



Update on COVID-19 in North Macedonia - 54

In **North Macedonia**, from **Feb 26 to 16:00pm CEST, 29 May 2020**, there have been **2,129 confirmed cases** of COVID-19 with **126 deaths**.

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During the last 72 hours – Data as of 29 May 2020 16:00

- **Total tests performed (% positive)** : 661 (7.9), 560 (6.8%), 622 (4.0%) and 314 (5.1%) and SARS-CoV-2 tests, on Friday, Thursday, Wednesday and Tuesday, respectively.
- **Targeted screening tests (number positive)** : 712 (3) – two cases in kindergartens in Skopje and Kumanovo and one case in a patient in elderly home in Skopje
- **New cases**: 52, 38, 25 and 16 new cases registered on each day, respectively
- **Recovered**: 77 COVID-19 patients
- **Fatalities**: 13 new COVID-19 deaths

Cumulative registered COVID-19 as of 29 May – 2129 (Incidence=102,5/100.000) – [see daily curve](#)

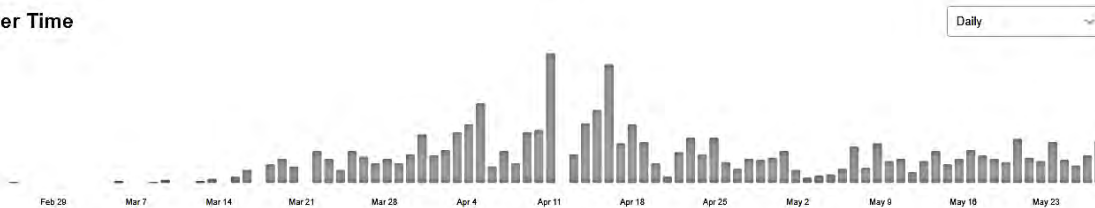
- **Cases among health workers**: **262 (12.3% of all cases)** of which 241 (92%) have recovered and one death case is registered.
- **Tests performed**: 27 684 SARS-CoV-2 tests. Daily testing capacity is between 300-700 tests.
- **Patients recovered**: 1516 COVID-19 patients.
- **Fatalities**: **126** COVID-19 fatalities (CFR 5.9%) are registered.
- **Gender distribution**: More women are infected with coronavirus than men (1034 and 1095 respectively). However, almost **68% of all deaths are men**.
- **Comorbidity**: 74.6% of death cases
- **Age distribution**: Median age at infection: 44.7 years; largest number of cases is in >60-year: 21.7%; >60-year: 66% of all deaths; but the highest age specific incidence of 155.7 / 100,000 is registered in the age group of 50-59 years (433 patients); 0-9-year: 86 confirmed COVID-19 cases; 10-19-year: 102 confirmed COVID-19 cases.

NORTH MACEDONIA COVID-19 EPI SITUATION

Figure 1. North Macedonia – Daily confirmed and deaths COVID-19 cases (n=2078) and deaths (n=122) by 29 May 2020

Confirmed Cases Over Time

2,078
confirmed cases
Source: World Health Organization



Deaths Over Time

122
deaths
Source: World Health Organization

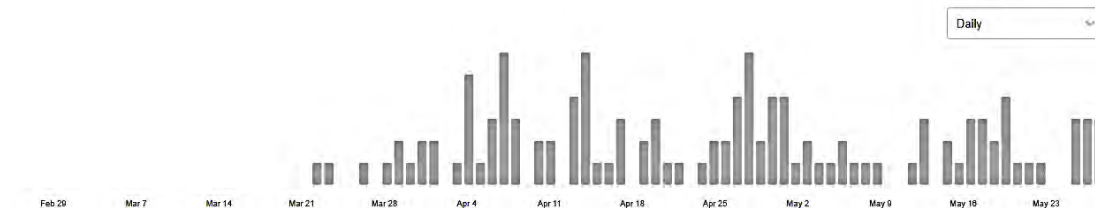
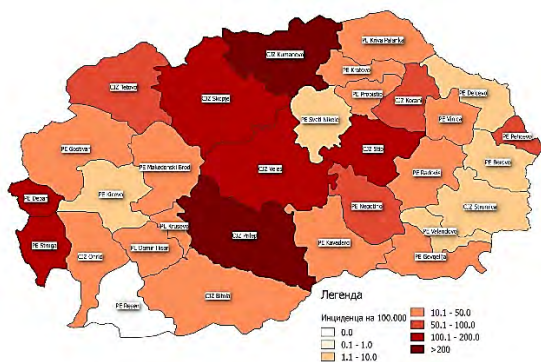


Figure 2. North Macedonia – COVID-19 incidence per 100,000 people, per city, as of 29 May 2020



Geographic spread and deaths:

