health response and recovery efforts amid the COVID-19 pandemic; community colleges and other educational institutions to help with their operating costs (Chuan, Cheng-chung, & Lin, 2020).

d. Technology.

The ministry of foreign affairs (MOFA) announced the availability of a webpage specifically dedicated to COVID-19 on its official website. The page provides information on Taiwan's response and approach to COVID-19. It is accessible (in English) here: <https://www.mofa.gov.tw/en/theme.aspx?n=B13D460AE0B33449&s=9C13959F19F93B2F&sm s=BCDE19B435833080>

5. Conclusions

Taiwan is exhibiting a steady path towards full (local) suppression of COVID-19 and is therefore, directing targeted and tailored efforts towards minimising the risk of *imported* cases and identifying and tracing asymptomatic cases. It should be noted that this success has been achieved with relatively less strict measure, if compared to China, or Bulgaria for that matter.

A major favourable condition in Taiwan has been what is referred as a "collective social behaviour" – a behaviour demonstrating respect for and confidence in epidemic measures, and respective control protocols, which have turned into a well-exercised routine in the context of COVID-19.

Annex 3 Japan

According to Ministry of Health, Labor and Welfare statistics, 11,772 Japanese had been infected with the COVID-19 coronavirus as of April 29, with 287 total deaths. These numbers have been rising somewhat more rapidly in recent weeks, but despite Japan recording its first case more than three months ago, in mid-January, the number of both confirmed cases and fatalities remain significantly lower than many of its peer countries.

Overseas media and specialists alike have struggled to explain the pandemic in Japan. There has even been conspiracy talk, with allegations that numbers in Japan were deliberately being kept low to keep the Tokyo Olympic Games on schedule. Indeed, the number of PCR tests has been very small, at fewer than 10,000 a day even now. The government has said its goal is to double the number of tests, albeit to a number that would still be comparatively low. Yet while it is almost certainly the case that many infected persons have not been tested, masking the number of deaths would be an altogether more difficult task.

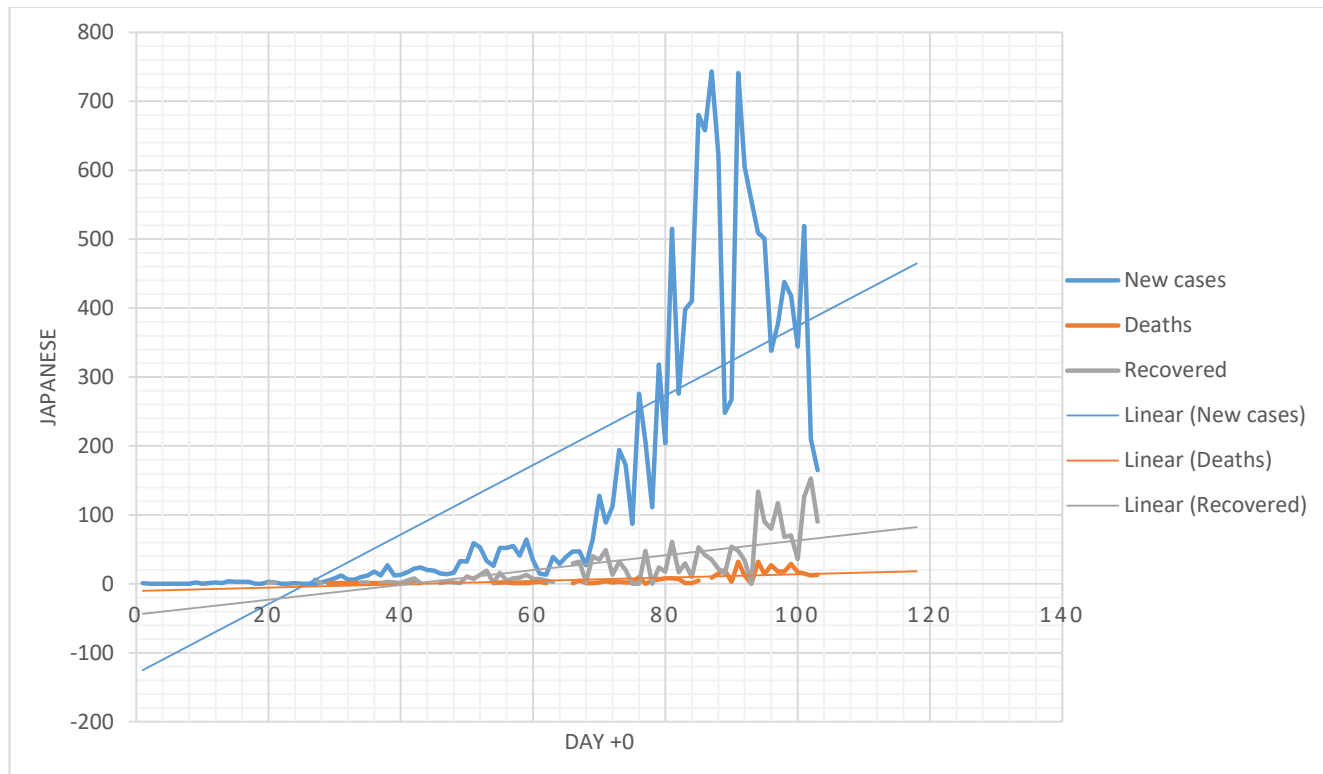
And it is this relatively low number of deaths that can be considered evidence that the “Japan model” of combating COVID-19 has been successful, at least to this point.

So what is the Japan model? First, it is a cluster-based approach, derived from a hypothesis obtained from an epidemiological study based on Chinese data and conducted on the Diamond Princess cruise ship that entered the port of Yokohama on February 3, 2020. This hypothesis accounts for the many passengers who were not infected with the coronavirus despite having had close contact with infected persons. It posits that the explosive increase in infected persons is a result of the high transmissibility of certain infected individuals, which forms a cluster. Infected individuals with even higher transmissibility appear from these clusters to form more clusters and infect many others. Based on this hypothesis, under the cluster-based approach, each cluster is tracked to the original infection source and persons with high transmissibility are isolated to prevent the spread of infection. For this reason, pinpoint testing is carried out and broad testing of the population is not required, in contrast to the approaches taken in other countries.

This cluster-based approach is conditioned on an environment in which there are only a few infected persons and clusters are detectable at an early stage. In February 2020, when the spread of infection was observed in Hokkaido, a cluster-based approach was adopted. As a result, Hokkaido was successfully able to contain its outbreak.

For the cluster-based approach to be effective, protective measures at airports and ports are important. Hokkaido has the advantage of being an island, making it comparatively easy to control the inflow of infected people. Behavioral changes are also required. On February 28, 2020, acting without legal basis, Hokkaido Governor Naomichi Suzuki declared a state of emergency and called on residents to refrain from going outside. Residents took the call seriously, and are responsible for the success of the cluster-based approach. Following its success in Hokkaido, the cluster-based approach was adopted nationally. On February 25, 2020, a Cluster Response Team was established in the Ministry of Health, Labor and Welfare.

<https://thediplomat.com/2020/04/covid-19-strategy-the-japan-model/>



The country has 13,736 registered patients, of which 1899 are cured, 394 died and 11,443 active cases

Border enforcement measures to prevent the spread of novel coronavirus

For the time being, foreign nationals categorized below are denied permission to enter Japan as ones who fall under the Article 5, paragraph (1), item (xiv) of Immigration Control and Refugee Recognition Act, unless exceptional circumstances are found.

The following 14 countries have newly been added to (1) below based on the decision made on April 27. Foreigners who have stayed in these countries within 14 days prior to the application for landing will be denied landing into Japan. The measure is effective from 00:00am (JST) on April 29.

United Arab Emirates, Antigua and Barbuda, Ukraine, Oman, Qatar, Kuwait, Saudi Arabia, Djibouti, Saint Christopher and Nevis, Dominican Republic, Barbados, Belarus, Peru, Russia

https://www.mofa.go.jp/ca/fna/page4e_001053.html

Annex 4 South Korea

I. Korean Centers for Disease Control and Prevention (KCDC) have made researches and recommendations:

1. Conducted analysis of 25 recovered COVID-19 patients (neutralizing antibodies were found in them) to find out if COVID-19 virus can be detected even after patient recovery and antibody production. In 12 (48%) patients, their respiratory samples tested positive for COVID-19 from PCR testing.

Based on this finding, at the moment, KCDC presumes that in some patients the viruses are not completely removed and some still remains in patient's body even after neutralizing antibodies are produced.

Retested-positive cases are **263 in total**. People in their twenties should be more precautious about infection considering that they show the highest number (27.4%, n = 2,940) of confirmed cases and they are actively engaged with social life.

2. Even during COVID-19 outbreak, children and the elderly should receive immunization under safe environment with infection prevention measures in place. It is important to prepare for potential outbreaks of other infectious diseases due to school reopening, and/or increase in international exchange once the COVID-19 outbreak ends.

[Table 5: Distribution of cases that retested positive]

| Age group | Total | (%) |
|-------------|-------|-----------|
| Total | 263 | (100.0) |
| 80 or above | 22 | (8.4) |
| 70-79 | 14 | (5.3) |
| 60-69 | 30 | (11.4) |
| 50-59 | 42 | (16.0) |
| 40-49 | 35 | (13.3) |
| 30-39 | 37 | (14.1) |
| 20-29 | 63 | (24.0) |
| 10-19 | 13 | (4.9) |
| 0-9 | 7 | (2.7) |

II. Korean Central Disaster and Safety Countermeasure Headquarters (KCDSC HQ) announced follow-up measures of social distancing by sectors, measures to resume:

- the operation of public outdoor sports facilities,
- the operation of outdoor facilities such as national parks,
- the operation of outdoor facilities such as recreational forests.

III. The government will unveil the draft of basic guideline on social distancing in everyday life for communities and individuals. Moreover, in order to smoothly implement the follow-up measures of social distancing, the government will establish a system for “social distancing in daily life” drive and push for revision of laws and regulations. This is happening simultaneously with the opening of the churches (25.04.). The survey in-between 1000 citizens shows that **that social distancing is here to stay.**⁹

IV. The government discuss and prepare plan for reaction in case of second wave of COVID-19. The prognosis admits that in autumn or winter the same situation will be observed.

V. On 24th of April the first meeting of 'Inter-governmental support task force for

⁹ <https://qz.com/1844946/south-korea-keeps-social-distancing-post-covid-19-containment/>

development of COVID-19 treatment and vaccine' was held. It will strengthen the continuous cooperation system between governments, industry, academia, research institutes, and hospitals.

VI. Up to 28.04. the COVID-19 situation in South Korea is as follows:

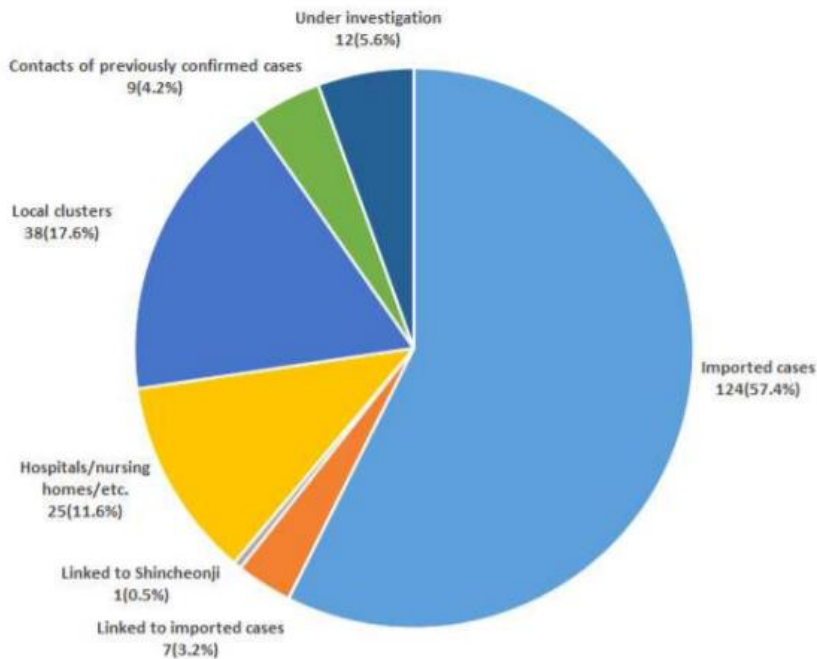
1. COVID-19 cases: 10752
2. Deaths: 244
3. Recovered: 8854.

The picture of infection development represents 2 important things: The focus of measures for protecting people have to be in elderly people and the effective efforts of the authorities in restriction of COVID-19 is visible – almost 60% of all the cases are imported.

[Table 4: Age distribution of severe cases]

| Age group | Total | Severe (%) | Very severe (%) |
|-------------|-------|--------------|-------------------|
| Total | 42 | 10 (100.0) | 32 (100.0) |
| 80 or above | 7 | 2 (20.0) | 5 (15.6) |
| 70-79 | 18 | 2 (20.0) | 16 (50.0) |
| 60-69 | 12 | 5 (50.0) | 7 (21.9) |
| 50-59 | 3 | 1 (10.0) | 2 (6.3) |
| 40-49 | 2 | 0 (0.0) | 2 (6.3) |
| 30-39 | 0 | 0 (0.0) | 0 (0.0) |
| 20-29 | 0 | 0 (0.0) | 0 (0.0) |
| 10-19 | 0 | 0 (0.0) | 0 (0.0) |
| 0-9 | 0 | 0 (0.0) | 0 (0.0) |

[Figure 2: New cases (for last 2 weeks) by chain of transmission]



Sources:

<http://ncov.mohw.go.kr/en/>

<https://qz.com/1844946/south-korea-keeps-social-distancing-post-covid-19-containment/>

<https://www.worldometers.info/coronavirus/country/south-korea/>

Annex 5 Italy

On **26 April**, the Prime Minister announced a starter plan for the so-called "phase 2" that would start from **4 May**. Movements across regions would still be forbidden, while the ones between municipalities would be allowed only for work and health reasons, as well as for visits to relatives. The plan allowed the re-opening of manufacturing industries and construction sites; however, schools, bars, restaurants and hairdressers would stay closed.

On **April 24** 192,443 companies presented the communication to the prefectures in order to continue working as they are functional to ensure the continuity of the unsuspending business chains or because of strategic importance for the national economy.

On **April 29** after a 2-day discussion, remotely, with all the parties involved in the start and management of **the agricultural season** in Lecce, the prefect of Lecce **Maria Teresa Cucinotta** gave a favorable opinion on the measures identified, also with respect to the emergency from Covid -19.

From the operational point of view, in the municipality of **Nardò**, with the financial support from the Puglia region that has given its availability, a **guesthouse** for migrant seasonal workers will be set up, managed by the same municipality and equipped with health and **triage** system, according to as required by the **health protocol** between the region and the local health authority.

As of **29 April 2020**, Italy is one of the world's centres of active coronavirus cases with 104,657 active cases. The total of confirmed cases is 203,591 with 27,682 deaths, and 71,252 recoveries or dismissals. By 29 April, Italy had conducted about 1,910,800 tests for the virus, and tested about 1,313,500 people. Due to the limited number of tests performed, the real number of infected people in Italy, as in other countries, is estimated to be higher than the official count.

Sources:

https://en.wikipedia.org/wiki/2020_coronavirus_pandemic_in_Italy;

<https://www.interno.gov.it/it/notizie/covid-19-attenti-virus-digitali-non-scaricare-app-o-software>;

Annex 6 Portugal

Portugal has registered a total of 928 deaths associated with covid-19, 25 more than on April 26 (Sunday), and 24,027 infected (163 more), indicates the epidemiological bulletin released today by the Directorate-General for Health (DGS). Comparing with Sunday's data, which recorded 903 deaths, April 27 there was a 2.8% increase in deaths.

Regarding the number of confirmed cases of infection with the new coronavirus (24,027), DGS data show that there are 163 more cases than on Sunday, representing an increase of 0.7%. Of the deaths recorded, 628 were over 80, 184 were between 70 and 79, 80 between 60 and 69, 26 between 50 and 59, and ten between 40 and 49. Of the total number of infected people, the vast majority are recovering at home, totaling 20,747 (plus 120). The data indicate that 995 are hospitalized, 10 less than on Sunday (-1%), and 176 are in Intensive Care Units, minus six, which represents a decrease of 3.3%.

Since January 1, 237,571 suspected cases have been recorded, of which 5,091 are awaiting test results. There are 208,453 cases in which the test results were negative, says DGS, adding that the number of recovered patients increased to 1,357 (there were 1,329).

The President of the Portuguese Republic on 27 April granted 14 pardons to prisoners over 65 and with health problems, under the exceptional regime for easing the execution of sentences, in the context of the pandemic by covid-19. Information on pardons was provided by the Minister of Justice.

The Prime Minister said that the sectors of the economy that will resume activity on May 4 and in the following fortnight will only be defined in the Council of Ministers on April 30 (Thursday). Speaking on April 27, in Paços de Ferreira, in the district of Porto, where he visited a clothing company that is producing about 100,000 masks a day, the head of the Government informed that, before the council of ministers, there will be the usual meeting at INFARMED, where scientists from the Directorate-General for Health will talk about the evolution of the covid-19 pandemic.

Portugal will return to work, but stressed that the rules of hygiene, health and safety rules will have to be "more demanding". "Social distance, more personal protective equipment and a great care in the way it circulates inside the factories is what will become our new normal in the near future", premier said.

Portugal is one of the European countries where international tourism is expected to drop the most this year due to the Coronavirus pandemic. According to a study by Oxford Economics, a 40% drop in the number of visitors is forecast for Portugal, only surpassed by Spain and Italy. According to the study by this British consultant on the impacts of covid-19 on European tourism, Portugal should see seven million fewer international visitors this year, compared to 2019.

Portugal has seen no slowdown in foreign investment despite the coronavirus crisis and has even forged new deals in the last few weeks. Economy Minister Pedro Siza Vieira said that although some foreign investors might drop out in the future due to the crisis, Portugal would

remain an attractive country in the long run, not least because of its relatively subdued coronavirus tally after early counter-measures imposed by the government.

Annex 7 Spain

Spain has reported its lowest daily death toll in more than a month. Its health ministry said earlier that 288 more people had died of the virus, the lowest number since 20 March.

The figure is a steep drop from the 378 deaths recorded on April 25, 2020 (Saturday).

On April 26, (Sunday), children under the age of 14 were allowed to leave their homes for the first time in six weeks. They are now allowed outside for one hour a day. The health ministry said the total number of fatalities now stood at 23,190 and for the first time in a long time, Spain is below 300. Officials believe the epidemic peaked on April 2nd when the daily toll hit 950.

Spain's nearly 47 million people have spent more than six weeks under one of the strictest lockdowns in the world, with only adults authorised to leave home to buy food, medicine or walk the dog. A first move to ease the restrictions went into force on April 26, (Sunday) when the under-14s were allowed out for the first time to go for a walk, a run or a bike ride accompanied by one parent. The new rules let them to go out for up to an hour a day within a one-kilometre radius of their homes. The new lockdown conditions allow Spain's 6.3 million under-14s to leave their homes each day between 09:00 and 21:00. Those over 13 are allowed to carry out errands for their parents, as has been the case throughout the lockdown. However, parents tend to prefer not to send their children out, especially to enclosed places such as supermarkets, where there is more risk of contagion.

Spain has so far counted more than 210,000 cases of COVID-19, the second-highest figure in the world, although the health ministry only logs cases confirmed by tests. Until late last week, the government was also including the numbers of those shown to have developed antibodies against the virus. On April 27, the government began a seroprevalence study involving 60,000 people to collect information on the real number exposed to the virus through analysing blood test data.

Presently all eyes in Spain are on May 9. That is the last day of the extended state of emergency period and according to Prime Minister Pedro Sánchez, it is the date from which the current coronavirus confinement measures in Spain can begin to be relaxed.

A key tool that the Health Ministry had announced for deciding on how these first steps will take shape is a serological survey that would reveal the incidence of the virus in Spain. But the results of that testing will not be ready by May 9: the process started last week (22-25 April), and will last for eight weeks. The tests will be carried out in primary healthcare centers, unless a home visit is essential. The survey will be carried out on 36,000 households that have been chosen by Spain's National Statistics Institute. They are located across Spanish territory and cover all age sectors from the population pyramid in a proportional manner. Around 90,000 people in total will be tested, according to the document.

Each person will be subject to two types of tests three times, with a three-week gap between sampling. There will be a rapid immunochromatographic test, which in 10 minutes detects antibodies after a simple pinprick method. And also, a more complete blood test will be carried out known as Elisa, which offers a full analysis of the quantity of the immune response that has been generated.

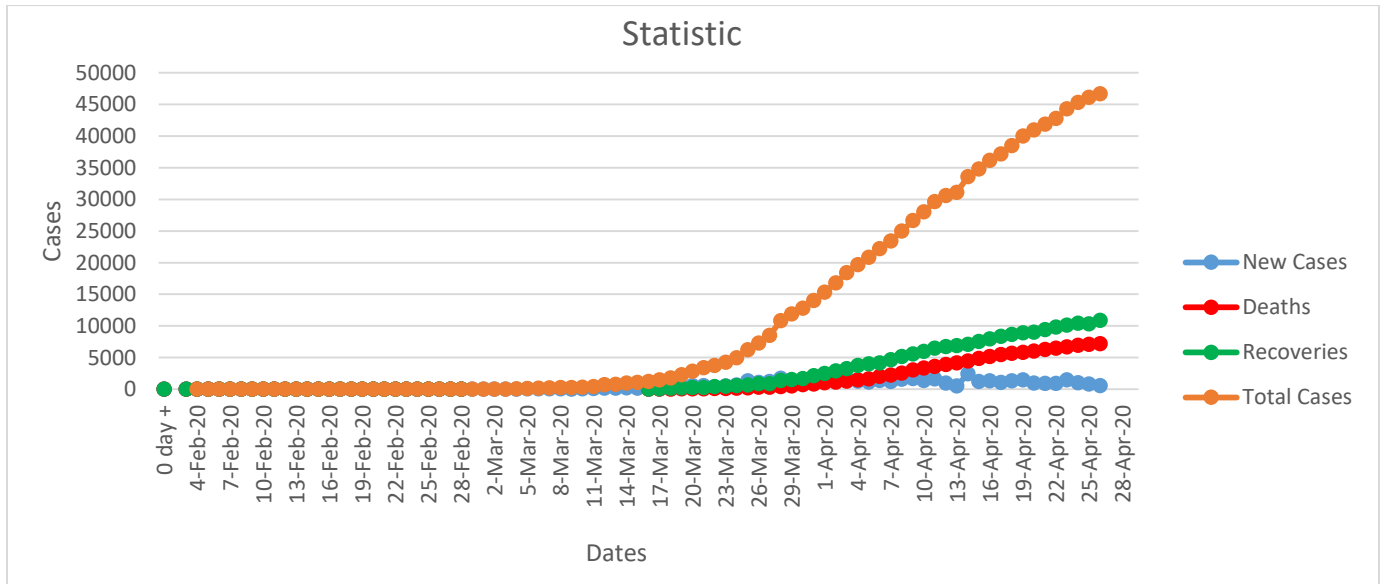
With these two tests, repeated on three occasions, the aim is to have the most complete view of the immunity that has been generated, as well as how it evolves over time and if there are new infections on the way. If the more optimistic targets are met, in the next two weeks a first round of testing will have been completed, meaning that the initial results will arrive after decisions have been taken about the early deescalation steps.

The survey will provide fundamental information about the coronavirus, including how many asymptomatic infections there have been, where and how it has spread, and whether it is still latent without our knowledge.

