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Europ Assistance is issuing the following medical advice

TODAY'S UPDATED MEDICAL INFORMATION AND ACTION RECOMMENDATIONS REGARDING THE COVID-19 PANDEMIC

JUNE 2nd, 2020, 19H30 Paris time – Dr M. Kalina, EA Group Medical Director, F. Tits, RN, EA Group Sr Project Manager, C.Jannuzzi and J. Heywood, EA Group communication team.

*The purpose of this bulletin is to provide a crisp, quick information update with an analysis focused on information regarding **COVID-19** and recommendations regarding the management of its impacts.*

Where is the information sourced from: the most reputable international sources such as WHO, Chinese CDC, CDC, international media, medical institutions and journals etc ... and government websites.

Who is this bulletin prepared for: Europ Assistance and Generali employees, managers, clients, insurers, travellers, expatriates, partners and ... anyone interested!

Overview / Historic reminder

In December 2019 a cluster of an apparently new kind of viral infection was first recognized in a Wuhan market, initially transmitted from animals (most probably a bat according to the WHO's April 23rd report) to man but man to man transmission quickly developed with a rapid deterioration into a local epidemic in Hubei province. While there have been allegations that the virus could originate from a research laboratory, there is no objective evidence in this regard. In January 2020 the unfortunate of this outbreak with the Chinese New Year and a large number of Chinese people travelling both in country and abroad contributed to the rapid spread of this novel virus. The outbreak deteriorated in China in mid-January and forced the Chinese authorities to take stringent measures to confine the people and reduce transport, first in Wuhan and Hubei province and then in the whole country. Exported cases started to be reported at the end of the month in countries such as South Korea and Japan, and individual cases, initially often of Chinese origin or having travelled to China, were notified in several countries. The situation evolved rapidly, and restrictions in air travel began to be imposed. On January 30th the WHO declared a Public Health Emergency of International concern. On February 11th 2020 to be coherent with international virus and disease naming rules the International Committee on the Taxonomy of Viruses renamed the virus SARS-CoV-2 and the WHO named the disease COVID-19. In late February and early March new major outbreaks occurred in Iran and Italy, seeing a huge growth in the epidemic, which was now affecting over one hundred countries and territories. The WHO declared a **PANDEMIC** on March 11th. At that

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time, and as the situation in China was starting to improve, many countries in Europe introduced lockdown measures starting by Italy, extending rapidly in Western Europe and on most continents including countries like India or more recently in the USA, South America and Africa. In recent weeks the USA have remained a major area of growth of the numbers of affected people and deaths, with Russia and South America, mainly Brazil and now Peru, recently becoming a very serious concern, while eastern Asia first and now Western Europe are starting gradual deconfinement and resuming activities, including the resumption of football matches, while maintaining precautions in place. Local small outbreaks after deconfinement in South Korea, Germany and Wuhan are useful warnings that all protection measures are still very important to follow. South Korea for instance vigorously followed up last week an outbreak related to 69 cases in a commercial facility in Seoul, and tested more than 4 thousand people to avoid spreading the outbreak. Clearly this major health crisis has resulted in a very significant economic crisis worldwide.

Clinical picture

The disease is highly contagious although it appears that it may be less severe than other coronavirus diseases such as SARS or MERS at this stage. Lockdown measures have been shown to reduce contagiousness: a recent French study showed that it reduced the reproductive number (the number of people infected by each case) from 3.3 to 0.5 (84% reduction). The proportion of severe cases has stabilized at around 15% of the total number of cases. Deaths, at around 4% to 5 % overall initially but now just below 7 %, and with wide variation between high (UK, France, Italy, Spain) and low (Germany, Austria, South Korea, Japan), occur mostly in older people above 70 years of age, and at a higher risk with underlying diseases such as diabetes, chronic pulmonary diseases and cardiovascular diseases. The WHO just reported on May 10th a possible increase of the risk of worsened outcome in patients ACE (angiotensin converting enzyme) inhibitors. The WHO also reported on May 27th that outcomes in smokers could be worse than in non-smokers, contrarily to what had been initially thought by some. The signs and symptoms to watch for are first of all contact with a proven or potential case or environment, then respiratory symptoms like cough and shortness of breath, and feeling sick, with often head and muscle aches. Fever is very often but not always present. The WHO is stating that cases are the most infectious in the first three days of the symptoms. A significant incidence of anosmia (loss of smelling sensation) is also reported. The incubation period usually lasts 3 to 7 days, rare cases are transmitted from symptom free patients, and the maximum is currently thought to be 14 days although there may be cases exceeding this length. In cases requiring admission to the intensive care unit for assisted ventilation, and often for ECMO (extra-corporeal membrane oxygenation), the duration of stay is usually long , between two and three weeks (sometimes even more), and is followed by a need for rehabilitation. Some people retain chronic symptoms. During the unlocking phase protection measures must be in place. The WHO has published guidelines regarding unlocking , and in particular on re-opening of schools May

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13TH and the need for a balance between protection against COVID and attention to potential social and educational losses.

