



Update on COVID-19 in North Macedonia - 53

In North Macedonia, from Feb 26 to 6:42pm CEST, 25 May 2020, there have been **1,999 confirmed cases** of COVID-19 with **113 deaths**.

SUBJECTS IN FOCUS: Multisystem inflammatory syndrome in children and adolescents and COVID-19

What do we know about [Convalescent Plasma?](#)

NORTH MACEDONIA COVID-19 [EPI SITUATION](#)

[EUROPE](#) COVID-19 SITUATION

NORTH MACEDONIA COVID-19 [HEALTH RESPONSE](#)

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WHAT IS [\[NEW\]](#)?

[WEBEX SESSIONS](#) FOR THIS WEEK

During the last 72 hours – Data as of 25 May 2020 23:00

- **Total tests performed (% positive)** : 258 (8.1%), 508 (7.3%) and 744 (2.7%) SARS-CoV-2 tests, on each day respectively
- **Targeted screening tests (number positive)** : 556 (0) tests are among employees in kindergartens in Skopje, Veles, Kumanovo and Kocani, 39 (1) tests are in elderly homes.
- **New cases**: 21, 37 and 20 new cases registered on Monday, Sunday and Saturday, respectively
- **Recovered**: 46 COVID-19 patients
- **Fatalities**: 1 new COVID-19 deaths

Cumulative registered COVID-19 as of 25 May – 1999 (Incidence=96.6/100.000) – [see daily curve](#)

- **Cases among health workers**: **259 (13.0% of all cases)** of which 238 (91.9%) have recovered.
- **Tests performed**: 25 528 SARS-CoV-2 tests.
- **Patients recovered**: 1439 COVID-19 patients.
- **Fatalities**: **113** COVID-19 fatalities (CFR 5.7%) are registered.
- **Gender distribution**: More women are infected with coronavirus than men (1030 and 969 respectively). However, almost **69% of all deaths are men**.
- **Comorbidity**: 74.3% of death cases
- **Age distribution**: Median age at infection: 45 years; largest number of cases is in >60-year: 21.9%; >60-year: 65% of all deaths; but the highest age specific incidence of 146.7 / 100,000 is registered in the age group of 50-59 years (408 patients); 0-9-year: 80 confirmed COVID-19 cases; 10-19-year: 94 confirmed COVID-19 cases.

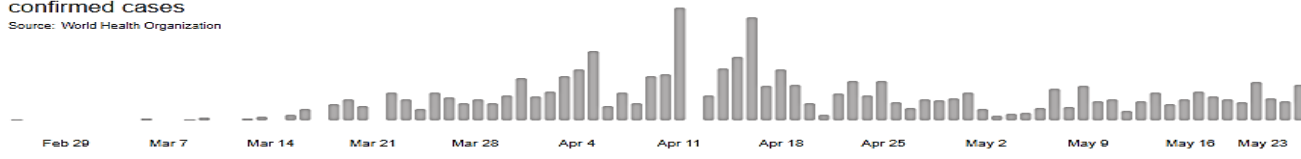
NORTH MACEDONIA COVID-19 EPI SITUATION

Figure 1. North Macedonia – Daily confirmed and deaths COVID-19 cases (n=1978) and deaths (n=113) by 25 May 2020