Annex 8 Belgium

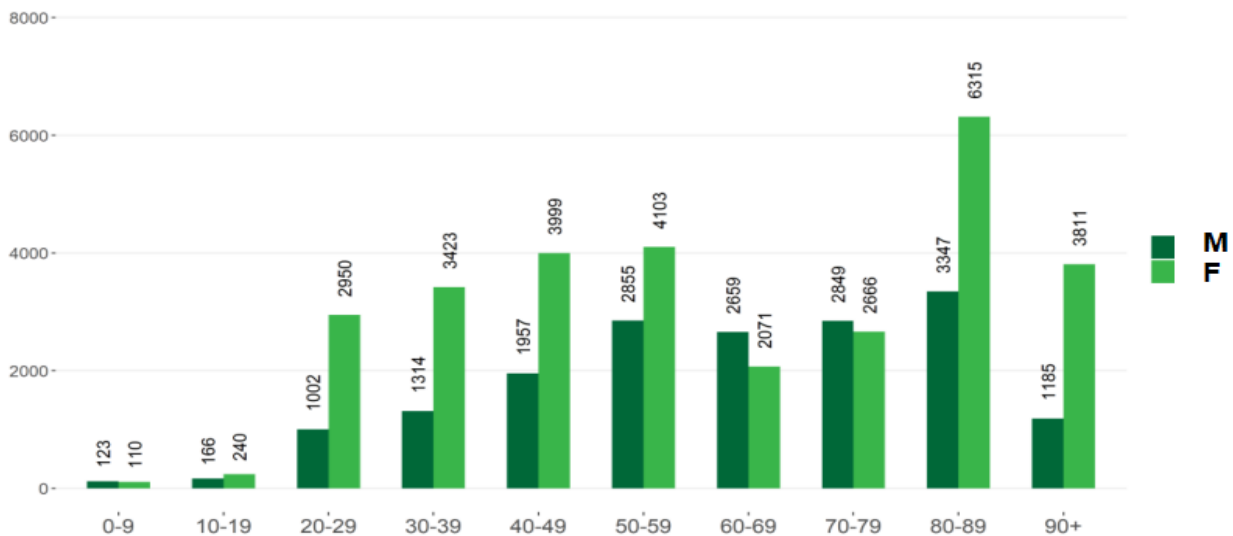
Current trends in Belgium remain stable for the reported period. The strict confinement measures will remain in place until 3 May at the earliest. Following that date, Belgium may start phasing out the measures, if circumstances permit.

Recent data in Belgium only shows a slight decrease in the number of hospitalized patients with Covid-19. The number of people confirmed infected with Covid-19 is decreasing. Up to April 28, a total of 47 334 COVID-19 patients were reported in Belgium (Graphic 1). To date, 10 943 of the patients have been recovered, 7 331 have died and 214 042 have been tested.



Graphic 1

Graphic 2¹ shows age and sex distribution of confirmed cases in Belgium to date 28 April 2020 in accordance with Sciensano Health Institute.



Graphic 2

Sources:

1. <https://www.belgium.be/en/news/2020/coronavirus>
2. <https://www.worldometers.info/coronavirus/>
3. <https://www.euractiv.com/section/coronavirus/news/belgium-extends-covid-19-lockdown-until-3-may-but-relaxes-some-measures/>
4. <https://www.info-coronavirus.be/en/what-is-the-government-doing-about-it/>
5. <https://covid-19.sciensano.be/sites/default/files/Covid19/Derni%20re%20mise%20a%20jour%20de%20la%20situation%20a%20pid%20miologique.pdf>

Annex 9 Germany

As of 28 April, in total, 156,337 COVID-19 cases and 5,913 deaths (fatality rate of 3.9) due to COVID-19 have been reported. 117,400 persons are estimated to have recovered and 2,409 patients are critical/serious Condition. The first confirmed case reported on 28 January 2020 while the first death on 05 March 2020.

Since 15 April the number of people who are recovering is higher than the number of the infected ones. Furthermore, Infection and hospitalization numbers in Germany have diminished significantly.

As of 28 April, each disease carrier infects less than one other person—the person- to-person rate is slightly under 1 (0,9) according to Robert Koch Institute

The German strategy Its strategy is to return to normality step by step. The main effort is to continue testing hundreds of thousands of people for covid-19 per week.

Chancellor Angela Merkel warned that Germans must be disciplined, adding that Germany remains “on thin ice”. Germany had achieved fragile intermediate success slowing the spread of the virus.

Starting as of 27 April.2020, all federal states implemented regulations to wear (non-medical) face masks, mostly partly earlier). With exception of the federal state of Berlin, this is applied to public transport and at retail in all states; in Berlin the regulation applies to public transport, and there is a recommendation for retail (but no mandatory regulation

German authorities intensify their efforts in order to cope with a possible second wave of covid-19 infection as the country gradually comes out of limitations.

The country having a widespread testing system and a huge capacity in treating patients spares no efforts in increasing the number of intensive care beds

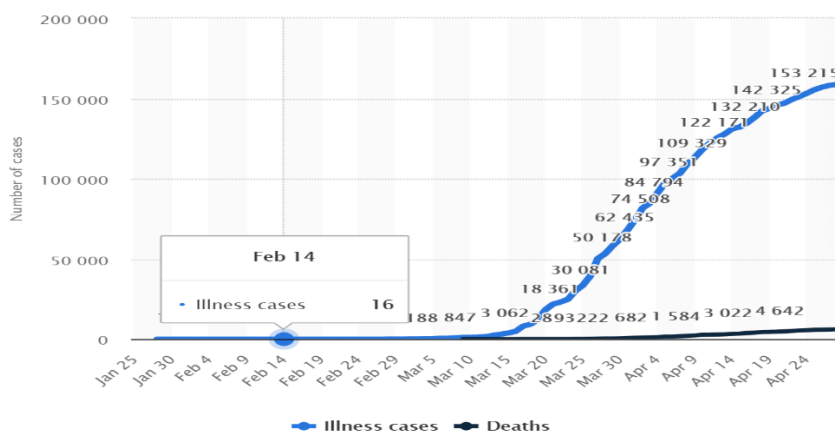


Figure: COVID-19 illness cases and deaths in Germany since January 2020

Sources:

- <https://covid19.healthdata.org/germany>

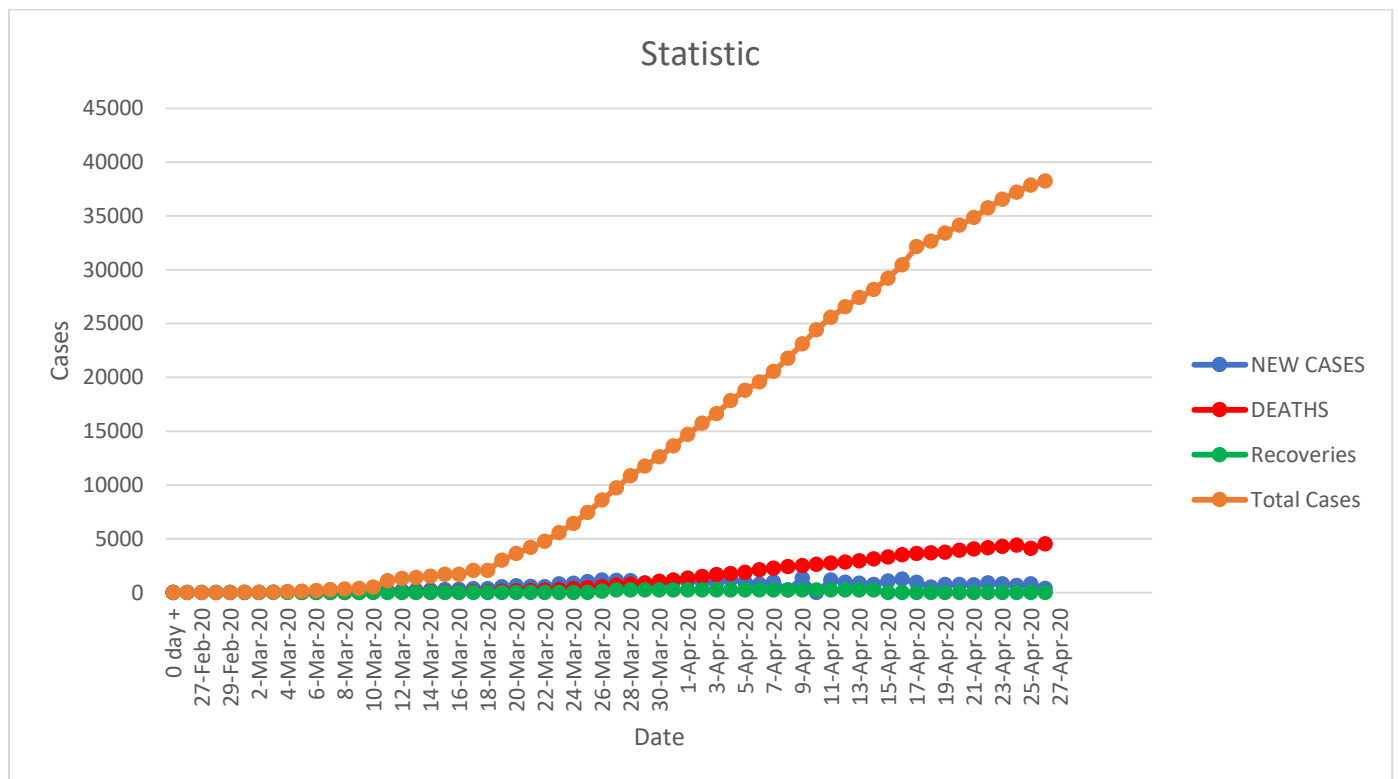
- https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/2020-04-28-en.pdf?__blob=publicationFile
- <http://www.rfi.fr/en/europe/20200424-germany-prepares-for-covid-19-second-wave-as-lockdown-begins-to-ease-coronavirus-merkel>
- <https://www.theguardian.com/world/2020/apr/15/angela-merkel-announces-plans-reopen-schools-shops-germany-coronavirus-lockdown>
- <https://www.statista.com/statistics/1105216/coronavirus-covid-19-illness-and-death-cases-germany/>
- <https://www.statista.com/statistics/1100823/coronavirus-cases-development-germany>

Annex 10 The Netherlands

The Netherlands' approach is essentially to control the virus as much as possible in order to protect vulnerable groups. The government has decided to extend most existing measures until 19 May 2020 inclusive.

Dutch government is monitoring situation with Covid-19 closely and will be flexible if that is what the circumstances require, the prime minister announced.

Excess mortality in nursing- and care homes decreased for the first time in several weeks. In recent weeks, mortality among men has been higher than among women. From week 14 onwards, however, the differences became smaller.



Graphic 1

Up to and including April 28, a total of 38 245 COVID-19 patients were reported by National Institute for Public Health and the Environment (RIVM) in the Netherlands (Graphic 1). The DUTCH GOVERNMENT IS NOT REPORTING ON COVID-19 RECOVERY CASES EXPLAINING THAT GETTING RECOVERED FROM THE VIRUS IS A LONG AND HARD PERIOD NOT ALWAYS EASY TO TRACK. To date, 4 518 have died. RIVM monitors the distribution of COVID-19 in the Netherlands. The number of new reports of hospitalized

patients per day still shows a declining trend. The same applies to the number of reported deceased patients.

Sources:

<https://www.government.nl/topics/coronavirus-covid-19/tackling-new-coronavirus-in-the-netherlands/faqs-about-approach-to-tackling-coronavirus/changes-to-measures-after-28-april>

<https://www.rivm.nl/en/news>

<https://www.rivm.nl/en/news/excess-mortality-decreasing-now-also-in-nursing-and-care-homes>

Annex 11 France

23 APRIL

Total Cases – 158,183
New Cases – 2,239
Active Cases – 94,239
Total Deaths – 21,856
New Deaths – 516
Total Recoveries – 42,088
New Recoveries – 1,431

28 APRIL

Total Cases – 165,911
New Cases – 2,638
Active Cases – 95,365
Total Deaths – 23,660
New Deaths – 367
Total Recoveries – 46,886
New Recoveries – 1,373

COVID-19 cases and the effect of the measures for the period

On 23 April the French Government again corrected the case numbers for the country after a quality and verification process of data from EMS and EPHAD. This is the third time that there has been made corrections and adjustments of the COVID-19 statistics in France.¹⁰

The country is being very optimistic about the way the pandemic evolves during the recent week. On 26 April France reported a big fall in its coronavirus death toll, with 242 deaths in 24 hours, a drop of more than a third on the previous day. The deaths in hospitals - 152 - was the lowest daily toll in five weeks, they said, while 90 people died in nursing and care homes. The numbers of people leaving intensive care units (ICUs) has also outpaced the numbers of those entering those units.¹¹

Meanwhile, analysts from the French School of Public Health (EHESP) made a study regarding the effect of the lockdown measures since 17 March. They concluded that because of the undertaken by the government measures 60,000 deaths in France were prevented. Without these measures, more than 100,000 ICU (intensive care unit) beds would have been needed by 20 April. And the capacity of French hospitals, which was doubled in preparation for the arrival of the epidemic, is only 10,000 beds.¹² More than 7,500 people are now being treated in the intensive care units across France - which is 50 percent more than the country's total capacity before the epidemic struck.¹³

The world has not yet provided a vaccine for the virus and though that many experts dismiss the idea that the anti-malarial drug chloroquine is effective against COVID-19, on Friday (24 April) the France's armed forces ministry said that it had bought a consignment of the drug from China as a precaution in case it becomes an approved medication for the coronavirus.¹⁴

While the government struggles to provide enough masks for the population in order to limit at a maximum level the spread of the virus after 11 May, the French police has seized 140,000 face masks intended for the black market since the start of the pandemic. In March, 32,500 masks from China were seized from a warehouse near Paris and 28,800 masks were discovered in a shop

¹⁰ <https://www.worldometers.info/coronavirus/country/france/>

¹¹ <https://www.france24.com/en/20200426-covid-19-france-records-242-new-deaths-marking-a-major-drop-in-its-daily-toll>

¹² <https://www.france24.com/en/20200424-lockdown-saved-as-many-as-60-000-lives-in-france-study-shows>

¹³ <https://www.france24.com/en/20200425-covid-19-france-records-369-new-deaths-to-bring-its-total-toll-to-22-614>

¹⁴ <https://www.france24.com/en/20200425-french-military-bought-chloroquine-from-china-as-precaution>

in a district of Chinese wholesalers, also in the Paris region. On 26 April the police announced that two individuals were arrested while they were unloading boxes in Saint-Denis, just north of Paris. One of them said he was a business owner and had bought the masks, including 5,000 high protection FFP2 masks, in the Netherlands for a total of 80,000 euros (\$87,000). The masks were to be sold to construction workers for a large profit, according to police.¹⁵

Strengthening the economy measures

On April 24, 2020, the Minister of Economy and Finance announced the continuation and strengthening of the measures to support the economic emergency plan in favor of hotels, cafes, restaurants, companies in the tourism sector, events, sport and culture, as such:

- the possibility of resorting to partial activity after resumption of activity for these sectors;
- maintaining the opening of the solidarity fund to companies in these sectors beyond May. Its access conditions will be extended to companies in the sectors concerned with up to 20 employees and 2 million euros in turnover, and the ceiling for grants that may be paid under the second part of the fund will be raised to 10 000 euros.
- an exemption from social security contributions to VSEs and SMEs in these sectors during the closure period, from March to June, whether or not they have already paid their contributions. Mid-cap companies and large companies in these sectors which do not benefit from automatic exemption will be able to obtain long spreads of deferred social and tax charges and, on a case-by-case basis, request debt cancellations according to their financial situation.
- on the fiscal level, the Government will discuss with local authorities on the modalities of deferral of the business property tax (CFE) and exemption from the flat rate of the tourist tax for the year 2020. Cancellation of rents and public sector occupancy fees due to national lessors (State and operators) for VSEs and SMEs for the period of administrative closure. A practical guide will be drawn up for local authorities who would like to do the same.¹⁶

Expectations and reality – the national strategy for emerging from the pandemic after 11 May

For the last week the main focus related to the COVID-19 situation in France is the partial lift of the lockdown measures in the country from 11 May. Before the official presentation of the national strategy for emerging from the coronavirus lockdown by the French Prime Minister Edouard Philippe at 1300 PM on 28 April, there has been some official announcements about the main elements of it. Prime Minister Philippe's presentation will be followed by a two-and-a-half hour debate in France's lower house of parliament, followed by a vote on the "national strategy of the de-confinement plan". According to an Ifop poll for the Journal du Dimanche, only 39 percent of the French public have confidence in the government's ability to deal effectively with the virus, seven points lower than last week. Seventeen priorities have been identified for gradually bringing the country out of lockdown from May 11. These include reopening schools, companies returning to work, getting public transport back to normal, the supply of masks and sanitiser, testing policy and support for the elderly.¹⁷ French Prime Minister Édouard Philippe shared that the government plan would centre on six key areas - public health, schools, businesses, public transport and public

¹⁵ <https://www.france24.com/en/20200427-french-police-seize-14-000-face-masks-bound-for-black-market>

¹⁶ <https://www.gouvernement.fr/info-coronavirus>

¹⁷ <https://www.france24.com/en/20200425-french-pm-set-to-present-plan-to-unwind-covid-19-lockdown-on-tuesday>

gatherings. But leaders and experts remain divided on how quickly to revive shuttered economies while maintaining a delicate balance between freedom and safety.¹⁸

On 24 April the French RATP boss Catherine Guillouard said that the transport authorities were working towards having 70% of the Paris transport network operational by May 11 up from 30% now, ready for when France exits its lockdown. Making sure 70% of the transport network was running would be equivalent to delivering about eight million trips a day, she told France Inter radio. The system is currently at 4 percent capacity, or 500,000 trips a day.¹⁹

The clarity about the presented national strategy for easing the lockdown from 11 May includes the following:

- The government's target is 700,000 tests per week starting from May 11. France would aim to test everyone who has been in contact with someone infected by the coronavirus.
- Enough masks will be available for all from May 11. The government is calling on all companies to provide workers with masks and will help small firms obtain them if needed. Masks will also be for sale on the post office's website and five million will be made each week to the most vulnerable people.
- All shops excepts cafés and restaurants will be allowed to open after May 11.

The prime minister added the caveat that the lockdown will not be lifted on May 11 if the number of new cases is higher than 3,000 per day – as well as underlining the need for the French to be “disciplined” before that date. People who can work from home will still be expected to do so. On the grounds that “circulation of the virus isn't the same throughout the country”, France will unveil on May 7 a list of regions keeping a strict lockdown. The Paris region and Alsace-Lorraine in the east of the country have been hit particularly hard by Covid-19.²⁰

In conclusion

At present, there is a lot of unclarity about the way the pandemic would vanish and our life will go back to the normal way we are used to. And is it going to be the old way or would the current impact of the pandemic on every level of our lives lead to some sustainable and positive changes that will be transferred to our after-pandemic reality? The answers are yet to be revealed. One thing is certain – the history has proven that even something small can lead and had led to big changes for the world. Now we face a situation that had influenced in depth the lives of almost every country on our Planet. So maybe the right question is what positive and what negative effect would remain and continue to develop within our reality after that.

¹⁸ <https://www.france24.com/en/20200427-europe-prepares-to-roll-back-covid-19-restrictions>

¹⁹ <https://www.france24.com/en/20200424-paris-transport-chief-hopes-to-be-running-at-70-capacity-when-lockdown-ends-in-may>

²⁰ <https://www.france24.com/en/20200428-live-pm-philippe-unveils-france-s-plan-to-ease-covid-19-lockdown>

Annex 12 Finland

Finland will adopt a hybrid strategy to move towards more normal life while still containing the coronavirus outbreak. The strategy would see Finland gradually scaling back the restrictions in place to contain the virus while further increasing testing. Test, trace, isolate and treat thinking, alongside winding up restrictive measures in a controlled manner.

The government did not immediately lift any restrictions which include closing schools and public places such as libraries as well as a ban on public gatherings of more than 10 people until May 13. Restaurants are set to remain closed until the end of May, except for takeaway sales.

The government would decide whether schools could be reopened after May 13; it has decided to extend the ban on large events of more than 500 people until the end of July. The introducing of gradual easing is possible because Finland had imposed its lockdown measures early on, before the virus had caused a single death in the country.

Finland is planning to dramatically increase Covid-19 testing - continuous, increased testing has been part of Finland's strategy fighting coronavirus since the epidemic broke out in the country.

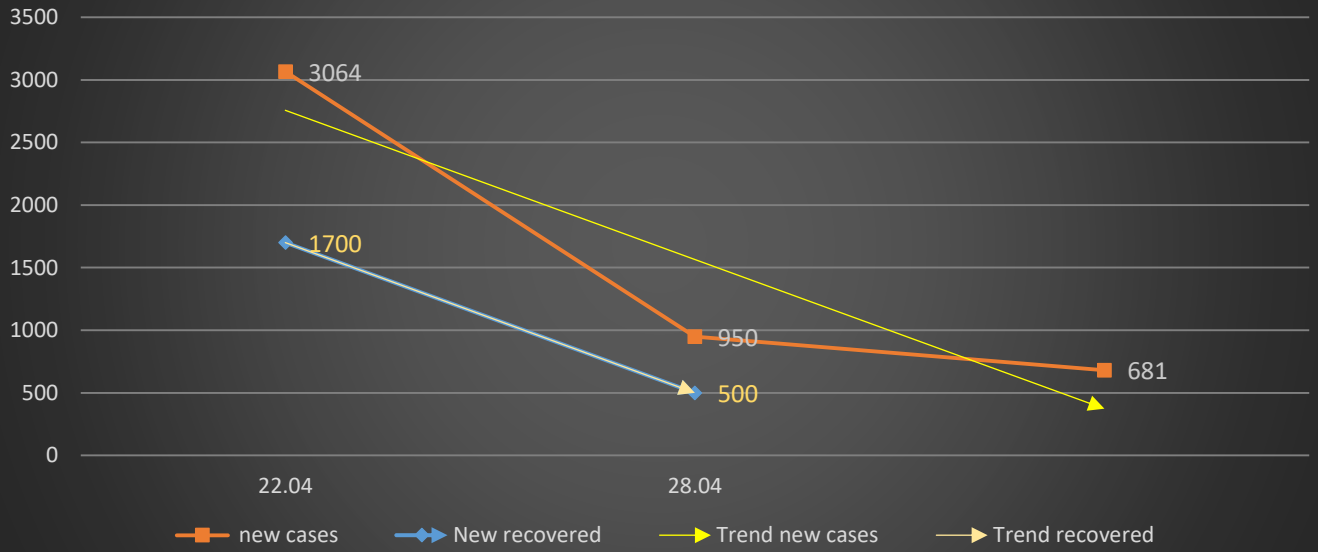
Testing will focus on symptomatic medical workers, social and health care personnel with even mild symptoms, individuals critical to the functioning of society who have the slightest suspicion of infection, people belonging to coronavirus risk groups suspected of being exposed to the virus as well as relatives of those with confirmed Covid-19 infections.