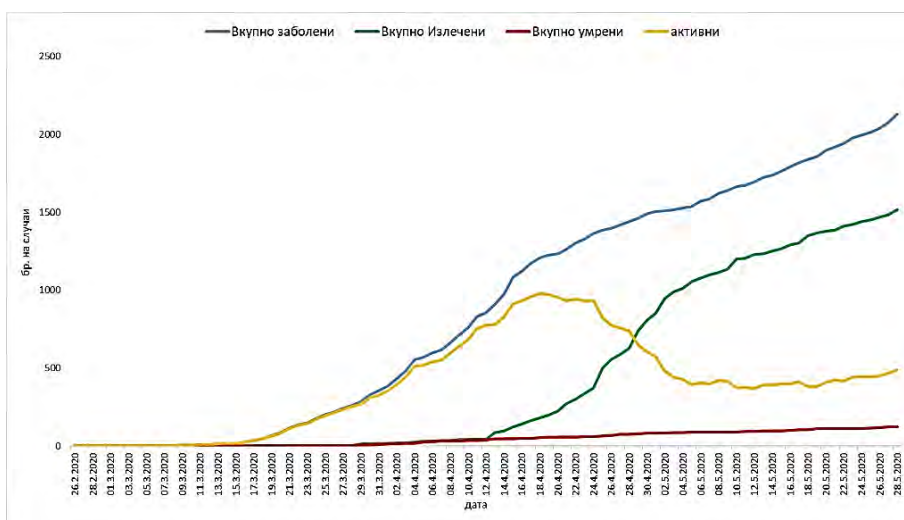
COVID-19 cases are registered in 31 cities. The most affected city is Skopje with 795 cases.

The highest cumulative incidence per 100,000 inhabitants is registered in Kumanovo with 314.7 patients per 100,000 inhabitants, Prilep (221.4 / 100,000), Veles (194.7 / 100,000), Debar (183.8 / 100,000), Skopje (128.7 / 100,000), Struga (116.4 / 100,000) and Shtip (115.8 / 100,000), while an incident with over 50 patients per 100,000 inhabitants was registered in Tetovo, Kocani, Pehchevo and Negotino. 80% of all deaths are registered in Skopje, Kumanovo, Tetovo, Struga, and Prilep.

All data can be accessed at www.iph.mk

Figure 3. North Macedonia – COVID-19 statistics as of 29 May (n=2129)

Total number of cases **Recovered** **Deaths** **Active cases**

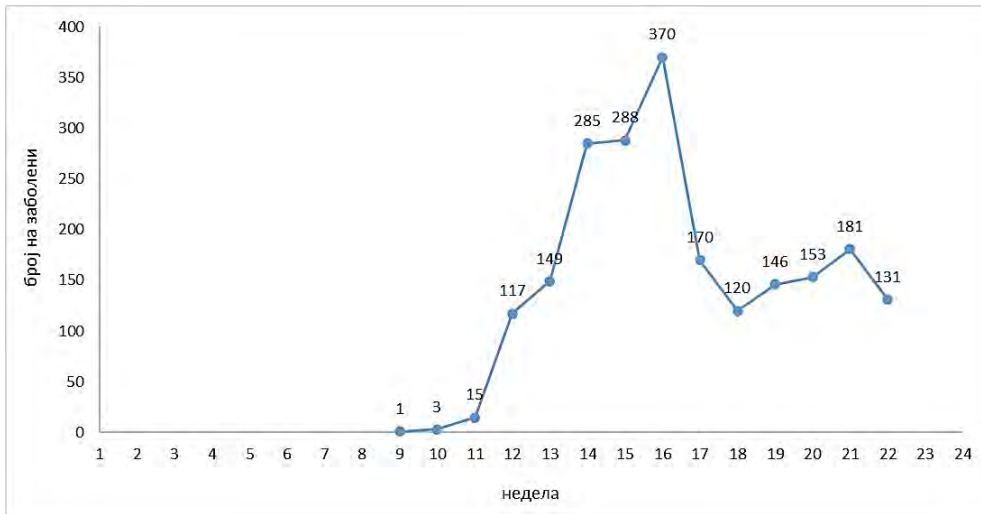


☹️ % Change of 14-day Cumulative Death Incidence is ▲ 50 %

☹️ % Change of 14-day Cumulative COVID-19 Case Incidence is ▲ 38 %

☹️ Effective Reproduction Number - 1.2 (0.9 – 1.5) Clusters phase

Figure 4. Distribution of number of COVID-19 patients in North Macedonia by laboratory confirmation week as of 29 May 2020



New cases are registered continually since Week 11 in 2020. The peak was reached in Week 16 (n=370).

Balkan Hub Update:

Total confirmed cases plotted against doubling rates

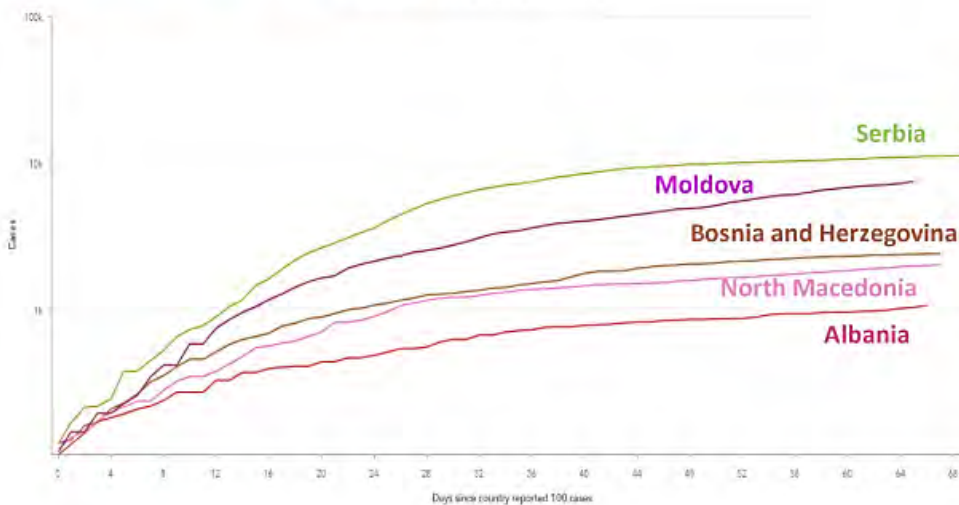


COVID-19 began to spread among the Balkan Hub countries from early-mid March.