Confirmed Cases Over Time

1,978
confirmed cases
Source: World Health Organization

Daily



Deaths Over Time

113
deaths
Source: World Health Organization

Daily

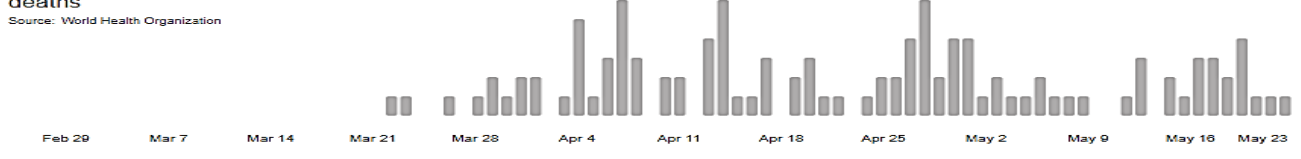
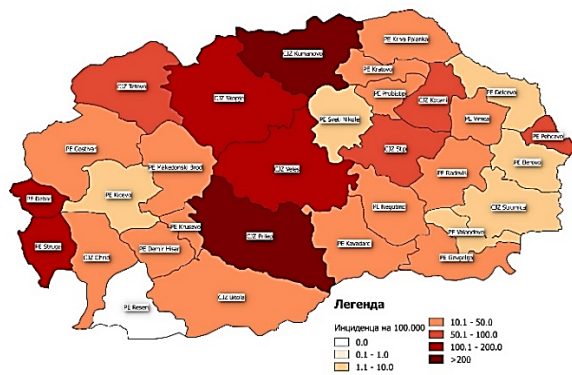


Figure 2. North Macedonia – COVID-19 incidence per 100,000 people, per city, as of 25 May 2020



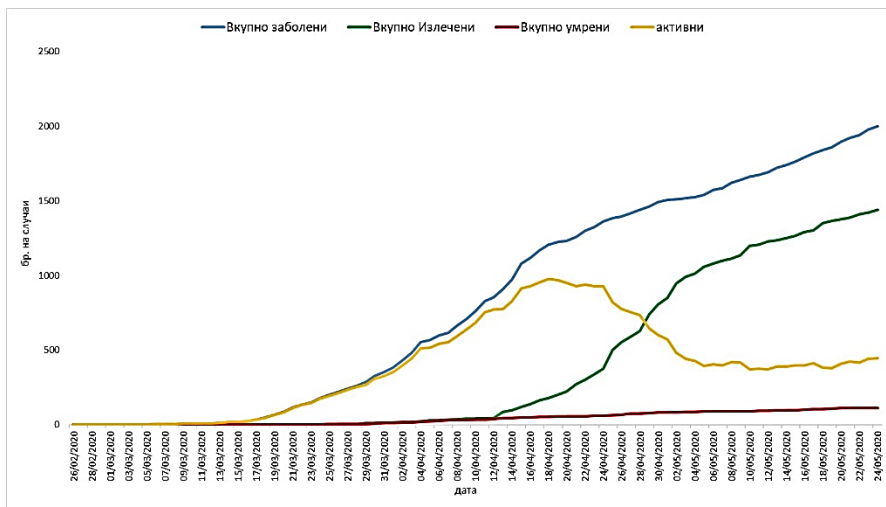
Geographic spread and deaths:
COVID-19 cases are registered in 31 cities.

The highest cumulative incidence per 100,000 inhabitants is registered in Kumanovo with 305.6 patients per 100,000 inhabitants, Prilep (220.3 / 100,000), Veles (191.7 / 100,000), Debar (183.8 / 100,000), Skopje (117.4 / 100,000) and Struga (110.5 / 100,000), while an incident with over 50 patients per 100,000 inhabitants was registered in Tetovo, Stip, Kocani and Pehchevo. 80% of all deaths are registered in Skopje, Kumanovo, Struga, Tetovo and Prilep.

All data can be accessed at www.iph.mk

Figure 3 North Macedonia – COVID-19 statistics as of 25 May (n=1999)