Assessment:

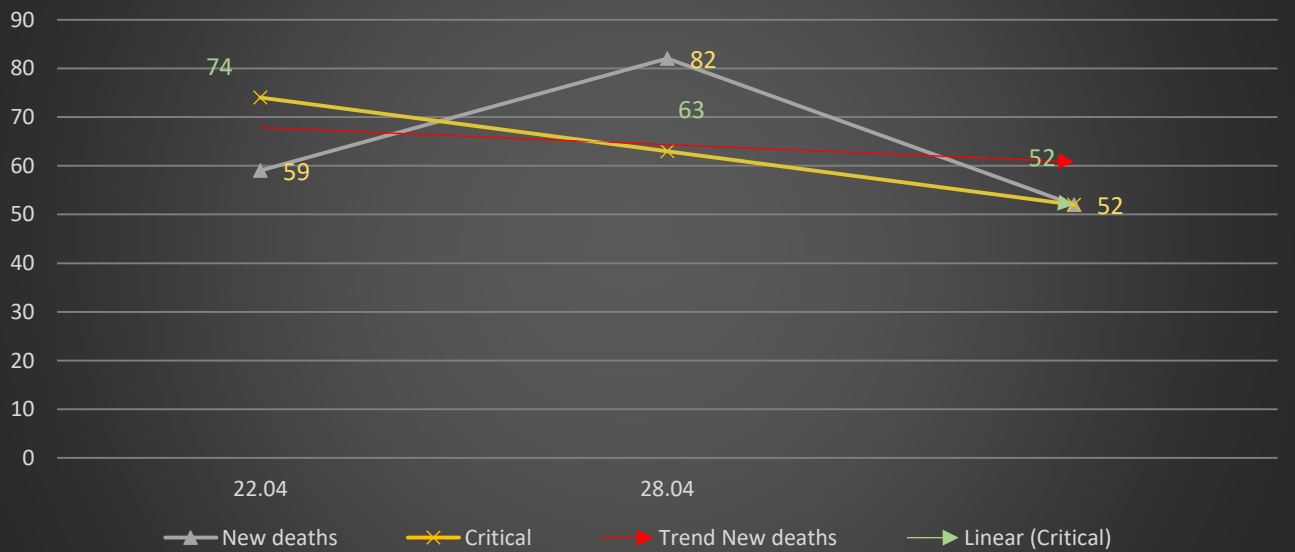
Based on the statistics, diagrams and researches (exposed below) it could be assumed Finland is on the right track to get through the crisis with minimum negative social, financial and political consequences. The disease development trends go down and likely the spread of COVID 19 is under control. The hybrid strategy would likely gradually scale back the restrictions in place to contain the virus while further increasing testing. Applying the increase of testing approach would inevitably support the fight against COVID – 19 pandemic

| Period | Total cases | new cases | Total deaths | New deaths | Total Recovered | New recovered | Active Cases | Cases / 1M | Critical |
|----------------|-------------|-----------|--------------|------------|-----------------|---------------|--------------|------------|----------|
| 13.04 | 3064 | | 59 | | 300 | | 2705 | 553 | 74 |
| 22.04 | 4014 | 950 | 141 | 82 | 2000 | 1700 | 1873 | 724 | 63 |
| 28.04 | 4695 | 681 | 193 | 52 | 2500 | 500 | 2002 | 847 | 52 |
| Trend 22-28.04 | | -269 | | -30 | | -1200 | 129 | 123 | -11 |

COVID-19 FINLAND Trends - 28.04



COVID-19 FINLAND Trends - 28.04



Annex 13 Norway

Some of Norway's restrictive emergency measures are in process of being relaxed. This includes the reopening of kindergartens and schools for the youngest children. Businesses such as hair salons are now permitted to reopen, and the controversial ban on cabin stays has been lifted. Opposite Norway is extending the ban on all events with more than 500 participants until Sept. 1 - sporting events, festivals and concerts.

Air travel in Norway and across Europe is being disrupted as a drop in demand sees huge numbers of flights cancelled by most major airlines. Both SAS and Norwegian are focusing on just a few domestic routes and connections between Nordic capitals for the weeks to come.

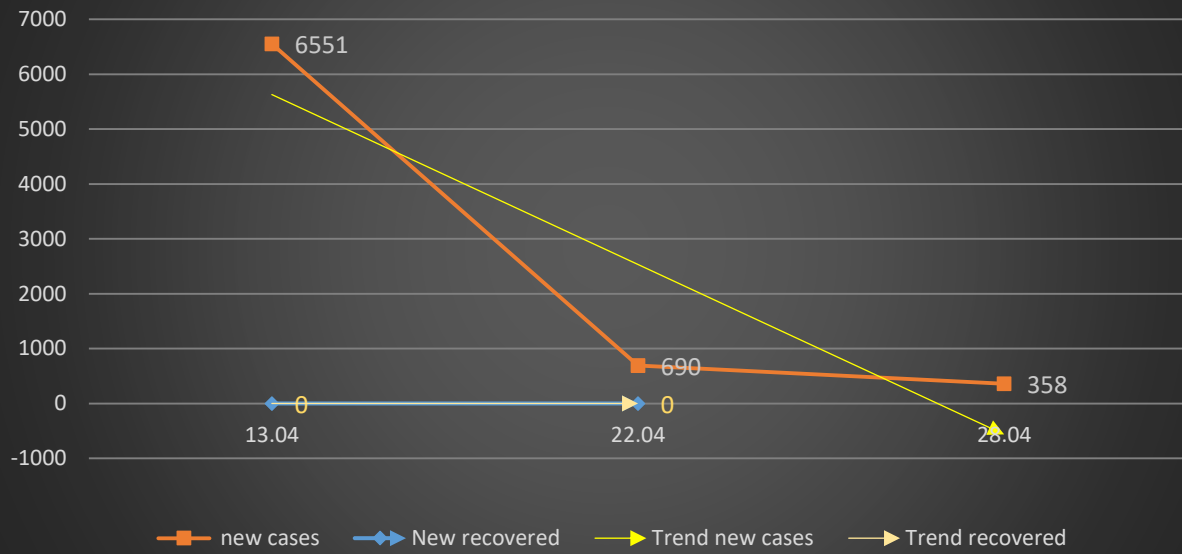
The Norwegian krone weakened drastically against the US Dollar, passing 10 kroner to the Dollar for the first time.

Assessment:

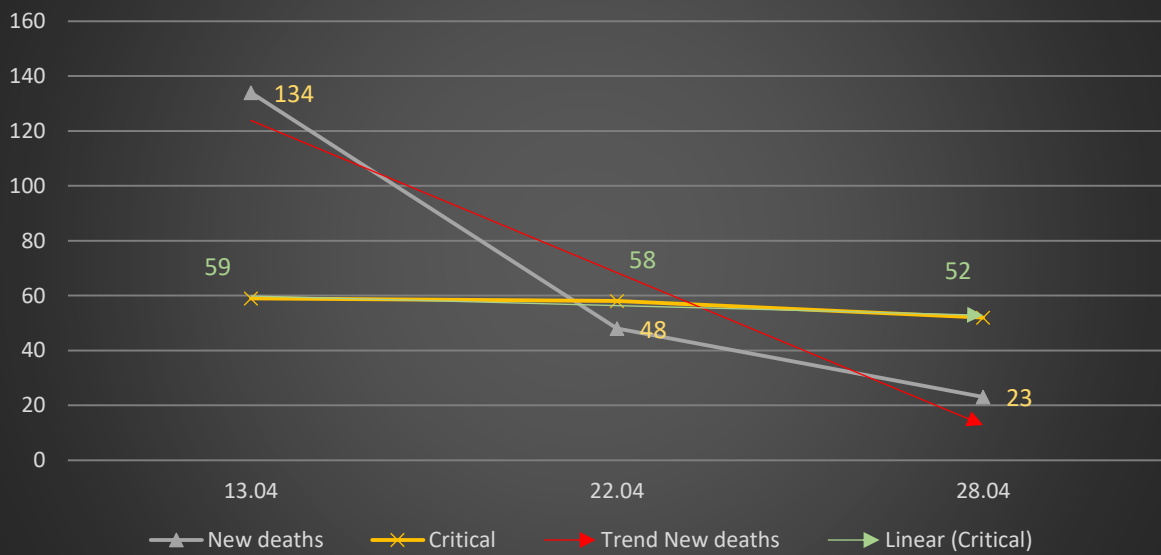
Based on the statistics, diagrams and researches (exposed below) it could be assumed Norway is on the right track to get through the crisis with minimum negative social, financial and political consequences. The disease development trends go down and likely the spread of COVID 19 is under control. It is likely the Norwegian krone drop down will benefit Norwegian businesses that do business in US Dollars. However, it's likely to lead to increased prices for many consumer goods in Norway. Prolonging the ban on all events with more than 500 participants until Sept. 1 would inevitably support the fight against COVID – 19 pandemic. Norwegian Air Shuttle fleet is likely to remain grounded for the next 12 months, a full recovery would not take place until 2022, laying bare the scale of the crisis engulfing the airline industry.

| Period | Total cases | new cases | Total deaths | New deaths | Total Recovered | New recovered | Active Cases | Cases / 1M | Critical |
|----------------|-------------|-----------|--------------|------------|-----------------|---------------|--------------|------------|----------|
| 13.04 | 6551 | | 134 | | 32 | | 6385 | 1208 | 59 |
| 22.04 | 7241 | 690 | 182 | 48 | 32 | 0 | 7027 | 1336 | 58 |
| 28.04 | 7599 | 358 | 205 | 23 | 32 | 0 | 7362 | 1402 | 52 |
| Trend 22-28.04 | | -332 | | -25 | | 0 | 335 | 66 | -6 |

COVID-19 NORWAY Trends - 28.04



COVID-19 NORWAY Trends - 28.04



Annex 14 Denmark

Denmark got ahead of the COVID-19 curve through a combination of planning and foresight, mass testing and tracing programs and early lockdowns. Denmark has now lifted many lockdown restrictions and allowed therapists, beauty salons and hairdressers to reopen. Schools in Denmark are already reopening after a five-week lockdown, but in a very different environment with many new measures in place to maintain social distancing. Denmark are now continuing to progressively respond to keep the virus under control. They are now testing anyone with respiratory symptoms for coronavirus, with the country setting mass testing centres in tents in towns and cities right across the country. The Danish government have also unveiled a set of financial bailout measures to support workers and businesses affected by the Coronavirus crisis. Denmark became the first country to refuse companies registered in offshore tax havens having any access to financial aid from their coronavirus bailout packages.

Assessment:

Based on the statistics, diagrams and researches (exposed below) it could be assumed Denmark has become one of the gold standard national responses to the Coronavirus. Denmark acted fast, successfully implemented a holistic approach to the Coronavirus and foresight to deliver a consistent strategic response. Denmark's mass testing, tracing and low case and death rates mean that they are perfectly positioned to address any future creep of the virus.

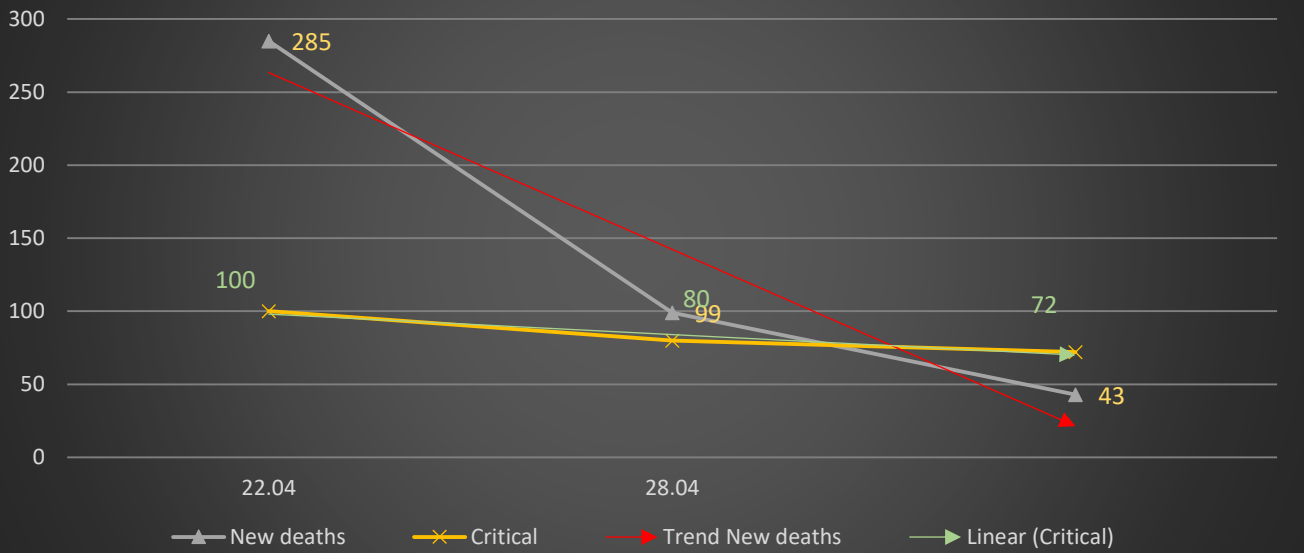
The lesson from Denmark is this:- lockdown fast and therefore, unlock faster.

| Period | Total cases | new cases | Total deaths | New deaths | Total Recovered | New recovered | Active Cases | Cases / 1M | Critical |
|----------------|-------------|-----------|--------------|------------|-----------------|---------------|--------------|------------|----------|
| 13.04 | 6318 | | 285 | | 2235 | | 3798 | 1091 | 100 |
| 22.04 | 7912 | 1594 | 384 | 99 | 5087 | 2852 | 2441 | 1366 | 80 |
| 28.04 | 8698 | 786 | 427 | 43 | 5959 | 872 | 2312 | 1502 | 72 |
| Trend 22-28.04 | | -808 | | -56 | | -1980 | -129 | 136 | -8 |

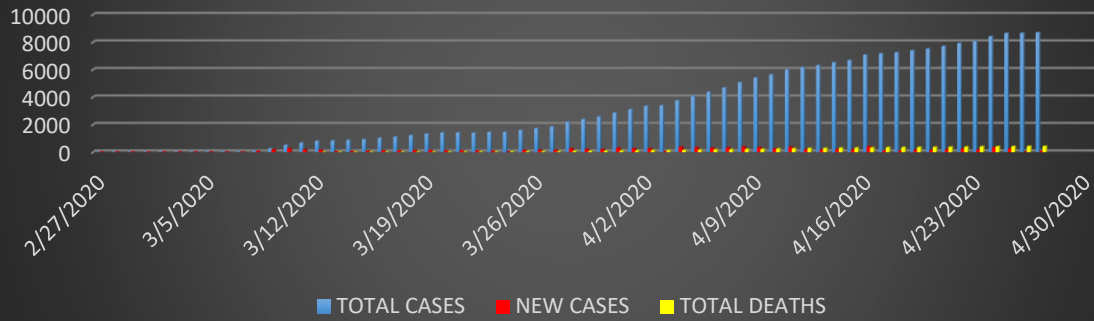
COVID-19 DENMARK Trends



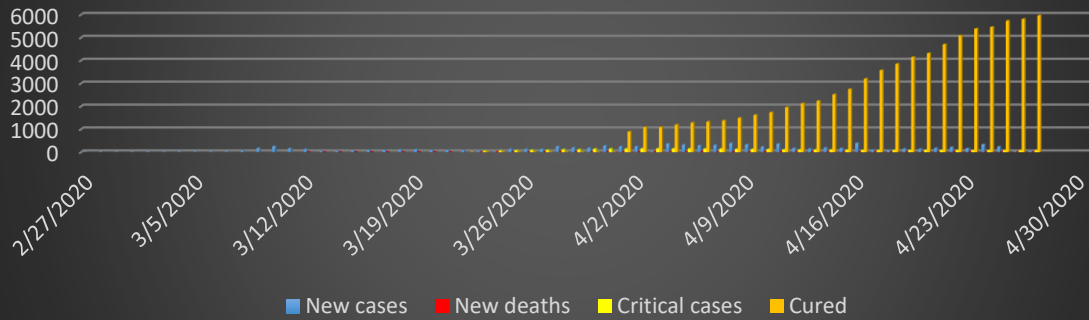
COVID-19 DENMARK Trends



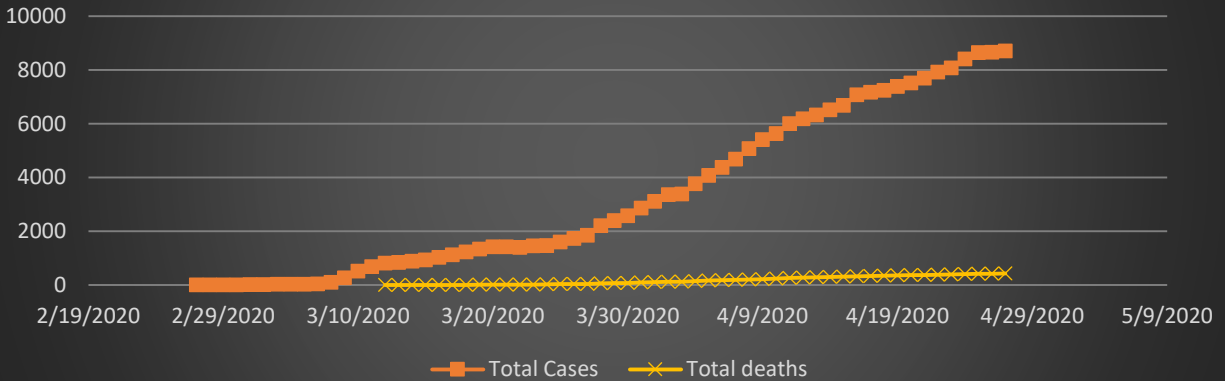
COVID-19 DENMARK



COVID-19 DENMARK - MORTALITY FACTOR

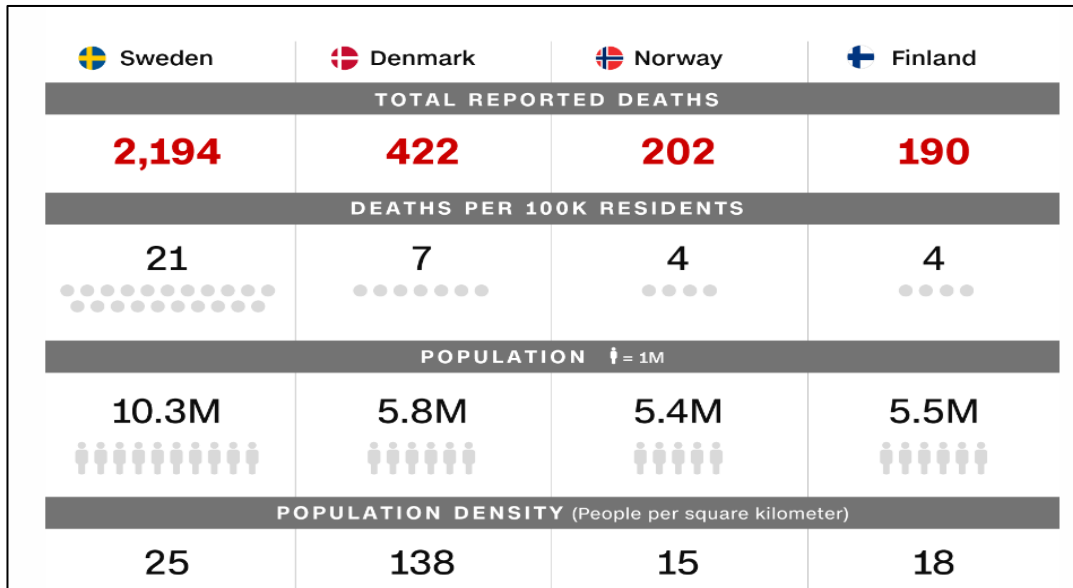


COVID-19 DENMARK - EVOLUTION FACTOR



Annex 15 Sweden

Nordic countries death rate comparison



Scientists in Sweden and abroad have accused the country of dangerously pursuing "herd immunity" – the idea that by building a broad base of recovered infections in society the disease will eventually stop spreading because a majority of people will not be susceptible. "Herd immunity" is usually achieved by vaccination and takes place when a large enough percentage of the population are immune. Chief epidemiologist at Sweden's Public Health Agency denied that "herd immunity" formed the central thrust of Sweden's containment plan, yet the country may be starting to see the impact of "herd immunity."

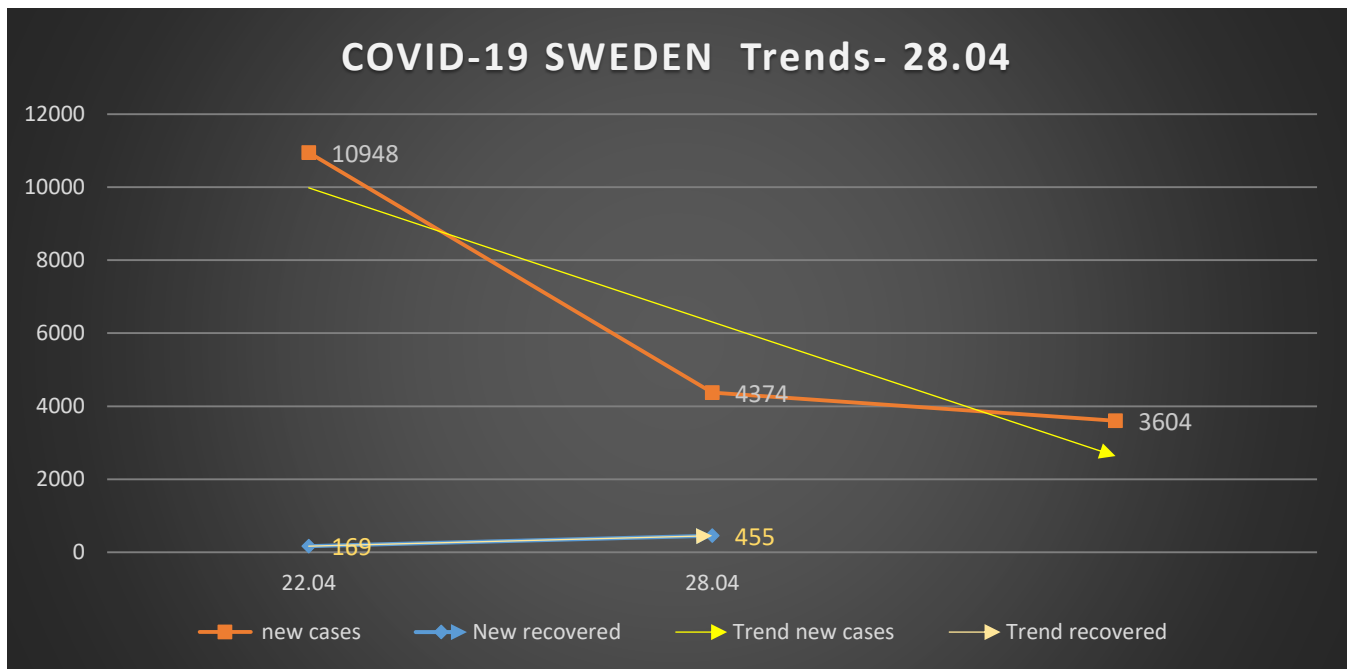
Sweden's COVID-19 strategy is to keep transmission rates at a level that the Stockholm health system can sustain. So far the health system have delivered health care to everybody, including those without COVID-19 even though it is stressed is working very hard. It is a sustainable strategy; something that can keep on doing for months. Coronavirus is not something that is just going to go away. Any country that believes it can keep it out (by closing borders, shuttering businesses, etc.) will most likely be proven wrong at some stage. We need to learn to live with this disease.