A peak of cases was observed in early-mid April for Serbia, North Macedonia and Albania, and in early-mid May in Bosnia & Herzegovina and Moldova.

COVID-19 transmission in most countries has increased with >4% increase in the number of new cases in the past two weeks with the exception of Bosnia & Herzegovina and Serbia. Moldova and North Macedonia have seen the most significant increase in new cases in the past two weeks.

The doubling rates across the Balkan Hub signals that effective control measures are still required to maintain virus suppression.



North Macedonia: Overall, the growth of the outbreak is stable although an increase (37%) in the number of new cases have been seen over the past two weeks. The current effective reproduction number is higher than 1 (~1.2).

Albania: Overall, the growth of the outbreak is stabilizing. Over the past two weeks there has been a 4% increase in the number of new cases. The current effective reproduction number is higher than 1 (~1.3). Albania has seen an increase in cases over the past week – the situation needs close monitoring over the coming days.

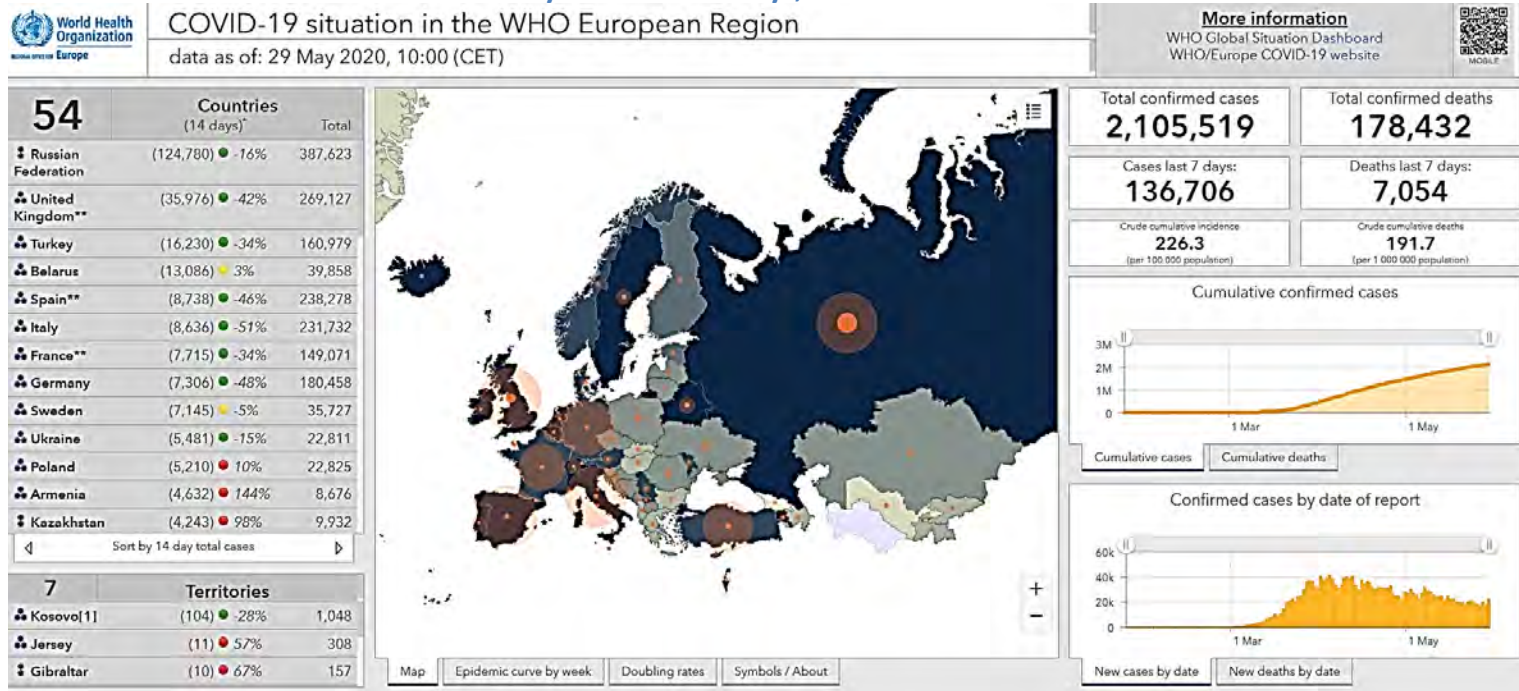
Bosnia and Herzegovina: Overall, the growth of the outbreak is stabilizing. Over the past two weeks there has been a 52% decrease in the number of new cases. The current effective reproductive number is ~1.

Serbia: Overall, the outbreak is stabilizing. Over the past two weeks there has been a 38% decrease in the number of new cases. The current effective reproduction number is higher than 1 (~1.1).

Kosovo¹: Overall, the incidence has stabilized. Over the past two weeks there has been a 7% increase in the number of new cases. The current effective reproduction number is higher than 1 (~1.3).