Total number of cases Recovered Deaths Active cases

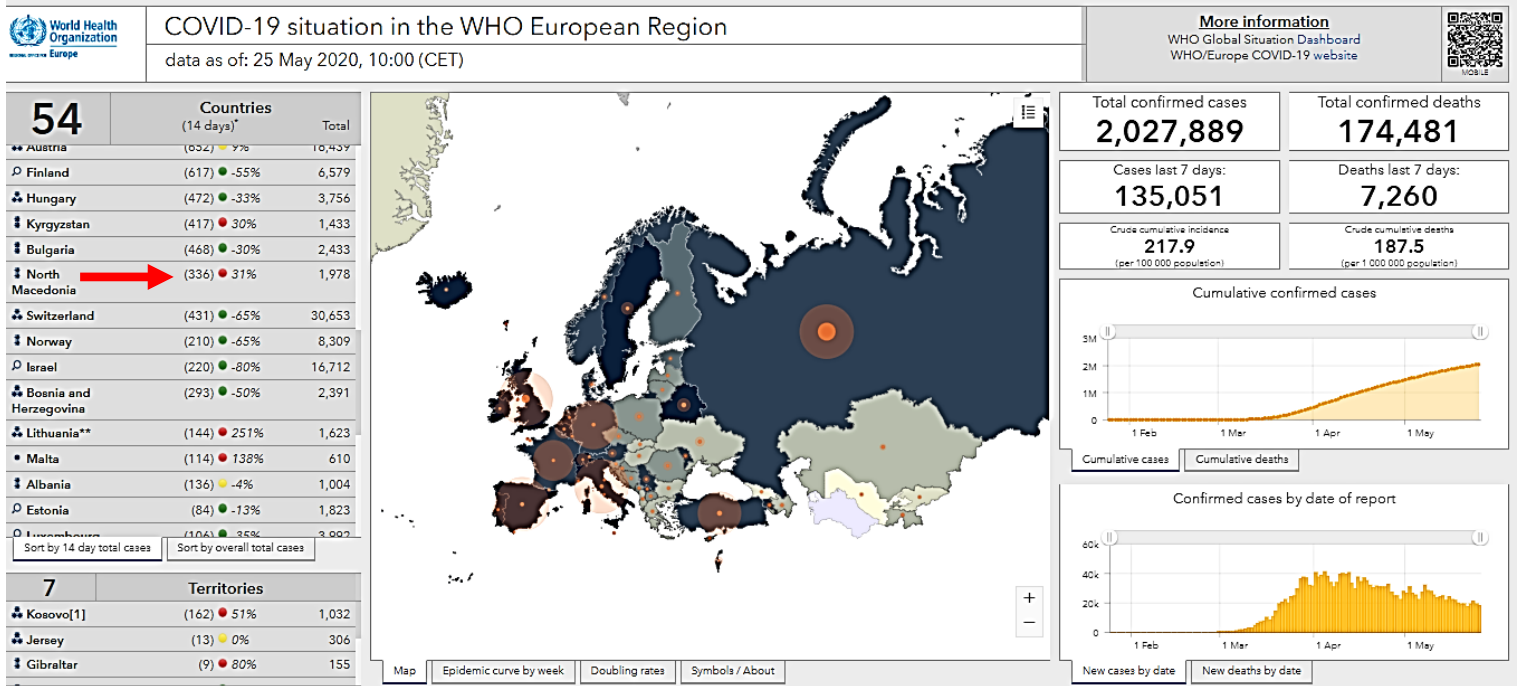


😊 % Change of 14-day Cumulative Death Incidence is ▼ -27%

😞 % Change of 14-day Cumulative COVID-19 Case Incidence is ▲ 31%

😞 Effective Reproduction Number - 1.2 (0.8 – 1.5)
Clusters phase

EUROPE COVID-19 SITUATION as of 25 May 2020 in last 7 days; www.covid19.who.int



Over the past 14 days:

- Cumulative cases across the Region **increased 16% to 2,027,889 cases** (from 1,892,838 cases on 11 May) and cumulative deaths increased by 4% to **174 481 deaths** (from 156 640 deaths on 11 May).
- **Russian Federation is now reporting the highest proportion of all cases in WHO European Region** (17.4%), followed by United Kingdom (12.8%), Spain (11.6%), Italy (11.3%), Germany (8.8%), Turkey (7.7%), and France (7.1%);
- **Spain, Italy, UK and France** continue to account for 72.6% of all deaths in the European Region.
- **12 (of 55) countries** have shown an increase in the number of new cases greater than 10% in the past two weeks: **Lithuania** (251% but low incidence), **Tajikistan** (279%), **Malta** (138% but low incidence), **Armenia** (135%), **Azerbaijan** (83%), **Uzbekistan** (47%), **Kazakhstan** (45%), **Republic of Moldova** (43%), **North Macedonia** (31%), **Kyrgyzstan** (30%), **Poland** (22%), **Czech Republic** (16%).