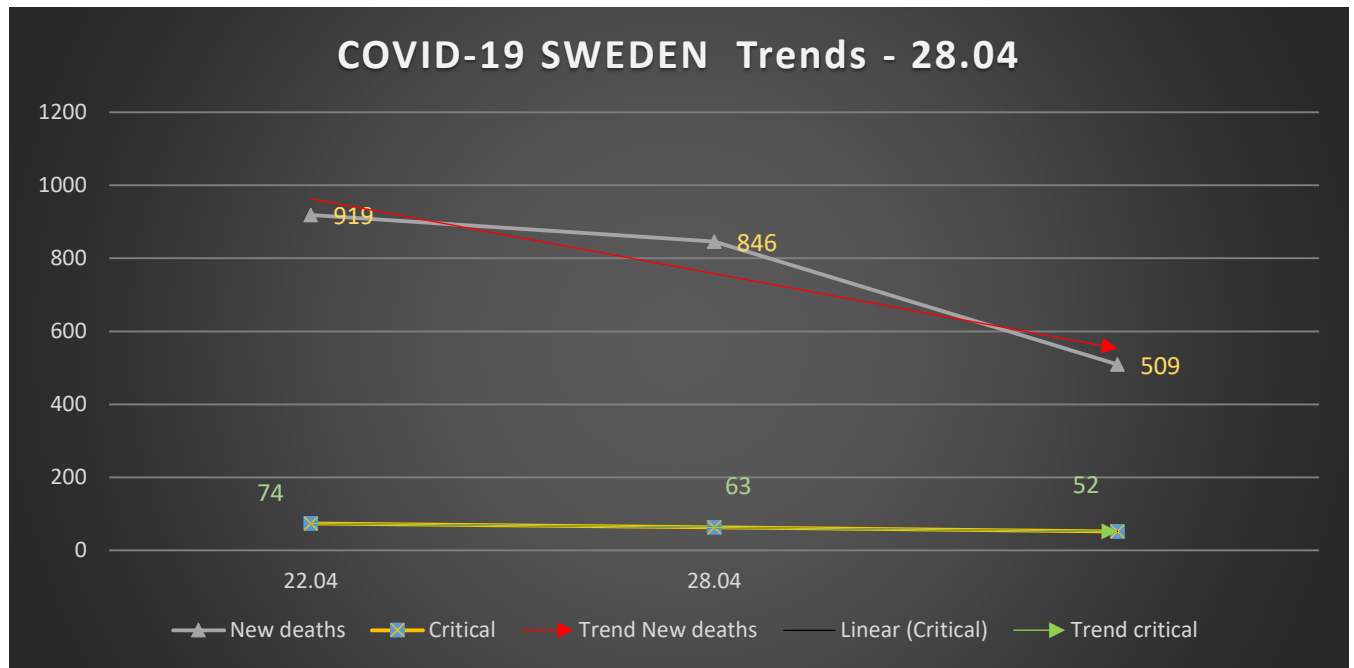
Assessment:

Sweden, unlike its Nordic neighbors Denmark and Norway – and virtually every other country in the western world – has resisted extensive lockdown restrictions to stem the coronavirus outbreak. Instead, it's largely kept society, including schools and restaurants open, and relied on voluntary social-distancing measures that appeal to the public's sense of self-restraint. Polls show the strategy is broadly supported by most Swedes. It is likely what's happening now is that many

countries are starting to come around to the Swedish way. They are opening schools, trying to find an exit strategy. It comes back to sustainability. We need to have measures in place that we can keep on doing over the longer term, not just for a few months or several weeks.

| Period | Total cases | new cases | Total deaths | New deaths | Total Recovered | New recovered | Active Cases | Cases / 1M | Critical |
|----------------|-------------|-----------|--------------|------------|-----------------|---------------|--------------|------------|----------|
| 13.04 | 10948 | | 919 | | 381 | | 9648 | 1084 | 859 |
| 22.04 | 15322 | 4374 | 1765 | 846 | 550 | 169 | 13517 | 1517 | 515 |
| 28.04 | 18926 | 3604 | 2274 | 509 | 1005 | 455 | 15647 | 1874 | 399 |
| Trend 22-28.04 | | -770 | | -337 | | 286 | 2130 | 357 | -116 |





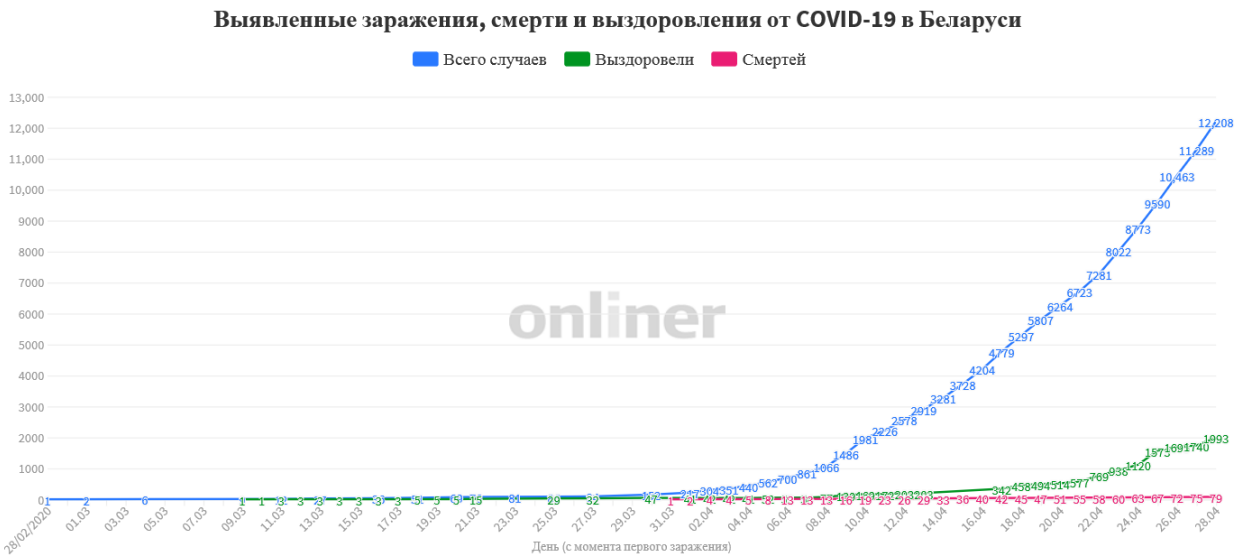
Sources:

1. <https://www.bloomberg.com/news/articles/2020-01-31/sweden-reports-first-case-of-confirmed-coronavirus>
2. <https://www.worldometers.info>
3. https://en.wikipedia.org/wiki/2020_coronavirus_pandemic_in_Sweden
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5. <https://www.thejakartapost.com/news/2020/04/24/sweden-passes-2000-deaths-from-coronavirus.html>
<https://eu.press-citizen.com/story/news/world/2020/04/28/coronavirus-covid-19-sweden-anders-tegnell-herd-immunity/3031536001/>

Annex 16 Belarus

In the period, between 23 and 29 April, cases of coronavirus in Belarus are increasing. The number of infected during the reporting period increased almost by 1.5 times.

As of April 28, in Belarus were registered, the total number cases 12208, deaths are 79 and 1993 are recoveries.



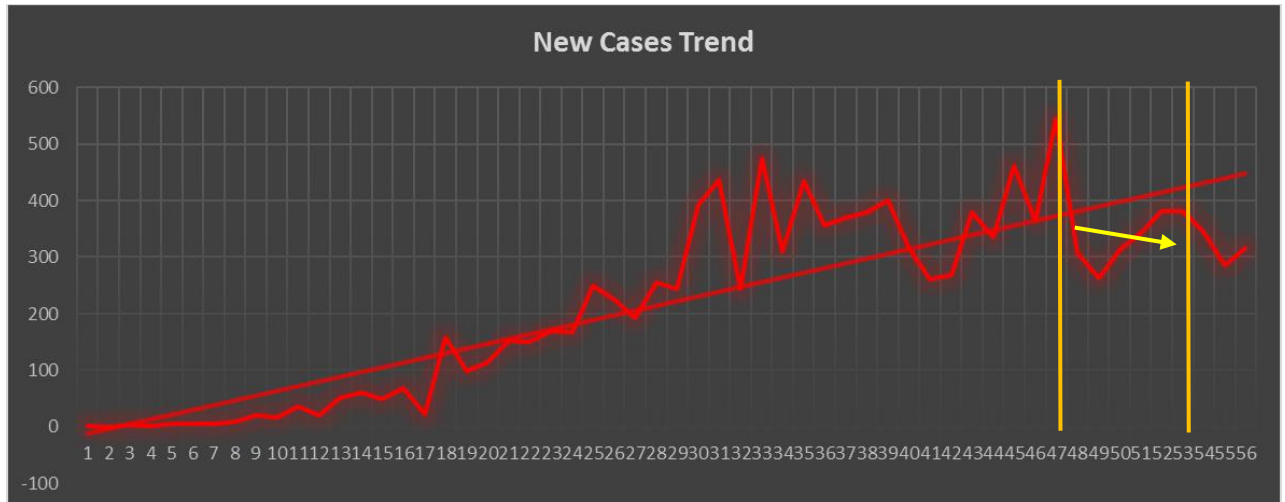
While Europe is in isolation to stop the coronavirus pandemic, life in Minsk, in general, continues - the Belarusian authorities do not envisage a general quarantine despite the concern among the population. The government of the country does not impose requirements for social distance or restriction of public activities. The traditional Saturday cleaning in Belarus continues despite the pandemic.

No quarantine has been introduced in the country and preparations are underway for a parade marking the 75th anniversary of the victory over Nazi Germany.

Belarus is an exception among European countries, with its heavy car traffic, overcrowded buses, crowded subways, open restaurants, shops and cafes, and in terms of sports - the football championship is played in stadiums in front of the public.

Annex 17 Poland

- ✓ From the beginning of pandemic number of infected people is still growing and reached **12 218**, disease growth rate slightly dropped during last week and is below linear trend line. Now average number of infected is **337** people a day during last week, which placed Poland on 11th place in Europe and 29th on the world.

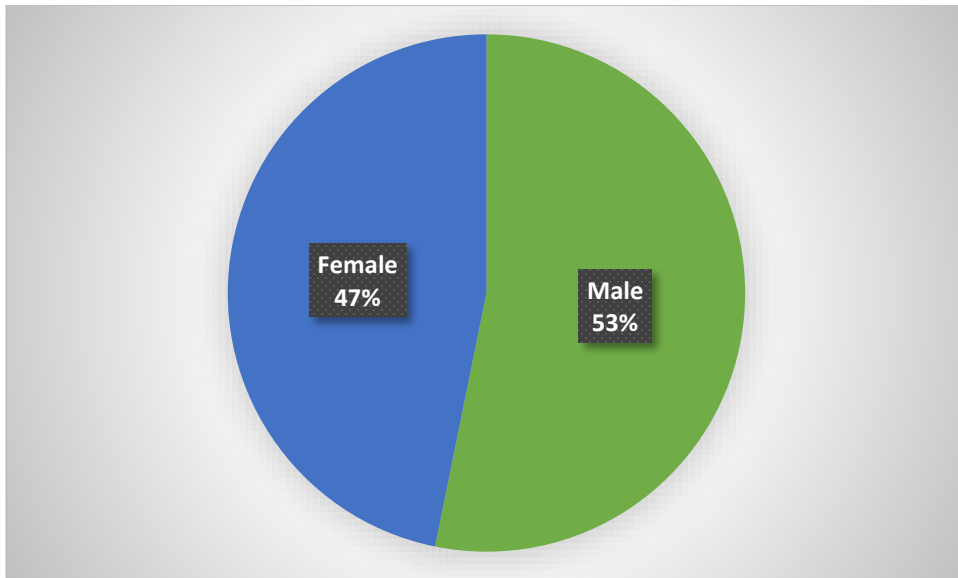


- ✓ number of tests done so far is **297 859** / **+73 504** from last report;
- ✓ reported number of people cured from coronavirus so far – **2 655** / **+1 142** from last report
- ✓ **596** people died so far (317 men and 279 women), average age of died person is **75 years**, the youngest persons who died was 18th years young man who died in Kędzierzyn Koźle Hospital. The patient had cerebral palsy and epilepsy.

Age structure of died people in Poland

| 0-9 | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ |
|-----|-------|-------|-------|-------|-------|-------|-------|-----|
| 0 | 1 | 0 | 10 | 18 | 34 | 113 | 177 | 243 |
| 0% | 0% | 0% | 2% | 3% | 6% | 19% | 30% | 41% |

Gender structure of died people in Poland



Introduced on Monday, 20th of APR, reduction of restrictions implemented for fight with COVID-19 pandemic didn't transferred on rising of number of new cases, even more those numbers dropped a bit and now are on around 320 cases per day. However it is too early for solid analysis.

Poland sent doctors from Military Medical Institute to Slovenia and USA in order to exchange knowledge and experience on the methods and conditions for providing assistance to the victims of the SARS-CoV-2 epidemic.

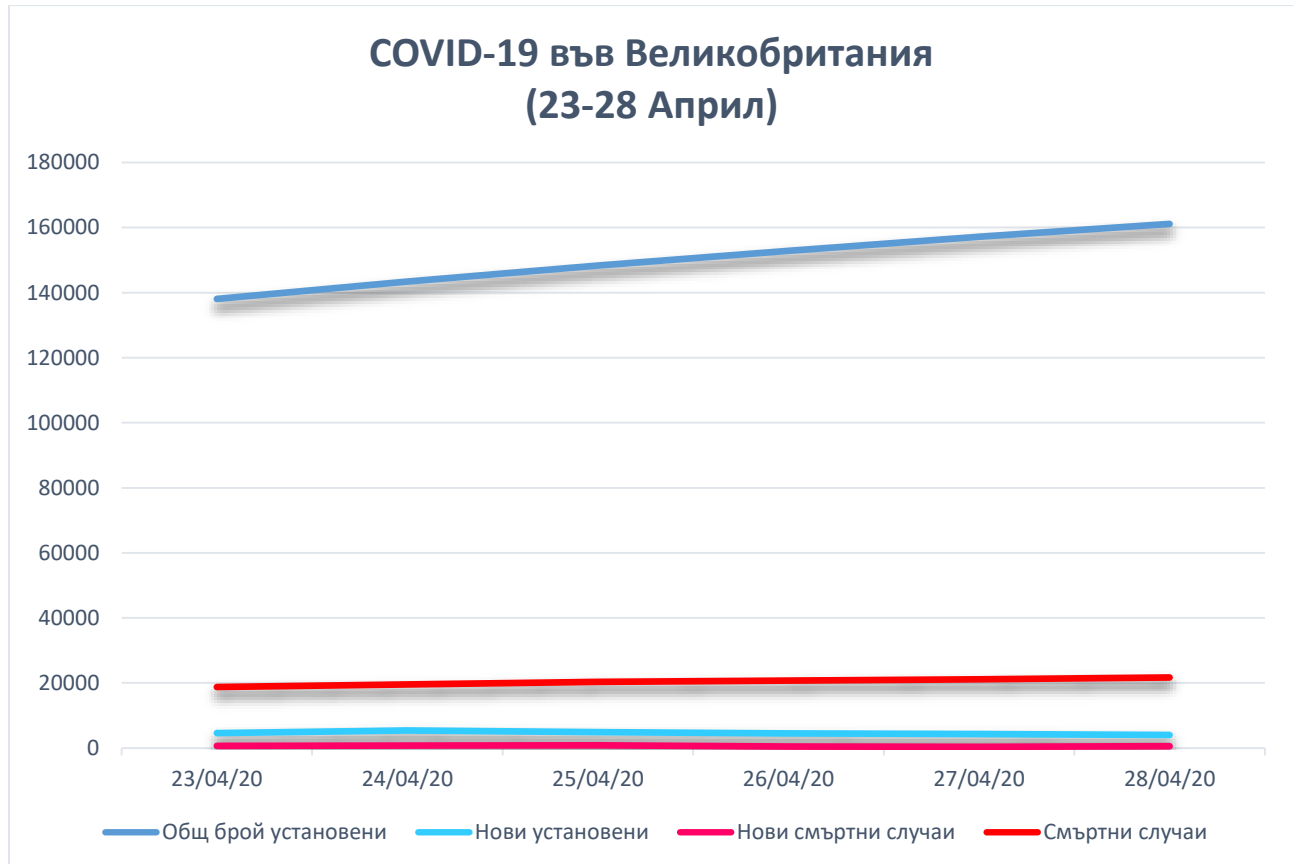
New reductions in social restrictions were announced, mostly in sport – fitness domain. Pending pandemic situation it is foreseen to put them into power from 4th of MAY.

Minister of Finance informed that this year taxpayers can issue tax statements till 1 JUN without any consequence. Normally the last day of APR is the deadline to settle taxes.

Still many controversy and politic discussion is connected with presidential election which is planned for 10th of MAY. Ruling party is forcing idea to conduct election as its planned but in correspondence method (appropriate law regulations are now staffed in Senate), while parliamentary opposition proposing to delay election till AUG this year or even MAY next year and prolong cadency of current President.

Annex 18 UK

Седмичен обзор (23 – 28 април)



The tempo of COVID-19 spreading in UK last week significantly dropped down with only 20% increase of the total cases for the period (previous week it was about 50% increase for the period) reaching **161,145 total infected**. However, this week UK got to 5th place on the world chart getting over Germany (after US, Italy, Spain and France) by total cases. The Kingdom remains on 5th place by death cases with a number of **21,678 deaths (20% increase for the period)**. In this period the critical/emergency cases in hospitals reduced twice.

Being for 6 weeks in a lock down condition it seems that UK has finally reached the plateau of the COVID-19 curves on it's 13th week from the beginning of the spread in the country (31 Jan). (Annex 4).

The Office for National Statistics says a third of all coronavirus deaths in England and Wales are now happening in care homes with people aged 65+ which is becoming a big concern for the authorities.

For the reported period, UK has conducted 203,434 tests (approx. 43k tests/day were conducted on 28 April) reaching total number of 763,387 tests (26.89% of them resulted positive which is decrease with 6% from previous week) which accounts to 11,245 tests/1M Pop.

Slowly UK is ramping up the number of daily tests as promised by the government as part of the "test, track and trace" strategy to keep coronavirus at bay. Still their aim is at 100K/day till the end of April which most likely will remain as an ambitious political promise and not reality. It is being made possible by the roll-out of home-testing kits and mobile units staffed by the Army.

In the digested period, there are no changes in the COVID-19 measures and restrictions in UK. Boris Johnson has ordered to plan on how to restart the country's devastated economy as the lockdown ends on May 7.

The British government has remained tight-lipped about its potential lockdown exit strategy - despite increasing pressure to reveal one - and has consistently maintained it is too early to do so.

Unlikely as the other European countries, UK is not reporting on COVID-19 recovery cases since 13-April explaining that getting recovered from the virus is a long and hard period not always easy to track.

As reported before, the Government stated that significant effort will be put against finding a coronavirus vaccine. Researchers believed they may be able to begin production as early as September but now the Oxford University's Jenner Institute believes it has produced an effective vaccine, and plans to carry out clinical tests on 6,000 people before the end of May.

Sources:

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<https://www.bbc.com/news/uk-52462928>

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https://coronavirus.data.gov.uk/?_ga=2.51216169.1498755967.1588098125-1847983071.1586032646

Annex 19 Hungary

Passive immunization is the essence of the Hungarian procedure - following previously conducted research, for the first time in Hungary, blood plasma from a recovered patient was used to vaccinate a current patient. When someone goes through the disease, their body produces antibodies that can be detected in the blood plasma

Regarding the new restrictions in Budapest, all citizens must wear face masks when on public transportation and in shops, markets and taxis. In addition to the central government restrictions, regulations introduced by local mayors must also be observed. These serve to prevent group gatherings in public places and to limit the use of public transport. Police had to act a record of times against violators of curfew restrictions this weekend.

According to the head of the emergency center of the operative board the virus is transmitting slower than originally expected but “we must not be irresponsible.”

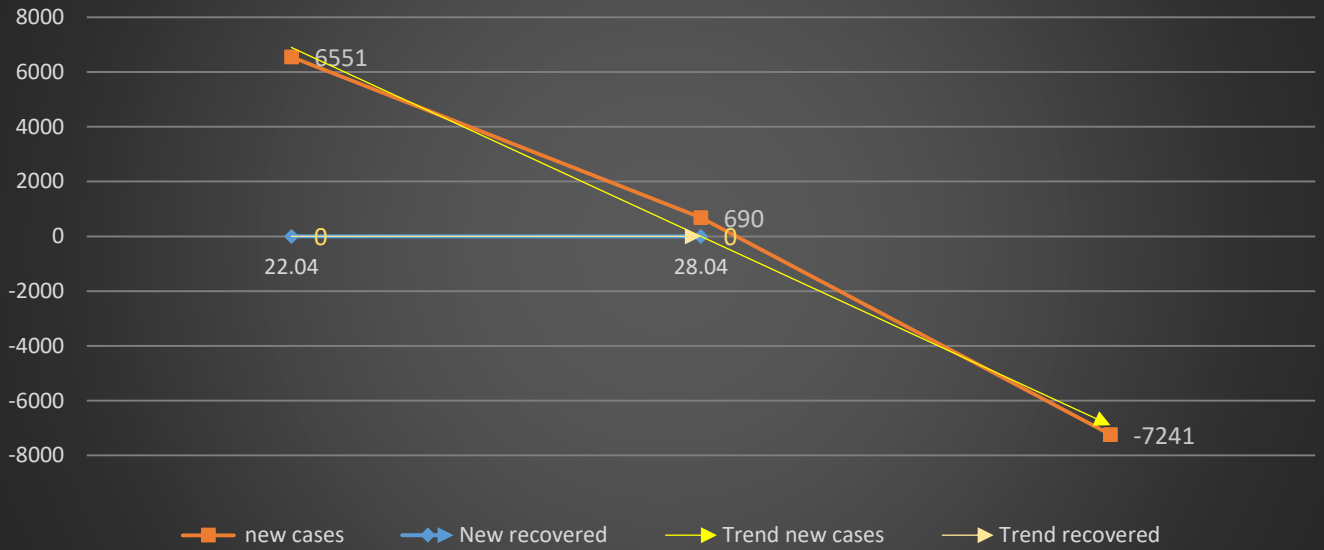
According to the PM Viktor Orbán the peak in coronavirus cases is expected to be reached on the 3 May “The first phase of defense [against the coronavirus] will close at the end of next week”, and new rules will be applied from 4 May. It will be the beginning of the second phase of defense, when gradually, with a strict schedule life in Hungary will be restarted. ‘Special rules’ will be applied to the ‘most endangered,’ the elderly, chronically ill and those living in big cities.