¹ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

EUROPE COVID-19 SITUATION as of 29 May 2020 in last 7 days; www.covid19.who.int



Over the past 7 days:

- Cumulative cases across the Region increased 6% to 2,082,814 cases (from 1,949,139 cases on 21 May) and cumulative deaths increased by 4% to 177,384 deaths (from 170,335 deaths on 21 May).
- The five countries reporting the highest numbers of new cases in the past 14 days are: **Russian Federation, United Kingdom, Turkey, Belarus and Italy.**
- **Russia** still reports the lion's share of new cases in Europe, with approximately one quarter of the total deaths in Russia having been reported in the past week.
- increase in the number of new cases greater than 10% in the past two weeks: **Tajikistan (178%), Armenia (147%), Malta (138% but low incidence), Albania (83% - low incidence), Azerbaijan (82%), Kazakhstan (79%), Kyrgyzstan (52%), North Macedonia (37%), Uzbekistan (32%), Republic of Moldova (30%), Czech Republic (18%), Poland (15%).**

Indicators for Top 10 Countries and Countries of Interest



Country	Cases	Deaths	Transmission Scenario	Effective R**	Overall Trend	% Change in Last 7 Days
Spain	210773	23822	*Community	1.1 (1 – 1.1)	Stable	3.2
Italy	201505	27359	Community	0.9 (0.9 – 1)	Stable	9.5
United Kingdom	161145	21678	Community	1 (0.9 – 1)	Stable	24.9
Germany	157641	6115	Community	0.9 (0.9 – 1.1)	Stable	8.2
France	126835	23660	Community	0.9 (0.9 – 1)	Stable	8.1
Turkey	114653	2992	Community	0.8 (0.8 – 0.9)	Decreasing	19.9
Russian Federation	99399	972	Cluster of cases	1.1 (1 – 1.2)	Likely Increasing	71.4
Belgium	47334	7331	Community	0.9 (0.9 – 1)	Stable	15.6
Netherlands	38416	4566	Community	0.9 (0.8 – 1)	Stable	12.5
Switzerland	29181	1379	Community	0.8 (0.6 – 1)	Stable	4.3
Belarus	12208	79	Cluster of cases	1.2 (1.1 – 1.4)	Increasing	81.6
Ukraine	9866	250	Community	1.1 (1 – 1.2)	Likely Increasing	49.7
Kazakhstan	3078	25	*Community	1.2 (0.9 – 1.4)	Likely Increasing	54.3

Key Public Health and Social Measures (PHSM)



As of 29 April 2020

- 44 countries in the European Region have implemented partial or full domestic movement restrictions.
- 21 countries have started easing some of the PHSM measures
 - *Albania, Andorra, Armenia, Austria, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, Georgia, Germany, Israel, Italy, Lithuania, Luxembourg, Netherlands, Norway, San Marino, Slovenia, Spain, Switzerland*
 - **Additional countries have announced plans to ease measures in the coming week: Belgium, Bosnia and Herzegovina, Croatia, Cyprus, France, Greece Hungary, Iceland, Malta, Russian Federation, Ukraine**
- 22 countries made wearing of face masks in public mandatory (national or regional level)
 - *Additional countries have announced plans to make wearing masks mandatory (Belgium, Greece).*
- 53 of 55 States Parties have implemented international travel measures
(Exceptions are United Kingdom and Lichtenstein)



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

Test, Trace and Isolate

- Six COVID-19 cases are registered among textile workers in Shtip. Nine COVID-19 swabs have been taken on Tuesday of which seven are related to the textile plant. A COVID-19 survey is underway for workers of other plants who have been commuting on the same bus with the workers from the said textile plant. All contacts of the confirmed cases are in isolation and controls are to be carried out in the commuter buses and other plants, informed the State Sanitary and Health Inspectorate.
- An employee at the Water Supply and Sewage Enterprise has been diagnosed with COVID-10 and four people were ordered to self-isolate.

Public Health Measures

- **The Government relaxed multiple restrictive measures, including the curfew** as of Wednesday, 27 May 2020:
 - The curfew is no longer in force. The Government's conclusions exempting various categories from work is not in force, while those with chronic diseases and children up to pre-school age until they start going to kindergarten will be the exception.
 - Starting from June, for people entering Macedonia with special and humanitarian flights, the mandatory state quarantine will be replaced with domestic isolation and a PCR test done in the previous 72 hours.
 - Upon a proposal of the Foreign Ministry, a protocol has been drawn up for foreign diplomats and members of their families that, with a negative test confirmation, are able to smoothly do their job. The Committee has to obligation to make a clear and precise assessment about opening state borders for entering and exiting the country.

Catering: The government published on Wednesday the protocol for reopening and work of the catering business objects and facilities, like restaurants and cafés which opened on Thursday, 28 May 2020. According to this protocol, only capacities in the open will be put in function, as well as terraces and other areas which are open from at least three sides and with a roof construction over them. Guests must keep distance between themselves of at least 1.5 metres, and only two people will be allowed on a table for four, only exception being people of same family, which will be allowed four on a table for four. A maximum of 12 people is allowed at joined tables, once again with distance between them of at least 1.5 metres. The entire staff must wear protective equipment like masks and gloves all the time, and tables and other equipment must be regularly disinfected. Restaurants and cafés will work every day between 08:00 a.m. and 10:00 p.m. The protocol can be accessed [HERE](#).

The Security Council to decide on the state of emergency on Saturday. Saturday is the final day of the 14-day state of emergency, which the President declared on May 15, after two consecutive 30-day states of emergency declared on March 18 and April 17 respectively.

Borders and Travel:

- **Serbia** announced that it is now allowing Macedonian citizens in without any preconditions.
- **Greece** will determine which countries can have their citizens arrive in Greece without any preconditions by the end of the month.