Number of COVID-19 cases in deaths in Week 20 (11-17 May) in the European Region

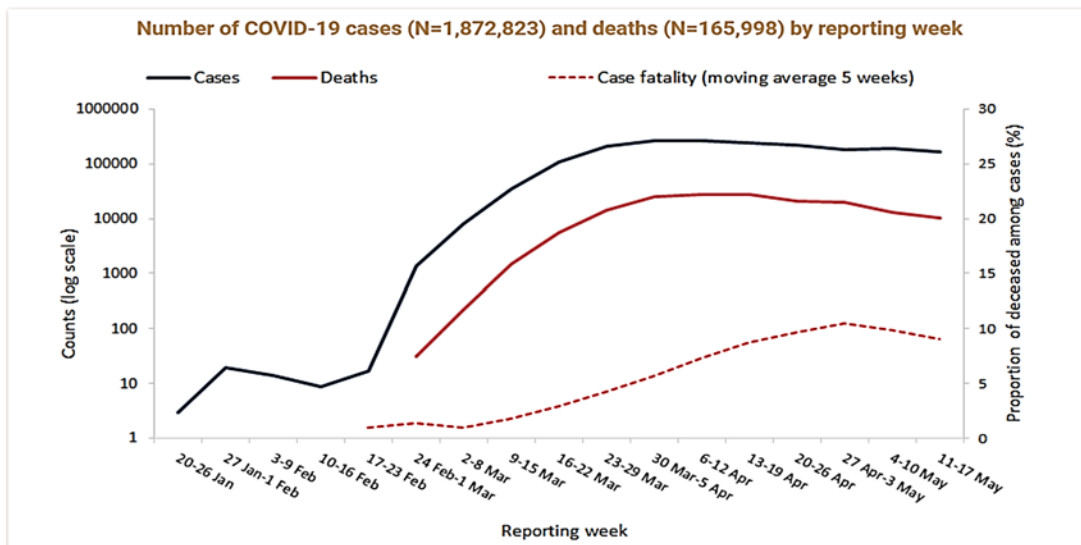
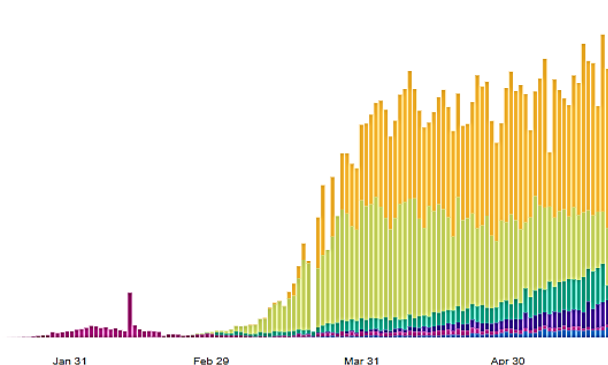


Figure 4: Comparison Epi curve of confirmed COVID-19, by date of report and WHO region through 25 May 2020 for all WHO Regions

Case Comparison

WHO Regions

Americas	2,395,295
confirmed cases	
Europe	2,025,176
confirmed cases	
Eastern Mediterranean	427,832
confirmed cases	
South-East Asia	203,733
confirmed cases	
Western Pacific	174,548
confirmed cases	
Africa	80,002
confirmed cases	



Source: World Health Organization

Situation in numbers (by WHO Region)

Total (new cases in last 24 hours)