Key protection measures

The key preventive measures are targeted towards avoidance of contact with potential sources of contamination, hygiene and strictly restricting diagnosis and treatment to facilities designated by the authorities. **The key measures are to decrease contacts, therefore travel has decreased over 90% and countries have introduced lockdowns that lasted or should last at least two months in most cases. Social distancing and isolation at home are key measures to reduce contagion. In addition, hand washing, disinfection and wearing masks for care and service providers, as well as for the public when in contact with others, are the key. Wearing masks in public places and good availability of testing have been associated to better resistance to the spread and impact of the epidemic. In the unlocking phase it is important to maintain adequate distancing practices.**

Treatment

Access to regular treatment of usual diseases is limited and a lot of elective interventions have been cancelled during lockdowns. Yesterday the WHO reported that about half the countries it surveyed had seen a decrease in access to NCDs (non-communicable diseases) including cardiac diseases and cancer between 30 and 50%. There is also a concern regarding the decrease in accessibility to regular vaccination programs, which enhances threats such as for instance measles. This may have been a source of increased morbidity and mortality. If someone feels symptoms possibly related to COVID-19 they should to use the local public designated numbers. They can also access help lines like the ones provided by Europ Assistance for their employees. Some people will need to be examined and tested. Examination by family doctors and house call doctors are always preferable to attempting to visit crowded clinics, hospitals or emergency rooms. Access to testing is currently variable between countries, with some restricting the tests to public institutions, some to PR only and others more liberal and showing an opening to serology testing as well. Serological tests enabling the detection of antibodies are now being added and will help to determine immunity status and, indirectly, ability to return to work. Access to tests and masks is increasing after initial shortages. Similarly several scientific studies are underway to investigate the objective value of several treatment modalities such as antiviral drugs, or hydroxychloroquine. So far there is no clear evidence that any treatment works well enough to be recommended as a standard. Similarly many groups are conducting research on vaccines, and a few early successes have been mentioned. This said no vaccine should be available before the very end of this year at the earliest. Obviously due to the huge decrease of flight availability not only tourists and expatriates have trouble returning

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home, but also providing a challenging environment for assistance companies such as Europ Assistance, specialising in repatriations. Exceptional evacuation of even COVID cases from isolated places or overwhelmed regions happens occasionally using air ambulances. Several companies offer specialized transport units, but clearly such evacuations are very complex to organize and expensive. Of course, sadly, the repatriation of mortal remains has also been a complicated task. The cases admitted to hospital can normally be offered especially oxygen supplementation and tight surveillance but many have to be admitted to intensive care. The duration of the stay as already mentioned is up to two or three weeks with heavy physical and psychological rehabilitation needs.

Current global situation

At this stage the latest WHO data available, as of 10H00 June 1ST CEST, the total volume of confirmed cases worldwide was 6057853 and 371166 deaths have been identified worldwide, a continued marked increase that shows that the problem remains truly a pandemic and is currently still quite acute in the Americas. especially in the United States and Brazil. China is now mainly concerned about imported cases especially along its north-eastern border at this stage and has stopped allowing foreigners to enter the country. The beginning of a post crisis situation is also noticed in Korea and some European countries, notably Austria. A “high plateau” situation followed by a steady decrease of cases is currently observed in western Europe including Italy, France and Spain. Several countries in Asia and Western Europe have initiated gradual deconfinement measures. As mentioned earlier local clusters even in highly performing countries like South Korea or Germany serve as a reminder that a high level of caution is still required.

Europe

Italy, with 233019 cases and 33415 deaths, Spain (23981 and 29045), Germany (181815 and 8511), France (148524 and 28746), the UK (272766 and 38489) and now Russia (414878 and 4855) have high numbers which have challenged the capability of the overwhelmed health care delivery systems in many areas before the current improvement. Unfortunately, many senior homes have become clusters for death cases in many countries.