NORTH MACEDONIA COVID-19 SOCIOECONOMIC IMPACT AND RESPONSE

- **Maternity leave** continues until the end of the temporary measures. Every woman whose maternity leave has ended after the declaration of the state of emergency has the right to continue to use maternity leave and the right to salary allowance.
- The International Labour Organisation (ILO) and the European Bank for Reconstruction and Development (EBRD) issued in their latest reports related to North Macedonia recommendations for preserving as much job positions as possible in order to overcome negative consequences from the COVID-19 pandemic:
 - In order to manage the impact of the coronavirus pandemic, North Macedonia needs to intervene by expanding worker and family protection measures, active employment measures, administrative support and social dialogue between stakeholders.
 - Options for expanding worker and family protection measures include: introduction of temporary unemployment assistance, paid monthly at a flat rate for a maximum of six months; introduction of an intermediate category of eligible firms for the job retention measures; extension of the job retention programme's eligibility period to include the second half of March and until the end of June; further extension of the GMI eligibility rules by temporarily removing the remaining means testing conditions; introduction of a lump-sum utility cost/energy subsidy for those who can prove that their household income has been reduced by more than 50 % due to the crisis.
 - Meanwhile, options for active employment measures consist of: promotion of in-work intergenerational solidarity, through job sharing schemes, job rotation, extensive trainee schemes and apprenticeship programmes, building on the existing Youth Guarantee but vastly expanding it; investment in the digital economy, as part of an intergenerational solidarity strategy, a proactive industrial strategy and a strategy for improved service provision to citizens and enterprises.
- The Government of Macedonia issued on Wednesday the **7th Eurobond worth 700 million euros**, with interest rate of 3.675 % and maturity period of six years to deal with the COVID-19 economic impact. North Macedonia issued its first Eurobond in 2005, followed by Eurobonds issued in 2009, 2014, 2015, 2016, 2018, and now in 2020.
- The government adopted at its latest session the regulation which provides **financial compensation for employees who have been dismissed from their job position or quit voluntarily**. According to the regulation, citizens who lost their jobs between 11 March and 30 April 2020 can apply for compensation in amount of 80 % of the average net monthly salary paid in Macedonia for the next two months. The regulation also predicts financial support for all employees in the sector of culture and performing arts, and will pay them additional 14,500 denars for the months of April and May. Data from the Employment Agency of Macedonia (AVRM) reveal that in this period around 7,000 citizens lost their jobs, and they can now apply for financial compensation.
- **Government adopts an instrument for aid to companies hit by COVID-19 crisis:** The Government of Macedonia adopted at the session held on Tuesday the Instrument for support in form of co-funding grants for technological development for businesses to overcome consequences of the COVID-19 crisis. The government will open a public call lasting between 15 and 30 days, in which micro companies can apply for funds up to 750,000 euros, small companies for funds up to 1.5 million euros and medium companies for funds up to 3 million euros, with own participation not less than 30 % of the expenses. This project will be conducted in partnership with the World Bank. The government also adopted the regulation for greater transparency of public procurements, since their number significantly increased during the COVID-19 crisis.

- **2 million euros in loans approved from credit line Kovid 2:** So far 117 (58 micro companies, 43 small ones and 16 medium companies) with around 3,000 employees have been approved loans without interest rates in amount of 2 million euros as part of the measures for dealing with the consequences of the COVID-19 crisis. The Development Bank of North Macedonia is processing the applications, and approving the loans ranging between 3,000 and 90,000 euros, which companies can pay out in a period of 3 years. The total fund earmarked for this measure is 8 million euros, and companies from all sectors may apply. The previous credit line Kovid 1 was completely exhausted, informed the Minister of Finance.
- The Government adopted the regulation for **distribution of payment cards to citizens with social risks**, as part of the third set of economic measures adopted to deal with the consequences from the COVID-19 pandemic. Citizens who have jobs but very low incomes, as well as high school and university students (over age of 16) will receive 3,000 denars. The payment cards will be distributed to the citizens as late as 3 July, and they will be able to use them concluding with 31 July 2020. The cards will have a specific design, and the citizens will be able to use them for purchasing products and services created by domestic companies.
- **New prices of gasoline:** The new prices of gasoline which are increased by 8.5 %, and adapted in accordance to the latest movement of the price of raw oil on world markets. The new prices are: 57.5 denars per litre of Eurosuper BS-95, 59.5 denars per litre of Eurosuper BS-98, 49.5 denars per litre of Eurodiesel, 37.5 denars for extra-light household oil and 23.5 denars per kilogram of petroleum jelly.

SUPPORT TO NORTH MACEDONIA COVID-19 EMERGENCY

- **Poland** made a donation to North Macedonia which consists of 100,000 face masks and 23 pallets containing thousands of liters of disinfectants.
- **UNICEF** donated 7 ventilators that can be used to children and adults valued at \$215,000 USD, ventilators – Evita Infinity V500 Ventilators, were purchased from the German manufacturer Draeger.
- **The Chamber of Accountants at the Macedonian Chambers of Commerce donated to the Institute for Pulmonary Diseases “Kozle”** a special device for measuring body temperature and disinfection. The device equipped with thermal cameras which can detect differences in the body temperatures of all people that enter and exit the facilities of “Kozle”.