Globally	5 304 772 cases (100 264)	342 029 deaths (4 342)
Africa	80 002 cases (2 707)	2 120 deaths (47)
Americas	2 395 295 cases (57 171)	141 472 deaths (3 356)
Eastern Mediterranean	427 832 cases (12 026)	11 164 deaths (176)
Europe	2 025 176 cases (18 192)	174 429 deaths (543)
South-East Asia	201 207 cases (9 241)	5 952 deaths (204)
Western Pacific	174 548 cases (927)	6 879 deaths (16)

SUBJECTS IN FOCUS:

MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN AND ADOLESCENTS temporally related to COVID-19

Limited data describe clinical manifestations of COVID-19 that are generally milder in children compared with adults, but also show that some children do require hospitalization and intensive care. Recently, however, reports from Europe and North America have described clusters of children and adolescents requiring admission to intensive care units with a multisystem inflammatory condition with some features similar to those of Kawasaki disease and toxic shock syndrome.

Case reports and small series have described a presentation of acute illness accompanied by a hyperinflammatory syndrome, leading to multiorgan failure and shock. Initial hypotheses are that this syndrome may be related to COVID-19 based on initial laboratory testing showing positive serology in a majority of patients. Children have been treated with anti-inflammatory treatment, including parenteral immunoglobulin and steroids.

It is essential to characterize this syndrome and its risk factors, to understand causality, and describe treatment interventions. It is not yet clear the full spectrum of disease, and whether the geographical distribution in Europe and North America reflects a true pattern, or if the condition has simply not been recognized elsewhere.

There is therefore an urgent need for collection of standardized data describing clinical presentations, severity, outcomes, and epidemiology. WHO has developed a preliminary case definition and case report form for **multisystem inflammatory disorder in children and adolescents**. The preliminary case definition reflects the clinical and laboratory features observed in children

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reported to date and serves to identify suspected or confirmed cases both for the purpose of providing treatment and for provisional reporting and surveillance. The case definition will be revised as more data become available.

[Scientific Brief: Multisystem inflammatory syndrome in children and adolescents](#)

SUBJECT IN FOCUS: WHAT DO WE KNOW ABOUT CONVALESCENT PLASMA?

Limited early reports of uncontrolled empirical use of COVID-19 convalescent plasma in settings of severe and life-threatening COVID-19 so far have documented favourable outcomes in patients. In particular, treatment of 5,000 patients with COVID-19 convalescent plasma was associated with a low rate of serious adverse reactions (allergic reactions, circulatory overload, acute lung injury) similar to those seen with non-immune plasma infusions, and enhancement of disease was not reported. Positive historic experience with use of convalescent plasma to treat SARS and pandemic influenza further supports the plausibility of a clinical benefit in COVID-19. Moreover, a Cochrane rapid systematic review on the use of COVID-19 convalescent plasma and hyperimmune immunoglobulin provides information on case series and on studies that have been registered in clinical trial websites. The outcomes of the rapid review reinforce that COVID-19 convalescent plasma should be used in randomized controlled trials (RCTs) as the most effective and efficient strategy to determine the efficacy and safety of this experimental therapy.

NORTH MACEDONIA COVID-19 HEALTH RESPONSE – in past 72 hours

Risk Communication

- Minister of Health expressed concern that despite the appeals of the health institutions to people not to hold mass gatherings, to comply with measures for physical distancing and movement restrictions that it didn't happen during Sunday's Ramadan celebrations in the places of worship.