Assessment:

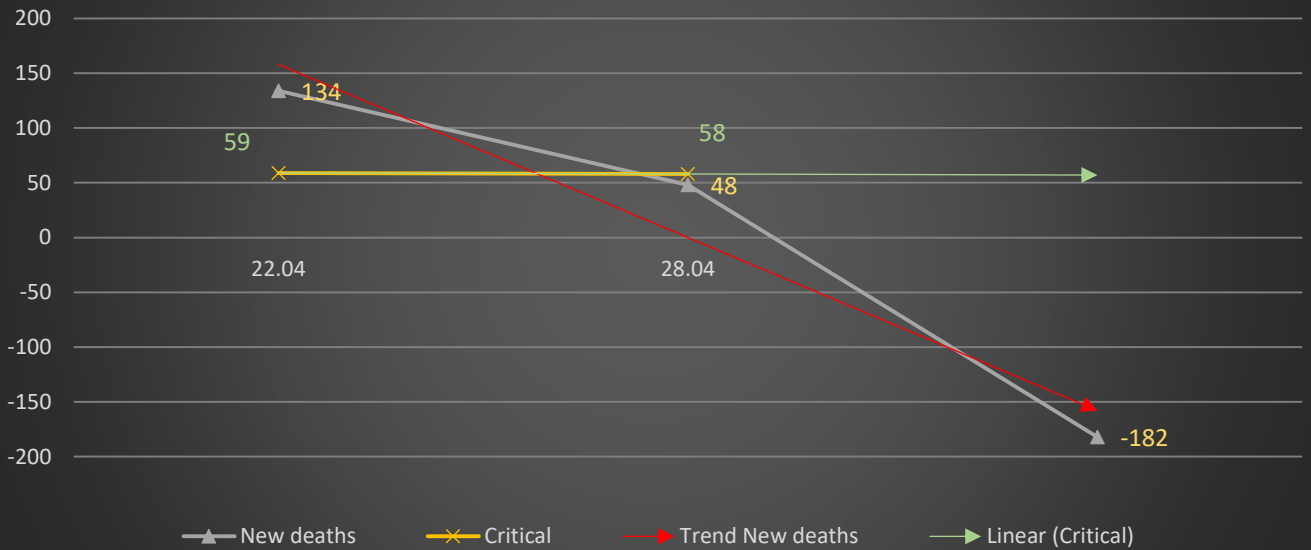
Based on the statistics, diagrams and researches (exposed below) it could be assumed Hungary has began and continues with a steady pace its strategy to get through the crisis with minimum negative social, financial and political. The country is getting ready to meet the COVID 19 pick. It is considered the epidemic is far from over but some restrictions may soon be eased in a cautious and gradual manner, while monitoring the rate of virus transmission and the number of patients in a serious condition would be the main factors in determining any easing of restrictions.

| Period | Total cases | new cases | Total deaths | New deaths | Total Recovered | New recovered | Active Cases | Cases / 1M | Critical |
|----------------|-------------|-----------|--------------|------------|-----------------|---------------|--------------|------------|----------|
| 13.04 | 1418 | | 17 | | 10 | | 1391 | 256 | 56 |
| 22.04 | 2168 | 750 | 225 | 208 | 295 | 285 | 1648 | 224 | 82 |
| 28.04 | 2583 | 415 | 280 | 55 | 498 | 203 | 1805 | 264 | 61 |
| Trend 22-28.04 | | -335 | | -153 | | -82 | 157 | 40 | -21 |

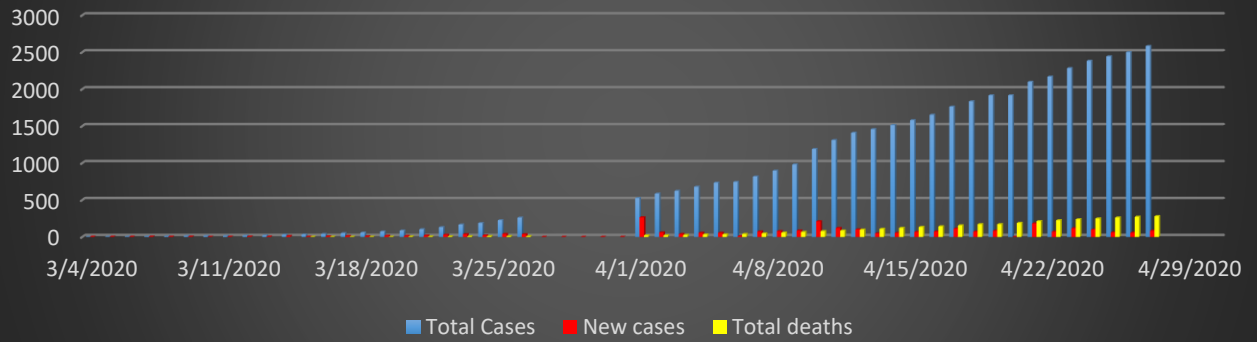
COVID-19 HUNGARY Trends - 28.04



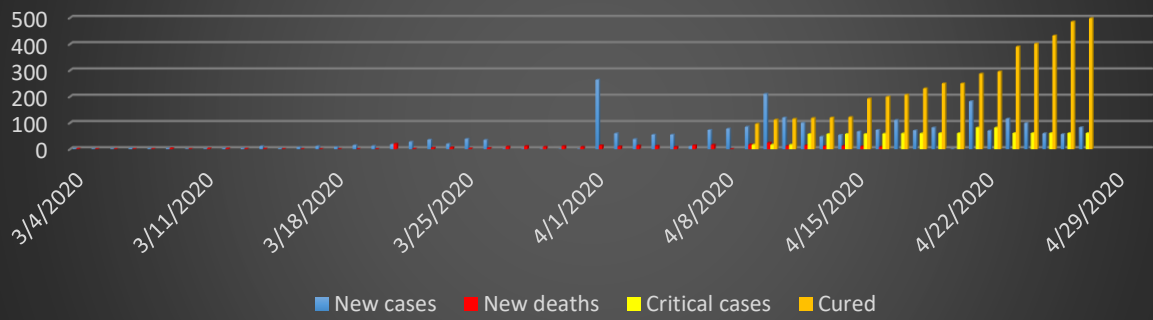
COVID-19 HUNGARY Trends - 28.04



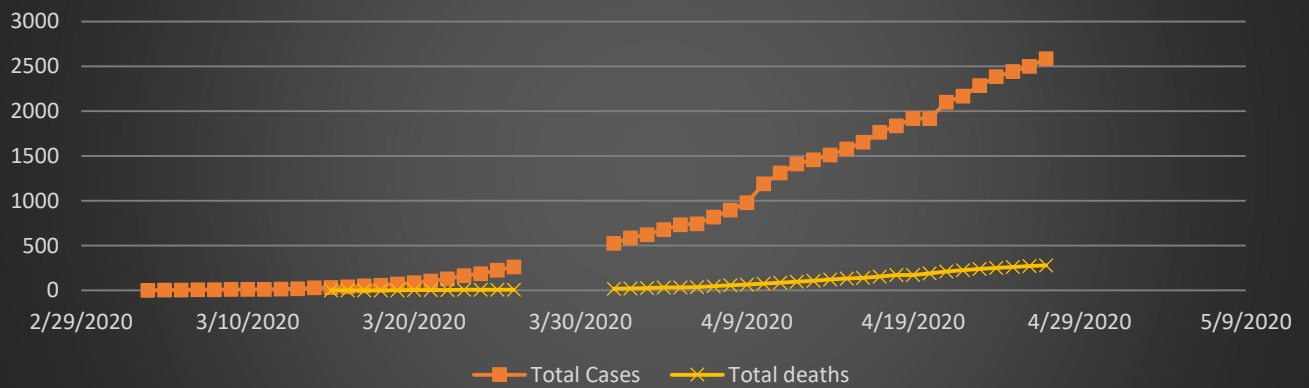
COVID-19 HUNGARY - 28.04



COVID-19 HUNGARY - MORTALITY FACTOR - 28.04



COVID-19 HUNGARY - EVOLUTION FACTOR - 28.04



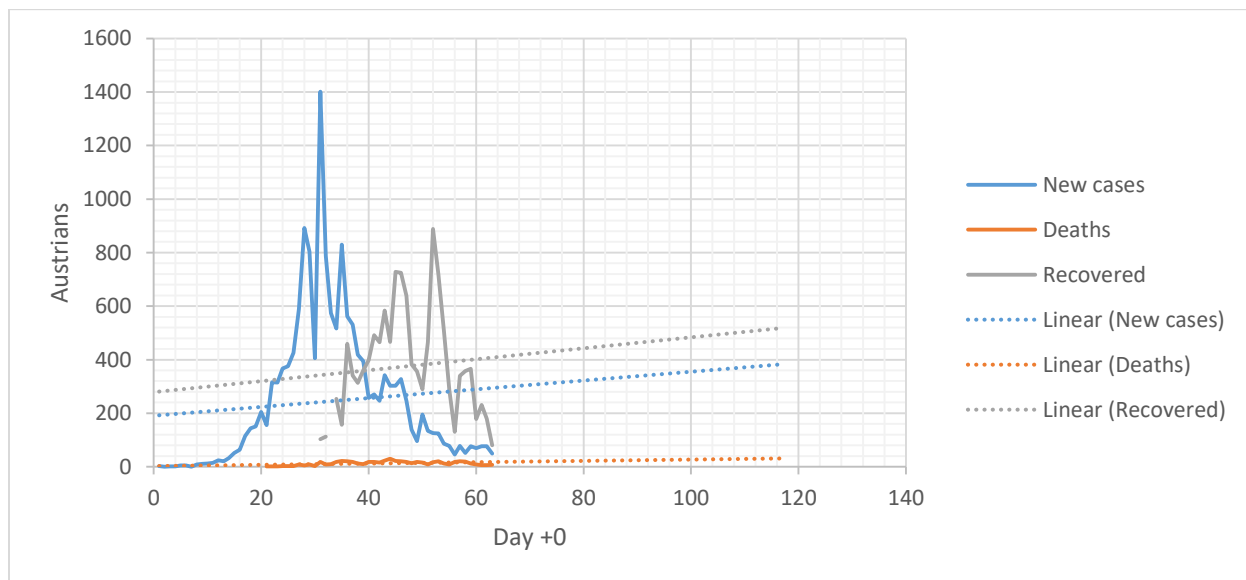
Annex 20 Austria

The good news is that the number of new infections in Austria is continuing to decrease. While certain measures of social distancing remain in place, the quarantine has been lifted for the remaining three formerly most affected areas in Austria. This encouraging development can be attributed to the swift implementation of extensive measures by the Austrian government and the discipline of the Austrian people. Discipline yes, but the facts from Friday shown that the pressure are rising in the country. A crowd of around 200 defied a police ban to gather in central Vienna for a protest against Austria's coronavirus lockdown. The protest's organizers, the Initiative for Evidence-Based Corona Information (ICI), want the lockdown ended.

Austria has issued clear guidelines on when and how public life will be able to restart. By the end of April, a decision will be made to define the date for the re-opening of the service sector. The objective is to ensure a gradual re-opening starting in mid-May. Events can only be held at the end of June.

As of May 1st, following strict rules, all trade shops as well as hair salons may re-open. Gastronomical businesses remain closed until further notice – take away or delivery services are permitted. The objective is a gradual re-opening starting the middle of May – this remains, however, dependent on the assessment of the situation at the end of April.

Restrictions about entry, ski areas, mass events, institution status are not changed.



On the graph, we can clearly analyze Austria's situation and trends in the fight against the virus. We have a pandemic peak, a gradual decrease in the number of infected and increasing number of cured. The country has 15,357 registered patients, of which 12,580 are cured, 560 died and 2208 active cases.³

Sources:

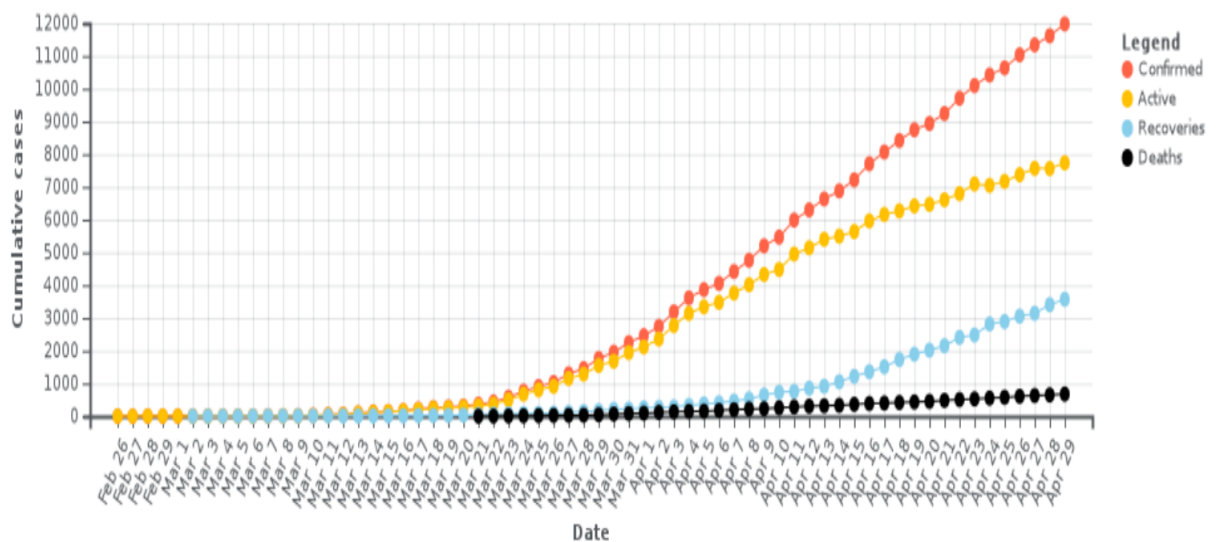
<https://www.reuters.com/article/us-health-coronavirus-austria-protest/banned-vienna-protest-against-lockdown-draws-200-idUSKCN2262VY>

<https://www.austria.info/en/service-and-facts/coronavirus-information>

Annex 21 Romania

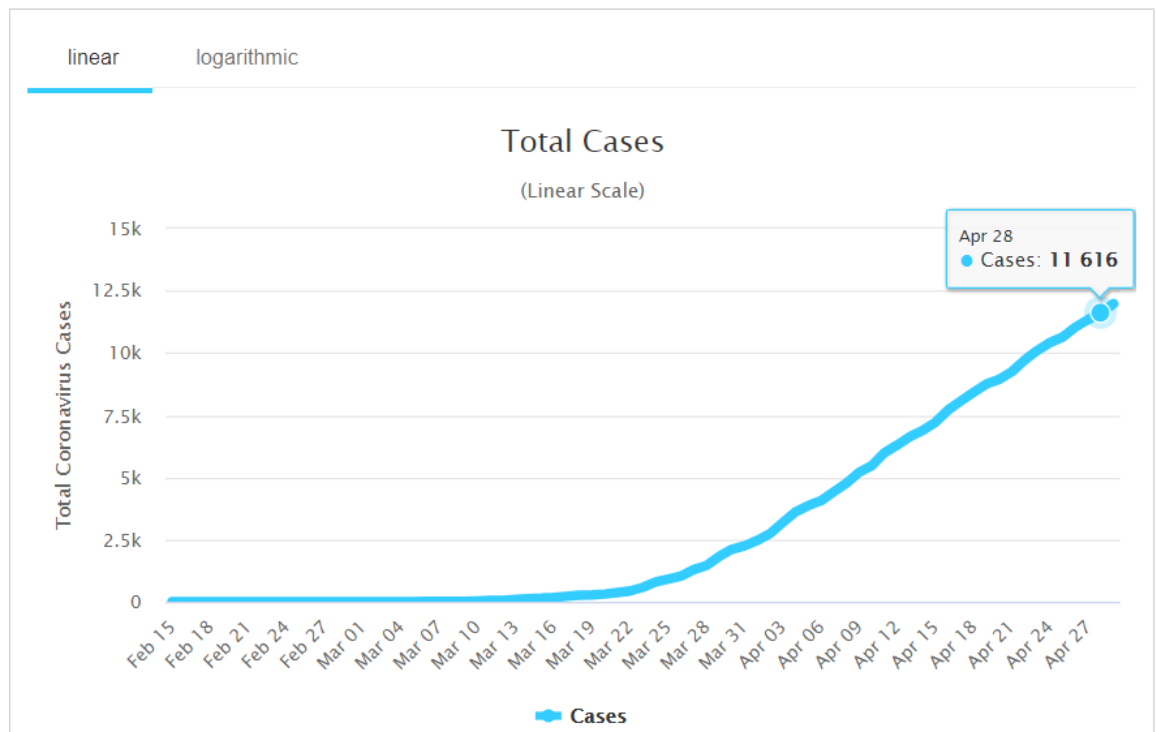
The relaxation measures would be implemented gradually and always based on the evolution of COVID-19 indicators. There will still be many restrictions in force. Most economic units and state institutions work by obeying imposed measures. People are not allowed to meet in groups larger three. Restaurants and malls remain closed. These measures are under consideration by the government²¹.

Romania has recorded 11,616 cases of COVID-19 infection confirmed by tests and over 650 deaths by April 28. The number of COVID-19 cases per one million inhabitants in Romania is about 600, compared to 4,900 cases per one million inhabitants in Spain. The total number of Romanians abroad who have tested positive for COVID-19 since the start of the pandemic is under 2,000, with most of the cases recorded in Italy (1,247) and Spain (560).

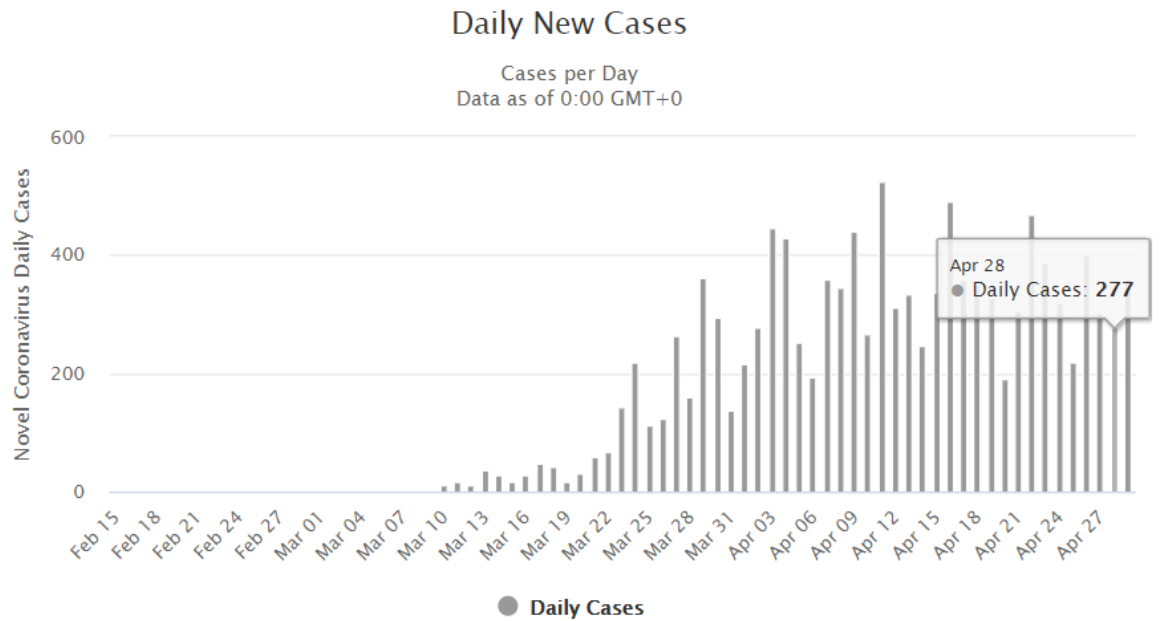


²¹ (<https://www.romania-insider.com/romania-president-klaus-iohannis-explains-relaxation-restrictions, 2020>)

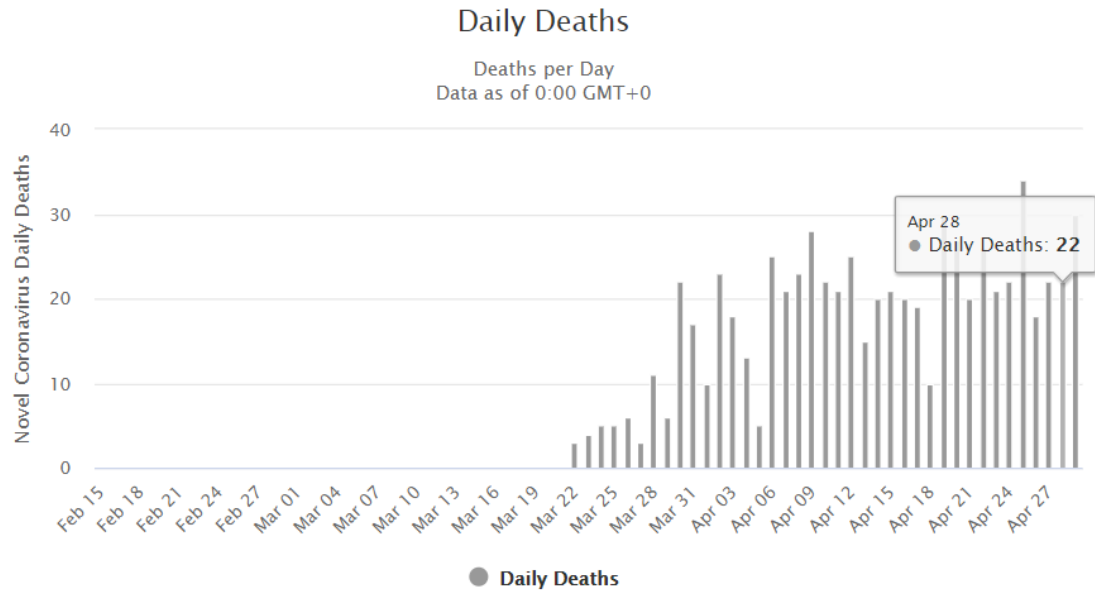
Total Coronavirus Cases in Romania



Daily New Cases in Romania



Daily New Deaths in Romania



Companies and individuals in Romania have donated over EUR 20 mln in little over a month to help local hospitals. NGOs such as the Red Cross, Save the Children, Daruieste Viata and the Magic Association, have raised over 20 million since the COVID-19 pandemic reached Romania, according to the latest estimates²².

Pope Francis expressed a sign of closeness to Romania by donating protection equipment and sanitary materials. It is also a gesture of support for health personnel in the largest hotspot of the coronavirus pandemic in Romania²³.

Romania's Government successfully relaunched the IMM Invest platform on Tuesday. The program aims to help local firms with liquidity in a difficult period when their activity has been strongly impacted by the COVID-19 pandemic and the restrictions imposed by the authorities to prevent the mass spreading of the virus.

The state will guarantee up to 90% of the value of loans granted by banks enrolled in this program. Companies will not pay any fees for paying back their loans earlier than scheduled.

Companies can get two types of loans: for investments and working capital. The credits for investments are up to RON 10 million (EUR 2.06 mln) and can be paid back in 72 months, with a grace period of up to 18 months²⁴.

²² (<https://www.romania-insider.com/coronavirus-romania-labor-minister-ngos-donations>, 2020)

²³ (<https://www.romania-insider.com/pope-francis-donation-romania-covid-19>, 2020)

²⁴ (<https://www.romania-insider.com/romania-imm-invest-platform-loans-sme-covid-19>, 2020)

Most students and pupils in Romania will not return to school by the end of this school year, as all kindergartens, schools, and universities remain closed. However, distance learning will continue for the rest of the school year, which will end mid-June. Students in the 8th and 12th grades will be able to return to school between June 2 and June 12 to prepare for the national exams.

The exams will be held as planned, but the students will have to respect some social distancing rules.