HIGHLIGHTS OF WHO NORTH MACEDONIA ACTION IN COVID-19 TIMES

- **Story of North Macedonia:** “Clean hands save lives” and “Applaud health-care workers” campaigns celebrated in North Macedonia is available [HERE](#).
- ePROTECT course for health professionals in Macedonian is now available on OpenWHO: <https://openwho.org/courses/eprotect-acute-respiratory-infections-MK>. This course provides a general introduction to Acute Respiratory Infections (ARIs) and basic hygiene measures to protect against infection.
- Joint Zoom meeting on **sero-epidemiological studies** was organized on Wednesday, 27 May 2020 to discuss operational procedures in support of early epidemiological results in the North Macedonia.
- Meeting between the **national immunization team** and WHO North Macedonia took place on Wednesday, 27 May 2020 to plan the **continuation of the immunization in the population**, as essential healthcare service.
- **WHO Academy webinar was organized on Thursday, 28 May 2020 to learn more about the new COVID-19 mobile learning app for health workers.** Health professionals and representatives of the MoH and IPH attended the session.
 - The app is designed to enable health workers to expand their life-saving skills to battle the COVID-19 pandemic. It delivers mobile access to a wealth of COVID-19 knowledge resources developed by WHO, including up-to-the-minute guidance, tools, training, and virtual workshops to support health workers in caring for patients with COVID-19 and in protecting themselves as they do their critical work.
- **The report from the first Laboratory Workshop organized by WHO on 18 May 2020 is available now.** The workshop is a weekly online meeting to discuss open questions and concerns around COVID-19 virus testing. The workshop is intended for health professionals working in a laboratory involved in COVID-19 virus testing/diagnostic and previous week’s topic was “Saliva as sample for testing.” North Macedonia is participating as well in this workshop series.

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- Meeting between the national team responsible for undertaking the Infection Prevention Control (IPC) Assessment and the WHO/EURO technical team for IPC took place on 29 May 2020, with an aim to discuss essential steps for the process of development of final reports and the implementation of COVID – 19 hospital safety checklist.

SUBJECT IN FOCUS

CONTROLLING THE SPREAD OF COVID-19 AT GROUND CROSSINGS

WHO has recently published a document on [controlling the spread of COVID-19 at ground crossings](#).

Unlike airports and maritime ports, ground crossings often constitute informal passages between two countries without a physical structure, barriers, or borders. Moreover, ground crossings may contribute to the international spread of disease. Travelers and people living and working on and around borders are particularly vulnerable to this threat.

Some countries systematically inspect travelers, conveyances and cargo passing formal ground crossings, while others allow the relatively free movement across borders, as regulated by bilateral or regional agreements. The communities living on and around ground crossings vary according to size and density. For many people living in these communities, cross-border movement represents a daily necessity for work, trade, family visits, schooling, healthcare services, religious activities, and other reasons. However, in places where national authorities are unable to fully monitor formal and informal ground crossings, health measures to control public health risks may be difficult to implement.

The objectives of this guidance are to advise countries on how to reduce the spread of COVID- 19 resulting from travel, transportation, and trade on and around ground crossings by:

- 1) Identifying priority ground crossings and communities; and
- 2) Scaling up preparedness and control measures at these locations.

This guidance has been developed in line with [WHO's Handbook for public health capacity building at ground crossings and cross-border collaborations](#), and [WHO's global strategy to respond to COVID-19](#). The target audience of this guidance includes: 1) the International Health Regulations (IHR 2005) National Focal Points (IHR NFP); 2) authorities responsible for implementing the IHR at ground crossings; 3) representatives of government and nongovernmental organizations and their partners at ground crossings; and 4) public health professionals involved in disease surveillance, communication, emergency preparedness and response, animal health and environmental health at ground crossings and in nearby communities.

This guidance is divided into the following sections: identification of priority ground crossings, and key preparedness activities for those crossings and nearby communities. It also covers legal enforcement and planning, surveillance, interviewing and managing sick travellers with suspected COVID-19, acute emergency response during mass movement across the border, supplies of infection and control equipment and material, risk communication, cross border collaboration, and risk monitoring and adapting health measures as trends change.

WHAT IS [NEW]?

DG's Statement – WHO Director-General's opening remarks at the media briefing on COVID-19 - 29 May can be accessed in full [Here](#).

Dr. Tedros' key messages focused on:

- WHO joined 35 countries and numerous partners to launch the COVID-19 Technology Access Pool, or C-TAP.
- C-TAP is a sister initiative of the ACT Accelerator and offers concrete actions to achieve the objective of the ACT Accelerator, which is equitable access. C-TAP is voluntary, and builds on the success of the Medicines Patent Pool in expanding access to treatments for HIV and hepatitis C.
- The DG outlined the 5 priorities of the C-TAP:
 - Public disclosure of gene sequencing research
 - Public disclosure of all clinical trial results
 - Encouraging governments and research funders to include clauses in contracts with pharmaceutical companies about equitable distribution and publication of trial data

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- Licensing treatments and vaccines to large and small producers
- Promoting open innovation models and technology transfer that increase local manufacturing and supply capacity
- Tools to prevent, detect and treat COVID-19 are global public goods that must be accessible by all people.

Regional Director's Statement – Recovery must lead to a different economy, an economy of well-being - 28 May 2020 can be accessed in full [Here](#). **Dr. Kluge's** key messages focused on:

- Europe is entering an economic recession. Economic output is set to collapse in the first half of 2020 with most of the contraction taking place in the second quarter.
- Today, the priority must be to invest in health, invest in social protection and, above all, avoid austerity, which has devastated the lives of so many in Europe. Investing in health and social protection – especially when the economy is unstable – is the mark of responsible policy action.
- COVID-19 has highlighted a fundamental truth: when one of us lacks health and care, we are all at risk. No one is safe until everyone is safe. Policy-makers have choices, even in difficult circumstances. We cannot afford to leave anyone behind.
- Beyond defeating the disease, the great test all countries will soon face is whether current feelings of common purpose will shape society after the crisis. The RD emphasized: “We must mobilize the will from politicians and people alike to create a better society which is fair and safe for everyone. An economy where we leave no one behind.”