Public Health Measures

- By government decision, disinfection, observance of the minimum required distance while waiting in line, masks, gloves will be necessary while visiting shopping malls and other trade facilities for additional 200 days after the end of the state of emergency.
- The payment of May pensions starts of 27 May 2020 and will be realized in four groups depending on the amount of the pension for a second month in a row to provide greater protection for retired people.
- The Skopje Zoo is opened as of 26 May 2020, but a new movement protocol is introduced – visitors will have to wear masks, the waiting line distance of 1.5 meters is neatly marked, summer cottages and playgrounds must not be used, and the number of visitors will be limited.
- 104 people are caught for breaking curfew in past 24 hours of which 76 are detained. 82 people were caught without mandatory protective equipment, i.e. face masks. Over the past 24 hours, the Interior Ministry issued 29 isolation orders and 13 people signed self-isolation statements. One person was caught breaking the isolation and self-isolation measure.

Travel and borders

- **Albania's** neighboring land borders to open as of 1 June to all Albanians in Kosovo, North Macedonia, and Montenegro, regardless of their passports.
- **Greece** to prolong the suspension of flights between Greece and seven countries: Albania, Italy, the Netherlands, North Macedonia, Spain, Turkey and the United Kingdom while non-EU nationals are banned from entering the country, announced the Civil Aviation Service.

NORTH MACEDONIA COVID-19 SOCIOECONOMIC IMPACT AND RESPONSE

- **Agriculture:** The state of emergency, and the COVID-19 pandemic has a positive effect on rice production i.e. on there is a significant increase in the purchasing price informed the Agriculture Minister. Around 3,200 hectares of land were planted with rice in Kocani, and from these we expect yields of around 17,000 tonnes. For around 1,500 families in our country, the production of rice is the only source of income. Because of the ongoing situation with the pandemic, prices of rice have almost doubled, and now it is sold for up to 60 denars per kilogram, because on the world markets and stock exchanges prices reached 200 euros per ton of rice.

- **Banking:** The National Bank of Macedonia (NBRM) advised senior citizens to take their pensions from ATMs by using payment cards, in order to avoid gatherings in greater groups in banks, which represent higher risks of spreading of the virus COVID-19. Due to the ongoing healthcare crisis, the banks functioning in Macedonia decided, in coordination with NBRM and the Banking Association, to pay out earlier the pensions for senior citizens, i.e. few days before the start of the new month. However, this usually results with crowds in banks around the country, since the awareness of electronic payments and usage of payment cards is still very low among senior citizens in Macedonia.

WHAT IS [NEW]?

DG's opening remarks at the media briefing on COVID-19 - 25 May 2020 can be accessed in full [Here](#). **Dr. Tedros'** key messages focused on:

- The Solidarity Trial, to evaluate the safety and efficacy of four drugs and drug combinations against COVID-19, now has over 400 hospitals in 35 countries are actively recruiting patients and nearly 3500 patients have been enrolled from 17 countries.
- **The Executive Group of the Solidarity Trial, representing 10 of the participating countries, met on Saturday and has agreed to review a comprehensive analysis and critical appraisal of all evidence available globally. The review will consider data collected so far in the Solidarity Trial and in particular robust randomised available data, to adequately evaluate the potential benefits and harms from hydroxychloroquine and chloroquine alone or with a macrolide.**
- **The Executive Group has implemented a temporary pause of the hydroxychloroquine arm within the Solidarity Trial while the safety data is reviewed by the Data Safety Monitoring Board.**

Seventy-Third World Health Assembly Resolution on COVID-19

- On 19 May the WHA published the [resolution on COVID-19 response](#) and is available [Here](#).

Preparedness and Response

- **New** - An update to the COVID-19 Strategic Preparedness and Response Plan (SPRP), on [Operational planning guidance to support country preparedness and response](#) was recently published (available [Here](#)). This document was developed by WHO to provide a practical guide that may be used by national authorities to develop and update their COVID-19 national plans across the major pillars of COVID-19 preparedness and response. It is also intended for use by the UNCTs (e.g., WHO, OCHA, UNDP, UNICEF, etc.) and key partners to develop or update their COVID-19 multiagency plans with and in support of national authorities.

Monitoring and evaluation

- **New** - The updated [Monitoring and Evaluation Framework](#) to the SPRP was recently published (available [Here](#)). The COVID-19 M&E Framework aims to assess performance and to provide recorded information to support analysis of progress against the SPRP and the related SPRP Strategy Update.