A military ordinance has been issued. People over the age of 65 would be able to leave the house between 07:00 and 11:00, and between 19:00 and 22:00 to go shopping or to walk around their buildings. So far, they were able to go out only between 11:00 and 13:00²⁵

²⁵ (<https://www.romania-insider.com/schools-closed-romania-distance-learning>, 2020)

Annex 22 Turkey

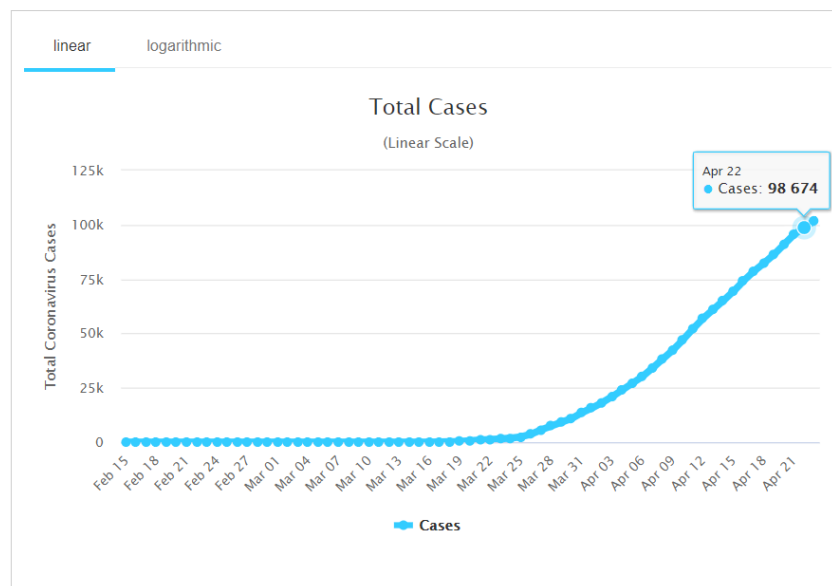
This week, Turkey is making progress in its fight against the coronavirus outbreak. Each passing day, the numbers moved slowly down. According to the graphics, 3,083 new cases were confirmed in the past 24 hours, a 33% decrease compared to Tuesday's 4,611 cases, and 117 more people died due to COVID-19, bringing the total death toll to 2,376. Patients currently placed in intensive care units (ICU) are 1814.

On April 22, 16477 patients have been discharged from hospitals after recovering from the virus. The occupancy rate of intensive care units across the country was down from 80% to 60%. Here we could conclude that the national health care system is well prepared.

About patients in critical condition, the number of intubated patients has fallen considerably as well. The number of intubated patients has fallen from 58% to 14%. The mortality rate is 2.3% in Turkey, while is 5.3% in the U.S, 10.5% in Spain, 13.2% in Italy, 13.5% in the U.K., and 17.3% in France. Turkey is among the countries with the lowest COVID-19 mortality rates. So far, the ministry has carried out a transparent information process during the outbreak. During Ramadan, citizens are requested to follow the measures imposed by government²⁶.

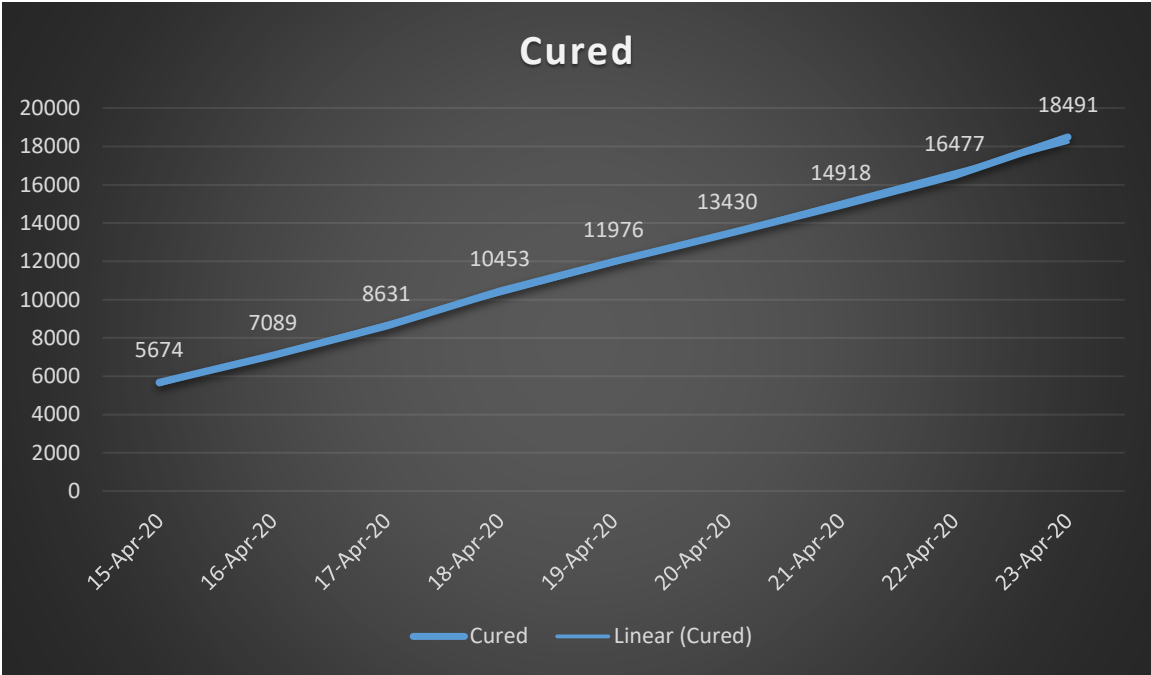
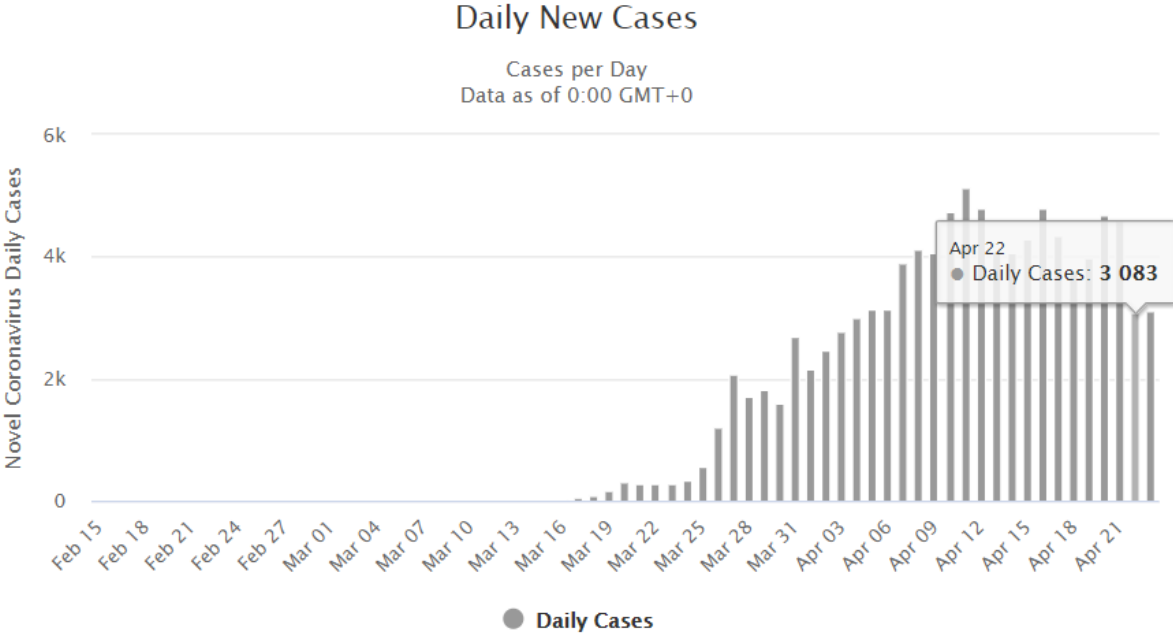
Last weekend, the Turkish government implemented a 48-hour curfew for 31 provinces, impacting three quarters of Turkey's population.

Total Coronavirus Cases in Turkey

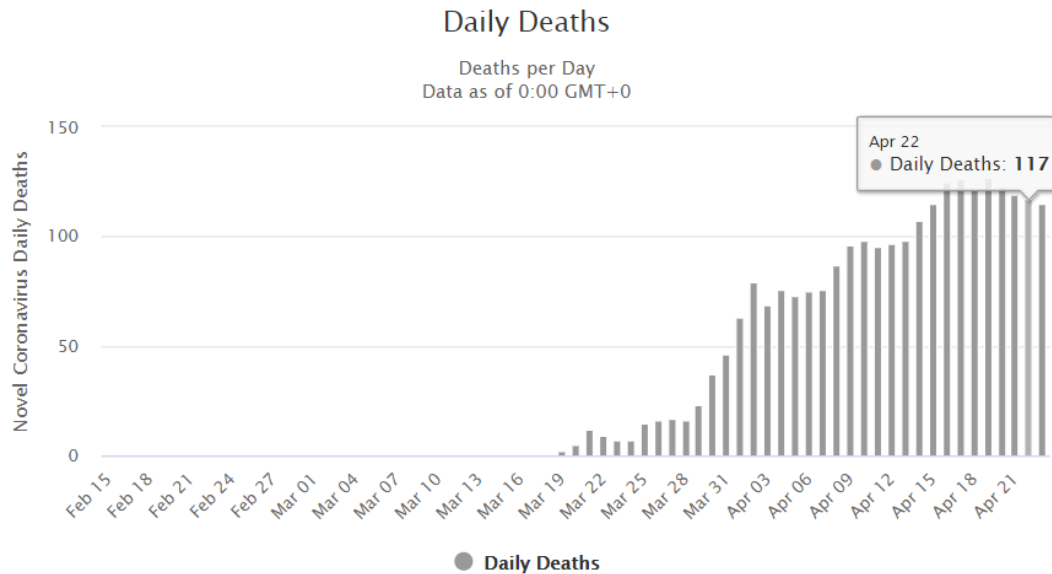


²⁶ (<https://www.dailysabah.com/turkey/figures-show-turkey-brought-spread-of-virus-under-control-minister-says/news, 2020>)

Daily New Cases in Turkey



Daily New Deaths in Turkey



During the week, the stay-at-home order only applies to those under the age of 20 or over 65. All other citizens are in theory allowed to go out, although many small businesses are closed, restaurants are open for delivery or pick-up only, public places like parks are off-limits, and banks have limited hours. By contrast, construction sites are in full swing, along with factories and other businesses that are unwilling to take an economic hit²⁷. **In confronting coronavirus, Turkey is charting its own path - as it does in so many other ways.**

Turkey has imposed partial restrictions, it can be successful, as long as those who are vulnerable continue to be protected and those who do venture out follow the appropriate measures. The benefit of a lockdown is that the spread of the disease is slow, the pressure on the hospitals reduce. A partial lockdown can be good, it can balance keeping some of the economies functioning while still trying to contain the outbreak. It depends on how well the population is adhering to the guidelines and how well physical distancing and hand hygiene are being implemented in workplaces.

Turkey's approach to fighting COVID-19 centres around contact tracing instead of general testing or testing after clinical presentation. They have also been delaying intubation by using high-frequency oxygen for a longer period, which has yielded better results. Turkey used the malaria drug **hydroxychloroquine** and **favipiravir**, a Japanese antiviral, much earlier than other countries in the onset of COVID-19.

Turkey has started using plasma from patients that already contracted the disease on those that are still fighting it. In response to COVID-19, the country quickly developed programs to manufacture and distribute personal protective equipment (PPE) not just within Turkey itself, but overseas as well - sending cargo loads to more than 30 countries, including the UK, Spain, and Italy. The gesture of solidarity and goodwill is also perhaps aimed at rebuilding Turkey's frayed ties with its NATO allies.

²⁷ (<https://edition.cnn.com/2020/04/17/europe/turkey-coronavirus-lockdown-response-intl/index.html>, 2020)

Turkey keeps on producing face masks, bodysuits, and surgical gowns intended for in-country use. Others produce face shields and gallons and gallons of disinfectants, hand sanitizers, and other essential cleaning products. Masks are obligatory in public places like markets but are not sold anywhere anymore. That was banned because the government is distributing them free at pharmacies, or for those who can't go out, straight to their homes. Turkey is easing the burden of the epidemic on those under stay at home orders by sending volunteers and police door to door to make sure vulnerable people have the services they need.

Call centres help elderly citizens under stay-at-home orders can call in requesting anything from grocery delivery, pharmacy purchase, or their monthly retirement cash.

Annex 23 Greece

As of 28 April, in total, **2,566** COVID-19 cases and **138** deaths (fatality rate of **5.38%**) due to COVID-19 have been reported. **577** persons are estimated to have recovered and **40** patients are critical/serious Condition.

As of 28 April, each disease carrier infects quite less than one other person. The person to person rate (Ro) is significantly under **1** according to Greek National Health Organization.

The last week, the number of cases, and fatalities in Greece continues to increase but at a **very slow pace**. The numbers of hospitalizations and patients in critical condition are decreasing. The curve of new cases is almost flat. It seems that the disease is under control and the virus spread is diminishing. However, the probability of serious disease spread still exists in close structures such as refugee and Roma camps.

Greece took strict but necessary measures timely, including the lockdown and fully-quarantine vulnerable towns and villages. These actions have protected the national health system, as only 10% of the intensive care units are occupied for the time being and eliminated the number of deaths.

The Greek Prime Minister announced on 28 April, the governmental plan for gradual rollback of covid-19 restrictions:

As of 04 May:

No need for sending text message in order to list the reason leaving the house;

Residents' freely movement but only within their own prefecture;

Allow personal exercise at open areas and beaches. Organized beaches will remain close;

Reopen some of the stores such as bookstores, electronics, sport goods. Hairdressers will operate only after appointments.

Reopen the Churches for personal worship only;

Reopen schools only for the last year students.

As of 11 May:

Reopen schools from 7th to 11th grades. only for the last year students.

As of 17 May:

The public sector, including hospitals will return to more ordinary operations with staff shifts;

Public transport means will increase schedules;

No need for sending text message in order to list the reason leaving the house;

As of 01 June:

Reopen the malls, restaurants and year-round hotels,

The Prime Minister stressed the personal responsibility and that returning to work may be more difficult than staying at home, calling for continued vigilance.

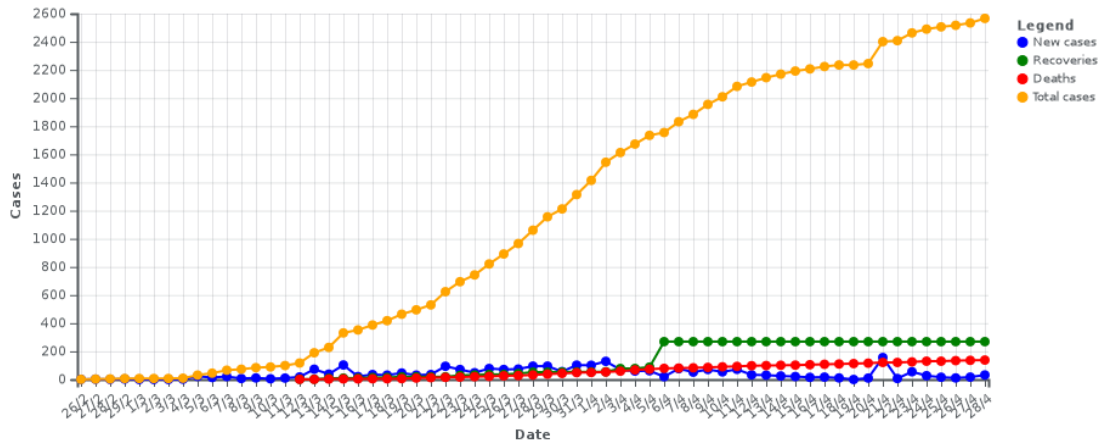


Figure : COVID-19 total confirmed cases, deaths, recoveries in Greece (28/04/2020 18:00 AM)

Sources:

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Annex 24 Serbia

The government of Serbia has relaxed some of the measures previously implemented to limit the spread of COVID-19. All commercial flights to and from Serbia are suspended indefinitely. All border crossings (air, land, or river) are closed for travellers. As of March 15 Government of Serbia declared a state of emergency with widespread travel restrictions and curfews. Following changes to the measures are in effect:

➤ **Because of the upcoming Serbian Labor Day Holiday Serbian Government announced an extended curfew from 6 p.m. on Thursday April 30 until 5. a.m. on Monday May 4.**

➤ **Those over age 65 may go daily for an hour's walk between 6:00 p.m. and 1:00 a.m., up to 600 meters from their residence.**

➤ **Most of the stores and shops are reopened**, including car mechanics, tire shops, shoemakers, tailors, dry cleaners, and driving schools, as well as some retail stores such as bookstores, auto dealers, bicycle shops, stores selling technical goods and building materials.

➤ Outdoor and indoors farmer's markets have been reopened.

➤ Intercity transportation resumes **while city public transportation is still suspended. Taxi services remain operational and driving personal vehicles is allowed.**

➤ **Some fitness and sports related facilities have been reopened subject to physical distancing requirements and use of masks, gloves, and disinfectants.**

➤ **Barbershops and beauty salons have been reopened.**

➤ Supermarkets, pharmacies, gas stations, post offices, banks and other service providers reduced their working hours to observe the curfew, **with most closing by 5 p.m. or earlier.**

➤ Mandatory 28-day self-isolation for anyone who entered the country on March 14, 2020 and later.

Serbia has designated COVID-19 hospitals and quarantine locations across the country. The Clinics accepts patients with COVID-19 symptoms through a dedicated entrance separate from that used by other patients. If the test results are negative, the patient is released. If the tests results are positive, the patient will remain at the Clinic²⁸.

On April 24, the Serbian government adopted three important documents that complete the Economic Measures Programme for reducing the negative effects caused by the contagious disease COVID-19.

The documents adopted are the 2020 Budget Revision Bill, the regulation related to the payment to adult citizens and a contract between the government and commercial banks, which allows entrepreneurs, micro, small and medium-sized enterprises a €2 billion guarantee scheme.

The guarantee scheme is fully regulated due to available funds. It aimed at ensuring the liquidity of the economy. A budget revision contains all needed elements and details, and undoubtedly, is tied to the economic aid package for the Serbian economy and citizens²⁹.

The Serbian government decided to stop humanitarian flights for the return of Serbian

²⁸ (<https://rs.usembassy.gov/serbia-covid-19-information/>, 2020)

²⁹ (<https://www.srbija.gov.rs/vest/en/155004/legal-framework-for-application-of-economic-measures-programme-rounded-up.php>, 2020)

nationals from abroad unless there is an exception³⁰.

Serbia maintains its relationship with Austria by exchanging experience in the current situation. On April 25, Austria announced its intention to send medical equipment and equipment for temporary hospitals. Also, as a gesture of collaboration, the Serbian government donated to Italy a medical aid^{31,32}.

The World Health Organization (WHO) Office in Serbia cooperates and assists to the country in combating the COVID-19 infectious disease³³.

Serbia implements efforts to strengthen international cooperation with Korea and the Russian federation against COVID 19³⁴.

As of April 28, the country has the lowest coronavirus mortality rate compared to the countries in this part of Europe, with the rate of 1.9 percent.

The Prime Minister emphasized that the health system in Serbia has endured, stating that it can accommodate all infected, it has medical teams, ventilators and medicines, so there is no a need to choose whose life to save.

Serbia has started domestic production of antibody tests, which will be done by the Institute for the Application of Nuclear Energy, with the first tests to be ready within a month³⁵.

As of April 28, parks and promenades are open, and the visitors must keep the appropriate distance and adhere to all official recommendations for disease prevention, the open-air training is also allowed³⁶.

On April 29, Serbia declared readiness to resume passenger air traffic on 18 May, but that will depend on other countries of the European Union (EU) and when they will allow flights from their airports. The intention is to resume passenger flights on the airports in Belgrade, Nis and Kraljevo. However, if Europe does not open by this date, Serbia will not be able to either. The Belgrade Nikola Tesla Airport has been opened all the time for bringing humanitarian assistance and Serbian citizens from abroad.

Intercity transport will resume as of 4 May and public transport in Belgrade and Nis as of 8 May.

On the other hand, freight traffic has been functioning since the outbreak of the epidemic and that helped Serbia to survive the crisis economically to a great extent³⁷.

³⁰ (<https://www.srbija.gov.rs/vest/en/155037/no-more-humanitarian-flights-for-bringing-back-citizens-from-abroad.php>, 2020)

³¹ (<https://www.srbija.gov.rs/vest/en/155061/collaboration-with-austria-during-coronavirus-pandemic.php>, 2020)

³² (<https://www.srbija.gov.rs/vest/en/155070/four-air-serbia-aircraft-carry-our-countrys-assistance-to-italy.php>, 2020)

³³ (<https://www.srbija.gov.rs/vest/en/155145/collaboration-with-who-to-combat-covid-19-epidemic.php>, 2020)

³⁴ (<https://www.srbija.gov.rs/vest/en/155223/exceptional-relations-cooperation-with-russia-in-fight-against-coronavirus.php>, 2020)

³⁵ (<https://www.srbija.gov.rs/vest/en/155265/serbia-effective-in-fighting-pandemic.php>, 2020)

³⁶ (<https://www.srbija.gov.rs/vest/en/155277/serbia-reports-six-new-coronavirus-deaths.php>, 2020)

³⁷ (<https://www.srbija.gov.rs/vest/en/155277/serbia-reports-six-new-coronavirus-deaths.php>, 2020)

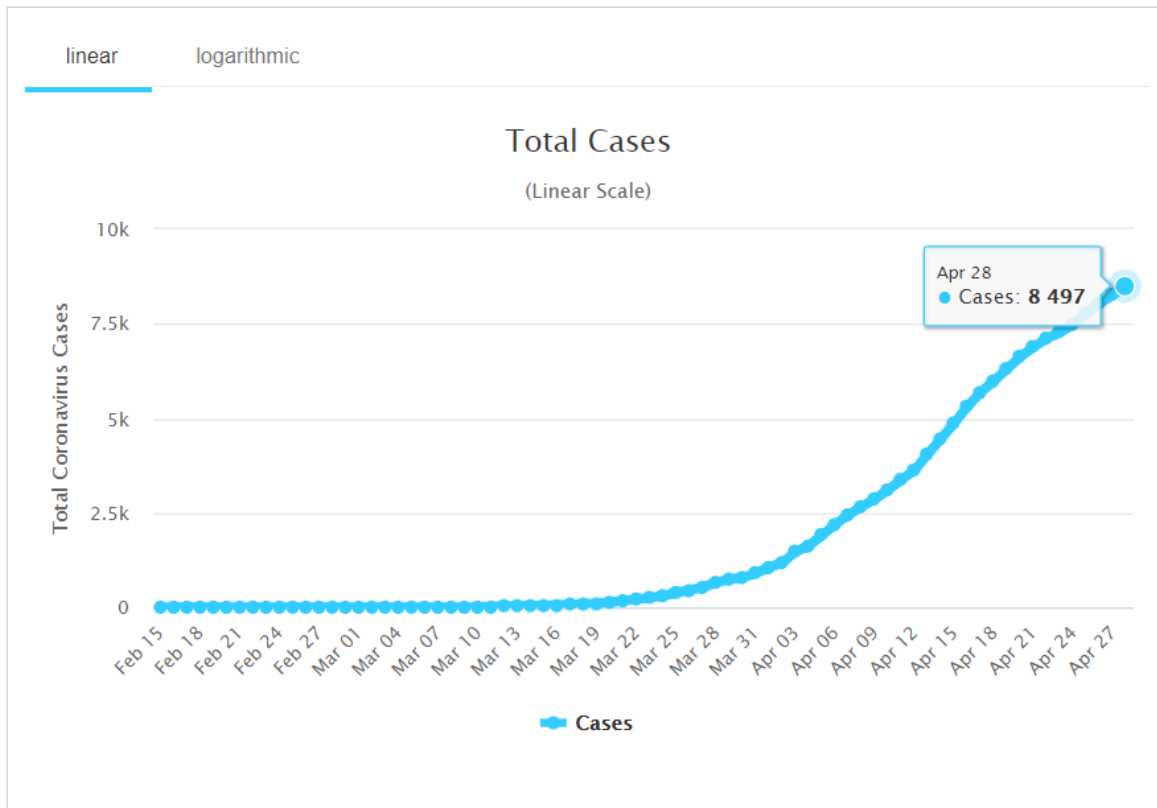
On April 28, 5,446 persons tested, of whom 222 tested positive for coronavirus, pushing the total number of Serbia coronavirus cases to 8,497. A total of 2,517 patients hospitalized to date, 1,260 cured and that 79 are on ventilator support.