Health Systems

- **New WHO/Europe guidance shows more can be done to protect people in need of long-term care during the COVID-19 pandemic** is available [Here](#). In countries with community transmission of COVID-19, over 40% of total confirmed COVID-19 deaths occur in long-term care facilities, and in some cases, this is closer to 60%. To mitigate the mortality impact of COVID-19, it is important to reduce its spread in long-term care 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](#)).
- A Cross- Country Analysis on **HOW DO THE WORST-HIT REGIONS MANAGE COVID-19 PATIENTS WHEN THEY HAVE NO SPARE CAPACITY LEFT** is available [Here](#). The authors have examined how France, Italy, the Netherlands and Spain have been organizing this effort both within their borders, but also with the help of other countries including Austria, Germany, Luxembourg and Switzerland. The countries were identified using the COVID-19 Health Systems Response Monitor (HSRM) based on the information available (up to 24 April 2020).

Clinical Management

- Updated interim guidance on **Clinical management of COVID-19** has recently been published (available [Here](#)). This update has been expanded to meet the needs of front-line clinicians and promotes a multi-disciplinary approach to care for patients with COVID-19, including those with mild, moderate, severe, and critical disease. The following sections are entirely new: COVID-19 care pathway, treatment of acute and chronic infections, management of neurological and mental manifestations, noncommunicable diseases, rehabilitation, palliative care, ethical principles, and reporting of death; while previous chapters have also been significantly expanded.
- **Community pharmacists are key players in the COVID-19 response** and should be aware of what steps to take if they suspect or see signs of COVID-19. The WHO Regional Office for Europe has published [technical guidelines](#) on practical ways in which health systems can better respond to COVID-19 now available [Here](#). Those dispensing medicines to the general public should know what steps to take if they suspect or see signs of COVID-19. This is one of the key recommendations in a series of new technical guidelines created by WHO/Europe, looking at the practical ways in which health systems can respond better to COVID-19.
- The 4th technical guidance document on **Community Pharmacy** has been published (available [Here](#)).
- A story about a Community pharmacist in Bishkek, Kyrgyzstan has recently been published. Access the full story [Here](#).
- A **Q&A : Hydroxychloroquine and COVID-19** has been recently published and is available [Here](#).

Vulnerable populations

- [WHO is using the experience of health professionals, police staff and prisoners in Italy to inform guidance](#) on preparedness, prevention and control of COVID-19 in prisons and other places of detention. Access the full story [Here](#). The experience of doctors in Italy has contributed to the preparation of WHO's guidance on preparedness, prevention and control of COVID-19 in prisons and other places of detention. Health professionals in Italy were among the first in Europe to face the threat of COVID-19. From the first days of the epidemic, there were concerns about prisons, as infection outbreaks in such closed settings can have an amplifying effect on the spread of the virus throughout the country.
- A WHO news release about [Substantial investment needed to avert mental health crisis](#) has been published [Here](#). The COVID-19 pandemic is highlighting the need to urgently increase investment in services for mental health or risk a massive increase in mental health conditions in the coming months, according to a policy brief on COVID-19 and mental health issued by the United Nations.
- FIFA, European Commission and World Health Organization have launched a [#SafeHome campaign to support those at risk from domestic violence](#). The campaign is a joint response from the three institutions to the recent spikes in reports of domestic violence as stay-at-home measures to prevent the spread of COVID-19 have put women and children experiencing abuse at greater risk. Read more about it [Here](#).
- Read more about agencies encouraging women to continue to breastfeed during the COVID-19 pandemic and [Countries failing to stop harmful marketing of breast-milk substitutes, warn WHO and UNICEF](#) [Here](#). A new report by WHO, UNICEF, and the International Baby Food Action Network (IBFAN) (available [Here](#)) reveals that despite efforts to stop the harmful promotion of breast-milk substitutes, countries are still falling short in protecting parents from misleading information.

Communication

- The [World Health Organization, UN Foundation and Illumination partner on health messages](#). Read more about the public service announcement [Here](#).

Country Operations

- Read more about the [First WHO/Europe virtual mission which provided crucial assistance to Armenia on the shifting of COVID-19 measures](#) (available [Here](#)). WHO has turned to digital platforms to ensure that, despite travel restrictions, countries in the European Region continue to benefit from timely and tailored support to respond to COVID-19. WHO/Europe's mission to Armenia is the first to take place virtually and follows approximately 60 COVID-19-related missions over the past two months to countries in the Region.

Surveillance

- **New** - Interim guidance on [Ethical considerations to guide the use of digital proximity tracking technologies for COVID-19 contact tracing](#) was recently published (available [Here](#)). Digital proximity tracking technologies have been identified as a potential tool to support contact tracing for COVID-19. However, these technologies raise ethical and privacy concerns. This document is intended to provide policy-makers and other stakeholders with guidance as to the ethical and appropriate use of digital proximity tracking technologies for COVID-19.
- **New** - A [Surveillance protocol for SARS-CoV-2 infection among health workers](#) was recently published (available [Here](#)). This is a surveillance protocol targeting health workers who are found positive to COVID-19. This represents a technical tool and service that WHO is providing to countries who want to better understand the characteristics and exposure of health workers infected with COVID-19.
- The COVID-19 pandemic has required countries around the globe to repurpose their [influenza surveillance systems](#) to also detect the COVID-19 virus. Although surveillance for influenza often stops at the end of May and resumes in October, this year WHO is encouraging all countries to continue surveillance throughout the summer months to monitor COVID-19 virus activity. Read more about [2019–2020 influenza season: repurposing surveillance systems for COVID-19](#) [Here](#).
- WHO has partnered with Vital Strategies and other global partners to launch a new technical package: [Revealing the Toll of COVID-19: A Technical Package for Rapid Mortality Surveillance and Epidemic Response](#). This is a technical

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package for rapid mortality surveillance and epidemic response to support national governments with surveillance and response planning surrounding COVID-19 (available [Here](#)).