Asia

Although it was hit early, first in China then in other countries, Asia has resisted quite well with the early exception of Iran, which accounts for 151466 cases and 7797 deaths and a bit of a

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worrying growth in Turkey (163942 cases and 4540 deaths). Israel has a high number of cases, 17071 given its size but a remarkably low number of deaths, 285. South Korea has a fairly large number of cases (11503) but relatively few deaths (271) as has Japan (16884 and 882) which nevertheless just tightened its lockdown rules given a small “second wave” like phenomenon. This is probably due to the strong health infrastructure response and access to easy screening as in Japan and SE Asia. India remains a question mark risk-wise: there is a rise in cases in India, with 190535 cases and 5394 deaths.

The Americas

The USA are now the country with the most cases, 1734040, as well as the most deaths 102640, and the government has acknowledged the extent of the challenge and began to restrict travel into the country, with week March 16 seeing the introduction of a travel ban to a number of European countries. California was the first state to introduce a lockdown, followed by others including New York, the hardest hit state in the country. **Some states are already loosening their lockdown despite high numbers and death every day. The numbers in South America are uneven but Brazil (498440 cases and 28834 deaths) and Peru (155671 cases and 4371 deaths) start having large numbers, and Mexico is growing as well.**

Africa

Africa has a low but growing number of cases but is doing its best together with international MOF to prepare as the impact could be severe given the relatively weak public health infrastructures. So far South Africa, and four countries in North Africa, Egypt, Algeria, Morocco and Tunisia are the ones reporting the highest figures in the thousands.

Europ Assistance Recommendations

In these circumstances Europ Assistance recommends to:

- 1) First and foremost realize that this pandemic is a very damaging worldwide phenomenon and the more all of us take it seriously the lesser the worldwide health, sociological and economic impacts.

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- 2) Avoid any contact with patients with COVID-19, travellers from regions with a high incidence of COVID 19, and more generally with patients with cough and fever. When contact is required for help, protection by distance and if available masks is important.
- 3) follow the usual hygiene precautions as a priority considering that regular handwashing, disinfection and adequate use of mask wearing, especially in public transport and crowded places, are part of these essential hygienic attitudes. The cleaning of facilities, including air conditioning systems is essential. The use of masks in crowded public places and especially public transport is more and more an approach countries favour with now scientific support.
- 4) Accept the need for a worldwide push to reduce social interaction between people including long distance transportation to reduce contamination. From the corporate and company standpoint maximization of work at home is the key ction when feasible. Workplaces and schedules have to be adapted to increase this in order to reduce on site contamination by reducing both the density of workers at any time.
- 5) Accept the current drastic reduction in access to travel means when not required for functions such as international health programs.
- 6) Plan to maintain the current restrictions at least partially over time and take home the lessons learned regarding contagious disease prevention for the future
- 7) Support your local health care system and facilities helping fragile people such as the old people homes.
- 8) Maintain communications with colleagues, friends and families to reduce the risk of depressive reactions to the situation.
- 9) Carefully design deconfinement plans that should be gradual and supported by much increased preventive measures and carefully monitored. The use of both PCR and serological tests to at least selected segments of the population may be an asset.

Europ Assistance has provided detailed information with simple prevention measures for employees, partners and corporate clients. These are centred on minimizing contacts by increasing work at home, reducing physical contact, and even reducing usual means of showing friendship such as handshakes and kisses. It emphasizes the need for frequent handwashing with soap and water, plus, wherever appropriate alcoholic disinfectant. These should be provided at offices. Masks should be used by anyone dealing with potential patients, people living in the same room as suspect cases, and of course people with symptoms. They are marginally useful otherwise to protect

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healthy people from getting the virus, but are very efficient to prevent infected people from contaminating others and are seen as a strong signal to enhance the efficacy of other measures. Frequent team e-contacts allow the maintenance of professional activities, team spirit and morale. Establishing access to psychological support is a useful component of a COVID centred service package. Deconfinement and the return to office work must be carefully planned with reduced attendance, flexible schedules, redesigned safe spaces and strict enforcements of procedures.

We encourage our readers to nevertheless consider the situation as one that will be overcome, especially if personal hygiene and governmental restrictions are adhered to, and to remember that most people affected will not be seriously ill. The key is adherence to public health advice. Europ Assistance cares for its clients and its employees and will do everything to help. We want to thank all of you who are providing care and assistance to the most fragile people in our communities.

The current bulletin will be updated regularly until the situation stabilizes

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