Clinical Management

- The [Case Report Form for suspected cases of Multisystem inflammatory syndrome \(MIS\) in children and adolescents temporally related to COVID-19](#) has been updated (available [Here](#)).
- The Updated [WHO COVID-19 biosafety guidance](#) is now available in Russian.
- **New** - The 10th update on [Regulation of in vitro diagnostics, therapeutics, and vaccines](#) is now available. The World Health Assembly called upon International Organizations and other stakeholders to work collaboratively at all levels to develop, test, and scale-up production of safe, effective, quality, affordable diagnostics, therapeutics, medicines and vaccines for the COVID-19 response, including, existing mechanisms for voluntary pooling and licensing of patents to facilitate timely, equitable and affordable access to them.
- PAHO has recently published and update on [Ongoing Living Update of Potential COVID-19 Therapeutics: summary of rapid systematic reviews](#) (available [Here](#)).
- Treatment of 5,000 patients with COVID-19 **convalescent plasma** was associated with a low rate of serious adverse reactions (allergic reactions, circulatory overload, acute lung injury) similar to those seen with non-immune plasma infusions, and enhancement of disease was not reported
- Study of medicines utilization in COVID-19 affected pregnancy, and associations with pregnancy outcomes, was agreed by ICMRA as a priority to obtain real-world evidence to support regulatory decision making. Such studies should

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complement WHO studies on the natural history of COVID-19 infections in pregnancy

- The SOLIDARITY clinical trial is underway in 18 countries, representing over 245 hospitals with 885 clinicians involved and 3 000 patients enrolled.
- WHO has published attributes and criteria that will be used to prioritize COVID-19 candidate vaccines to be considered for WHO's Phase IIb/III SOLIDARITY vaccine clinical trial
- Nine NAT assays are listed under the WHO EUL for IVDs

Surveillance

- A [surveillance protocol and tool for SARS-CoV-2 infection among health workers](#) was recently published. **We will share the link tomorrow.**

Health Systems

- The 6th technical guidance document on [Preventing and managing the COVID-19 pandemic across long-term care services in the WHO European Region](#) has recently been published (available [Here](#)). International experience has shown that COVID-19 spread is not inevitable among LTC settings, and that some countries have been able to avoid large shares of death in care homes. Early evidence gathered over the course of the COVID-19 pandemic suggests that it is possible to mitigate the impact of the virus on LTC systems through timely and comprehensive policy action that reflects an understanding of how services are received and delivered. This technical guidance identifies 10 policy objectives for decision-makers, policy-makers and national or regional health authorities as they strive to prevent and manage the COVID pandemic in LTC settings. The full list of [Strengthening the Health Systems Response to COVID-19](#) technical guidance documents can be found [Here](#).
- Interim guidance on the [Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19](#) was recently published [Here](#). For countries affected by both vaccine-preventable diseases, high impact diseases and COVID-19 outbreaks, determining the best course of action may be challenging. Weighing the benefits of a safe and effective intervention that reduces mortality and morbidity against the risks of increasing transmission of a new disease that may burden essential health services can be complex. This interim guidance provides guidance on how to safely organize a mass vaccination campaign, and is supplemented by other technical materials on prevention, response and control measures for COVID-19. It should also be used in conjunction with existing disease-specific WHO prevention and control guidelines.

Partnerships

- Last week [WHO and UNHCR signed an MoU to improve health services for refugees](#), displaced and stateless people (attached). The agreement updates and expands an existing 1997 agreement between WHO and UNHCR. A key aim of the MoU is to support in 2020 ongoing efforts to protect some 70 million forcibly displaced people from COVID-19. Find the newly signed MoU and the operational guidance document for the collaboration between WHE, and UNHCR on refugee health at country level *attached*.