- **New** - The new protocol **Assessment of risk factors for coronavirus disease 2019 (COVID-19) in health workers: protocol for a case-control study** has been published [Here](#). Similar objectives to the cohort study but case-control studies may be cheaper and provide robust evidence to characterize and assess the risk factors for SARS-CoV-2 infection in health workers exposed to COVID-19 patients.
- **New** – A protocol on **Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection** was recently published (available [Here](#)). The following protocol has been designed to investigate the extent of infection, as determined by seropositivity in the general population, in any country in which COVID-19 virus infection has been reported.

COVID-19 and Smoking

- A scientific brief was just published on the **Smoking and COVID-19** (available [Here](#)) assesses peer-reviewed literature on the association between smoking and COVID-19 including the risk of infection by SARS-CoV-2; hospitalization with COVID-19; and severity of COVID-19 outcomes amongst hospitalized patients such as admission into intensive care units (ICU), use of ventilators and death.

Research and development

- In response to recent publications on the safety and efficacy of hydroxychloroquine for the treatment of hospitalized patients with COVID-19, the **Executive Group of the Steering Committee of the Solidarity trial** met last Saturday and it was decided to suspend random allocation to the hydroxychloroquine arm within the Solidarity Trial, while data is being reviewed.

Partner Coordination

- The latest **COVID-19 WHO appeal** has been published and is available [Here](#).

Points of entry

- **New- WHO interim guidance on controlling the spread of COVID-19 at ground crossings** has been developed and is available [here](#). This guidance advises countries on how to reduce the spread of COVID-19 resulting from travel, transportation, and trade on and around ground crossings by identifying priority ground crossings and communities and scaling up preparedness and control measures at these locations. [See details in Subject if Focus above](#)

WEBEX SESSIONS FOR THIS WEEK

Tuesday 2 June

Basic psychosocial skills: a guide for COVID-19 responders

This guide equips people involved in the COVID-19 response (in the health and other sectors) with the skills to communicate with and support people in mental distress on a daily basis.

Receive the latest COVID-19 content, guidance and must-know information from WHO. [Sign up](#) for a weekly digital update.

Third **Weekly Laboratory Workshop - 1 June 12:00 CEST.**

Join the meeting [Here](#) : Meeting ID: 919 3040 0689, Password: LABWRK20!

Agenda: Sequencing, Vitor Borges, National Institute of Health, Lisbon, Portugal

Dial by your location: +41 22 591 00 05 Switzerland, +1 720 928 9299 US, Find your local number: [Here](#),

Join by SIP 91930400689@zoomcrc.com

Meeting ID: 919 3040 0689; Password: 716243

Sunday 31 May

World No Tobacco Day

This year's WHO's World No Tobacco Day campaign focuses on protecting children and young people from exploitation by the tobacco and related industry. Every year the tobacco industry invests more than USD 9 billion to advertise its products. WHO is today launching a new kit for school students aged 13-17 to alert them to the tobacco industry tactics used to hook them to addictive products.

More Information: <https://www.who.int/news-room/campaigns/world-no-tobacco-day/world-no-tobacco-day-2020>

COVID-19 and tobacco use



CORONAVIRUS IS ANOTHER GOOD REASON TO QUIT TOBACCO USE

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.

#COVID19 #Coronavirus



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.

COVID-19 dhe përdorimi i duhanit



KORONAVIRUSI ËSHTË ARSYE TJETËR E MIRË QË TA LINI PËRDORIMIN E DUHANIT

PER JU **RISKU QË TË INFEKTOHENI ME KORONAVIRUS**

ËSHTË MË I LARTË NËSE E PËRDORNI DUHANIN



Kur e vini një produkt të duhanit në buzë kjo do të thotë se gishtat vijnë pranë fytyrës, çka mund ta përhapë virusin në gojë, hundë ose sy.

#COVID19 #Coronavirus



Përdorimi i duhanit është shpesh një aktivitet social, kështu që nëse e përdorni duhanin me persona të tjerë, rrezikoni të infektoni njëri-tjetrin.



Përdoruesit e nargiles ndajnë të njëjtën shisha - virusi mund të përhapet nga një person tek tjetri.

COVID-19 dhe përdorimi i duhanit



KORONAVIRUSI ËSHTË ARSYE TJETËR E MIRË QË TA LINI PËRDORIMIN E DUHANIT

EFEKTI I KORONAVIRUSIT MUND TË JETË MË I RËNDË PËR PERSONAT QË PËRDORIN DUHAN



Përdorimi i duhanit çon në sëmundje dhe paaftësi dhe dëmton pothuajse çdo organ të trupit, përfshirë mushkëritë.

#COVID19 #Coronavirus

Koronavirusi sulmon mushkëritë - nëse mushkëritë tuaja janë dëmtuar tashmë nga përdorimi i duhanit, efektet e virusit mund të jenë më të RËNDA.

Duhani ndikon në sistemin tuaj imunitar, domethënë jeni më pak të aftë t'i luftoni infeksionet.