In the past 24 hours, six more died of coronavirus related complications, three men and three women, raising the number of total fatalities to 168.

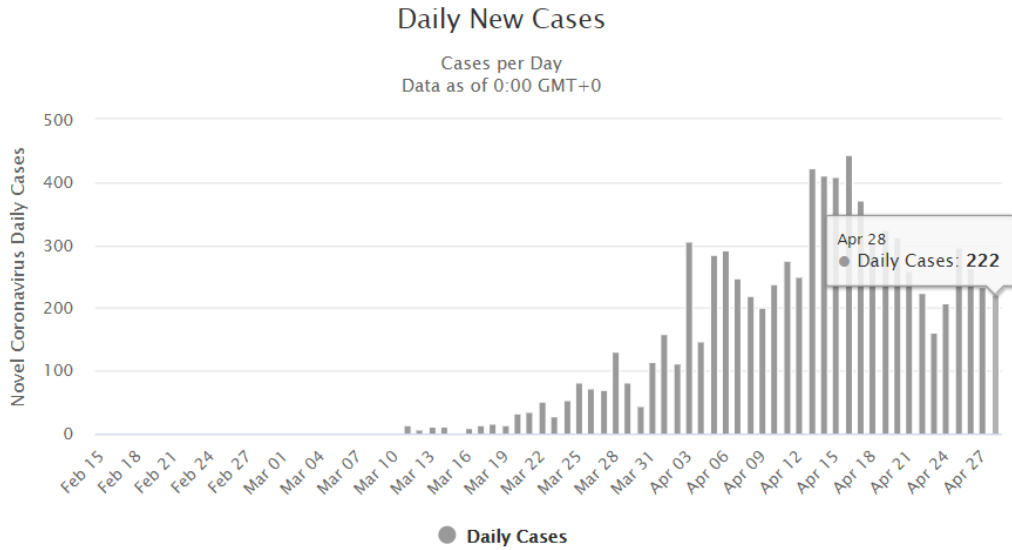
The greatest number of those infected is in Belgrade - 2,122, which is 27.38% of the total number, followed by Nis - 1,189 persons or 15.34%, Cuprija 3%, Leskovac 2.68%, Krusevac 2.41%, Valjevo 2.32 %, Aleksinac 2.12%, Paracin 1.99%, Jagodina 1.60% and Bor 1.56%.

Other cities and towns confirmed fewer infections, with rare areas where no virus is present, the percentage of positive cases to date is 0.12% of the total population.

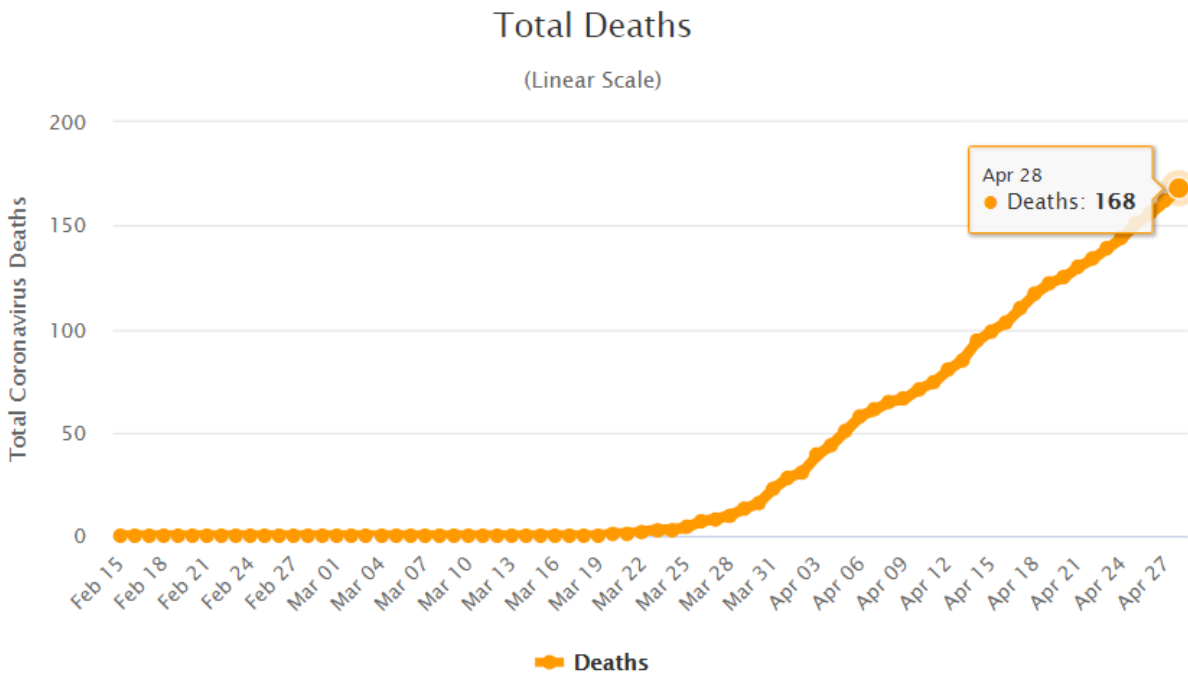
Total Coronavirus Cases in Serbia



Daily New Cases in Serbia



38



39

³⁸ (<https://www.worldometers.info/coronavirus/country/serbia/>, 2020)

³⁹ (<https://www.worldometers.info/coronavirus/country/serbia/>, 2020)

Annex 25 North Macedonia

In the period 23.04. - 28.04 in the Republic of Northern Macedonia, the COVID-19 proliferation crisis management situation developed as follows:

The Government has adopted the decree implementing the Value Added Tax Act during a state of emergency. This law accepts reliefs for the payment of VAT to the state by the companies, as well as the return of such to individuals for the period since the beginning of the state of emergency.

Another decision of the Government is related to the export of disinfectants. With this decision, each exporter is obliged to left part of the production in the country.

Another newly adopted regulation concerns gambling, and their exemption from payment of obligations/taxes to the state for the time since their suspension - 15.03. At the same time, to keep about 7,500 seats, some of the gambling is provided through the Internet.

From 23.04. the movement of citizens is prohibited from 19:00 to 05:00 from Monday to Friday. Different time zones are set for different age groups in order to avoid direct contact.

A separate measure determines the wearing of a protective mask as a mandatory. Exceptions are made when staying in the courtyard of the house and for individual sports and cycling.

The city of Skopje has announced that an Ozone therapy unit has arrived, which will be used to treat the most severely COVID-19 patients.

Up to 28.04. the COVID-19 situation in North Macedonia is as follows:

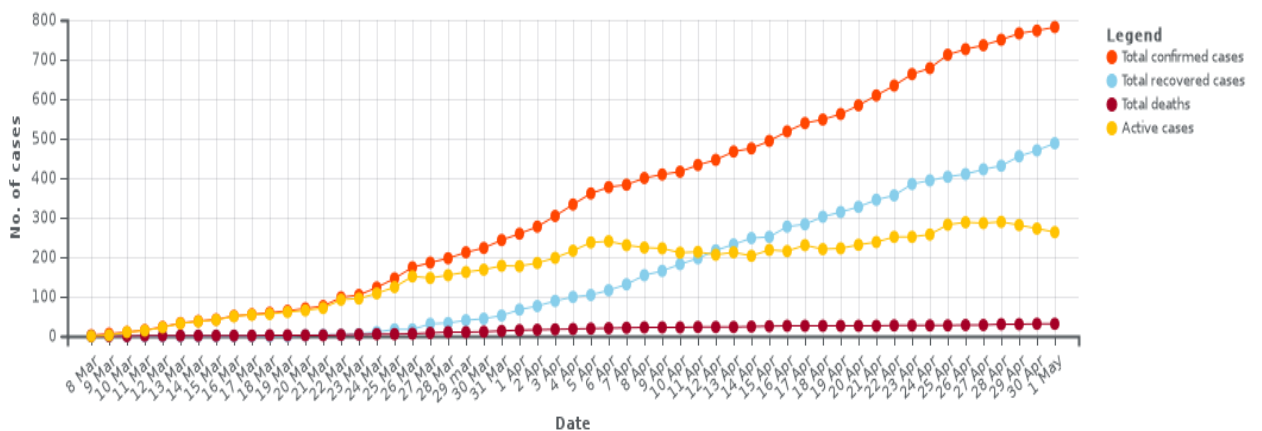
- COVID-19 cases: 1399
- Deaths: 65
- Recovered: 553.

Sources:

1. <http://zdravstvo.gov.mk/korona-virus/>
2. <https://novini.bg/sviat/balkani/595389>
3. https://gdi-sk.maps.arcgis.com/apps/opsdashboard/index.html?fbclid=IwAR0Dd9MY7njiNtDkPpPt8R2SeD4pW_6TO12axwKrT4CcegckY4P4Ezt43f4#/2096bd4b051b42948ac3f5747e80c3a5
4. <https://www.mfa.bg/embassies/macedonia>
5. [https://vlada.mk/covid19#collapse34.](https://vlada.mk/covid19#collapse34)

Annex 26 Albania

On **25 April**, Minister of Health and Social Protection Ogerta Manastirliu announced plans to relax free hours from 90 minutes to 2 hours in the "Red Zones" and the establishment of "Green Zones", counties and municipalities where there were no active cases or had little risk of spread. Regions included were the counties of Dibër and Gjirokastrë and the municipalities of Sarandë, Konispol, Himarë, Delvinë, Finiq, Prrenjas, Pogradec, Librazhd and Divjakë. In these Green Zones, movement of pensioners was allowed hours 6:00 to 8:30 and other people 9:30 to 17:30 with no more than one person accompanying. Gatherings of more than two people in public were prohibited and cars could freely move from 9:30 to 17:30 without permit and no more than one passenger. These measures took effect the following day on **26 April**.



On **28 APR** Government of Albania has extended the state of emergency and associated lockdown measures (initiated on 24 March 2020) until **26 June 2020**.

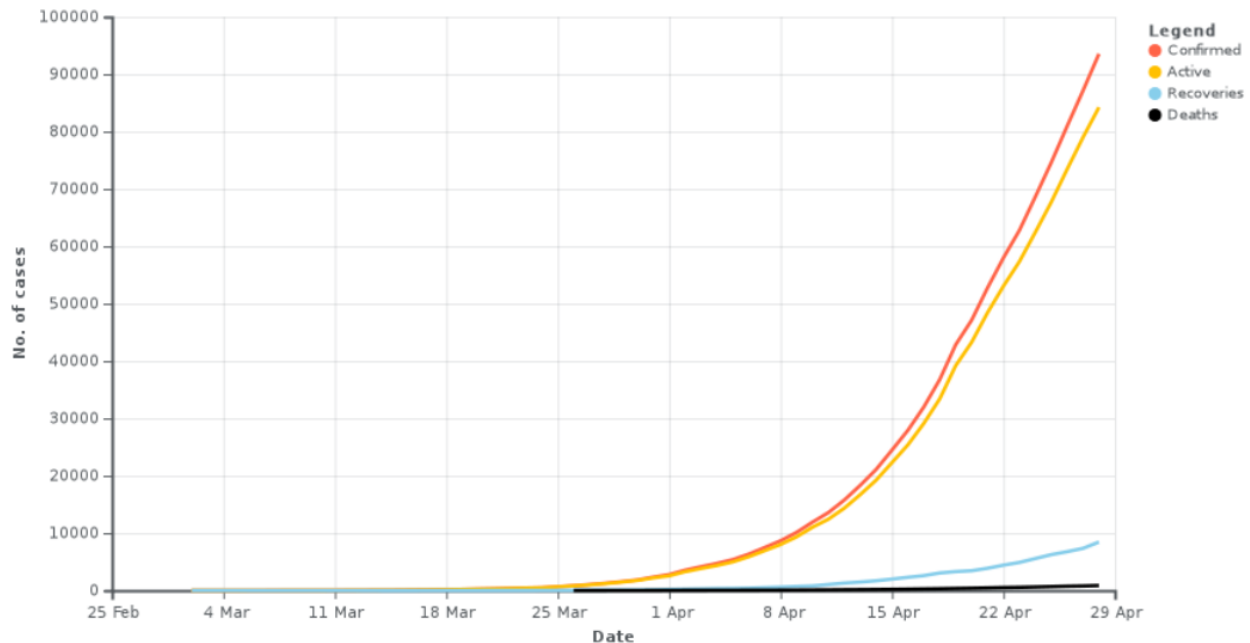
As of **2 MAY 2020** the number of total positive cases in Albania is 789, with 33 deaths and 31 recoveries.

Anenx 27 Russia

The rate of spread of the coronavirus in Russia for the period from 23 to 28 April remains steady. In the last three consecutive days of the past period, the country reports more than 6000 new cases. The total number of infected persons is close to 95,000. Thus, the number of infected persons increased by an average of about 1.5 times during the reporting period.

The number of cases of contamination with coronavirus in Russia as of April 28 reaches a total of 93538, the deaths are 867 and the cured are 8156, with which the country is outpaced the China.

Charts [\[edit\]](#)



Russian President Vladimir Putin spoke on April 28 at a meeting to counter the spread of coronavirus in the regions. Later, he also addressed an address to the Russians, outlining the ten most important measures and initiatives to be taken in the coming days and weeks by senior government officials.

Measures must be taken by society to take into account the fact that the situation remains very difficult and the fight against the coronavirus is still far from over. On April 28, it becomes the Day of the ambulance worker in Russia, the head of state announced.

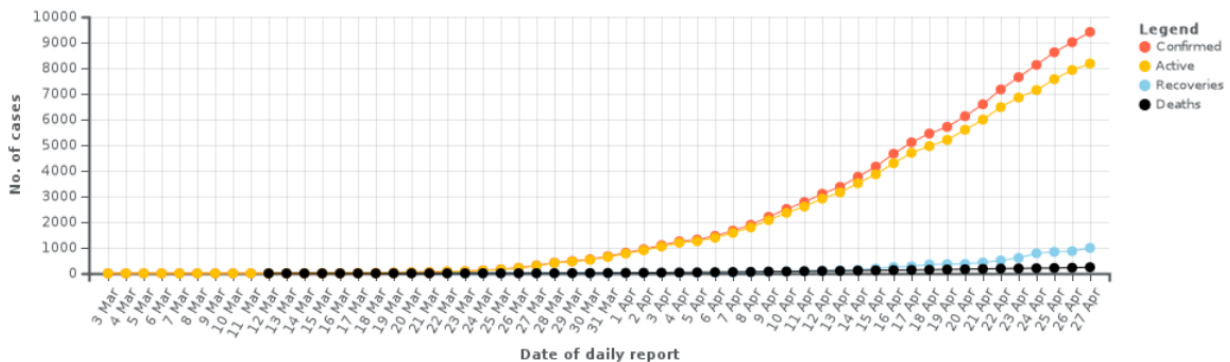
The president announced May 6, 7 and 8 as non-business days. Thus, the "vacation" period in Russia is extended to May 11 inclusive. The Head of State stressed that it would be necessary to strictly follow coronavirus prevention measures throughout this time.

Putin has instructed the government to prepare options to exit the May 12 regime. He stressed that this should be done "depending on the current epidemiological situation and its sustainable prognosis". At the same time, the president noted that there would be "no country-wide restrictions at the same time" but a "difficult and difficult road".

Annex 28 Ukraine

In the period between 23 and 29 April, cases of coronavirus in Ukraine are growing exponentially. During the reporting period, the number of infected persons has increased on average by 1.3 times.

The total number of cases in Ukraine, as of April 28 reached 9140, the deaths are 239 and the recoveries are 992.



Since the April 6, a decision taken by Ukrainian cabinet is in force for applying strict restrictive anti COVID-19 measures.

Wearing face masks in public is mandatory in Ukraine. Local people are also restricted from gathering outdoors in groups of more than two persons, with the exception of those with children. Young people over 16 are forbidden to leave their home without a parents escort.

All visits to parks, recreation areas, playgrounds and playgrounds are prohibited, except for those who walk their pets. The new rules are in addition to those imposed since March 12.

Since the April 22, the government extended the quarantine measures until May 11, all measures remain in force, except for the granting of access to public transport by potential blood donors.

On April 27, Health Minister Maxim Stepanov announced that 1749 medical workers and 614 children were infected. During the period most new cases were registered in Kharkiv and Transcarpathian regions.

According to the Ukrainian Ministry of Defense, the coronavirus has been confirmed in 44 servicemen, so far two have died and 18 have recovered.

Annex 29 Moldova

As of 22.04.2020, there were 2614 cases of coronavirus infection, of which 313 were from Transnistria.

Health status of infected persons: 204 - serious, 540 - moderate, others in satisfactory condition. Currently, 76 children infected with COVID-19 have been admitted, whose condition is average and satisfactory.

In the last 24 hours, 112 patients with COVID-19 were hospitalized at the COVID-19 center.

To date, 560 have been cured, 55 released yesterday and 74 dead from COVID-19.

The latest death was a 65-year-old man. He was hospitalized on April 14 with concomitant type II diabetes.

Of the total number of cases, 658 are nurses: nurses - 231, support staff - 197, doctors - 173, paramedics - 45, pharmacists - 12. Most infected doctors are from regional hospitals and emergency medical care centers.

The Minister of Health announced that thanks to the measures and actions taken since the beginning of the epidemic, including the registration of the first case in the territory of the Republic of Moldova, it is possible to control the spread of the infection and to avoid the critical scenario foreseen by the specialists in this epidemic. area. She noted that if all measures are still complied with, around 5,635 cases could be registered by 19 May (compared to the forecast critical scenario of 31777 cases).

From February to April 19, an estimated 2767 cases and 62 deaths were foreseen, with 2472 cases and 67 deaths actually registered on April 19.

Annex 30 USA

On April 19 the Trump administration released a three-phase advisory plan for states to follow, called "Opening Up America Again". Places with declining infections and strong testing would begin a three-phased gradual reopening of businesses and schools, with each phase lasting at least 14 days, meant to ensure that the virus outbreak doesn't accelerate again.

Protests calling for an end to restrictions were held in more than a dozen states. Governors in several states took steps to re-open some businesses the last week of April, even though they did not meet the benchmarks set out in the federal guidelines. In late April 2020, pressure increased on states to remove economic and personal restrictions. Trump alternately encouraged⁴⁰ and discouraged⁴¹ the reopening actions.

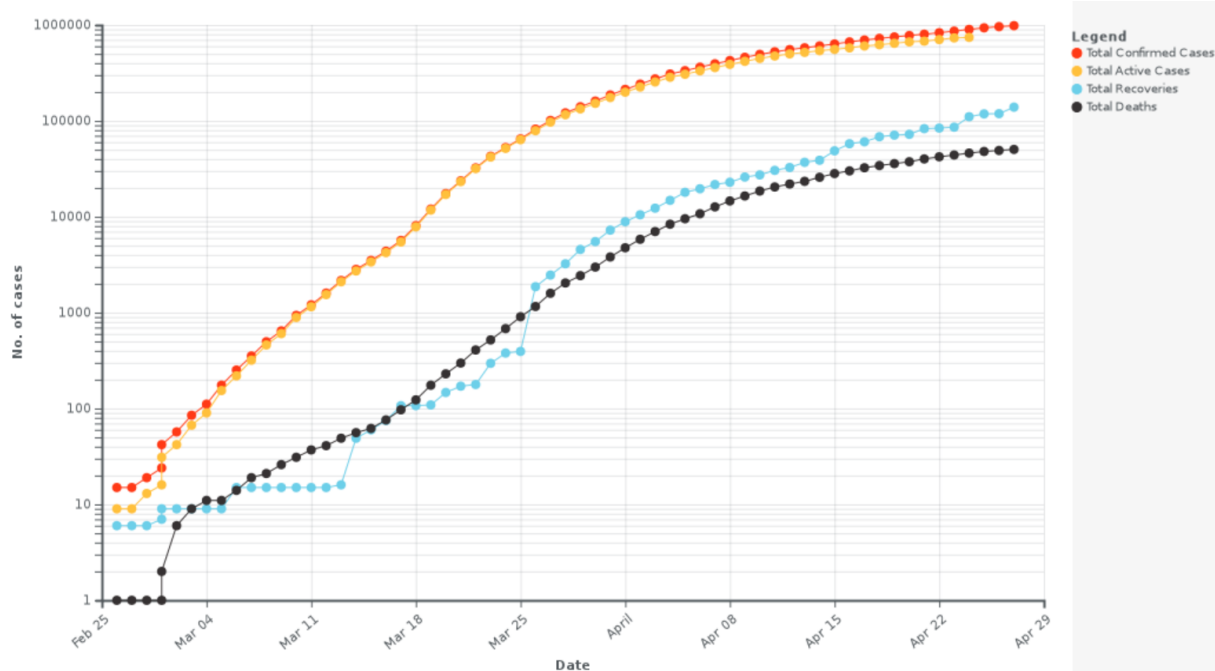
By late April some states started to loosen restrictions. Georgia's governor said restaurants and cinemas would be allowed to reopen on April 27th.

Due to the disruption to the academic year caused by the COVID-19 pandemic, the U.S. Department of Education approved a waiver process, allowing states to opt-out of standardized testing required under the Every Student Succeeds Act. In addition, the College Board eliminated traditional face-to-face Advanced Placement exams in favor of an online exam that can be taken at home. The College Board also cancelled SAT testing in March and May in response to the pandemic. Similarly, April American College Testing (ACT) exams were rescheduled for June 2020.

On April 21 and 23, the Senate and House passed a \$484 billion bill which will help fund the Paycheck Protection Program, provide \$75 billion in funding to hospitals, and implement nationwide testing for the virus; the president signed it into law on April 24.

⁴⁰ <https://www.thedailybeast.com/trump-calls-on-people-to-liberate-virus-stricken-states-with-democratic-governors>

⁴¹ <https://www.myhighplains.com/news/oklahoma/too-soon-states-reopen-without-meeting-federal-guidelines/>



As of April 28, 2020, the number of confirmed positive cases of the COVID-19 disease reported in the United States reached 1 010 507, with 56803 deaths reported among these cases - the highest rate in the whole world, 139162 of the patients have been recovered.

Sources:

1. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>
2. <https://www.statista.com/study/71515/coronavirus-disease-covid-19-in-the-us/>
3. https://en.wikipedia.org/wiki/2020_coronavirus_pandemic_in_the_United_States#cite_note-7
4. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>
<https://www.whitehouse.gov/openingamerica/>.

Annex 31 Canada

Canadians across the country have been holed up inside their homes for weeks, unable to go to work or school, as the country works to flatten the curve of the novel coronavirus pandemic. There are signs that Canada is starting to flatten its curve in the battle against COVID-19, with modeling data suggesting that some provinces have already passed the peak, prompting leaders in those areas to talk about loosening movement restrictions.

While the rate of new COVID-19 cases is falling nationally, concerns persist about the continuing high numbers of cases and deaths in Ontario and Quebec, a lack of testing, and uncertainty as to whether those who were infected have immunity—and for how long.