Journal articles

- A study published in the Lancet on [Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: a multinational registry analysis](#), is available [Here](#). Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.
- A newly-published evidence synthesis review on [Ventilation Techniques and Risk for Transmission of Coronavirus Disease, Including COVID-19: A Living Systematic Review of Multiple Streams of Evidence](#) is available [Here](#).

WEBEX SESSIONS FOR THIS WEEK

- **27 May 2020 from 09:00 – 17:10 CEST: Maintaining blood supply and safety and collecting convalescent plasma during the COVID-19 pandemic.** See flyer attached - The webinar includes the presentation and discussion of the WHO Action Framework, WHO Interim Guidance on Maintaining a safe and adequate blood supply during the pandemic outbreak of coronavirus disease (COVID-19) and recommendations on collection of COVID-19 convalescent plasma and

the sharing of experiences in implementing measures in the blood establishment in maintaining blood supply and safety during COVID-19 pandemic at the Blood Establishment.

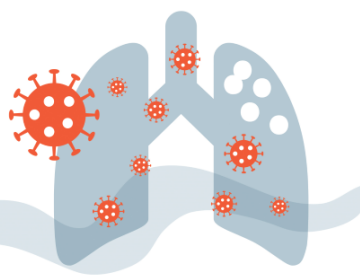
- o Session 1 is available [Here](#).
- o Session 2 is available [Here](#).

- **28 May 2020:** An EPI-WIN webinar on **COVID-19 and the health of seafarers**, which will highlight the key concerns affecting the health of seafarers during the pandemic, and the existing international and national legislation to ensure their access to care. The webinar will be held at two different times:
 - **11:00-12:00 CEST.** Register in advance [HERE](#)
 - **15:30-16:30 CEST.** Register in advance [HERE](#)
- **28 May 2020: at 11:00 (CEST) – Virtual Press Briefing with Hans Kluge, WHO Regional Director for Europe, and technical experts. From the socioeconomic impact of COVID-19 to long-term recovery: what lessons have we learned?** - The virtual press conference will be broadcast live on the WHO/Europe Facebook account <https://www.facebook.com/WHOEurope> and on its Twitter profile https://twitter.com/WHO_Europe; or by Zoom meeting: **Join Zoom Meeting:** <https://who.zoom.us/j/96509928632> ; **Meeting ID: 965 0992 8632; Password: 8Y#Wac6k.**
- **29 May 2020 from 14:00-15:00 CEST. Returning to work in the context of COVID-19** - an EPI-WIN webinar hosted by WHO and ILO. This webinar will highlight WHO guidance on adjusting public health and social measures in the workplace. The ILO will address important considerations on international labour standards and tools, in the context of the COVID-19 pandemic. The Department of Health of South Africa will also share country experience in ensuring health and safety at work.
 - o Register [Here](#). The webinar will also be available in French (please select your preferred language on registration).

COVID-19 and tobacco use 
 CORONAVIRUS IS ANOTHER GOOD REASON TO QUIT TOBACCO USE

COVID-19 and tobacco use 
 CORONAVIRUS IS ANOTHER GOOD REASON TO QUIT TOBACCO USE

THE EFFECT OF THE CORONAVIRUS CAN BE WORSE FOR PEOPLE WHO USE TOBACCO



Tobacco use leads to disease and disability and harms nearly every organ of the body, including the lungs.

The coronavirus attacks the lungs – if your lungs are already damaged by tobacco use, the effects of the virus could be worse.

Tobacco affects your immune system, meaning you're less able to fight off infections.

#COVID19 #Coronavirus

YOUR RISK OF GETTING THE CORONAVIRUS IS BIGGER IF YOU USE TOBACCO



Putting a tobacco product to your lips means your fingers come close to your face, which can spread the virus to your mouth, nose or eyes.



Tobacco use is often a social activity, so if you use tobacco with other people, you risk infecting each other.



Waterpipe users often share the same pipe – the virus can then be spread from person to person.

#COVID19 #Coronavirus