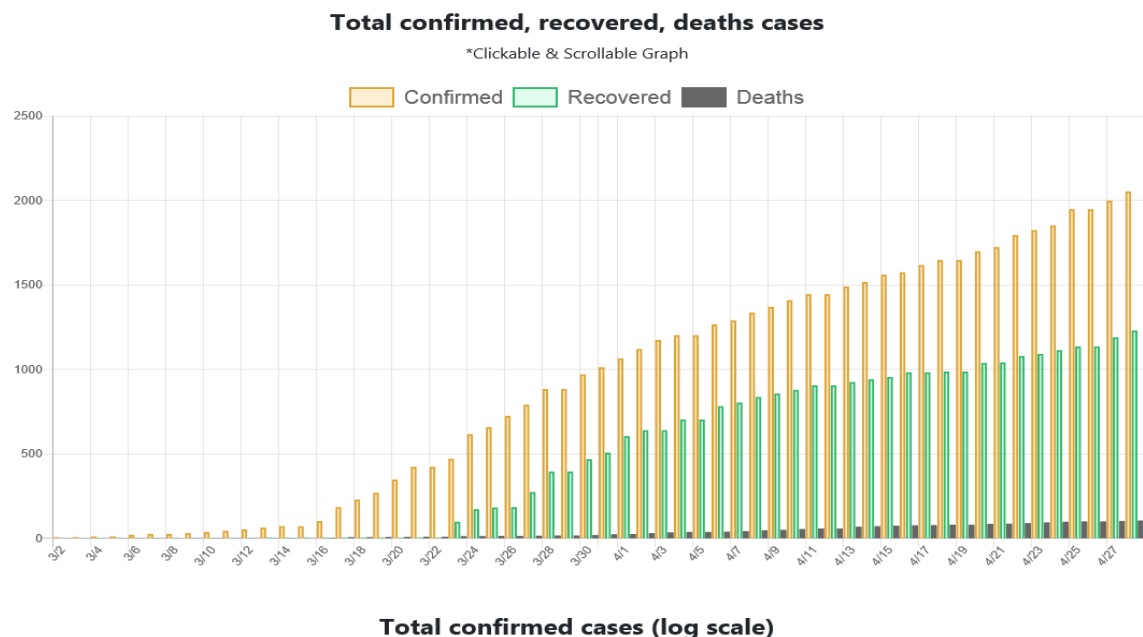
Over the weekend, the number of new cases, as well as the number of deaths, seemed to stabilize and, depending on the area, improve. Prince Edward Island hasn't reported a case since April 15 while New Brunswick, where the number of cases remains at 118 since April 18, announced the first phase of New Brunswick's recovery plan and the loosening of its public health restrictions.

Canada's two largest provinces Ontario and Quebec, announced plans on Monday to ease restrictions put in place in response to the COVID-19 pandemic over next few months.

In Ontario, the government announced it will reopen the province's economy through a three-stage process in the coming weeks and months, though it offered no firm date and few details about when that effort will begin. According to the province, the stages are as follows:

- Stage 1: Open select workplaces and allow some small gatherings.
- Stage 2: Open more workplaces and outdoor spaces and allow some larger gatherings.
- Stage 3: Further relax restrictions on public gatherings and open all workplaces "responsibly."

Some other provinces also declared that they have or are currently working on recovery plans and loosening of some public health restrictions.



As of April 28, 2020, the number of confirmed positive cases of the COVID-19 disease reported in Canada reached 50026, with 2859 deaths reported among these cases, 19190 of the patients have been recovered.

Sources:

1. <https://www.covid-19canada.com/graphs>
2. <https://www.statista.com/statistics/1107034/covid19-cases-deaths-tests-c>
3. <https://www.worldometers.info/coronavirus/country/canada/anada/>
4. <https://globalnews.ca/news/6816754/coronavirus-canada-lift-restrictions/>
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/government-canada-takes-action-covid-19.html>

Annex 32 Brasil

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 – 73 235;
- Coronavirus deaths – 5083 (6,9 %);
- New cases for the last 24 hours as of 28.04.2020 - 5789;
- Recovered after illness – 32 544 (44,4 %);
- Cases per 1 M of the population - 345.

3. Trends.

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

4. Measures taken.

On February 3, a public health emergency was declared at national level, with no confirmed cases in the country.

In the course of the spread of the epidemic, a partial closure of the border with Venezuela has been announced at national level, with individual states declaring anti-epidemic measures themselves, depending on the situation, limited to declaring a state of emergency, public emergency and partial quarantine (the closure of all commercial and non-essential services), as well as restricting movement between states. There is a lack of complete information on the specific measures in the various states, but the conclusion is made about not very rigid anti-epidemiological measures.

The measures taken are aimed at attempting to protect against the collapse of the health system and the economy and stabilize the business.

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

The initial underestimation of the situation and the delayed and reactive measures have led to the uncontrolled spread of COVID 19 in Brazil, a huge number of infected people and death.

To date, there are no indications of a peak or approaching a peak in the coronavirus spread in Brazil.

In March, scientists predict up to 2 million deaths in Brazil in the worst-case scenario without any measures to control the virus. They point out that a social distance policy is one of the most effective vaccine-free measures. Italian experts warn that the growth curve of coronavirus spread in Brazil will replicate that of European countries. A study by doctors at the University of Sao Paulo USP, Unicamp, Unesp, UnB, UFABC, Berkeley (USA) and Oldenburg (Germany) shows that the number of infected people, based on the data until March 19, doubles every 54 hours .

The health minister says their numbers will grow exponentially by the end of June.

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.

Annex 33 Australia

As at 3:00pm on 22 April 2020, a total of 6,649 cases of COVID-19 have been reported in Australia, including 74 deaths and 4,761 have been reported as recovered from COVID-19.

Over the past week, there has been an average of 29 new cases reported each day. Of the newly reported cases, the majority have been from NSW.

Cases of COVID-19 were reported across all ages.

- The median age of all cases is 48 years (range: 0 to 101 years).
- The median age of deaths is 79.5 years (range: 42 to 95 years).

There is a relatively equal ratio of male-to-female cases across most age groups.

There has been a steady decline in cases. However, it is too soon to tell whether this trend will be sustained.

Of cases with a reported place of acquisition, 64% have recent international travel history, including around 1,200 cases associated with cruise ships.

The overall proportion of cases under investigation in each state and territory is relatively low, indicating that public health actions, including case identification and contact tracing, is occurring in a timely manner.

To date, over 452,000 tests have been conducted nationally. Of those tests conducted 1.5% have been positive.

There are no officially announced plans to ease and remove restrictive measures.

Annex 34 Africa

The COVID-19 pandemic continues to expand in the African Region, despite the implementation of lockdown orders in the vast majority of countries. The number of new confirmed cases continues to increase every week, albeit at a slower pace than previously, thus indicating that the peak of the outbreak has not yet been reached. Four countries (South Africa, Algeria, Cameroon and Ghana) have recorded over 1 000 cases; these countries alone account for over half (55%) of the cases reported in the region. It is essential to reinforce mitigation measures in these countries in order to reduce morbidity and mortality, maintain essential health services and minimize the disruption of public services and economic activities. At the same time, just over half (53%) of affected countries have reported fewer than 100 cases to date. In these countries, measures to contain or at least delay the spread of the outbreak need to be intensified; including active case finding, testing and isolation of cases, contact tracing, physical distancing and promotion of good personal hygiene practices. Finally, the absence of reported COVID-19 cases from Comoros and Lesotho calls for a reinforcement of the alert management system in these countries, including the intensification of active case search and testing of suspected cases. Governments need to commit local resources, supplemented by the donor communities, to support the implementation of their containment and mitigation strategies.

The global community is racing to slow down and eventually halt the spread of COVID-19, a pandemic that has claimed thousands of lives and sickened tens of thousands of others. In Africa, governments and health authorities across the continent are striving to limit widespread infections. Since the start of the outbreak the World Health Organization (WHO) has been supporting African governments with early detection by providing thousands of COVID-19 testing kits to countries, training dozens of health workers and strengthening surveillance in communities. 44 countries in the African region can now test for COVID-19. At the start of the outbreak only two could do so. WHO has issued guidance to countries, which is regularly updated to take into account the evolving situation. The guidelines include measures such as quarantine, repatriations of citizens and preparedness at workplaces. WHO is providing remote support to affected countries on the use of electronic data tools, so national health authorities can better understand the outbreak in their countries. Preparedness and response to previous epidemics is providing a firm foundation for many African countries to tackle the spread of COVID-19. Importantly, basic preventative measures by individuals and communities remain the most powerful tool to prevent the spread of COVID-19. WHO is helping local authorities craft radio messaging and TV spots to inform the public about the risks of COVID-19 and what measures should be taken.

Annex 34 Last 100 Pandemics

| No | | Spanish flu | Asian Flu | Hong Kong flu | Severe acute respiratory syndrome (SARS) | Swine flu | Middle East respiratory syndrome (MERS) | Ebola | Severe acute respiratory syndrome (SARS) - Coronavirus | Seasonal flu |
|----|--|-------------|-------------|---------------------------|--|--|---|---|--|--|
| 1. | Abbreviation | H1N1 | H2N2 | H3N2 | SARS-CoV | H1N2 | MERS-CoV | Ebola virus | SARS-CoV-2 | A/H3N2, A/H1N1, B, ... |
| 2. | Year | 1918-1920 | 1957-1958 | 1968-1970 | 2002 | 2009-2010 | 2012 | 2013-2016 | 2019 | Всяка година |
| 3. | Place | France | China | Hong Kong | China | Mexico | Jordan | Democratic Republic of the Congo | China | Appears in late autumn and winter throughout the world |
| 4. | Origin | Birds | Wild ducks | Mutated form of Asian flu | Asian cats (Paradoxurus hermaphrodites) | Not directly from a swine to humans, but sometimes is possible | Bats Sick camels | Humans become infected by direct contact with bats or by contact with live or dead bats infected animals. | Genetically closely related to the SARS virus | - |
| 5. | World's population in the year of the pandemic | 1,8 billion | 2,8 billion | 3,5 billion | 6,2 billion | 6,9 billion | 7,1 billion | 7,1 billion | 7,7 billion | - |
| 6. | Infected people | 500 million | 500 million | 500 million | 8,098 | 1 billion | 2000 | 27500 | 734 000 (30.03.2020) | 1 billion – 1,5 billion (every year) |

| | | | | | | | | | | |
|----|------------------------------------|------------------------------------|--|--|---|---|--|--|--|---|
| 7. | % from the world population | 30% | 18% | 13% | 0,00013% | 15% | 0,000028% | 0,00038 | 0,01% (30.03.2020) | - |
| 8. | Deaths | 50 million (10% from the infected) | 3 million | 1 million | 774 (9,55% from the infected) | 151,700–575 400 | 670 (30% from the infected) | 11,316 40% from the infected) | 34 700 (30.03.2020) - 2-10 % СМЪРТНОСТ. | 290,000–650,000 every year |
| 9. | Transmission | Air drops | Droplets and secretions from the respiratory tract of the infected individual | Droplets and secretions from the respiratory tract of the infected individual | Air droplets when people sneeze, cough or exhale | Droplets in the air from person to person and by contacting the person with objects contaminated with the virus and transferred to the eyes or nose. | Droplets and secretions from the respiratory tract of the infected individual | The infected people emit viruses with all of their bodily secretions (sweat, blood, lymph, saliva, urine, semen, faeces), after a certain period the virus is also separated from the cells destroyed by the epidermis, and then even touching the skin | Air droplets when people sneeze, cough or exhale | Through small droplets and secretions from the respiratory tract of the infected individual and indirectly by contacting objects that have respiratory secretions and viruses. |

| | | | | | | | | | | |
|-----|----------------------------|--|---|---|---|---|---|---|---|--|
| | | | | | | | | can cause infection. | | |
| 10. | Incubation period | 2-4 days | 2 – 10 days | 2 – 10 days | 1 - 10 days | 5-6 days | 5-6 days | 2 - 21 days | 2 - 14 days | 1 – 4 days |
| 11. | The most vulnerable people | <p>Young and middle-aged people.</p> <p>Almost all the victims are under 65 years old and have a large number of young and healthy people.</p> | Dangerous for the elderly. | Dangerous for the elderly and children. | <p>People with pre-existing chronic conditions</p> <p>Elderly people with cardiovascular disease, diabetes, high blood pressure, chronic respiratory problems and cancer.</p> | <p>People over 65, children under 5 years of age.</p> <p>People with weak immune systems.</p> <p>Suffering from chronic heart disease, lungs, diabetes.</p> | <p>People with weakened immune systems or with chronic conditions such as diabetes or chronic respiratory distress.</p> | <p>Affects poor African countries (Guinea, Liberia and Sierra Leone)</p> | <p>People with pre-existing chronic conditions are prone to severe disease</p> <p>Younger people are less vulnerable</p> <p>Risk factors for severe course include age over 65 and smoking.</p> | <p>“Type A” mainly affects adults and young children.</p> <p>“Type B” affects students and young people of working age.</p> <p>At-risk groups are suffering from chronic heart disease, lungs, kidneys, pregnant liver, diabetic patients, immunodeficiency patients, people over 65, children under 5 years of age.</p> |
| 12. | Symptoms | <p>Fever, fatigue at the beginning</p> <p>In the development of the disease -</p> | Chills, fever, muscle aches, headaches, loss of appetite. | Chills, fever, muscle aches, headaches, loss of appetite. | <p>In the beginning - chills, fever, muscle aches, headaches.</p> <p>After 2-4 days dry</p> | <p>Temperature, coughing, sore throat, moisturizing eyes, muscle aches, shortness</p> | <p>Fever Cough Bouts of shortness of breath,</p> <p>With pulmonary inflammation</p> | <p>Feeling tired, fever, muscle and joint pain, headache and sore throat.</p> | <p>Fever, Fatigue, Dry cough, It's worse breathing, respiratory distress.</p> | <p>It starts suddenly, accompanied by severe muscle and joint pain, chills, fever, dry cough,</p> |

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| | | skin blueness, the lungs are filled with fluids. | | | cough and shortness of breath develop | of breath, headache, weight loss, chills, sneezing, runny nose, dizziness, abdominal pain, lack of appetite and general fatigue. | on and renal failure, the disease cannot be controlled and the outcome is fatal. | These symptoms are often followed by vomiting, diarrhea and abdominal pain. Then there may be shortness of breath and chest pain, accompanied by swelling, headache and confusion. In some cases, internal and external bleeding may occur. | It can become ill without symptoms . | eyeball pain, and headache. |
| 13. | Treatment | The same measures as today for coronavirus - social distance | The infection was only controlled after the vaccine | Effective vaccines have been developed since November 1968. | The spread of SARS was stopped due to the introduction of | Antiviral medicines can reduce the disease and cure the person faster. | Still working to find a vaccine | There is no officially approved specific treatment for Ebola | There is no specific treatment | Vaccines - as prevention, but not 100% effective. The use of antibiotics is |

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| | | measures, the only ones effective in the absence of a vaccine. Quarantine, isolation, masks, hand washing. | was created. | | quarantine and excellent international cooperation ; Fortunately, doctors and scientists manage to destroy the SARS virus by isolating and quarantining the infected until the virus is completely wiped out of their body so that they cannot transmit it to other people. | Controlling the temperature, soothing the pain and maintaining the water balance | | at this time. Patients are left to rest, given water. The goal is to maintain the vital activity of the body while it fights the virus, and it is generally believed that the patient's immune system will eventually deal with the virus. There is a developed vaccine for Ebola. | | not recommended as there is no specific drug to counteract the flu virus. Alleviating the symptoms of infection - the numerous analgesics that are available to relieve pain. Strengthening the immune system can also contribute to faster recovery |
| 14. | Consequences | This flu has a very grave impact on future generations - mothers | The virus, is usually "repeated" every 60 years. | It continues to circulate among the population today | There have been no confirmed cases since 2004. The association | Most people with the virus recover completely without medical help or | What is specific about this infection is that the second phase - lung | In 2014 and 2015, this infection erupted in a pandemic. | Access to Europe - will be totally rethought The problem is | When the flu is not accompanied by another disease, it usually goes away without complications |

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| | <p>who carry the infection, often giving birth to children with secondary illnesses such as schizophrenia, diabetes and epilepsy.</p> <p>A huge drop in labor leads to high levels of pay.</p> <p>It slows down the progress of affected societies for several decades.</p> <p>Contributes to the creation of the world's first health agencies.</p> | | <p>The US is one of the hardest hit</p> | <p>of doctors from around the world helps to suppress the pandemic.</p> | <p>antiviral medication</p> | <p>inflammation, kidney failure and blood poisoning - occurs very quickly.</p> <p>WHO coordinates the efforts of stakeholders, including conducting information campaigns, disseminating up-to-date prevention and treatment information, risk assessment, etc.</p> | <p>In the event of a cure, the virus continues to live for an additional 7 - 8 weeks in the reproductive system, making seminal fluids dangerous during this period even after the "complete" cure.</p> | <p>that if mortality exceeds some critical level, panic can occur with severe economic effects and growing divisions in society.</p> <p>Our health systems are probably underfunded for the current aging population</p> | <p>and is not dangerous.</p> |
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| 15. | Some specific characteristics | It has been identified as a unique deadly product of nature, evolution and close human-animal contact. | It mutates and 10 years later manifests itself as Hong Kong flu | <p>The epidemic has triggered major international mobilization coordinated by the WHO</p> <p>Considered the first pandemic of modern times, its spread has been aided by the increase in international air travel.</p> <p>Highly contagious</p> | <p>Even as doctors begin to realize that it is an unknown virus, they continue to retain information locally.</p> <p>- China is acting very slowly. Initially, there is no information.</p> <p>- It passed several months before China begins sharing information with WHO.</p> | <p>A pandemic was declared on 11 June 2009 and canceled on 10 August 2010.</p> <p>It's called swine flu because it resembles one of several types of swine flu viruses</p> | Human-to-human transmission is more difficult than regular flu. | <p>It is less contagious than other viral diseases but has a very high mortality rate.</p> <p>The natural reservoir of the virus in nature is not yet known.</p> <p>There is still no documented airborne distribution in the natural environment.</p> | <p>China informed in a timely manner.</p> <p>Name of the disease: COVID-19 (Corona Virus Disease - 19)</p> | <p>It manifests itself seasonally, so the likelihood of getting sick from it is higher in the late autumn and winter.</p> <p>Attention should be paid to good physical activity, a balanced diet and sufficient time to sleep and rest. These are the prerequisites for maintaining a strong immune system that would fight all the viruses and bacteria that can infect our body.</p> |
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Table 1.

Table 1 presents information collected and grouped by indicators for the various epidemics and pandemics over the last 100 years. The aim is to compare the causes of the outbreak, its spread, its effects over the various periods, and how humanity has coped depends on the time it was, technological advancement and the measures had taken. One of the things that emerges is the origin of the

virus / disease - in the mass cases, China is source and spreads of the infection worldwide. Another link to these crises is the transmission of the infection from animals to people or the mutation of an animal virus.

The most deadliest is the Spanish flu. It erupted shortly after World War I, killing 3 times as many lives as the war itself, and the infected people are one-third of the world's population. China (which is the Entente's side) and Chinese workers who have been transported to France via Canada and the United States, and on their way left outbreaks of the disease. In just 25 weeks, the flu kills more than 50 million people - mostly young and middle-aged. Death came due to acute respiratory failure, and one in every ten of the infected died. National authorities applied solutions that are common with today's and the only effective ones in the absence of a vaccine - physical distance, quarantine, isolation, disinfection, wearing masks, washing hands. It is sure that If the nowadays transport activities (air and ground) had been existed, it would have been almost devastating to humanity.

Isolation and world division during the Cold War are linked to two major pandemics - the Asian and its comparable Hong Kong flu. Between 1958 and 1970, the death toll was 4 million (0.15% of the world's population). Everyone - from children to the elderly were affected and only the development of an effective vaccine has prevented many more victims. Another boon is the presence of the World Health Organization (WHO), established in 1948, successfully took on the role of an effective coordinator of efforts by all countries to fight the infection.

The twenty-first century is characterized by a much greater intensity of the spread of major pandemics that hit humanity. In the last 20 years, globalization, urbanization, the extraordinary dynamics of moving of people and goods have been the basis for the faster spread of viruses and infections against which man is not immuned. Swine flu affects nearly 15% of the Earth's population. It is difficult to calculate the exact death toll, but it certainly exceeds 200,000. The severe acute respiratory syndrome(SARS) has been limited due to the universal mobilization of the countries, despite the delay of the Chinese authorities in informing the global community of a new and deadly virus. Characterized by its high mortality rate, SARS kills every tenth of those infected, and it is the reason in COVID-19 threat the Chinese government to act instantly, inform the global community and facilitate coordinated action.

Middle Eastern Respiratory Syndrome (MERS) and Ebola, despite the low incidence rate, are characterized by extremely high mortality rates of 30-40%. While a vaccine has been developed for Ebola, it has not yet been developed for the MERS, and the WHO is actively working to limit it through information campaigns, dissemination of up-to-date prevention and treatment information, risk assessment, etc.

Despite the situation we are facing today, humanity shows that it is willing to learn its lessons from the recent past. Because Ebola has shown us that border closure would have an extremely negative economic impact, both for the countries concerned and their trading partners. The Spanish flu has shown us that an infection should never be underestimated, because it can have an impact on future

generations, and the delayed reaction is detrimental to humanity. SARS has shown that the more economic relations globalize, the more drastic measures are needed to control the pandemic. Many diseases have led to millions of casualties due to lack of hygiene, poor education and lack of medical care. In recent years, the European Union has opened its borders to a large number of refugees coming from countries where hygiene, education and medical care are certainly not a national priority. European leaders will have the difficult task of deciding exactly how to deal with this already emerged problem, and this will cost a lot for the overall European budget, which will at the same time combat the effects of a future recession.

With the global pandemic announced on March 11, 2020, as a result of the spread of COVID-19, the WHO has launched unprecedented restrictions on human movement, production shutdowns and interruptions of global supply - all elements of globalization. And while it is not yet clear to the general public what consequences this isolation will bring to the world in which we are accustomed to live, there are some opinions of high level experts who regard these restrictions as unacceptably high. The WHO has acted as coordinator of universal efforts to combat the spread of the virus, but at the regional level, multilateral unions remain ineffective and even in the shadow of individual states' efforts to counter the infection. This has led to unnecessary duplication of efforts by individual countries in places where, for example, the coordinating role of the European Union could have led to a lot of financial and material savings. And we must not forget the secondary effects that the current pandemic can cause. Increasing panic can lead to growing divisions in society, and it can be at the root of a series of future crises and conflicts.

From the information in Table 1, one thing makes a strong impression - the close contact of humans with animals can lead to the spread of infections. This close contact, especially between humans and wildlife, is directly dependent on human activity leading to climate change. This will act as a trigger for future close contacts and the spread of epidemics and pandemics.

Despite several pandemics in recent years, technological advances have played an essential role in prompt and adequate intervention. Communication is instantaneous, enabling effective measures to be implemented almost simultaneously in different parts of the world. Also, thanks to communication, authorities, medical staff and people are in a constant relationship, which eliminates the impact of fake news and reducing the panic.

Developing a vaccine and building immunity will stop the spread of COVID-19, but will take time. Until then, a number of measures will have to be taken in the area of public health, economic stability of the population, and its unknown - whether and how COVID-19 will affect the future generation (Spanish flu had a very severe impact on future generations - mothers carriers of the infection, often gave birth to children with secondary illnesses such as schizophrenia, diabetes and epilepsy) and last but not least, the role of the media, and how the way information is transmitted affects a person and his or her ability to think adequately.

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